

Supervisor OWCP Checklist

1.	Injury Reported - <ul style="list-style-type: none"> • Electronically submit CA-1, Traumatic Injury or CA-2, Occupational Disease. • Website: http://www.cpms.osd.mil/icuc • For Recurrence Claims (spontaneous return) submit CA-2a manually to ICPA • Investigate fact or basis of the claimed injury or condition immediately
2.	Notify Safety - <ul style="list-style-type: none"> • Air National Guard – Submit OSHA 301 form to Safety Designee • Army National Guard – Submit OSHA 301 form to Safety Designee
3.	Medical Documentation – <i>Must be signed by physician</i> <ul style="list-style-type: none"> • CA-20, Attending Physician’s Report (each time medial treatment received) • CA-17, Duty Status Report (Must submit after each treatment) • Injured employee must notify physician that Agency offers Light Duty • Medical report, not an absence slip, required by OWCP
4.	Continuation of Pay (COP) – <i>Must be supported by medical documentation</i> <ul style="list-style-type: none"> • <u>45 calendar days entitlement following date of traumatic injury</u> • Time card code for COP: “LU” for date of injury & “LT” 45 days after injury • Four digit code for time card is month & day of injury • If claim is denied, change COP to LS, LA, or LWOP
5.	Medical Authorization – <i>Must be supported by medical justification</i> <ul style="list-style-type: none"> • Physician requests authorization: phone (850)558-1818 or fax (800)215-4901 • Website: http://owcp.dol.acs-inc.com • Medical Provider must have <u>ACS Provider Number</u> to receive authorization • Physician must state ICD-9, (diagnosis code) & CPT (procedure code)
6.	Compensation after 45 days – <i>Must be supported by medical documentation</i> <ul style="list-style-type: none"> • Must be in Leave Without Pay (LWOP) Status • CA-7, Claim for Compensation (Submit every two weeks) • SF1199A, Direct Deposit Sign-up • After 80 hours of LWOP, submit SF52 to HRO requesting LWOP status • Pay rate is three-fourths with dependents and two-thirds without dependents
7.	Medical Bills - <ul style="list-style-type: none"> • Provider must be told claim is filed under Department of Labor, not the State • Web site: http://owcp.dol.acs-inc.com • Medical Provider must have <u>ACS Provider Number</u> to receive payment • Bills submitted manually must be submitted on HCFA-1500 or UB-92 • Mailing address: Dept of Labor, P.O. Box 8300, London, KY 40742-8300 • ACS Customer Service (850) 558-1818
8.	Reimbursement - <ul style="list-style-type: none"> • OWCP-915, Medical, submit with required documentation to ICPA • OWCP-957, Travel, submit with required documentation to ICPA
9.	Agency Point of Contact – ICPA: Address: 12953 South Minuteman Drive Telephone: 801.432.4243 Email Address: nguthro-hrs(owcp)@us.army.mil