

SUPERVISOR'S OWCP CHECKLIST

Name: _____

DOI: _____

Claim #: _____

1. Injury Reported -

- Employee reports incident by completing OSHA form at website <https://www.ecomp.dol.gov/#>
- Employee may then access CA 1, Traumatic Injury or CA 2, Occupational Disease claim form
- Supervisor receives email notice of OSHA form and or CA 1 or 2 form to complete

2. Notify Safety -

- Upon receipt of OSHA 301 email notification, review and forward form to Safety Designee

3. Medical Documentation – Employee upload into WEEDS (*Must be signed by physician*)

- CA-16, Authorization for examination (only issue within 48hrs of injury)
- 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

4. Continuation of Pay (COP) – *Must be supported by medical documentation*

- 45 calendar days entitlement following date of traumatic injury**
- Time card code for COP: LU for date of injury and LT 45 days after injury
- Four digit code for time card is month and day of injury
- If claim is denied, change COP to LS, LA or LWOP
- Notify ICPA when COP is used (supporting medical documentation required)

5. Medical Authorization – *Must be supported by medical justification*

- Physician requests authorization: phone (844) 493-1966, fax (800) 215-4901, <http://owcp.dol.acs-inc.com>
- Medical Provider must have **ACS Provider Number** to receive authorization
- Physician must state ICD-9, diagnosis code and CPT, procedure code

6. Compensation after 45 days – *IF NEEDED - Must be supported by medical documentation*

- Must be in LWOP (Leave Without Pay) status
- CA-7, Claim for Compensation (submit every two weeks)
- SF-1199A, Direct Deposit Sign-up
- After 80hrs of LWOP, submit SF-52 to HRO requesting LWOP status
- Pay rate is three-fourths (3/4) *with* dependents and two-thirds (2/3) *without* dependents

7. Medical Bills –

- Website: <http://owcp.dol.acs-inc.com> (**Provider search is available on this site**)
 - Medical Provider must have **ACS Provider Number** to receive payment
 - Bills submitted manually must be submitted on HCFA-1500 or UB-92
- Mailing Address: US Dept of Labor-OWCP ACS Customer Service: (844) 493-1966
PO Box 8300
London, KY 40742-8300

8. Reimbursement – *IF NEEDED*

- OWCP-915 - Medical and OWCP-957 - Travel – Submit with required documentation to ICPA

9. Agency Point of Contact – ICPA:

Joint Force Headquarters-Wisconsin
ATTN: WIJS-J1 ICPA
2400 Wright Street
Madison, WI 53704

Phone: (608) 242-3711
Fax: (608) 242-3726
E-mail: Kenneth.o.young.mil@mail.mil

http://dma.wi.gov/dma/hr/emp_resources/owcp.asp