Workers' Compensation Frequently Asked Questions
For Employees

The Department of Labor’s Office of Workers’ Compensation Programs (OWCP) has the exclusive authority to administer, interpret, and enforce all provisions of the Federal Employees’ Compensation Act (FECA).

Whether your injury or illness will be accepted as a valid claim is dependent on a number of factors that will be taken under consideration by your OWCP Claims Examiner. Your agency has no authority to accept or deny your claim. Your agency is required under law to provide all requested information to OWCP and to provide any relevant, factual evidence required to assist you and OWCP in the process.

- Am I eligible for benefits?
- How do I file a claim?
- How will my medical bills get paid?
- What is Continuation of Pay (COP)?
- Am I eligible for Continuation of Pay (COP)?
- Can I get pre-authorization for medical treatment?
- How do I get compensation for my injury/illness?
- Do I have to accept a light duty position?
- What do I need to know about "leave buy backs"?
- What if my injury/illness recurs?
- How do I check on the status of medical authorizations and bill payments?
- Where can I get more information?

Am I eligible for benefits?

To be eligible for benefits you must file a claim on the appropriate claim form. There are two different types of claims. The CA-1 is for traumatic injuries and the CA-2 is for occupational disease. It is important to remember that the length of exposure, not the cause of the injury or the medical condition that results, determines whether an injury is traumatic or occupational. You must also provide proof that substantiates all five workers’ compensation claim requirements. Examples of each type of injury and the five workers’ compensation claim requirements are listed below:

- **CA-1 Traumatic Injury** – A traumatic injury is a wound or other condition of the body caused by external force, including stress or strain. The injury must occur at a specific time and place, and it must affect a specific member(s) or function(s) of the body. The injury must be caused by a specific event or incident, or a series of events or incidents, within a single day or work shift.
• **CA-2 Occupational Disease** – An occupational disease is a condition produced by the work environment over a period longer than one workday or shift. The condition may result from infection, repeated stress or strain, or repeated exposure to toxins, poisons, fumes or other continuing conditions of the work environment.

• **Five Workers' Compensation claim requirements:**
  
  1. You must be a civil service employee as defined in the Code of Federal Regulations.
  2. Your claim must be filed timely. If you have filed for continuation of pay, you must file within 30 days of the injury. For other benefits, the claim generally must be filed within three years, unless your immediate supervisor had actual knowledge of the injury within 30 days of the occurrence.
  3. You must provide facts of the injury such as evidence that the injury occurred and the medical diagnosis from a "qualified" physician.
  4. You must provide evidence that what you were doing at the time of injury was related to your employment or was “incidental” to your employment.
  5. You must provide medical evidence that the medical condition or disability you have was caused by or is related to your federal employment.

**How do I file a claim?**

To file a claim under the Federal Employees' Compensation Act (FECA), an employee who sustains a work-related traumatic injury must give notice of the injury in writing on Form CA-1, Form CA-2, or Form CA-2a, depending on the nature of the injury. Another person, including the employer, may give notice of injury on the employee's behalf. A notice of injury must be filed within three years of the injury.

If the claim is not filed within three years, compensation may still be allowed if notice of injury was given within 30 days or the employer had actual knowledge of the injury or death within 30 days after occurrence. The Office of Workers’ Compensation Programs (OWCP) may excuse failure to comply with the three-year time requirement because of truly exceptional circumstances (for example, being held prisoner of war). The claimant may withdraw his or her claim (but not the notice of injury) by so requesting in writing to OWCP at any time before OWCP determines eligibility for benefits. However, in cases of latent disability, the time for filing does not begin to run until the employee has a compensable disability and is aware, or reasonably should have been aware, of the causal relationship between the disability and the employment.

**Instructions for filing a CA-1, CA-2, or CA-2a are available by clicking on the appropriate link.**

- CA-1 Form and Instructions
- CA-2 Form and Instructions
- Ca-2a Form and Instructions

**How will my medical bills get paid?**

After you file your workers' compensation claim, you will have the initial choice of selecting an attending physician. Your attending physician may refer you to other physicians. The Office of Workers' Compensation Programs (OWCP) must authorize any change in your attending physician. Failure to obtain such authorization could negatively impact your entitlement to benefits.

Ensure your physician is considered qualified and is enrolled with the Department of Labor (DOL). The “Health Care Provider Memo” that is included with your instructional packet provides additional guidance to your physician(s). Your physician(s) will submit your medical bills to the DOL.
Once your injury or illness has been accepted as being causally related to factors of your employment, medical services will be authorized. There is no limit on the amount of medical expenses or length of time for which they are paid, as long as the charges represent the “reasonable and customary fees” for the services involved and the need for the treatment is shown. *The only exception to this will be those medical expenses covered through the authorization of a CA-16, Medical Authorization for Treatment.*

**Important things to keep in mind**

- **PHYSICIANS:** The term "physician" includes surgeons, osteopathic practitioners, podiatrists, dentists, clinical psychologists, optometrists and chiropractors within the scope of their practice as defined by State law. If the physician selected has been excluded from participating in the Compensation Program the OWCP District Office will advise you of the exclusion and the need to select another physician.

- **CHIROPRACTORS:** Payment for chiropractic services is limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.

- **PRE-AUTHORIZATION OF MEDICAL SERVICES:** Once your physician is enrolled as a health care provider with the DOL, he/she will have access to information outlining those services requiring pre-authorization from OWCP. Examples of treatment that require preauthorization include physical therapy, durable goods equipment, and non-emergency surgery.

- **INCIDENTAL OUT OF POCKET MEDICAL EXPENSES:** You may be eligible for reimbursement for out-of-pocket expenses. Contact your ARC WC Specialist for details.

- **TIME LIMITATION ON PAYMENT OF BILLS:** Bills must be submitted to the Department of Labor within one year of the end of the calendar year in which the bill was incurred.

**What is Continuation of Pay (COP)?**

Continuation of Pay (COP) is defined as a continuation of regular pay for up to 45 calendar days due to disability or medical appointments related to a traumatic injury. The intent of providing this pay is to avoid interruption of pay while a determination is made on the validity of the claim. Your agency has two separate issues that must be tracked that include whole days applied to the 45-day entitlement, and the total hours of "Injury Leave" paid during the 45-day entitlement.

Your entitlement period beings at the start of the first day or shift following the date of injury. The first COP day is the first day disability begins following the date of injury (providing it is within the 45 days following the date of injury), except where the injury occurs before the beginning of the work day or shift, in which case the date of injury is charged to COP.

Your COP is tracked by posting "Injury Leave" onto your time and attendance system. Your supervisor may require you to submit a leave request for the days you are using injury leave. You will only be paid for those hours substantiated by medical documentation. If you are receiving medical treatment, only submit those hours that are needed to be away from work for your appointment. COP entitlement should be charged for weekends and holidays if the medical evidence shows that you were disabled on the days in question. (i.e. if you did not work Friday and Monday.) *Leave used during a period when COP is otherwise payable is counted toward the 45-day COP maximum as if you had been in a COP status.*

If your claim is denied by OWCP, you will be required to process a leave change using annual or sick leave or leave without pay (LWOP).
Am I eligible for Continuation of Pay (COP)?

Eligibility for continuation of pay is determined when you file a CA-1, Notice of Traumatic Injury, within 30 days of the date of injury. Within 45 days of the injury, if you begin losing time from work due to disability or medical treatment, are reassigned by formal personnel action to a position with a lower rate of pay due to partial disability, or have a work schedule change due to your disability that affects your salary or premium pay, you must provide medical documentation within 10 days of the absence AND it must substantiate that your lost time is due to the claimed injury, your claim is accepted as a job related injury by OWCP.

If it appears that after the 45-day COP entitlement has passed and you need additional time off due to your traumatic injury, you will have the option of requesting LWOP and processing a CA-7, "Claim for Compensation", or request annual or sick leave to cover your extended absence.

Can I get pre-authorization for medical treatment?

If you suffer a work-related traumatic injury that requires a medical examination, medical treatment, or both, your supervisor is REQUIRED to authorize such examination and/or treatment by issuing an Authorization for Medical Examination and/or Treatment (CA-16) to you except as outlined below. The CA-16 authorizes treatment for 60 days from the date of issuance, unless OWCP terminates the CA-16 sooner. Coverage is for non-invasive procedures such as: x-rays, MRI’s, office/ER visits, hospitalization, etc. (This form may be used for occupational disease or illness only if your employer has obtained prior permission from OWCP.)

You will not be provided a CA-16 if you provide notice more than one week after the claimed injury, if your supervisor has factual evidence that clearly substantiates the injury will not be covered based on an automatic disqualification - i.e. not a civil employee, occurred off premises/not in performance of duty, intoxication, willful act/misconduct, and you file a Notice of Occupational Disease, CA-2.

Your health care provider will be responsible for obtaining medical authorization for such services as non-emergency surgery, physical therapy and durable goods equipment. Additional information concerning medical authorization can be found on the Department of Labor (DOL) website.

How do I get compensation for my injury/illness?

TYPES OF COMPENSATION:

If you are disabled as a result of a work-related injury or occupational illness, there are a number of compensation options available which include: Temporary Disability Compensation, Schedule Awards for permanent loss of body part or function, and Permanent Disability Compensation. If you die as a result of a work-related injury or occupational disease, your family may be entitled to Survivor Death Benefits.

Compensation for lost wages may not be paid until after a three-day waiting period, except when permanent effects result from the injury or where the disability causing wage loss exceeds 14 calendar days. Compensation is generally paid at the rate of 2/3 of the salary if the employee has no dependents and 3/4 of the salary if one or more dependents are claimed.

Depending on the type of compensation claim that you are making, you will need to complete the following forms:

- **CA-7**: Used for temporary disability compensation, schedule awards, and other wage loss. Also used for processing “leave buy back requests."
- **CA-7a**: Used when claiming compensation for more than one consecutive period of leave, and to repurchase paid leave.
- **Direct Deposit Authorization form**.
Forward these forms to your supervisor for certification. Your supervisor is required to process your claim for compensation **within five (5) workdays** to the Department of Labor (DOL) through ARC. In addition to submitting the CA-7 documentation, it is necessary to submit supporting medical documentation that substantiates that disability exists for the timeframe claimed. If this information is not included in the initial claim submittal, the Workers' Compensation Specialist at ARC may request that you provide additional medical evidence for submittal to the DOL. Upon receipt of the CA-7 and supporting documentation, a compensation payment will be approved and issued by the Department of Labor. If your documentation is incomplete, or the medical evidence is insufficient, you will be sent official correspondence from DOL outlining what additional information is needed.

**Schedule Awards:**

Permanent impairment to certain parts of the body will entitle the claimant to an award of compensation payable for a set number of weeks. A schedule award can be issued in addition to an award for wage loss; however, it is paid consecutively not concurrently if it is related to the same impairment for which wage loss compensation is paid. A schedule award can only be requested when the employee has been determined to reach maximum medical improvement (MMI).

The process for claiming a schedule award is similar to the compensation in that you must complete the CA-7 or provide a narrative request for a schedule award, complete a Direct Deposit Authorization form, then forward the information directly to the Workers' Compensation Specialist at ARC for processing. You also will need to provide supporting medical evidence of impairment from your physician according to the American Medical Association (AMA) Guidelines on Impairment.

**REFERENCE:** [Questions and Answers about the Federal Employee Compensation Act (FECA)](https://www.dol.gov/oscw/docs/qandas_feca.pdf)

**Do I have to accept a light duty position?**

**REFERENCE:** 20 CFR 10.515

If you can resume regular Federal employment after suffering a traumatic injury or occupational disease, you must do so. If you cannot return to the job held at the time of injury due to partial disability from the effects of the work-related injury, but have recovered enough to perform some type of work, you must seek work. If your agency has advised you in writing that specific alternative positions exist within the agency, you shall provide the description and physical requirements of such alternate positions to your attending physician and ask whether and when you will be able to perform such duties. If your agency has advised you that it is willing to accommodate your work limitations, you shall advise your attending physician and ask him or her to specify the limitations imposed by the injury. **You are responsible for advising your supervisor immediately of these limitations.**

**What is the penalty if I refuse a light duty or alternate position?**

**REFERENCE:** 5 U.S.C. 8106

You will not be entitled to compensation if you refuse to seek suitable work or refuse an offer of suitable work or you refuse or neglect to work after a suitable work has been offered. You must show that this refusal or failure to work was reasonable or justified. The Office of Workers' Compensation programs will provide you with an opportunity to provide evidence that your refusal to accept a suitable job offer, or failure to work, was reasonable or justified prior to terminating your compensation benefits.

**What if I am released to work but my supervisor can't accommodate my restrictions?**

If your supervisor is unable to accommodate you, you may request leave without pay (LWOP) and process a CA-7, Claim for Compensation, or request annual or sick leave to cover you extended absence.
What do I need to know about "leave buy backs"?

The Department of Labor (DOL) pays salary compensation to employees who are deemed “disabled” from working based on the employee’s gross wages. The compensation is tax free and paid at the rate of two-thirds of the salary if the employee has no dependents and three-fourths of the salary if one or more dependents are claimed. Employees who have used up their entitlement to Continuation of Pay (COP) and employees who have filed claims for Occupational Disease may elect to use their annual or sick leave balances for periods of disability instead of immediately requesting salary compensation through the DOL. In order to get direct compensation from DOL an employee must have an accepted claim and be in a non-pay status. Often employees prefer to use their own sick or annual leave and avoid disruption of their regular pay while they wait for notification of claim acceptance from the DOL.

If you use annual or sick leave as described above, you need to be aware that your agency will allow you to “repurchase” or “buy back” annual or sick leave used. The money to repurchase your leave comes, in part, from the DOL.

If you elect to request a “leave buy back,” you need to be aware of the following:

- You will be required to reimburse your agency the difference between the amount of compensation entitlement from DOL and the total value of the leave for which your agency has already paid you.
- You cannot repurchase leave used during the period you were eligible for COP.
- You must buy back the entire period of leave requested on your CA-7. You cannot apply the DOL compensation to only the number of days it will cover.
- If the payment is made during the same year that the leave was used; your earnings are reduced by the amount repaid. Compensation received from DOL is exempt from State and Federal taxes. If the leave repurchase is not completed during the same year in which leave is used, you may not adjust the prior year withholding statement. You may claim the amount of leave paid as an employee expense if you itemize your deductions on your Federal tax returns.
- Because your pay status will be changed to Leave Without Pay, entitlement to leave and benefits may be impacted. For every eighty (80) hours you are in a LWOP status, annual and sick leave is not earned. Contributions to the Thrift Savings Plan (TSP) are not made during LWOP.
- The leave you are repurchasing will not be reinstated to your leave account(s) until the entire monies due are paid in full.

What if my injury/illness recurs?

A recurrence of disability happens when work stoppage is caused by a spontaneous return of symptoms from a previous injury or occupational disease with no intervening case, a return or increase of a disability due to a consequential injury (which was a result of the weakness/impairment caused by the previous injury), or a withdrawal of a light duty or alternate position for reasons other than misconduct, non-performance of duty, or organizational action that impacts those who are performing full duty positions as well as those in light duty/alternate positions (i.e. RIF, closure of facility.) A recurrence of medical condition is a need for additional medical treatment after being released from treatment for the work-related injury. (Continuing treatment is not a recurrence.)

Things to remember about recurrence of disability or medical conditions:

- You are not entitled to COP for an occupational disease claim.
- If the original injury was a traumatic injury, you will only be entitled to COP if the recurrence occurs within the 45-day entitlement period and you have not exhausted the allotted days.
- Your supervisor cannot issue you a CA-16 (Authorization for Medical Exam or Treatment) for an occupational disease.
• If the original injury was a traumatic injury, and the recurrence is less than 90 days after your return to
work, a CA-16 can be requested from your supervisor.

If either of the above situations occurs, you should submit a Notice of Recurrence, CA-2a to your supervisor.
If you are not entitled to COP, you request leave without pay (LWOP) and process a CA-7 (Claim for
Compensation), or request annual or sick leave to cover your extended absence.

**How do I check on the status of medical authorization and bill payments?**

The Department of Labor (DOL) uses Conduent, a private contractor, to process all medical authorization and bill
payment requests. On-line information and tools are available to assist you and your health care provider in obtaining
the following information:

• **Check Eligibility** – Find out if authorization is required for a particular procedure.
• **Check Authorization** - Learn if authorization has been approved without calling Conduent or waiting for an
authorization letter.
• **Check Bill Payment** - Learn status of submitted bills and requests for reimbursement.
• **Check Enrollment Status** – Medical providers may enroll on-line with Conduent as well as check the status
of their previously submitted enrollment request:

**Conduent Webpage Links:**

*Enrollment Status*

*Frequently Asked Questions about Conduent*

*Contact Information*

*Conduent Phone Numbers*

**Bill Payment/Medical Treatment Authorization:** Specific bill payment and treatment and authorization information
may also be obtained by calling 844-493-1966.
**General Inquiry:** A toll-free Interactive Voice Response System (IVR) with general medical information is available at
866-335-8319

**DOL Webpage Link**

**Where can I get more information?**

For more information about the Occupational Workers' Compensation Program (OWCP), please contact the
Workers' Compensation Group by email at [WorkersComp@fiscal.treasury.gov](mailto:WorkersComp@fiscal.treasury.gov) or (304) 480-8389.