



RELEASE - TRANSMISSION OF REVISED MATERIAL TO BE
INCORPORATED INTO THE FEDERAL (EEOICPA) PROCEDURE MANUAL:
CHAPTER 2-1300, Impairment Ratings.

EEOICPA TRANSMITTAL NO. 13-06

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EXPLANATION OF MATERIAL TRANSMITTED:

This material is issued as procedural guidance to update, revise and replace the text of the EEOICPA Procedure Manual (PM) Chapter 2-1300, Impairment Ratings. This version incorporates changes that have arisen since the last publication of Chapter 2-1300, Impairment Ratings, to include:

- Removes reference to the Resource Center role in handling impairment claims.
- Provides guidance on calculating impairment award due to multiple illnesses if at least one illness is subject to tort offset/State Workers' Compensation coordination.
- Explains the use of Form EE-11A/EN-11A in developing impairment claims.
- Provides time limits for employees to submit impairment claims, to schedule impairment appointments and to submit required medical evidence.

The following exhibits have been removed from the previous version of Chapter 2-1300, Impairment Ratings:

- Development Letter for Impairment with Attachments.

The following exhibit has been added:

- Form EE-11A/EN-11A, Development Form for Impairment.

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FILING INSTRUCTIONS:

File this transmittal behind Part 1 in the front of the new Unified Federal (EEOICPA) Procedure Manual.

Distribution: List No. 3: All DEEOIC Employees
List No. 6: Regional Directors, District
Directors, Assistant District Directors,
National Office Staff, and Resource Center
Staff.

Part 2 - Claims

Impairment Ratings

5	Impairment Rating Requirements	09/13	13-06
6	Required Medical Evidence Specific to ICD-9 Codes. . .	09/13	13-06
7	Breast Impairment Letter . . .	09/13	13-06

SUPERSEDED

1. Purpose and Scope. This chapter provides guidance on the procedures for evaluating a claim for permanent impairment. It explains the responsibilities of the Claims Examiner (CE) in awarding a covered Part E employee impairment attributable to a covered illness. In addition, the chapter provides information about how the District Office (DO) and the Final Adjudication Branch (FAB) evaluate medical evidence relating to impairment and the evidence necessary to establish a ratable permanent impairment. The chapter concludes with a discussion of the assessment of claims for additional impairment benefits following the previous award of impairment benefits.
2. Policy. The CE is responsible for processing impairment rating determinations and ensuring benefits are appropriately paid under the provisions of 42 U.S.C. 7385s, 7385s-2, 7385s-4, and 7385s-5, and as outlined in the procedures in this chapter.
3. Definition of Impairment.
 - a. Impairment. The American Medical Association's *Guides to the Evaluation of Permanent Impairment* (AMA's Guides), 5th Edition, defines impairment as "a loss, loss of use or derangement of any body part, organ system or organ function." Furthermore, "Impairment percentages or ratings developed by medical specialists are consensus-derived estimates that reflect the severity of the medical condition and the degree to which the impairment decreases an individual's ability to perform common **Activities of Daily Living (ADL)**, excluding work." (Emphasis in original)
4. General Requirements for Impairment Ratings.
 - a. Covered Employees. The employee must be a covered Department of Energy (DOE) contractor or subcontractor employee, or Radiation Exposure Compensation Act (RECA) section 5 employee found to have contracted a covered illness through exposure to a toxic substance at a DOE facility or RECA section 5 facility.
 - b. Claiming Impairment. The employee must claim impairment because of a covered illness or illnesses in writing.

4. General Requirements for Impairment Ratings. (Continued)

c. Maximum Medical Improvement (MMI). An impairment that is the result of a covered illness will be included in the employee's impairment rating only if the physician concludes that the condition has reached MMI, which means the condition is unlikely to improve substantially with or without medical treatment. Conditions that are progressive in nature and worsen over time, such as chronic beryllium disease (CBD), are considered to have reached MMI when the condition is not likely to improve.

(1) Terminal Employees. An exception to the MMI requirement exists for terminal employees undergoing ongoing treatment for an illness that has not reached MMI. In these situations, the terminal employee could die before the outcome of treatment is known and eligibility for an impairment award would be extinguished. Therefore, if the CE finds probative medical evidence that the employee is terminal, the impairment that results from such a covered illness is included in the impairment rating even if the employee has not reached MMI.

(2) MMI Has Not Been Reached. After reviewing the medical evidence, if the CE determines that the condition has not reached MMI, and the employee is not in the terminal stage, the CE does not make an impairment determination. The CE sends a letter to the employee informing him or her that the claim is administratively closed and that an impairment determination will not be made because MMI has not been reached. The letter should also include a statement that the employee is to contact the DO once medical evidence is obtained indicating MMI (See Exhibit 1).

4. General Requirements for Impairment Ratings. (Continued)

(a) A treating physician may state that an employee is not at MMI and recommend treatment that could improve the condition. If the employee chooses to forgo the recommended treatment, the CE sends a letter to the employee informing him or her that the claim is administratively closed until the employee is at MMI.

(b) Once the CE receives medical evidence indicating that the employee is at MMI, development is resumed.

(3) Multiple Covered Illnesses. In a case of multiple covered illnesses, where one condition is at MMI and another is not, the CE should proceed with a determination regarding impairment for the condition at MMI. If different covered illnesses affect the same organ, and one condition is not at MMI, the CE cannot proceed with an impairment rating until all conditions in that organ have reached MMI.

d. Impairment Rating. An impairment evaluation performed by a qualified physician is the basis for the CE's determination of impairment benefit entitlement. Therefore, the physician's impairment rating report is to include narrative text that clearly communicates the physician's opinion, and that provides a convincingly descriptive rationale in support of the stated impairment rating.

(1) Evaluation. An impairment evaluation of the employee is to be based upon the 5th Edition of the AMA's *Guides*.

(2) Rating Physician Qualification. An impairment evaluation is to be performed by a qualified physician who satisfies the Division of Energy Employees Occupational Illness Compensation's (DEEOIC) criteria for physicians performing impairment evaluations. In order for a CE to deem a physician qualified, the physician must hold a valid medical license and Board

4. General Requirements for Impairment Ratings. (Continued)

certification/eligibility in his/her field of expertise (e.g., toxicology, pulmonary, neurology, occupational medicine, etc.). The physician is to also meet at least one of the following criteria: certified by the American Board of Independent Medical Examiners (ABIME); certified by the American Academy of Disability Evaluating Physicians (AADEP); possess knowledge and experience in using the AMA's *Guides*; or possess the requisite professional background and work experience to conduct such ratings.

(a) In order for a physician to demonstrate that he/she is qualified, there is no need to submit copies of his/her medical license or certificates. Qualifications may be determined by the submission of a letter or a resume demonstrating that the physician is licensed and meets the requisite program requirements.

(b) If a physician does not possess ABIME or AADEP certification, the physician is to submit a statement certifying and explaining his/her familiarity and years of experience in using the AMA's *Guides*.

(3) Rating Percentage. The impairment rating is a percentage that represents the extent of a whole person impairment of the employee, based on the organ(s) or system(s) affected by a covered illness or illnesses. A qualifying impairment rating is to account for all Part E accepted covered illnesses and is to include all conditions present in the covered organ(s) or system(s) at the time of the impairment evaluation.

(4) Whole Person Impairment. The physician is to specify the percentage points of whole person impairment resulting from all accepted covered illnesses.

4. General Requirements for Impairment Ratings. (Continued)

(a) In some instances, there are diseases or life style choices (e.g., smoking), in addition to the covered illness, that affect organ functionality. The DEEOIC does not apportion damage, thus the impairment rating should assess the functionality of the whole organ regardless of other non-occupational factors that influence permanent partial impairment.

(b) If the employee contracted more than one covered illness, the physician should specify the total percentage points of impairment that results from each of the employee's accepted covered illnesses. The total percentage points of impairment are determined by a combined value chart in the AMA's *Guides*. Therefore, the sum of each individual impairment rating may not equal the total combined rating.

(c) An impairment that is the result of any accepted covered illness that cannot be assigned a numerical impairment percentage using the 5th Edition of the AMA's *Guides* will not be included in the employee's impairment rating, and the physician performing the impairment evaluation is to explain why a numerical impairment percentage cannot be assigned.

5. Developing an Impairment Claim. This section discusses the developmental steps and evidence necessary to adjudicate an impairment claim. It is important that the person undertaking development action with regard to a claim for impairment ensures that documents generated or received during the evaluation process are properly maintained either in a physical case file or, when appropriate, bronzed into the OWCP imaging System (OIS). When developing an impairment claim for a case record with an imaged component, it is essential that the assigned CE take the appropriate steps to bronze all outgoing documents (including second requests) and to scan any records received. This guidance applies to any of the procedures described throughout this chapter.

5. Developing an Impairment Claim. (Continued)

a. Initial Phone Call: After a final decision is issued to an employee with a positive causation determination (See section 12 for developing an impairment claim when two years have elapsed since the last impairment award), the CE contacts the employee to provide information about the potential impairment benefits available, explains eligibility requirements or program procedures, and responds to any questions. The CE advises the employee that an impairment letter and response form (Form EE-11A/EN-11A. See Exhibit 2) will be sent. The CE then memorializes the phone call in ECS.

b. Impairment Letter and Response Form (Form EE-11A/EN-11A). Form EE-11A/EN-11A is to be sent to all employees with a new final decision accepting his/her claimed condition as a covered illness under Part E. The CE only sends this form for employee claims. (See section 13 for survivor claims)

(1) Timeframe. The CE sends Form EE-11A/EN-11A after the initial phone call to the employee regarding impairment benefits. If the CE is unable to contact the employee by phone, the CE sends Form EE-11A/EN-11A without the initial phone conversation with the employee.

(2) Explanation. Form EE-11A contains information explaining what an impairment rating is and that the employee may be eligible for an award based on permanent impairment.

5. Developing an Impairment Claim. (Continued)

(3) Request for Impairment Claim. Form EE-11A provides information that the employee is to advise the DEEOIC in writing as to whether or not he/she wishes to claim impairment for a covered illness or illnesses. If the employee has more than one covered illness, the employee is required to list the specific covered illness(es) he/she is claiming. An employee may not elect to file an impairment claim on some, but not all, covered illnesses in an effort to avoid a tort offset or coordination of state workers' compensation benefits. Form EN-11A is a response form on which the employee may claim impairment and identify the specific covered illness(es) he/she is claiming.

(4) Physician Choice. Form EE-11A explains that the employee may choose to have his/her own qualified physician or a Contract Medical Consultant (CMC) to perform an impairment evaluation. CMCs are DEEOIC contracted physicians and must be qualified to perform impairment evaluations. The employee indicates this choice on Form EN-11A. If the employee requests his/her own physician, the employee must provide the physician's name, address and phone number. Form EN-11A contains a space for this information.

(5) Timeframe. The CE is to allot 60 days for the employee to respond to Form EE-11A/EN-11A, with a follow up request sent to the employee at the first 30-day interval. The CE uses Form EE-11A/EN-11A for the follow up request, but the form must be marked "Second Request." The CE does not develop the impairment issue until he or she receives a completed form

(a) If the employee does not respond to Form EE-11A/EN-11A within 60 days, the CE sends a final Form EE-11A/EN-11A marked as a "Final Request" to the employee. After the CE sends the final request Form EE-11A/EN-11A, the CE updates ECS to indicate that the employee is not claiming impairment.

5. Developing an Impairment Claim. (Continued)

If at any time the employee informs the CE that he/she does not want to pursue a claim for impairment, the CE sends a letter to the employee advising that the DEEOIC will not undertake further development of the claim for impairment at this time. The CE also notifies the employee of the right to claim impairment in the future (See Exhibit 3).

(b) If the employee responds by Form EN-11A that he/she wants to claim impairment, the CE updates ECS appropriately. The impairment claim date is the postmark date of the form, if available, or the date the CE or Resource Center receives the form, whichever is the earliest determinable date.

c. Impairment Ratings by the Employee's Own Physician.

(1) Letter to Selected Physician. The CE sends a letter (Exhibit 4 with attachments) to the physician selected by the employee. In the letter, the CE notifies the physician of the employee's eligibility, and the covered illness or illnesses with respective ICD-9 code(s). The CE explains that in order for the DEEOIC to pay for an impairment evaluation, the evaluation is to be performed within one year of the report's receipt by the DEEOIC. The letter is also to contain an explanation that the impairment evaluation is to be performed in accordance with the 5th Edition of the AMA's *Guides*, and that the rating physician is to reference the appropriate page numbers and tables applied from the AMA's *Guides*. Lastly, the CE includes a medical bill pay agent enrollment package, which is to include: an OWCP-1500, Health Insurance Claim Form (Exhibit 4 attachments), OWCP-1168, the EEOICP Provider Enrollment Form (Exhibit 4 attachments), and a SF Form 3381 (Exhibit 4 attachments) to allow the medical bill pay agent to process electronic fund transfers to the provider. The OWCP-1168 contains a

5. Developing an Impairment Claim. (Continued)

written explanation of how a physician enrolls with the medical bill pay agent. If a physician has previously enrolled with the DEEOIC, there is no need to enroll again. If the employee opted to select his/her own physician to perform the impairment rating but does not know of one, the CE may direct the employee to the appropriate Resource Center (RC) for a list of physicians who perform impairment ratings and who are enrolled in the program.

(2) Scheduling an Appointment with the Selected Physician. Upon receipt of the employee's written choice of physician, the CE sends a letter explaining that the employee is to schedule the impairment appointment within 30 days and the appointment is to occur within six months. The CE also explains that any appointment scheduled to occur later than six months may lead to denial of the impairment claim. If after 30 days, the CE finds no evidence of an impairment evaluation or that the employee scheduled an appointment, the CE makes a phone call to determine the status of the appointment (whether it has been made or is in the process of being made, etc.). The CE advises the employee verbally of the need to schedule the appointment within the next 30 days and to provide written evidence of such to the CE. The CE also explains that if the appointment is not scheduled or is scheduled to occur later than the six months period, a recommended decision to deny the impairment claim may be issued. It is important that the CE record this discussion carefully in the phone calls section of ECS. After this phone call, the CE sends a written summary of the call to the employee.

If at the end of this total 60-day period no evidence exists to show progress in obtaining the necessary impairment evidence and the employee has not provided a valid reason for the delay (e.g. he/she was sick), the CE may issue a recommended decision to deny the impairment claim.

5. Developing an Impairment Claim. (Continued)

d. Impairment Ratings by a CMC. If the employee does not indicate on the EN-11A form who should perform the impairment evaluation, the CE calls the employee for this information. If the employee chooses the CMC option, the CE reviews the medical evidence in the case file to determine if the evidence is sufficient for a CMC to perform the impairment evaluation.

(1) Required Medical Evidence. Since the employee will not be physically evaluated for impairment by a CMC, the employee's Activities of Daily Living (ADL) or equivalent information is required. The employee's physician is to complete the ADL worksheet (Exhibit 5) or equivalent information, preferably within the last 12 months before the impairment evaluation. In addition to the ADL or its equivalent, some conditions require specific medical evidence before impairment evaluation can be completed, as outlined in Exhibit 6. If a condition is not listed in Exhibit 6, the CE should consult with a CMC to determine what medical information is required as outlined in the AMA's *Guides*.

The CE sends a letter to the employee attaching a blank ADL (Exhibit 5) and including the information regarding the required medical evidence (Exhibit 6) for certain conditions. If the CE determines that additional evidence and/or diagnostic test(s) is required to conduct an impairment evaluation, the CE is to explain the requirement in this letter. The CE sends this letter after receipt of the notice that the employee has chosen the CMC option. The letter explains that the employee is to return the required evidence within 30 days. If after 30 days, the required evidence is not submitted, the CE makes a phone call to determine the status of the evidence. The CE advises the employee verbally of the need to obtain this evidence. The CE explains that if the required evidence is not submitted within 30 days, a

5. Developing an Impairment Claim. (Continued)

recommended decision to deny the impairment claim may be issued. It is important that the CE record this discussion carefully in the phone calls section of ECS. After this phone call, the CE sends a written summary of the call to the employee.

If at the end of this total 60-day period no evidence exists to show progress in obtaining the necessary impairment evidence and the employee has not provided a valid reason for the delay (e.g. he/she was sick), the CE may issue a recommended decision to deny the impairment claim.

(2) Insufficient Evidence. If the CE determines that the submitted medical evidence is not sufficient, the CE sends a follow-up development letter to the employee explaining the deficiency and the additional evidence and/or diagnostic test(s) required to conduct an impairment evaluation.

(3) Unavailability of Records. If the employee is unable to provide the necessary medical records, the rating physician must determine if an impairment evaluation is possible in accordance with AMA's *Guides* given whatever evidence is available. The CE may proceed with a CMC referral to determine if the available records are sufficient to perform a rating. If the CMC is able to perform a rating based on the available medical evidence but states that additional testing could potentially increase the rating, the employee must be notified that the rating is based solely on the present evidence of record, and that additional testing is needed to allow for the highest potential rating. The CE sends the employee a letter and gives the employee the option of obtaining the necessary testing, or of notifying the CE in writing that a decision may proceed based on the available medical evidence. If the employee does not respond, the CE proceeds with the impairment evaluation based on the available medical evidence.

5. Developing an Impairment Claim. (Continued)

(4) Outdated Evidence. It is in the interest of the employee to ensure that the most contemporaneous medical records are available for the CMC to review for an impairment. If the CE has provided the employee the opportunity to obtain current medical evidence but the claimant has not responded adequately, the CE may use medical evidence in the file that is older than 12 months to obtain an impairment rating from a CMC. In some instances, the CMC may not be able to render an opinion with older or missing medical records.

6. Impairment Ratings for Certain Conditions:

a. Mental Disorders.

(1) Upon receipt of a claim for a mental impairment, the CE must determine whether the claimed impairment originates from a documented physical dysfunction of the nervous system.

(2) Once it has been established that an employee's mental impairment is related to a documented physical dysfunction of the nervous system, the employee is to obtain an impairment evaluation from the physician based on Table 13-8 of Chapter 13 in the 5th Edition of the *AMA's Guides*.

(3) If the mental impairment is not related to a documented physical dysfunction of the nervous system, it cannot be assigned a numerical percentage using the 5th Edition of the *AMA's Guides*. The CE communicates this to the employee and provides the employee 30 days to submit documentation from a physician to establish a link between the exposure to a toxic substance at a covered facility and the development of a mental impairment. The report from the employee's physician is to contain rationalized medical analysis establishing that the mental impairment is related to neurological damage due to a named toxic exposure.

6. Impairment Ratings for Certain Conditions: (Continued)

Speculation or unequivocal statements from the physician reduce the probative value of a physician's report, and, in such situations, the CE may find it necessary to refer the case to an occupational CMC or a DEEOIC toxicologist to determine whether toxic exposure caused physical dysfunction of the nervous system.

(b) Breast Cancer.

(1) Upon receipt of a claim for impairment for the breast in either a male or female, the CE submits a request to the physician undertaking the evaluation, explaining all the criteria that are to be considered and referenced in the final report (See Exhibit 7).

For the purposes of considering impairment due to breast cancer in a female, child-bearing age will not be a determining factor when issuing an impairment rating, as the AMA's *Guides* do not define "child-bearing age."

(2) When the physician returns a completed impairment evaluation, the CE is to review it to ensure that the physician has comprehensively addressed each of the factors necessary for an acceptable rating. The impairment evaluation is to contain written information to show that the physician has considered: (1) the presence or absence of the breast(s); (2) the loss of function of the upper extremity (or extremities if there is absence of both breasts due to cancer), including range of motion, neurological abnormalities and pain, lymphedema, etc.; (3) skin disfigurement; and (4) other physical impairments resulting from the breast cancer. The total percentage of permanent impairment of the whole person is to be supported by medical rationale and references to the appropriate sections and tables (with page numbers) of the AMA's *Guides*.

6. Impairment Ratings for Certain Conditions: (Continued)

(3) If the CE determines that the physician has not provided a complete rating for a claimed impairment of the breast, the CE sends a follow-up letter to the physician. The letter is to include the CE explanation of the noted deficiency in the assessment, and that the purpose for obtaining a complete response is to ensure that the employee receives the maximum allowable rating provided by the AMA's Guides.

(c) Pleural Plaques/Beryllium Sensivity.

(1) In the initial phone call to employees with covered conditions of pleural plaques or beryllium sensitivity alone, the CE explains that impairment for these conditions is generally 0%. If the employee intends to pursue an impairment claim based upon pleural plaques or beryllium sensitivity, the CE follows the procedure as established in section 5.

(d) Metastatic Bone Cancer.

(1) In situations where the CE accepts a case under the Special Exposure Cohort (SEC) provision based on metastatic (secondary) cancer, i.e. metastatic bone or metastatic renal cancer, often the primary source of the metastatic cancer will prove to be the prostate. If the CE does not accept the prostate cancer due to a lack of a causative link and because prostate cancer is not an SEC-specified cancer, it is important that the CE ensure that the non-covered prostate cancer is not considered in the impairment rating. Only the accepted condition of SEC metastatic cancer is considered for the impairment rating.

7. Receipt of the Impairment Evaluation. Upon completion of the impairment evaluation and receipt in the DO, the CE reviews the report to assure that all DEEOIC criteria for a valid impairment are met. The CE reviews the impairment evaluation to determine the following: whether the opining physician possesses the requisite skills and requirements to provide a rating as set out in paragraph 4d(2); whether the evaluation was conducted within one year of receipt by the DEEOIC; whether the report addresses the covered illness or illnesses; and whether the whole person percentage of impairment is explained with a clearly rationalized medical opinion as to its relationship to the covered illness or illnesses.

a. Awards. To calculate the award, the CE multiplies the percentage points of the impairment rating of the employee's covered illness or illnesses by \$2,500. For example, if a physician assigns an impairment rating of 40% or 40 points, the CE multiplies 40 by \$2,500, to equal a \$100,000 impairment award.

b. Incomplete Ratings. If the impairment rating report is unclear or lacks clearly rationalized medical analysis in support of the offered conclusion, additional clarification is required. In such instances, the CE returns the impairment rating evaluation to the rating physician with a request for clarification, indicating what areas are in need of remedy. If the employee's physician submitted the insufficient report and no response is received, or is returned without sufficient clarification, the CE notifies the physician and the employee of the need for additional justification. If response is not forthcoming, the case is sent to a CMC for a new rating. If the CMC submits an incomplete report, the CE is to notify the CMC of the deficiency and request a more comprehensive report.

8. Pre-Recommended Decision Challenges. Upon request, the CE may provide the employee with a copy of the impairment rating report. The employee may submit written challenges to the impairment rating report and/or additional medical evidence of impairment. However, any additional impairment evaluations are to meet the criteria discussed above in section 7 before the CE can consider it when making impairment determinations. The DEEOIC will only pay for one impairment evaluation unless the DEEOIC directs the employee to undergo additional evaluations. The employee is responsible for the payment of any subsequent evaluations not directed by the DEEOIC. If the additional evaluation differs from the existing rating, the CE must review the two reports in detail to determine which report has more probative value. In weighing the medical evidence, the CE must use his or her judgment in the analysis of the reports. If the reports appear to be of equal value and the impairment ratings are within 10% of each other, the CE accepts the higher rating impairment.

- a. Determining Probative Value. If the impairment reports appear to be of equal value and the ratings are not within 10% of each other, the CE may obtain an evaluation from a referee physician.

9. Impairment and Tort Offset/State Workers' Compensation (SWC) Coordination. If there are impairment benefits due to multiple illnesses, and at least one of those illnesses is subject to a tort offset or coordination of SWC award, the CE is to determine the impairment award by following these steps:

- a. Determine that coordination and/or offset is required.
 - (1) SWC Coordination - In an impairment case based upon multiple covered illnesses, the CE is to confirm that at least one covered illness is based on the same illness as the SWC payment.
 - (2) Tort Offset - In an impairment case based upon multiple covered illnesses, the CE is to confirm that at least one covered illness is based on the same work-related exposure as the tort payment.

9. Impairment and Tort Offset/State Workers' Compensation (SWC) Coordination. (Continued)

b. Identify the combined impairment rating and calculate the dollar amount. For example, John Doe has a 20% impairment due to his asbestosis and 7% impairment due to his skin cancer. The combined impairment rating according to the Combined Values Chart is 26%, and the potential impairment award is \$65,000.00 ($26\% \times \$2,500.00 = \$65,000.00$).

c. Determine the percentage of the combined impairment rating that each separate impairment represents using these steps:

- (1) Determine the sum of the individual impairment rating. In the John Doe example case, the individual ratings are 20% due to his asbestosis (lung) and 7% are due to his skin cancer, so the sum of his individual impairment rating is 27% ($20\% + 7\% = 27\%$)
- (2) Calculate the relative percentage of impairment for each organ or body function:

For asbestosis- Divide 20% by 27% to determine that 74.07% of the sum of the individual rating is attributable to asbestosis.

For skin cancer - Divide 7% by 27% to determine that 25.93% of the sum of the individual impairment rating is attributable to skin cancer.

d. Calculate the dollar amount attributable for each organ or body function. In the John Doe example case, the calculation is as follows:

For asbestosis - Multiply 74.07% (the percentage attributable to asbestosis) by the dollar amount of the combined impairment award of \$65,000.00 to determine that \$48,145.50 is the dollar amount attributable to asbestosis.

9. Impairment and Tort Offset/State Workers' Compensation (SWC) Coordination. (Continued)

For skin cancer - Multiply 25.93% (the percentage of impairment rating attributable to skin cancer) by \$65,000.00 to determine that \$16,854.50 is the dollar amount attributable to skin cancer.

- e. Subtract Offset/Coordination amount from the dollar amount attributable to the organ or body function subject to offset and/or coordination.

Example 1: If the dollar amount attributable to John Doe's lung impairment has to be reduced by \$10,000.00 due to coordination (the eligible amount paid from a state workers' compensation claim), \$10,000.00 must be subtracted from \$48,145.50 (the dollar amount attributable to asbestosis), which leaves \$38,145.50 payable due to asbestosis after coordination of SWC benefits.

Example 2: If the dollar amount attributable to John Doe's lung impairment has to be reduced by \$50,000.00 due to coordination, \$50,000.00 must be subtracted from \$48,145.50 (the dollar amount attributable to asbestosis), which leaves \$1,854.50 as a surplus after coordination of SWC benefits. His surplus due to asbestosis will not affect his entitlement to benefits for skin cancer.

- f. Calculate the Payable Impairment Award. Add the dollar amounts for each organ or body function (after coordination and/or offset) to determine the amount of the impairment award.

Example 1: Add \$38,145.50 for asbestosis (after subtracting the coordination amount of \$10,000.00) to \$16,854.50 for skin cancer for a total impairment award of \$55,000.00.

9. Impairment and Tort Offset/State Workers' Compensation (SWC) Coordination. (Continued)

Example 2: If the coordination amount to asbestosis is \$50,000.00, the amount of the total impairment award is \$16,854.50 from the skin portion of the combined impairment award if skin cancer is not subject to offset or coordination. The surplus of \$1,854.50 after coordination of SWC benefits for asbestosis is NOT subtracted from the skin cancer award. This surplus is absorbed from medical benefits for asbestosis and future compensation benefits for asbestosis.

10. Issuance of a Recommended Decision. Once the CE has completed appropriate development, he/she is to proceed with the issuance of a recommended decision concerning the claim for impairment. The recommended decision is to contain a discussion of the relevant impairment evidence submitted in deciding the claim. Moreover, the CE is to explain the sufficiency (or insufficiency) of the evidence justifying the decision outcome. For example, the CE is to include a finding regarding the qualification of the physician providing medical evidence for an impairment rating. In addition, the CE is to describe the sufficiency of the medical evidence in satisfying the necessary procedural requirements for a valid impairment including MMI, use of AMA's Guides, calculation of rating, citation of AMA tables, etc. For any award of lump-sum impairment, the CE is to clearly explain the calculation of the award.

If a decision recommends denial of an impairment claim based upon an insufficient evaluation, or if one evaluation is relied upon by the DO over another evaluation(s) in the file, the CE is to provide a detailed discussion regarding the probative value of the evaluation(s). The CE is to discuss the weight of medical evidence as to why one report is insufficient, and/or why one report offers more probative value. This is necessary in the event that the employee submits additional impairment evidence to the FAB, as any additional impairment evidence submitted must overcome the weight of medical evidence as assigned by the CE.

11. FAB Development. Once a recommended decision on impairment is issued and forwarded to the FAB, the employee may submit new medical evidence and/or additional impairment evaluations to challenge the impairment determination discussed in the recommended decision.

a. Reviewing Ratings. The employee bears the burden of providing additional impairment evidence that shows an error of procedural application or that provides a probative medical argument to overcome the CE's assignment of weight of medical evidence as discussed in the recommended decision. However, if the evidence is not from a qualified physician who meets the requirements of paragraph 4d(2) of this chapter, the FAB Hearing Representative (HR) will not consider it probative.

b. FAB Review. The HR must take into consideration the list of factors in section 7 when weighing impairment evaluations for probative value. In addition to the impairment rating(s), the FAB reviews all the relevant evidence of impairment in the case record and bases its determination on the evidence it finds to be most probative. If the employee's file contains multiple impairment evaluations, the HR reviews each report to determine which provides the most probative value given the totality of the evidence.

c. Final Decision. The final decision is to contain sufficient narrative to clearly describe whether the reviewer feels that the recommended findings comply with the procedural requirements of the DEEOIC for an impairment award and that the findings are reasonably derived from the medical evidence of record.

12. Additional Filings for Impairment Benefits. An employee previously awarded impairment benefits may file a claim for increased impairment benefits for the same covered illness included in the previous award. For such a claim, the claimant is to file using Form EN-10. Upon completion of development, the CE may award lump-sum compensation for the percentage increase. In the rare instance where a claim for increased impairment is developed but the medical evidence establishes a lower whole person impairment than previously determined, the CE is to deny the claim for increased impairment. The CE takes no action to reopen the prior impairment determination because a claim filed for increased impairment after the two-year wait period is considered a new claim.

a. Timeframe. The employee may not submit a Form EN-10 for an increased impairment rating earlier than two years from the date of the last award of impairment benefits (date of the final decision).

(1) New Covered Illness. An exception to the two-year time period requirement exists if the CE adjudicates an additional impairment claim based upon a new covered illness not included in the previous award. A new covered illness involves a different disease, illness, or injury that was not the basis of the original impairment rating. This includes the acceptance of consequential illness.

12. Additional Filings for Impairment Benefits. (Continued)

b. Untimely Requests for Re-evaluation. If the two-year date is near, the impairment claim can be developed, but not adjudicated, until the two-year mark has been reached. In circumstances in which an employee submits a request for re-evaluation and it is too early to proceed with adjudication (i.e. three months prior to the two year mark), the CE should inform the employee in writing that he/she is not eligible for an impairment decision and that a decision will be deferred until such time as the employee is eligible. The CE enters a call up note in ECS to follow up at the two-year mark, but no action is taken to administratively close out the impairment claim. If the employee submits an untimely request for re-evaluation that is more than three months prior to the two-year mark, the CE is to administratively close out the impairment claim. The CE sends a letter to the employee explaining the administrative closure and the two-year requirement.

(1) ECS Coding of Untimely Requests for Re-evaluation. If an employee claims re-evaluation of a covered illness for which an impairment final decision has been issued prior to the two-year mark, the proper ECS code for impairment claimed should be entered for the postmark date or the date received by the DO, FAB, or the RC, whichever is the earliest determinable date.

c. Time Requirements Not Applicable. If an employee is issued a 0% impairment rating final decision and subsequently obtains new impairment rating greater than 0%, the two-year wait period does not apply. The new evidence for increased impairment is to be reviewed and the final decision with the 0% impairment evaluated for reopening. However, if the two-year wait period has elapsed between the 0% rating and a request for increased impairment, a reopening is not required since it is considered a new claim.

13. Issues Involving Survivor Election. If a covered Part E employee dies after submitting a Part E claim but before compensation is paid, and death is caused solely by a non-covered illness or illnesses, the survivor may elect to receive the compensation that would have been payable to the employee, including impairment and/or wage-loss.

a. Instances Where Impairment is Not Available to a Survivor. In some cases, impairment rating is not possible in accordance with the *AMA's Guides* because the necessary diagnostic or medical evidence is unavailable. If there is no way to collect new information following the death of the employee, the CE advises the survivor of the deficiency in a letter. The CE should also advise the survivor that he/she may only elect to receive compensation for wage-loss. If the CE is uncertain as to whether there is sufficient medical evidence to perform an impairment rating following the death of the employee, the case may be referred to a CMC for consideration. Any deficiencies noted by the CMC should be furnished to the survivor in a letter from the CE.

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation



Date

File Number:
Employee:

Name
Address
Address

Dear Mr./Mrs. Last Name:

I am writing to inform you that we are unable to make a determination on your claim for impairment benefits under Part E of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

In order to determine whether you have sustained a permanent impairment, the physician must conclude that your accepted condition is well-stabilized and unlikely to improve substantially with or without medical treatment; this is called maximum medical improvement or MMI. The medical evidence shows your condition has not reached this state; therefore, we cannot determine your impairment rating at this time.

Your impairment claim will be administratively closed until your condition has reached MMI. At that time, please submit your physician's opinion and we will reopen your impairment claim and resume development.

If at anytime you would like to discuss this issue further, please do not hesitate to contact our office, toll-free, at () . If it is more convenient, you may visit one of our local resource centers for additional help.

Sincerely,

Printed Name
Claims Examiner

Date:

File Number:

Response requested

Name	<input type="checkbox"/>	First Request
Address	<input type="checkbox"/>	Second Request
City, State, ZIP	<input type="checkbox"/>	Final Request

Dear Ms./Mr. :

This letter is in regard to your claim under Part E of the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). Your claim has been accepted for the following illness(es): **List illness(es) and ICD-9 code(s)**. As such, you may be eligible for a monetary award for permanent impairment caused by the accepted illness(es).

"Whole body impairment" (or **"impairment"**) is a percentage rating that represents the extent of impairment of a person based on the organ(s) and or system(s) affected by the accepted illness(es). The percentage of impairment reflects how severely your accepted illness(es) affect your body as a whole. The available monetary benefit is \$2,500 for every percentage point, up to a maximum monetary award of \$250,000 under Part E.

An impairment rating must be performed by an appropriate physician once your accepted illness has reached maximum medical improvement, meaning that it is unlikely to improve with additional treatment. In order for a physician to be considered able to perform impairment evaluations under EEOICPA, the physician must hold a valid medical license and Board certification (or eligibility) in an appropriate field of expertise. The physician must also be certified by the American Board of Independent Medical Examiners or the American Academy of Disability Evaluating Physicians, or possess the requisite professional experience and medical work background in interpreting the American Medical Association's *Guides to the Evaluation of Permanent Impairment* (AMA's Guides) to provide such ratings.

The impairment evaluation must be well-reasoned and performed in accordance with the Fifth edition of the AMA's

OMB Control No: 1240-0002
 Expiration Date: 10/31/2013

EE-11A
 November 2009

Guides, and include references to the pages and tables used in arriving at the impairment rating.

If you believe you may qualify and wish to claim impairment benefits, please complete the enclosed Form EN-11A and be sure to provide the following information:

- Check "YES" to indicate that you are seeking impairment benefits.
- Identify the accepted illness(es) (see the first paragraph of this letter) for which you are seeking impairment benefits.
- Check one of the two options to indicate who you would like to perform your impairment evaluation. If you decide to select your own physician to perform the impairment evaluation, the physician must demonstrate that he or she is qualified as noted above. For example, the physician may submit a statement identifying his/her specific expertise and knowledge of the AMA's *Guides* (i.e., years performing ratings, experience in rating the given condition/body part).

If you elect not to pursue an impairment claim at this time, please check "NO" on Form EN-11A and we will not further develop the issue. Also, if this letter is marked above as a "Final Request" and we do not hear from you, we will also not develop this issue further. However, you retain the right to pursue an impairment claim in the future simply by notifying us in writing and sending it to the address at the bottom of the enclosed Form EN-11A.

We would appreciate receiving your written response within 30 days. If you have any questions regarding this letter or impairment benefits in general, please do not hesitate to contact me. You may call me at (xxx) xxx-xxxx.

Sincerely,

Claims Examiner

Enc: Pamphlet, "How Do I qualify for an Impairment Award"
EN-11A

OMB Control No: 1240-0002
Expiration Date: 10/31/2013

EE-11A
Page 2

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that: (1) The Energy Employees Occupational Illness Compensation Program Act (42 USC 7384 *et seq.*) (EEOICPA) is administered by the Office of Workers' Compensation Programs of the U.S. Department of Labor, which receives and maintains personal information on claimants and their immediate families. (2) Information received will be used to determine eligibility for, and the amount of, benefits payable under EEOICPA, and may be verified through computer matches or other appropriate means. (3) Information may be disclosed to physicians and other health care providers for use in providing treatment, performing evaluations for the Office of Workers' Compensation Programs, and for other purposes related to the medical management of the claim. (4) Failure to disclose all requested information may delay the processing of the claim or the payment of benefits, or may result in an unfavorable decision.

PUBLIC BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to the information collections on this form unless it displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain EEOICPA benefits (20 CFR 30.505). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S3524, 200 Constitution Avenue N.W., Washington, D.C. 20210, and reference OMB Control No. 1240-0002 and Form EE/EN-11A. **Do not submit the completed form to this address.**

OMB Control No: 1240-0002
Expiration Date: 10/31/2013

EE-11A
November 2009

File No. - - - - -

Employee Name:

Impairment Benefits Response Form

YES, I wish to pursue a claim for impairment benefits for the following accepted illness(es).

If you checked **YES** above, you must check one of the two options below and provide the necessary information:

I want to have DEEOIC arrange for a qualified physician, known as a Contract Medical Consultant (CMC), to perform my impairment evaluation.

I want to select my own qualified physician to perform my impairment evaluation. The physician's name, address and phone number is:

Physician Name: _____

Address: _____

Phone No: () _____

NO, I am not pursuing impairment benefits at this time. I understand that I can file for impairment benefits in the future by submitting a signed statement to that effect to the district office.

Signature (Required)

Signature

Date

Return this form to: US Dept. of Labor, OWCP/DEEOIC
(City) District Office
(Address 1)
(City, State, Zip)

Or you may fax it to: (xxx) xxx-xxxx

OMB Control No: 1240-0002
Expiration Date: 10/31/2013

EN-11A

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation



Date

File Number:
Employee Name:

Name
Address
Address

Dear Mr./Ms. Last Name:

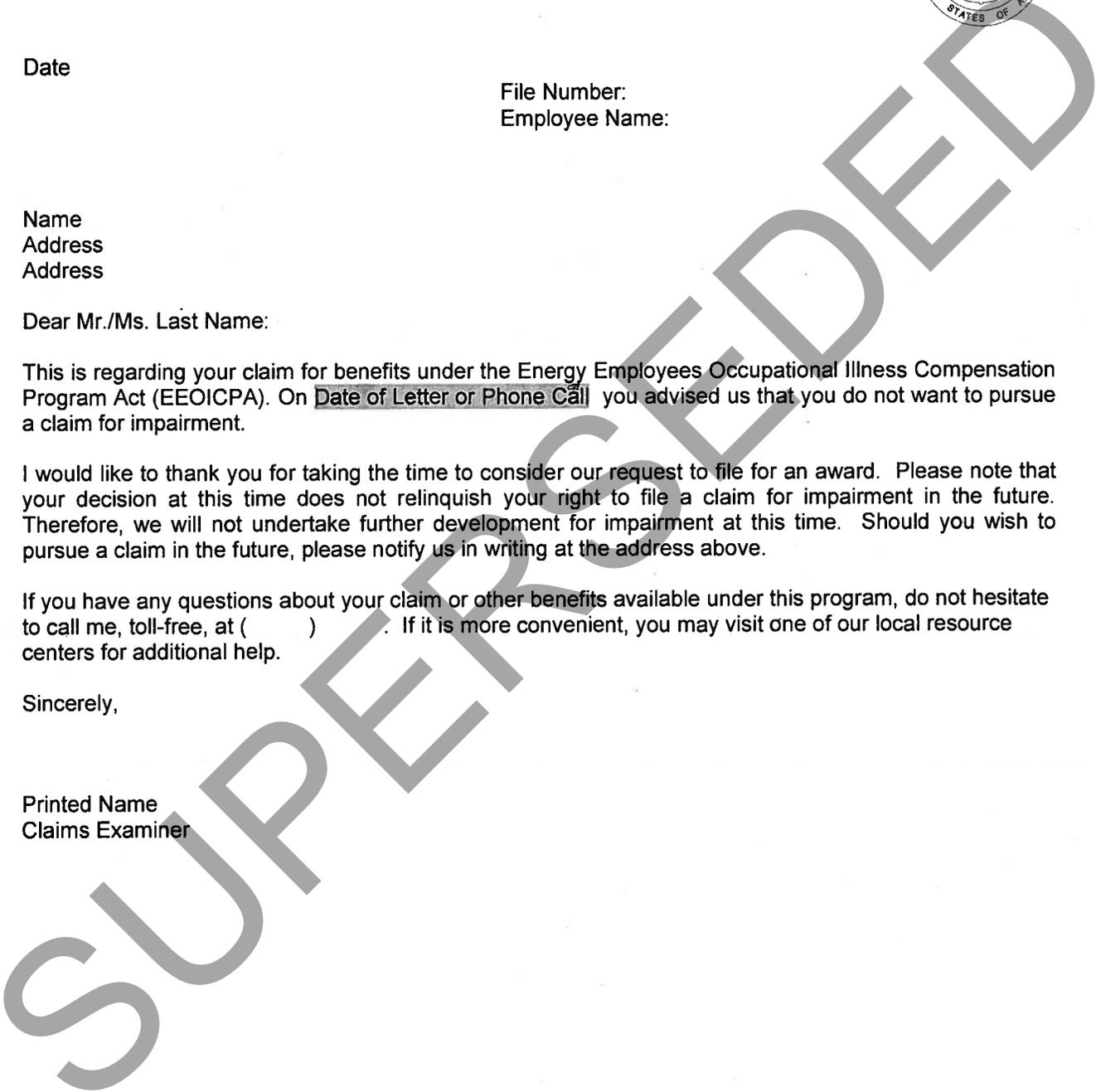
This is regarding your claim for benefits under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA). On Date of Letter or Phone Call you advised us that you do not want to pursue a claim for impairment.

I would like to thank you for taking the time to consider our request to file for an award. Please note that your decision at this time does not relinquish your right to file a claim for impairment in the future. Therefore, we will not undertake further development for impairment at this time. Should you wish to pursue a claim in the future, please notify us in writing at the address above.

If you have any questions about your claim or other benefits available under this program, do not hesitate to call me, toll-free, at () . If it is more convenient, you may visit one of our local resource centers for additional help.

Sincerely,

Printed Name
Claims Examiner



U.S. Department of Labor

Office of Workers' Compensation Programs
 Division of Energy Employees Occupational
 Illness Compensation



Date

FILE NUMBER:

EMPLOYEE:

Medical Provider
 Street Address
 City, State, Zip Code

Dear Medical Provider;

Our office has determined that the above employee is eligible for an impairment evaluation under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) in relation to the following accepted illness Insert name AND ICD9 of covered illness.

Employee name has identified you as his/her choice to perform an impairment evaluation in relation to his/her covered illness. The Division of Energy Employees Occupational Illness Compensation (DEEOIC) will cover the cost of the impairment evaluation as long as the condition has reached a point where further improvement is not expected (Maximum Medical Improvement/MMI), or the employee is considered to be in the terminal stages of the illness. The evaluation must also be performed within one year of the date DEEOIC receives the completed impairment report, and not performed prior to Filing date (the date he/she filed for benefits under the EEOICPA). The evaluation must be performed in accordance with the 5th Edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment* (AMA's *Guides*), with specific page and table references included in your report.

Physicians who perform impairment evaluations for the DEEOIC must hold a valid medical license and Board certification/eligibility in their field of expertise (e.g., toxicology, pulmonary, neurology, occupational medicine, etc.). The physician must also meet at least one of the following criteria:

- is certified by the American Board of Independent Medical Examiners (ABIME)
- is certified by the American Academy of Disability Evaluating Physicians (AADEP)
- possesses knowledge and experience in using the AMA's *Guides*
- possesses the requisite professional background and work experience to conduct such ratings

When your impairment evaluation has been completed, please submit a letter to establish that you meet the criteria listed above. If you do not possess either the ABIME or AADEP certification, please submit a statement certifying and explaining your familiarity and years of experience in using the AMA's *Guides*.

Physicians may bill impairment evaluation using CPT Code 99455 or 99456 with ICD-9 code V70.9. Diagnostic services related to impairment evaluations must be billed with the appropriate CPT codes. Supporting documentation (e.g. medical reports, evaluation reports, assessment reports and diagnostic testing results) must be submitted with the completed Office of Workers' Compensation Program (OWCP) Health Insurance 1500 Form (OWCP 1500). Reimbursement for these services will be in accordance with the OWCP fee schedule.

If you have any questions regarding this letter or impairment ratings in general, please contact me directly at (XXX) XXX-XXX.

Thank you for your assistance.

Sincerely,

Examiner name
Claims Examiner

Enclosures:

- Required Medical Evidence for Determining Impairment Rating By Specific ICD-9 Codes
Examiner note: print appropriate section from Impairment Documentation for ICD9 template
- OWCP-1500
- Provider Enrollment Package

SUPERSEDED

Reset Form Print Form

1500

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA										PCA									
1. MEDICARE (Medicare #)		MEDICAID (Medicaid #)		TRICARE CHAMPUS (Sponsor's SSN)		CHAMPVA (Medicaid #)		GROUP HEALTH PLAN (SSN or IO)		FECA BLK LUNG (SSN)	OTHER (ID)	1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM . DD . YY				SEX M F		4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other				7. INSURED'S ADDRESS (No., Street)											
CITY		STATE		8. PATIENT STATUS Single Married Other				CITY		STATE									
ZIP CODE		TELEPHONE (Include Area Code)				Employed Full-Time Student Part-Time Student		ZIP CODE		TELEPHONE (Include Area Code)									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO b. AUTO ACCIDENT? YES NO PLACE (State) c. OTHER ACCIDENT? YES NO				11. INSURED'S POLICY GROUP OR FECA NUMBER											
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. INSURED'S DATE OF BIRTH MM . DD . YY				SEX M F		D. EMPLOYER'S NAME OR SCHOOL NAME									
b. OTHER INSURED'S DATE OF BIRTH MM . DD . YY				SEX M F				c. INSURANCE PLAN NAME OR PROGRAM NAME											
c. EMPLOYER'S NAME OR SCHOOL NAME				10d. RESERVED FOR LOCAL USE				d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.											
d. INSURANCE PLAN NAME OR PROGRAM NAME				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (authorizes the release of medical or other information necessary to process this claim. I also authorize payment of government benefits to be made by to the party who accepts this payment below.)				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorizes payment of medical benefits to the undersigned physician or supplier for services described below.)											
SIGNED _____ DATE _____				SIGNED _____ DATE _____															
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)		MM . DD . YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM . DD . YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM . DD . YY TO MM . DD . YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____		17b. NPI _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM . DD . YY TO MM . DD . YY											
19. RESERVED FOR LOCAL USE				20. OUTSIDE LAB? \$ CHARGES YES NO				22. MEDICAID RESUBMISSION ORIGINAL REF. NO. CODE											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)				23. PRIOR AUTHORIZATION NUMBER															
24. A. DATE(S) OF SERVICE		B. Place of Service		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID QUAL.		J. RENDERING PROVIDER ID #	
From MM . DD . YY To MM . DD . YY																			
1																			
2																			
3																			
4																			
5																			
6																			
25. FEDERAL TAX I.D. NUMBER SSN EIN				28. PATIENT'S ACCOUNT NO				27. ACCEPT ASSIGNMENT? (If gov't claims see back) YES NO				28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()											
SIGNED _____ DATE _____				a. _____ b. _____				a. _____ b. _____											

NUCC Instruction Manual available at: www.nucc.org

OMB No. 1240-0044 Expires: 11/30/2012

Instructions for Completing OWCP-1500 Health Insurance Claim Form For Medical Services Provided Under the FEDERAL EMPLOYEES' COMPENSATION ACT (FECA), the BLACK LUNG BENEFITS ACT (BLBA), and the ENERGY EMPLOYEES OCCUPATIONAL ILLNESS COMPENSATION PROGRAM ACT OF 2000 (EEOICPA)

GENERAL INFORMATION-FECA AND EEOICPA CLAIMANTS: Claims filed under FECA (5 USC 8101 et seq.) are for employment-related illness or injury. Claims filed under EEOICPA (42 USC 7384 et seq.) are for compensable illnesses defined under that Act. All services, appliances, and supplies prescribed or recommended by a qualified physician, which the Secretary of Labor considers likely to give relief, reduce the degree or period of the disability or illness, or aid in lessening the amount of the monthly compensation, may be furnished. "Physician" includes all Doctors of Medicine (M.D.), podiatrists, dentists, clinical psychologists, optometrists, chiropractors, or osteopathic practitioners within the scope of their practice as defined by State law. However, the term "physician" includes chiropractors only to the extent that their reimbursable services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by x-ray to exist.

FEES: The Department of Labor's Office of Workers' Compensation Programs (OWCP) is responsible for payment of all reasonable charges stemming from covered medical services provided to claimants eligible under FECA and EEOICPA. OWCP uses a relative value scale fee schedule and other tests to determine reasonableness. Schedule limitations are applied through an automated billing system that is based on the identification of procedures as defined in the AMA's Current Procedural Terminology (CPT); correct CPT code and modifier(s) is required. Incorrect coding will result in inappropriate payment. For specific information about schedule limits, call the Dept. of Labor's Federal Employees' Compensation office or Energy Employees Occupational Illness Compensation office that services your area.

REPORTS: A medical report that indicates the dates of treatment, diagnosis(es), findings, and type of treatment offered is required for services provided by a physician (as defined above). For FECA claimants, the initial medical report should explain the relationship of the injury or illness to the employment. Test results and x-ray findings should accompany billings.

GENERAL INFORMATION-BLBA CLAIMANTS: The BLBA (30 USC 901 et seq.) provides medical services to eligible beneficiaries for diagnostic and therapeutic services for black lung disease as defined under the BLBA. For specific information about reimbursable services, call the Department of Labor's Black Lung office that services your facility or call the National Office in Washington, D.C.

SIGNATURE OF PHYSICIAN OR SUPPLIER: Your signature in Item 31 indicates your agreement to accept the charge determination of OWCP on covered services as payment in full, and indicates your agreement not to seek reimbursement from the patient of any amounts not paid by OWCP for covered services as the result of the application of its fee schedule or related tests for reasonableness (appeals are allowed). Your signature in Item 31 also indicates that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by you or were furnished incident to your professional services by your employee under your immediate personal supervision, except as otherwise expressly permitted by FECA, Black Lung or EEOICPA regulations. For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental, part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the bills. Finally, your signature indicates that you understand that any false claims, statements or documents, or concealment of a material act, may be prosecuted under applicable Federal or State laws.

For Black Lung claims, by signing your name in Item 31, you further certify that the services performed were for a Black Lung-related disorder.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF FECA, BLACK LUNG AND EEOICPA INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by OWCP to ask you for information needed in the administration of the FECA, Black Lung and EEOICPA programs. Authority to collect information is in 5 USC 8101 et seq.; 30 USC 901 et seq.; 38 USC 613; E.O. 9397; and 42 USC 7384d, 20 CFR 30.11 and E.O. 13179. The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made. There are no penalties for failure to supply information; however, failure to furnish information regarding the medical service(s) received or the amount charged will prevent payment of the claim. Failure to supply the claim number or CPT codes will delay payment or may result in rejection of the claim because of incomplete information.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third party payers to pay primary to Federal programs, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records. See Department of Labor systems DOL/GOVT-1, DOL/ESA-5, DOL/ESA-6, DOL/ESA-29, DOL/ESA-30, DOL/ESA-43, DOL/ESA-44, DOL/ESA-49 and DOL/ESA-50 published in the Federal Register, Vol. 67, page 16816, Mon. April 8, 2002, or as updated and republished.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988," permits the government to verify information by way of computer matches.

FORM SUBMISSION

FECA: Send all forms for FECA to the DFEC Central Mailroom, P.O. Box 8300, London, KY 40742-8300, unless otherwise instructed.

BLBA: Send all forms for BLBA to the Federal Black Lung Program, P.O. Box 8302, London, KY 40742-8302, unless otherwise instructed.

EEOICPA: Send all forms for EEOICPA to the Energy Employees Occupational Illness Compensation Program, P.O. Box 8304, London, KY 40742-8304, unless otherwise instructed.

INSTRUCTIONS FOR COMPLETING THE FORM: A brief description of each data element and its applicability to requirements under FECA, BLBA and EEOICPA are listed below. For further information contact OWCP.

- Item 1. Leave blank.
- Item 1a. Enter the patient's claim number.
- Item 2. Enter the patient's last name, first name, middle initial.
- Item 3. Enter the patient's date of birth (MM/DD/YY) and check appropriate box for patient's sex.
- Item 4. For FECA: leave blank. For BLBA and EEOICPA: complete only if patient is deceased and this medical cost was paid by a survivor or estate. Enter the name of the party to whom medical payment is due.
- Item 5. Enter the patient's address (street address, city, state, ZIP code; telephone number is optional).
- Item 6. Leave blank.
- Item 7. For FECA: leave blank. For BLBA and EEOICPA: complete if Item 4 was completed. Enter the address of the party to be paid.
- Item 8. Leave blank.
- Item 9. Leave blank.
- Item 10. Leave blank.
- Item 11. For FECA: enter patient's claim number. OMISSION WILL RESULT IN DELAYED BILL PROCESSING. For BLBA and EEOICPA: leave blank.

- Item 11a. Leave blank.
- Item 11b. Leave blank.
- Item 11c. Leave blank.
- Item 11d. Leave blank.
- Item 12. The signature of the patient or authorized representative authorizes release of the medical information necessary to process the claim, and requests payment. Signature is required; mark (X) must be co-signed by witness and relationship to patient indicated.
- Item 13. Signature indicates authorization for payment of benefits directly to the provider. Acceptance of this assignment is considered to be a contractual arrangement. The "authorizing person" may be the beneficiary (patient) eligible under the program billed, a person with a power of attorney, or a statement that the beneficiary's signature is on file with the billing provider.
- Item 14. Leave blank.
- Item 15. Leave blank.
- Item 16. Leave blank.
- Item 17. Leave blank.
- Item 18. Leave blank.
- Item 19. Leave blank.
- Item 20. Leave blank.
- Item 21. Enter the diagnosis(es) of the condition(s) being treated using current ICD codes. Enter codes in priority order (primary, secondary condition). Coding structure must follow the International Classification of Disease, 9th Edition, Clinical Modification or the latest revision published. A brief narrative may also be entered but not substituted for the ICD code.
- Item 22. Leave blank.
- Item 23. Leave blank.
- Item 24. Column A: enter month, day and year (MM/DD/YY) for each service/consultation provided. If the "from" and "to" dates represent a series of identical services, enter the number of services provided in Column G.
 Column B: enter the correct CMS/OWCP standard "place of service" (POS) code (see below).
 Column C: not required.
 Column D: enter the proper five-digit CPT (current edition) code and modifier(s), the HCPCS, or the OWCP generic procedure code.
 Column E: enter the diagnostic reference number (1, 2, 3 or 4 in Item 21) to relate the date of service and the procedure(s) performed to the appropriate ICD code, or enter the appropriate ICD code.
 Column F: enter the total charge(s) for each listed service(s).
 Column G: enter the number of services/units provided for period listed in Column A. Anesthesiologists enter time in total minutes, not units.
 Column H: leave blank.
 Column I: leave blank.
 Column J: leave blank.
- Item 25. Enter the Federal tax I.D.
- Item 26. Provider may enter a patient account number that will appear on the remittance voucher.
- Item 27. Leave blank.
- Item 28. Enter the total charge for the listed services in Column F.
- Item 29. If any payment has been made, enter that amount here.
- Item 30. Enter the balance now due.
- Item 31. For BLBA and EEOICPA: sign and date the form. For FECA: signature stamp or "signature on file" is acceptable.
- Item 32. Enter complete name of hospital, facility or physician's office where services were rendered.
- Item 32a. Enter NPI.
- Item 32b. Enter taxonomy number.
- Item 33. Enter (1) the name and address to which payment is to be made, and (2) your DOL provider number after "PIN #" if you are an individual provider, or after "GRP #" if you are a group provider. FAILURE TO ENTER THIS NUMBER WILL DELAY PAYMENT OR CAUSE A REJECTION OF THE BILL FOR INCOMPLETE/INACCURATE INFORMATION.
- Item 33a. Enter NPI.
- Item 33b. Enter taxonomy number.

Place of Service (POS) Codes for Item 24B

3	School	34	Hospice
4	Homeless Shelter	41	Ambulance - Land
5	Indian Health Service Free-Standing Facility	42	Ambulance - Air or Water
6	Indian Health Service Provider-Based Facility	50	Federally Qualified Health Center
7	Tribal 638 Free-Standing Facility	51	Inpatient Psychiatric Facility
8	Tribal 638 Provider-Based Facility	52	Psychiatric Facility Partial Hospitalization
11	Office	53	Community Mental Health Center (CMHC)
12	Patient Home	54	Intermediate Care Facility/Mentally Retarded
15	Mobile Unit	55	Residential Substance Abuse Treatment Facility
20	Urgent Care	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	60	Mass Immunization Center
22	Outpatient Hospital	61	Comprehensive Inpatient Rehabilitation Facility
23	Emergency Room - Hospital	62	Comprehensive Outpatient Rehabilitation Facility
24	Ambulatory Surgical Center	65	End Stage Renal Disease Treatment Facility
25	Birth Center	71	State or Local Public Health Clinic
26	Military Treatment Facility	72	Rural Health Clinic
31	Skilled Nursing Facility	81	Independent Laboratory
32	Nursing Facility	99	Other Place of Service
33	Custodial Care Facility		

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1240-0044. We estimate that it will take an average of seven minutes to complete this collection of information, including time for reviewing instructions, abstracting information from the patient's records and entering the data onto the form. This time is based on familiarity with standardized coding structures and prior use of this common form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, Department of Labor, Room S3522, 200 Constitution Avenue NW, Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1240-0044), Washington, DC 20503. DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES.

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation

Dear Provider:

Thank you for your interest in participating as a provider of medical services for programs administered by the U.S. Department of Labor's Office of Workers' Compensation Programs (OWCP). The OWCP administers the Federal Employees' Compensation Act (FECA), the Black Lung Benefits Act (BLBA), and the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

OWCP has contracted with Affiliated Computer Services (ACS) to provide medical bill processing services to those three programs. As part of their benefit structure, these programs reimburse medical and non-medical providers for services rendered for the care and treatment of a claimant's compensable condition.

To process your bills, each provider must be enrolled with ACS. Please complete the enclosed provider enrollment form so that a provider identification number can be assigned to you. Instructions for completing the enrollment form and a list of provider types and specialty codes are also included. The Debt Collection Improvement Act of 1996 includes the requirement that payments made by the Federal Government be sent by electronic funds transfer (EFT). EFT payments are mandatory, simplify and speed the billing process and reduce the incidence of billing errors. Therefore, an enrollment form for EFT is enclosed. A remittance advice listing all bills paid on each EFT transaction will be sent to your mailing address.

You must submit current licensure information on the completed enrollment application. Moreover you must maintain appropriate current licensure in order to receive payments under our programs. Where large group practices have providers in the group who are not providing medical services to our program on a regular basis, the group practice is responsible for monitoring the licensure of their entire group.

You may register as a participant in any or all three of OWCP's compensation programs. Please be sure to send the completed package(s) to the appropriate program(s) at the address (es) listed on P. 2 of the Form OWCP-1168. Please be aware that OWCP, in an effort to assist claimants seeking medical services, is now providing an on-line search capability by one or more of the following: specialty, name, city, state, and zip code. The provider look up

feature is meant as a customer service feature for those who may be seeking certain medical services in their area. The FECA program provides search capability for physicians enrolled in their program. In addition to physicians, the EEOICPA program is providing a search capability for home health aides and hospice care. FBLP will include all provider types for the provider lookup with the exception of provider type 53, non-medical vendors from the search. Please advise us in writing when you submit your enrollment application if for some reason you do not wish to be included in this service. Customers using this look-up feature will be advised that this is not an endorsement, referral or an agreement to reimburse for medical services rendered, as the fact that a provider is listed in no way constitutes an endorsement of the provider or that provider's services by the Department of Labor and OWCP. Nor does it guarantee that the medical provider will be reimbursed by OWCP for specific medical services that the provider has billed directly to OWCP or that a medical provider will agree to provide medical services to a particular claimant. The appearance of a specific medical provider's name in the listing of providers in a certain specialty does not require that provider to treat a particular claimant, even if OWCP has already advised the claimant in writing that medical treatment for a particular condition within the provider's listed specialty has been authorized.

You will be notified by mail once your enrollment package has been processed. Once you have received your ACS provider number, you may submit your bills to the appropriate program at the following address:

US Department of Labor
OWCP/FECA
P.O. Box 8300
London, KY 40742-8300

DEEOIC
P.O. Box 8304
London, KY 40742-8304

DCMWC/Black Lung
P.O. Box 8302
London, KY 40742-8302

If you have any questions regarding this information, please contact us at: 1-850-558-1818. Our business hours are Monday through Friday from 8:00 am to 8:00 pm, Eastern Time.

NOTICE: Please be aware that continued participation as a medical provider under the three DOL programs above is contingent on your maintaining good standing as a medical provider under other federal health benefit programs such as Medicare—exclusion as a medical provider in those circumstances operates as an automatic exclusion under the above-entitled programs administered by OWCP. (See e.g. 20 C.F.R. §§ 10.815, 30.715 and 702.431)

SUPERSEDED

Part 2 - Claims

Impairment Ratings

Provider Enrollment Form

U.S. Department of Labor
Office of Workers' Compensation Programs



OMB Number 1240-0021
Expires: 11/30/2012

Please refer to instructions for completing this form.

Provider Number	Effective Date
-----------------	----------------

FOR DOL USE ONLY

1. Are you applying for a new enrollment or updating your record? If update, enter Provider Number or Employer Identification Number (EIN):	<input type="checkbox"/> New enrollment <input type="checkbox"/> Update	1a. Program <input type="checkbox"/> FECA <input type="checkbox"/> Black Lung <input type="checkbox"/> Energy
--	---	--

2. What is the earliest date that you treated a participant in any OWCP program?

Practice Information

3. Practice Name	4. Practice's Physical Address		
5. City	6. State	7. Zip (9 digits)	
8. Telephone	9. FAX	9a. Email Address	
10. Type of Practice a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Facility (Provider Types: 01, 02, 03, 05, 46, 89, 90, 92, 93, 94) c. <input type="checkbox"/> Group (Please see reverse for completion of group enrollment)			

Provider Type (Individual or Facility) (Please see attached listing)

11a. Provider Type Code	11b. Provider Type Description (see attachment)
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11c. If you select "Other Provider" (98) or Non-Medical Vendor (53), please explain:

12. Tax ID: (EIN or SSN)

13. Required for hospitals only	13a. Medicare Number
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13b. NPI:	1.	13c. Taxonomy Code(s):	1.
	2.		2.
	3.		3.

License and/or Certification required for all Applicants (Individual for M.D. and D.O. only)

14a. Name	14b. License No./ State	14c. Current License Expiration Date	14d. Specialty Code(s)	14e. Certification Expiration Date

15. United Mine Workers of American (UMWA) Number, if applicable.

Billing Address-indicate "same" if identical to Practice Address.

16a. Address

16b. City	16c. State	16d. Zip (9 digits)
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17. I have completed a ACH Vendor Payment/Electronic Funds Transfer (EFT) form.

18. I am interested in billing electronically (check one): P2P Link EDI Web Submission

NOTICE: Anyone who misrepresents or falsifies essential information to receive payment from Federal funds may upon conviction be subject to fine and imprisonment under applicable Federal laws.

Signature (Provider or Representative and Title)	Date
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Group Provider Enrollment - #10c

For group practice enrollment, please enter the following information for each professional who will provide services under the group EIN. Select from the list on page 4 the Provider Type code that most closely describes the service(s) that the professional provides. Attach separate sheet for additional entries if necessary.

Name	SSN/EIN	Provider Type Code	License No./ State	Current License No. Expiration Date	Specialty Code(s)	Certification Expiration Date

Please return this completed form to the appropriate program at the following address to prevent a delay in the processing of your bills.

For Federal Employees' Compensation Act (FECA) Program:	For Black Lung Program:	For Energy Program:
OWCP/FECA P.O. Box 8300 London, KY 40742-8300	DCMWC/Black Lung P.O. Box 8302 London, KY 40742-8302	DEEOIC P.O. Box 8304 London, KY 40742-8304
If you have any questions regarding the completion of the form, please call Toll Free: 1-850-558-1818	If you have any questions regarding the completion of the form, please call Toll Free: 1-800-638-7072	If you have any questions regarding the completion of the form, please call Toll Free: 1-866-272-2882

Privacy Act Statement

Collection of this information by OWCP is necessary for its administration of the Federal Employees' Compensation Act, the Black Lung Benefits Act and the Energy Employees Occupational Illness Compensation Program Act and is authorized under 20 CFR 10.801, 20 CFR 30.701, and 20 CFR 725.704 and 725.705. The information provided will be used to ensure accurate payment of medical and vocational rehabilitation provider bills and is protected by the Privacy Act of 1974, as amended (5 USC 552a) in accordance with the following systems of records: DOL/GOVT-1, DOL/ESA-6 and DOL/ESA-4a, published in the Federal Register, Vol. 67, page 18816, April 8, 2002, or as updated and republished. Completion and submission of this form is voluntary; however, failure to provide the information (including SSN or EIN) will result in substantially delayed payment of bills. This information will be furnished to OWCP and its data processing contractors, and may also be disclosed to other federal and state agencies in connection with the administration of other programs, to the Department of Justice for litigation purposes, and to medical and other provider review boards. Additional disclosures may be made through the routine uses for information contained in the referenced systems of records.

Public Burden Statement

Under the Paperwork Reduction Act, persons are not required to respond to a collection of information unless such collection displays a valid OMB control number. We estimate that it will take an average of 8 minutes to complete this information collection, including time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the U.S. Department of Labor, Office of Workers' Compensation Programs, Room S-3524, 200 Constitution Avenue, N.W., Washington, D.C. 20210. DO NOT SEND THE COMPLETED FORM TO THE ABOVE ADDRESS

Previous editions unusable

Form OWCP-1168 Page 2
Revised June 2002

Instructions

A brief description of each data element is listed below. Be sure to sign and date the form when you submit it. For further information contact Affiliated Computer Science or Office of Workers' Compensation Programs at the telephone numbers indicated on the form.

- Block 1** Indicate whether this form is being used for a new enrollment, or to update an existing enrollment record. If the form is being submitted to update your record, enter your Provider Number or Employer Identification Number.
- Block 1a** Check all programs in which you want to enroll as a provider.
- Block 2** Indicate earliest date you treated any OWCP beneficiary.
- Block 3** Type or print your practice name.
- Block 4** Type or print your practice street address.
- Block 5** Type or print your practice city.
- Block 6** Type or print your practice state.
- Block 7** Type or print your practice zip code (all nine digits).
- Block 8** Type or print your practice telephone number.
- Block 9** Type or print your practice FAX number (if applicable).
- Block 9a** Type or print your practice email address (if applicable).
- Block 10** Check your practice type—"a" for individual practice, "b" for a facility if you are one of the provider types listed (refer to the list of provider type codes below), or "c" for a group practice. Black Lung only: providers should disregard group practice information. If you checked "c" (group practice), fill out the appropriate parts of Block 10c on page two of the form for each professional that will be providing services under the group Provider Number (name, Social Security number, provider type code from list below, license number and State, expiration date of current license, specialty code or codes from the list below, and the date any certification expires). Continue on a separate sheet if necessary.
- Block 11a** If you checked "a" or "b" (individual practice or facility) in Block 10, type or print your "Provider Type" code from the list below.
- Block 11b** If you checked "a" or "b" (individual practice or facility) in Block 10, type or print the "Provider Type" that corresponds with the code you entered in Block 11a.
- Block 11c** If you checked "a" or "b" (individual practice or facility) in Block 10 and selected "Other Provider" (code 96) or "Non-Medical Vendor (code 53), please explain why you are enrolling.
- Block 12** If you checked "a" or "b" (individual practice or facility) in Block 10, type or print your Social Security number and/or your EIN, as appropriate.

- Block 13a For hospitals only, type or print your Medicare number.
- Block 13b For hospitals only, type or print your National Provider Identifier (NPI) number(s). Use as many lines as needed.
- Block 13c For hospitals only, type or print all applicable taxonomy codes.
- Block 14a If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print your name.
- Block 14b If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print your license number and State. Attach a copy of current M.D. or D.O. license.
- Block 14c If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print the expiration date of your current license. This license must be kept current to continue receiving payment.
- Block 14d If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print your specialty code or codes from the list below.
- Block 14e If you checked "a" (individual practice) in Block 10 and you are an M.D. or a D.O., type or print the expiration date of any certification you currently hold.
- Block 15 Type or print your UMWA Health & Retirement Funds Member Number, if any.
- Block 16a Type or print the address where you want your Remittance Advices and paper checks to be sent. If this address is identical to your billing address above in Blocks 4 through 7, indicate "same" and skip Blocks 16b, 16c and 16d.
- Block 16b Type or print your billing city if this is different from Block 5.
- Block 16c Type or print your billing State if this is different from Block 6.
- Block 16d Type or print your billing zip code (all nine digits) if this is different from Block 7.
- Block 17 Indicate whether you have completed an ACH Vendor Payment or Electronic Funds Transfer (EFT) form.
- Block 18 Indicate whether you are interested in billing electronically by checking the first box. If you check the first box, also indicate which of the three billing methods you will use.

Provider/Hospital Type Codes (Blocks 10c, 11a, and 11b)

- 01 General Hospital
- 02 Special Hospital/Outpatient Rehabilitation Facility
- 03 Psychiatric Hospital
- 05 Community Mental Health Center
- 19 End Stage Renal Hospital
- 20 Pharmacy
- 25 Physician (MD)

Previous editions unusable

Form OWCP-1168 Page 4
Revised June 2009

- 26 Physician (DO)
- 27 Podiatrist
- 28 Chiropractor
- 29 Physician Assistant
- 30 Advanced Registered Nurse Practitioner (ARNP)
- 31 Certified Registered Nurse Anesthetist (CRNA)
- 32 Psychologist
- 34 Licensed Midwife
- 35 Dentist
- 36 Registered Nurse (RN)
- 37 Licensed Practical Nurse (LPN)
- 38 Nursing Attendant
- 39 Massage Therapist
- 40 Ambulance
- 41 Contract Nurse
- 42 Air/Water Ambulance Company
- 43 Taxi
- 44 Public Transportation
- 45 Private Transportation
- 46 Hospice
- 50 Independent Laboratory
- 51 Portable X-Ray Company
- 52 Alternative Medicine
- 53 Non-Medical Vendor
- 54 Prosthetics/Orthotics
- 55 Vocational Rehabilitation (Training, Tuition and Schools)
- 56 Vocational Rehabilitation Counselor
- 57 Rehabilitation Maintenance
- 58 Assisted Re-employment
- 59 Relocation Expenses
- 60 Audiologist/Speech Pathologist
- 61 Second Opinion Contractor
- 62 Optometrist
- 63 Optician
- 65 Home Health Agency
- 66 Rural Health Clinic
- 68 Federally Qualified Health Center
- 69 Birthing Center
- 70 Health Maintenance Organization or Preferred Health Plan
- 71 Physical Therapist
- 72 Occupational Therapist
- 73 Pulmonary Rehabilitation
- 74 Outpatient Renal Dialysis Facility
- 75 Medical Supplies/Durable Medical Equipment (DME)
- 76 Case Management Agency
- 77 Social Worker
- 78 Blood Bank
- 79 Alternative Payee
- 80 Pay-to-Intermediary
- 88 Ambulatory Surgery Center
- 89 Federal Facility (VA Hospital)
- 90 Skilled Nursing Facility (SNF)-Medicare Certified
- 91 Skilled Nursing Facility (SNF)-Non-Medicare Certified
- 92 Intermediate Care Facility (ICF)
- 93 Rural Hospital Swing Bed
- 94 Boarding House

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Form OWCP-1168 Page 5
Revised June 2009

- 95 Insurance Company (Third Party Carriers)
- 96 Other Provider
- 97 Billing Agent
- 98 Lien holder

Provider Specialty Codes (Blocks 10c and 14d)

01	Adolescent Medicine	51	Rheumatology
02	Allergy	52	Abdominal surgery
03	Anesthesiology	53	Cardiovascular surgery
04	Cardiovascular Disease	54	Colon and rectal surgery
05	Dermatology	55	General surgery
06	Diabetes	56	Hand surgery
07	Emergency Medicine	57	Neurological surgery
08	Endocrine Medicine	58	Orthopedic surgery
09	Family Practice	60	Plastic surgery
10	Gastroenterology	61	Thoracic surgery
11	General Practice	62	Traumatic surgery
12	Preventative Medicine	63	Urological surgery
13	Geriatrics	64	Other physician specialty
14	Gynecology	65	Maternal fetal medicine
15	Hematology	70	Adult, dentures only
16	Immunology	71	General dentist
17	Infectious Diseases	72	Oral surgeon, dentist
18	Internal Medicine	74	Other dentist
20	Neoplastic Diseases	88	Orthodontist
21	Nephrology	90	Occupational therapist
22	Neurology	91	Physical therapist
24	Neuropathology	92	Speech therapist
25	Nutrition	93	Respiratory therapist
26	Obstetrics	99	Other
27	Obstetrics and Gynecology		
28	Occupational Medicine		
29	Oncology		
30	Ophthalmology		
31	Otolaryngology		
32	Pathology		
33	Pathology, clinical		
34	Pathology, forensic		
40	Pharmacology		
41	Physical medicine and rehab		
42	Psychiatry		
44	Psychoanalysis		
45	Public Health		
46	Pulmonary diseases		
47	Radiology		
48	Diagnostic radiology		
50	Therapeutic radiology		

Previous editions unusable

Form OWCP-1168 Page 6
Revised June 2009

**PAYMENT INFORMATION FORM
ACH VENDOR PAYMENT SYSTEM**

This form is used for the ACH payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPERWORK REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearinghouse Payment System.

MEDICAL PROVIDER INFORMATION	
Provider #:	
Name:	
Address:	
Contact Person Name:	Telephone Number:

AGENCY INFORMATION	
Name:	
Address:	
Contact Person Name:	Telephone Number: 1 (866) 335-8319 Toll Free

FINANCIAL INSTITUTION INFORMATION	
Name:	
Address:	
ACH Coordinator Name:	Telephone Number:
Nine-Digit Routing Transit Number: _____	
Depositor Account Title:	
Depositor Account Number:	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Signature and Title of Representative:	Telephone Number:

SF Form 3881

Department of the Treasury
Financial Management Service

**PAYMENT INFORMATION FORM INSTRUCTIONS (SF Form 3881)
ACH VENDOR PAYMENT SYSTEM**

Section 1: Medical Provider Information (to be completed by the Medical Provider)

Print or type the 9-digit provider number and the name of the company, individual or institution that will receive the funds. The name and address should correspond to the name and address as it appears on the agreement, contract, claim or award document, etc. The provider's contact person and telephone number are also to be provided.

Section 2: Agency Information (to be completed by the Federal Agency)

Print or type the name and address of the federal agency making the payment as well as the name of the agency contact person with telephone number.

Section 3: Financial Institution Information (to be completed by the FI)

Print or type the name and address of the FI and the name of the FI ACH / Direct Deposit Coordinator with telephone number.

Print or type the 9-Digit Routing Transit Number (RTN). If the FI uses a processor, the RTN of the FI should be used.

The name of the corporate customer is placed in the block entitled Depositor Account Title.

Print or type the number of the account into which funds are to be deposited.

Check type of account "Checking" or "Savings."

The *Financial Institution's representative* signs the form and provides a telephone number for contact purposes.

Impairment Rating Requirements

If you elect to file an impairment claim, you will be required to provide **Activities of Daily Living (ADL)**, along with the required medical records dated *preferably within the last 12 months*.

The ADLs must be provided by your Specialist Physician, Family Practitioner or Primary Physician in a letter or should be noted in your medical records (for example, History and Physical Examination) in order for the impairment rating to be performed. **For your convenience, please take the attached ADL Questionnaire to your treating physician for his/her completion.** Please remember your medical records and diagnostic examinations must include your current treatments and prescribed medications. **This information *should be dated within the last 12 months.* However, if you have no additional medical records to provide, please inform our office in writing, so that we can proceed with your impairment claim.**

Since you will not be physically examined by a Contract Medical Consultant (CMC), obtaining your current medical records and ADLs from your physician is important in determining your rating. The lack of medical information, to include ADLs, could potentially affect your impairment rating. Below is an example of the ADL information needed from your physician, as referenced in the AMA's *Guides*, Table 1-2.

Table 1-2 Activities of Daily Living Commonly Measured in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)	
Scales	
Activity	Example
Self-care, personal hygiene	Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating
Communication	Writing, typing, seeing, hearing, speaking
Physical activity	Standing, sitting, reclining, walking, climbing stairs
Sensory function	Hearing, seeing, tactile feeling, tasting, smelling
Nonspecialized hand activities	Grasping, lifting, tactile discrimination
Travel	Riding, driving, flying
Sexual function	Orgasm, ejaculation, lubrication, erection
Sleep	Restful, nocturnal sleep pattern

Activities of Daily Living Questionnaire (Please note: This document must be completed by a physician)	Name: _____ File Number: _____
--	---

Accepted Conditions	ICD-9 Code	Condition @ MMI ¹	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Rating Scale (Each criteria is graded in level of dependence) 1 – Performs independently without reminder or assistance 2 – Performs with assistance or reminders 3 – Unable to perform on own, even if assisted
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> See attached if more than 3 conditions			

Is the claimant terminal? YES NO If YES, estimated timeframe: _____

Since the employee will not be physically evaluated for impairment by a Department of Labor physician, the following information regarding the employee's Activities of Daily Living (ADL) is required. Rate the activity based only on limitations caused or contributed to by the accepted condition(s). Address all items using the above rating scale to determine the person's ability to perform the activity.

Self-Care / Personal Hygiene	Rating	Additional comments concerning these activities
Dressing/undressing oneself		
Eating		
Meal preparation		
Taking or managing medicine		
Toileting – getting to and on/off toilet		
Toileting – keeping self clean and dry		
Toileting – arranging clothes		
Bladder/Bowel control		
Brushing teeth		
Combing/brushing hair		
Bathing		
Light housekeeping		

Communication	Rating	Additional comments concerning these activities
Writing		
Typing		
Seeing		
Hearing		
Speaking		

Physical Activity	Rating	Additional comments concerning these activities
Standing		
Sitting		
Reclining		
Walking		
Climbing Stairs		

¹ Condition has reached maximum medical improvement (MMI) i.e. well-stabilized and unlikely to improve with medical treatment or not required if an illness is in a terminal stage.

Sensory Function		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Hearing		
<input type="checkbox"/>	Seeing		
<input type="checkbox"/>	Tactile Feeling		
<input type="checkbox"/>	Tasting		
<input type="checkbox"/>	Smelling		

Other: Non-specialized hand activities		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Grasping		
<input type="checkbox"/>	Lifting		
<input type="checkbox"/>	Pulling/Pushing		
<input type="checkbox"/>	Reaching up, down, out		
<input type="checkbox"/>	Tactile Discrimination		

Travel		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Riding		
<input type="checkbox"/>	Driving		
<input type="checkbox"/>	Flying		
<input type="checkbox"/>	Arranging travel for self		

Transferring In and Out of:		Rating	Additional comments concerning these activities
<input type="checkbox"/>	Bed		
<input type="checkbox"/>	Tub/Shower		
<input type="checkbox"/>	Chair/Sofa		
<input type="checkbox"/>	Vehicles		

Sexual Function	Yes	No	Additional comments concerning these activities
<input type="checkbox"/>			

Sleep	Yes	No	Additional comments concerning these activities
<input type="checkbox"/>			
<input type="checkbox"/>			

Provide any additional comments to explain what this person can or cannot do in their daily life (if additional space is needed, please provide a typed narrative report and attach it to this questionnaire):

--

The information listed above is complete and accurate to the best of my knowledge:

Physician's Printed Name

Physician's Signature

Date

Activities of Daily Living	Name:
Supplementary ADL Specific to: Breast Cancer	File Number:

Is the patient at MMI for breast cancer and if so what date? MMI Yes No Date: _____

1. Was removal of part or all of one or both breast required? If so, describe.

2. Is there resulting lymphoedema in the affected arms? If so, describe severity. Is it partially or completely controlled with stockings?

3. Is there a resulting decrease of motion in affected extremities? If so, detail range of motion for those joints.

4. Is there any decrease in strength in the upper extremities? If so, describe on a scale of 0-5 with mention of involved motor nerves.

5. Is there decreased sensation in the affected extremities? If so, describe with mention of which sensory nerves.

6. Is there any intermittent or continuous pain of the chest wall? If so, describe.

7. Has there been metastasis? If so, describe.

Additional Comments:

Activities of Daily Living	Name:
-----------------------------------	--------------

Supplementary ADL Specific to: Skin Cancer	File Number:
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Is the patient at MMI for skin cancer and if so what date? MMI Yes No Date: _____

1. Is the claimant limited to sun exposure? If so, describe.

2. Does the claimant have a significant deformity from the skin cancer affecting interpersonal relationships? If so, please describe.

3. Does the claimant have a deformity or scarring that limits range of motion of any joints? If so, please state joint and indicate range of motion.

4. Does the claimant require use of a prescriptive drug for the treatment of skin cancer, either intermittently or continuously? If so, please describe.

5. Does the claimant's skin cancer limit any ADL other than sun exposure? If so, please describe.

6. Has there been metastasis? If so, please describe.

Additional Comments:

Required Medical Evidence for Specific ICD-9 Codes

- Cases determined to have the following ICD-9 codes **240.0-246.9** (Disorder of the Thyroid gland) must have the following reported within the past year before impairment rating can take place:
- ↳ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history of site
- Cases determined to have the following ICD-9 code **280.0-285.9** (Anemia) must have the following reported within the past twelve months before impairment rating can take place:
- ↳ Note from Physician with the following information:
 - Current symptoms
 - Need for transfusion and the intervals involved
 - Current treatment(s) including prescriptions
 - Complete Blood Count with differential (CBC with Diff)
- Cases determined to have the following ICD-9 code **333.0-333.99** (Tremor) must have the following reported within the past twelve months before impairment rating can take place:
- ↳ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected:
 - Motor strength
 - Coordination
 - Dexterity
 - Functional Activity pertaining to Activity of Daily Living (ADL):
 - Buttoning shirt
 - Lacing shoes
 - Performing peg tasks
 - Current treatment(s)
- Cases determined to have the following ICD-9 codes **356.0- 357.9** (Peripheral Neuropathy, Polyneuropathy) must have the following reported within the past twelve months before impairment rating can take place:
- ↳ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the Upper Extremities
 - Motor strength
 - Coordination
 - Dexterity
 - Functional Activity pertaining to Activity of Daily Living (ADL):
 - Buttoning shirt
 - Lacing shoes
 - Performing peg tasks
 - Physical exam findings of the Lower Extremity
 - Motor strength
 - Coordination
 - Functional Activity pertaining to Activity of Daily Living (ADL): (Upper extremities)
 - Standing (with/without mechanical support and/or assistive device)

- Walking
 - With/without assistance
 - Ability to start and stop walking
 - Limited to level surface
 - Difficulty with elevation/stairs
- Loss of stature
- Romberg Sign
- Current treatment(s)
- ✚ Electromyography (EMG)

- ▶ Cases determined to have the following ICD-9 code **362.0-362.9 and 366.0-366.9** (Cataracts) must have the following reported *within the past year* before impairment rating can take place:

Note from Physician with the following information:

- ✚ Current symptoms
 - Physical exam findings
 - Current treatment(s)
 - Surgical procedure(s)
- ✚ Visual Acuity testing, corrected
- ✚ Visual Field testing

- ▶ Cases determined to have the following ICD-9 codes **389.0-389.9** (Hearing loss) must have the following reported *within the past twelve months* before impairment rating can take place:

- ✚ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
- ✚ Tympanometry
- ✚ Speech Discrimination test
- ✚ Pure Tone Audiogram of both ears

- ▶ Cases determined to have the following ICD-9 code **473.0-473.9** (Chronic Sinusitis) must have the following reported *within the past twelve months* before impairment rating can take place:

- ✚ Note from Physician with the following information:
 - Current symptoms including: headaches, balance problems
 - Physical exam findings of the area(s) affected
 - Current treatment(s) including prescriptions
- ✚ Sinus CT

- ▶ Cases determined to have the following ICD-9 code **477.0-477.9** (Allergic Rhinitis) must have the following reported *within the past twelve months* before impairment rating can take place:

- ✚ Note from Physician with the following information:
 - Current symptoms including headaches, balance problems
 - Physical exam findings of the area(s) affected
 - Current treatment(s) including prescriptions

- ▶ Cases determined to have the following ICD-9 codes **491.0- 493.92, 496, 501, 506.0-506.9, 508.0-508.9, 511.0-511.9, 515, 518.0-518.89** (Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Bronchitis, Asbestosis, Chronic Respiratory condition) must have the following reported *within the past twelve months* before impairment rating can take place:

- ✚ Note from Physician with the following information

- Current symptoms
 - Physical exam findings of the area(s) affected
 - Current treatment(s) including prescriptions
 - ✚ Pulmonary Function Test (PFT) with DL_{CO} with pre/post bronchodilator
- ▶ Cases determined to have the following ICD-9 codes **571.0-573.9** (Liver Disease) must have the following reported within the past twelve months before impairment rating can take place:
- ✚ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history of site
 - Nutritional Status and/or restrictions
 - Current treatment(s) including prescriptions
 - ✚ Liver Function Test (LFTs)
- ▶ Cases determined to have the following ICD-9 codes **580.0-593.9** (Upper Genitourinary Disease) must have the following reported within the past twelve months before impairment rating can take place:
- ✚ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history
 - Current treatment(s) including prescriptions
 - Need for Dialysis and its schedule
 - Nutritional Status and/or restrictions
 - ✚ Kidney Function Test (Creatinine Clearance Test)
 - ✚ Serum Creatinine
 - ✚ Urine Analysis
- ▶ Cases determined to have the following ICD-9 codes **595.0-596.9** (Bladder Disease) must have the following reported within the past twelve months before impairment rating can take place:
- ✚ Note from Physician with the following information:
 - Current signs/symptoms (frequency, nocturia, loss of control, urgency, dribbling)
 - Physical exam findings of the area(s) affected
 - Any Biopsy information
 - Surgical history
 - Current treatment(s) including prescriptions
- ▶ Cases determined to have the following ICD-9 codes **692.0-697.9, 703.0-703.9, and 782.0-782.9** (Dermatitis, Skin Rash) must have the following reported within the past twelve months before impairment rating can take place:
- ✚ Note from Physician with the following information:
 - Current symptoms
 - Physical exam findings of the area in question
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
 - Patch testing information when available

Cancers
(in alphabetical order)

All information has to be submitted in the **past 12 months** including the diagnostic tests.

Bladder Cancer

⚡ Note from Physician with the following information:

- Current symptoms to include urinary frequency/nocturia, reflex activity of the bladder
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs)
- Current treatment(s)

Breast Cancer in Women of Childbearing years (Individual ages 15-44 years of age)

⚡ Note from Physician with the following information:

- Current symptoms
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs)
- Current treatment(s)

Breast Cancer in Men and Women beyond childbearing years (older than 44 years old)

Not ratable under 5th Edition of the Guides

Colon Cancer

⚡ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

Esophageal Cancer

⚡ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

Gallbladder Cancer

⚡ Note from Physician with the following information:

- Current symptoms including weight loss and percentage, and jaundice

- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- ✦ Liver Function Tests (LFTs)

Hodgkin's Lymphoma

- ✦ Note from Physician with the following information:
 - Current symptoms including weight loss and percentage
 - Physical exam findings of the area(s) affected
 - Remission status and number of years in remission
 - Surgical History to the area
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential
- ✦ Pathology report *if available*

Hypo-pharyngeal Cancer

- ✦ Note from Physician with the following information:
 - Current symptoms including weight loss and percentage
 - Physical exam findings of the area(s) affected
 - Remission status and number of years in remission
 - Presence of any stomas
 - Surgical History to the area
 - Activities of Daily Living (ADLs) to include any limitation on diet
 - Current treatment(s)
 - Description of the Voice/Speech detailing: using the Table below
Please complete this task with and without use of assistive device for speech
 - ✓ Audibility
 - ✓ Intelligibility
 - ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
Audibility	Can produce speech of an intensity sufficient for most needs of everyday speech, although this sometimes may require effort and occasionally may be beyond individual's capacity	Can produce speech of an intensity sufficient for many needs of everyday speech and is usually heard under average conditions; however, may have difficulty being heard in noisy places—such as cars, buses, trains, train stations, or restaurants	Can produce speech of an intensity sufficient for some needs of everyday speech such as close conversation; however, has considerable difficulty at a distance or in noisy places—such as cars, buses, trains, train stations, or restaurants—because the voice tires easily and tends to become inaudible after a few seconds	Can produce speech of an intensity sufficient for a few needs of everyday speech, but can barely be heard by a close listener or over the telephone and may be able to whisper audibly but with no louder voice	Can produce speech of an intensity sufficient for no needs of everyday speech
Intelligibility	Can perform most articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform many articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform some articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a few articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform no articulatory acts necessary for everyday speech
Functional Efficiency	Can meet most demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet many demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet some demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a few demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet no demands of articulation and phonation for everyday speech with adequate speed and ease

Laryngeal Cancer

✦ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings
- Surgical history to the area
- Presence of any stomas
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
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Intelligibility	Can perform <i>most</i> articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform <i>many</i> articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform <i>some</i> articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a few articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform <i>no</i> articulatory acts necessary for everyday speech
Functional Efficiency	Can meet <i>most</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet <i>many</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet <i>some</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a few demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet <i>no</i> demands of articulation and phonation for everyday speech with adequate speed and ease

Leukemias (includes Acute/Chronic Lymphocytic Leukemia (ALL/CLL) and Acute/Chronic Myelocytic Leukemia (AML/CML))

✦ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings including any liver or spleen abnormalities
- Activities of Daily Living (ADLs)
- Current treatment(s)

✦ Complete Blood Count (CBC) with differential

✦ Liver Function Tests (LFTs)

Liver Cancer

✦ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage, presence of jaundice
- Physical exam findings of the area(s) affected including presence of ascites
- Surgical history to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

✦ Liver Function Tests (LFTs)

Lung Cancer

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings
 - Surgical history to the area
 - Activities of Daily Living (ADLs) to include any limitation on diet
 - Current treatment(s)
- ✦ Pulmonary Function Test (PFT)

Multiple Myeloma

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings including any spleen abnormalities
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential

Myelodysplastic Syndrome

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings including any spleen abnormalities
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential

Nasal Cancer

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings
 - Surgical history to the area
 - Presence of any stomas
 - Activities of Daily Living (ADLs) to include any limitation on diet
 - Current treatment(s)
 - Description of the Voice/Speech detailing: using the Table below
Please complete this task with and without use of assistive device for speech
 - ✓ Audibility
 - ✓ Intelligibility
 - ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
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Intelligibility	Can perform <i>most</i> articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform <i>many</i> articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform <i>some</i> articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a <i>few</i> articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform <i>no</i> articulatory acts necessary for everyday speech
Functional Efficiency	Can meet <i>most</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet <i>many</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet <i>some</i> demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a <i>few</i> demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet <i>no</i> demands of articulation and phonation for everyday speech with adequate speed and ease

Nasopharyngeal

✦ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Presence of any stomas
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

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Kidney Cancer

See Renal Cancer

Pancreatic Cancer

† Note from Physician with the following information:

- Current symptoms including weight loss and percentage, and jaundice
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

† Liver and Pancreatic Function Tests

Pharyngeal Cancer

† Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected

- Remission status and number of years in remission
- Presence of any stomas
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below
Please complete this task with and without use of assistive device for speech
 - ✓ Audibility
 - ✓ Intelligibility
 - ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
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Polycythemia Vera

- ✦ Note from Physician with the following information:
 - Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings including any spleen abnormalities
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✦ Complete Blood Count (CBC) with differential

Prostate Cancer✚ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage along with urinary control and sexual function after surgery *if prostatectomy was performed*
- Physical exam findings including pain induced by metastatic lesions
- Activities of Daily Living (ADLs)
- Surgical history to the affected area
- Current treatment(s)

Renal Cancer✚ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
 - Physical exam findings
 - Need for dialysis and schedule
 - Kidney transplant
 - Surgical history to the affected area
 - Presence of any stomas
 - Activities of Daily Living (ADLs)
 - Current treatment(s)
- ✚ Kidney Function Test (Creatinine Clearance Test)
- ✚ Serum Blood Urea Nitrogen (BUN) and Creatinine
- ✚ Urine Analysis

Skin Cancer✚ Note from Physician with the following information:

- Current symptoms
- Physical exam findings of the area(s) affected
- Physical exam findings of the area in question
- Activities of Daily Living (ADLs)
- Current treatment(s)

Small Intestinal Cancer (duodenum, jejunum, ileum)✚ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Presence of any stomas
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)

Thyroid Cancer✚ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs)
- Current treatment(s) and presence of other illnesses allowing for only partial hormone replacement

Tongue Cancer

↳ Note from Physician with the following information:

- Current symptoms including weight loss and percentage
- Physical exam findings of the area(s) affected
- Remission status and number of years in remission
- Surgical History to the area
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

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Tracheal Cancer

➔ Note from Physician with the following information:

- Current symptoms including nutritional status, weight loss and percentage
- Physical exam findings
- Surgical history to the area
- Presence of any stomas
- Activities of Daily Living (ADLs) to include any limitation on diet
- Current treatment(s)
- Description of the Voice/Speech detailing: using the Table below

Please complete this task with and without use of assistive device for speech

- ✓ Audibility
- ✓ Intelligibility
- ✓ Functional Efficiency

Table 11-8 Classification of Voice/Speech Impairment

	Class 1 0%-14% Voice/ Speech Impairment	Class 2 15%-34% Voice/ Speech Impairment	Class 3 35%-59% Voice/ Speech Impairment	Class 4 60%-84% Voice/ Speech Impairment	Class 5 85%-100% Voice/ Speech Impairment
Audibility	Can produce speech of an intensity sufficient for most needs of everyday speech, although this sometimes may require effort and occasionally may be beyond individual's capacity	Can produce speech of an intensity sufficient for many needs of everyday speech and is usually heard under average conditions; however, may have difficulty being heard in noisy places—such as cars, buses, trains, train stations, or restaurants	Can produce speech of an intensity sufficient for some needs of everyday speech such as close conversation; however, has considerable difficulty at a distance or in noisy places—such as cars, buses, trains, train stations, or restaurants—because the voice tires easily and tends to become inaudible after a few seconds	Can produce speech of an intensity sufficient for a few needs of everyday speech, but can barely be heard by a close listener or over the telephone and may be able to whisper audibly but with no louder voice	Can produce speech of an intensity sufficient for no needs of everyday speech
Intelligibility	Can perform most articulatory acts necessary for everyday speech, but may occasionally be asked to repeat and find it difficult or impossible to produce some phonetic units	Can perform many articulatory acts necessary for everyday speech and be understood by a stranger, but may have numerous inaccuracies and sometimes appears to have difficulty articulating	Can perform some articulatory acts necessary for everyday speech and can usually converse with family and friends, but may be understood by strangers only with difficulty and often may be asked to repeat	Can perform a few articulatory acts necessary for everyday speech, can produce some phonetic units, and may have approximations for a few words such as names of own family members, but is unintelligible out of context	Can perform no articulatory acts necessary for everyday speech
Functional Efficiency	Can meet most demands of articulation and phonation for everyday speech with adequate speed and ease, but occasionally may hesitate or speak slowly	Can meet many demands of articulation and phonation for everyday speech with adequate speed and ease, but sometimes speaks with difficulty and speech may be discontinuous, interrupted, hesitant, or slow	Can meet some demands of articulation and phonation for everyday speech with adequate speed and ease, but can sustain consecutive speech only for brief periods and may give the impression of being easily fatigued	Can meet a few demands of articulation and phonation for everyday speech with adequate speed and ease (such as single words or short phrases), but cannot maintain uninterrupted speech flow; speech is labored and rate is impractically slow	Can meet no demands of articulation and phonation for everyday speech with adequate speed and ease

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation

Date

FILE NUMBER:
EMPLOYEE:Med Provider
street address
City, State, zip

Dear Medical Provider;

The above-named employee filed a claim for whole body impairment as a result of breast cancer under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA).

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) requires impairment determinations to be performed in accordance with the 5th Edition of the American Medical Association's *Guide to the Evaluation of Permanent Impairment* (AMA's *Guides*). Moreover, to ensure that the employee's impairment is fully rated, several factors must be considered and included in the evaluation report. These factors include: (1) the unilateral or bilateral absence of the breast; (2) the loss of function of the upper extremity, including range of motion, neurological abnormalities and pain, etc; (3) skin disfigurement; and (4) other physical impairments affecting activities of daily living.

We would greatly appreciate a detailed narrative report from you, based on your examination that addresses the following:

1. Has maximum medical improvement been reached? If so, what is the approximate date? DEEOIC defines maximum medical improvement as when the claimant's condition is unlikely to improve substantially with or without medical treatment.
2. Is there surgical absence of the breast(s)? Surgical absence of a breast is rated in accordance with AMA's *Guides*, section 10.9, page 239 and is assigned a maximum of 5% of the whole person.
3. A description of the surgical site (if any) and mention of infections, ulcerations, grafts and any other factors that have affected the size and aspect of the scar and the presence of other skin abnormalities. If a rating for skin disfigurement/abnormalities is needed please use Chapter 8 in the AMA's *Guides*.

4. The effects of radiation or other therapies on any organ system represented by clinical findings and/or tests, as well as the ability to perform activities of daily living.
5. Other physical impairments related to the underlying condition including those mentioned under number 4 above. These need to be well documented and ratable under the AMA's *Guides*.
6. Your recommended percentage of impairment including a rationalized opinion as to how you arrived at the total impairment. This includes how you arrived at the impairment figure, referencing applicable tables and sections of the AMA's *Guides*.

It is important that you respond to each of these questions to ensure that the patient receives the maximum percentage of impairment allowed by the AMA's *Guides* for his/her work-related condition. The rating should be performed on the patient's current level of impairment. Please note that the DEEOIC allows for periodic re-evaluations for future increases in permanent impairment.

Payment for the impairment evaluation and required diagnostic tests are covered by the DEEOIC. Physicians may bill impairment evaluation using CPT Code 99455 or 99456 with ICD-9 code V70.9. Diagnostic services related to impairment evaluations must be billed with the appropriate CPT codes. Supporting documentation (e.g. medical reports, evaluation reports, assessment reports and diagnostic testing results) must be submitted with the completed Office of Workers' Compensation Program (OWCP) Health Insurance 1500 Form (OWCP 1500). Reimbursement for these services will be in accordance with the OWCP fee schedule.

If you have any questions or concerns regarding this letter or impairment ratings in general, please contact me directly at (XXX) XXX-XXXX.

Thank you for your assistance.

Sincerely,

Examiner name
Claims Examiner