



The Federal Employees' Compensation Act (5 USC 8101 et seq.) which is administered by the Office of Workers' Compensation Programs (OWCP), provides workers' compensation coverage to civilian employees of the United States who suffer employment-related injury, disease, or illness. The requirements and benefits of the Federal Employees' Compensation Act (FECA) may not be the same as those of the various State compensation programs; and, as a workers' compensation program, the FECA differs from Federal or State disability retirement programs which generally award benefits to employees who are totally physically and mentally unable to work regardless of the causal relationship of the disability to the employment.

The FECA is nonadversary in nature, OWCP's decisions are based upon the written record. Therefore, your cooperation in providing medical information is needed by the employee, the employing agency, and OWCP. The following information on FECA benefits and on how the program works has been prepared to assist you when seeing Federal employees with work-related injuries, diseases, or illness.

### FECA'S BASIC BENEFITS

**Medical Care:** Medical, surgical and hospital supplies required to treat the employment-related injury, disease or illness. The employee may initially select a physician or medical facility to provide the necessary treatment. By statute, reimbursable chiropractic services are limited to treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by x-ray.

**Disability Benefits:** Compensation for loss of wage-earning capacity resulting from the employment-related injury, disease or illness. Entitlement to compensation for wage loss terminates when it is determined that the employee is medically able to perform the duties of the position held at the time of injury.

**Total Disability:** Paid when the employee is medically restricted from any and all gainful employment as a result of the employment-related injury, disease or illness.

**Partial Disability:** Reduced benefits, paid when the employee is not totally disabled but is capable of performing duties which are compatible with the medically imposed work limitations resulting from the injury, disease, or illness. The amount of compensation paid is commensurate with the employee's loss of wage-earning capacity.

**Schedule Award:** Compensation for permanent impairment of certain members or functions of the body, whether or not the employee has returned to gainful employment. A schedule award is payable when the condition has reached maximum improvement and is stable. With the exception of loss of hearing, the AMA Guides to the Evaluation of Permanent Impairment form the basis for awards. In loss of hearing cases, the standards of the National Institute for Occupational Safety and Health (NIOSH) are applicable.

**Vocational Rehabilitation:** Vocational rehabilitation services needed because of inability to return to previous work and potential to return to productive employment.

**Death Benefits:** A range of benefits for the survivors of an employee whose death was employment related.

### HOW THE PROGRAM WORKS

When a Federal employee is injured, his or her employing agency authorizes initial medical care. The medical information you provide, then and later, helps OWCP decide whether benefits should be provided, what kind of benefits should be provided, and how long those benefits should continue.

**Authorization - Generally, initial authorization for medical care at OWCP expenses will be made by the employing agency using Form CA-16, Authorization for Examination and/or Treatment. The Authorization is subject to the conditions indicated on the form. Based on the necessity for or the appropriateness of continued medical care as indicated by the case record, OWCP may grant, continue, or terminate an authorization for examination/treatment at OWCP expense.**

**Billing** - You should submit charges for necessary medical services related to treatment, diagnosis, or evaluation of the work-related injury, disease, or illness to the OWCP using Form HCFA 1500/OWCP 1500A, the American Medical Association Health Insurance Claim form. Copies of the form may be obtained free of charge from the Medicare carrier in your area. Your bill for treatment will be paid when it is for services related to the care of the accepted condition, contains your tax identification number, and is signed by you and by the claimant verifying that the billed services were provided to the claimant.

**Reports** - Comprehensive medical information on Department of Labor forms or by narrative report is to determine the employee's initial entitlement to benefits. You will be asked to provide the needed information, which may include answers to some or all of the following questions.

- o What is the diagnosis?
- o What is the prognosis?
  - Is the condition stable, improving, deteriorating?
  - If it is not stable now, is it expected to stabilize?
  - If so, estimate when.
  - If stable, give date of maximum improvement.
- o Is there an impairment?
  - If yes, what is the nature and extent of the impairment?
  - Is this impairment work-related?
  - Is the work-related circumstance the primary cause of the impairment, or did the workplace contribute to or cause an aggravation of a pre-existing condition?
- o Can the person work?
  - If yes, as of what date? Can the person return to previous work full-time, part-time?
  - If the person cannot return to previous work now, will the individual be able to return to previous work in the future? If yes, estimate when. If no, will the person need re-training or vocational rehabilitation?
  - Can the person work at an alternative or light duty position now? In the future? If yes, estimate when.
- o What are the specific physical and/or mental limitations?
- o Estimate percentage of permanent impairment of a member of function of the body that resulted from the accepted (work-related) condition, using the AMA Guides where applicable.

In providing this information, you should cite the relevant evidence from the history, physical examination, x-ray and other test results that support the stated conclusion. If an opinion is not based on conclusive evidence, the supportive evidence, and in addition, the evidence used to rule out the other likely causes should be cited.

If the injury, illness, or disease causes disability for work for an extended period or requires prolonged treatment, you will be asked to provide progress reports on the clinical course, prognosis, and recommendation for future medical care.

If you are being asked to see the claimant as a consultant, OWCP will give you a statement of accepted facts about the workplace circumstances related to the claimed injury, disease, or illness. These must be considered in any opinion about whether the injury, disease, or illness is work-related, and about whether it was primarily caused or aggravated by the workplace.

If during the course of providing medical care to, or opinion about, an injured Federal employee, you require additional information or have any questions, please contact the District Medical Directory at the nearest OWCP District Office.