

# Medical Benefits



# Definition of Physician

5 U.S.C. 8101 (2) defines physician as:

*"physician" includes surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors, and osteopathic practitioners within the scope of their practice as defined by State law. 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, and subject to regulation by the Secretary."*



# Medical Benefits – Choice of Physician

- The employee has the right to initially choose his/her own physician.
- When the physician originally selected to provide treatment for a work related injury refers the employee to a specialist for further medical care, the employee need not consult OWCP for approval.
- In all other instances, however, the employee must submit a written request to OWCP with his/her reasons for desiring a change of physician.

# Chiropractors

- Chiropractors are defined as physicians only to the extent that their services are limited to manual manipulation of the spine to correct a subluxation as demonstrated by x-ray (this must appear in the chiropractor's report).
- If a diagnosis of subluxation is supported, a claimant may continue to be treated by a chiropractor as his/her attending physician.
- A chiropractor may also be authorized to provide services in the nature of physical therapy under the direction of a physician.



# Clinical Psychologists

- A clinical psychologist may serve as a physician only within the scope of his or her practice as defined by State law.
- Therefore, a clinical psychologist may not serve as a physician for conditions that include a physical component unless the applicable State law allows clinical psychologists to treat physical conditions.
- A clinical psychologist may also perform testing, evaluation and other services under the direction of a qualified physician.



# Medical Benefits – Medical Providers

- All medical providers must enroll with OWCP's medical authorization and bill processing contractor.
- Enrollment is required for payment of medical services.

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# Medical Benefits – Fee Schedule

- All medical, pharmacy, and hospital reimbursements are subject to OWCP's fee schedule which limits the dollar amount of the reimbursement based on the type of medical service provided and the geographical area (zip code) where it was provided.
- Providers must accept this payment as payment in full.
- NOTE: The claimant may not be billed for any difference.



# Medical Benefits – Limitation

- The FECA does not authorize payment for preventive measures such as vaccines and inoculations, and in general, preventive treatment may be a responsibility of the employing agency (EA) .
- However, OWCP can authorize treatment for the following conditions, even though such treatment is designed, in part, to prevent further injury:
  - Complications of preventive measures which are provided or sponsored by EA such as an adverse reaction to prophylactic immunization.
  - Actual or probable exposure to a known contaminant due to an injury, thereby requiring disease-specific measures against infection.
  - Conversion of tuberculin reaction from negative to positive following exposure to tuberculosis in the performance of duty. In this situation, the appropriate therapy may be authorized.
  - Where injury to one eye has resulted in loss of vision, periodic examination of the uninjured eye to detect possible sympathetic involvement of the uninjured eye at an early stage.



# District Medical Advisor Services

- **District Medical Advisors (DMAs)** are physicians hired by OWCP whose role is to act as a consultant on medical issues.
- The DMA does not see or examine the injured worker. They provide claims examiners (CE) with medical opinions based on a review of the Statement of Accepted Facts (SOAF) and the medical records.
- The functions of the DMA include: interpretation of medical reports; rendering medical evaluations in his or her own right; providing guidance or instruction to claims staff regarding general medical issues, etc.

# Situations where a Claims Examiner MUST consult with a DMA:

- Schedule award cases must be sent to a DMA for a final permanent impairment rating for a schedule award.
- Certain types of surgery require DMA review, including an organ transplant, spinal surgery or a total knee arthroplasty.
- Other destructive procedures, such as chordotomy, rhizotomy and amputation must also be referred to the DMA.



# Prescription Medication Authorization - Opioids

- For newly prescribed opioid users (i.e. where an opioid has not been prescribed within the past 180 days, if ever), OWCP must approve in advance any opioid medication prescribed by a treating physician following an initial 28 day period.
- To obtain authorization, the treating physician must submit Form CA- 27, Letter of Medical Necessity (LMN), which is available only to enrolled medical providers by logging in to the Central Bill processing portal at <https://owcpmed.dol.gov>.
- In order to avoid a break in medication, a physician should complete the LMN form no sooner than 9 days prior to the end of the 28-day period to allow time for review and authorization.
- OWCP may only authorize up to 60 days of opioid medication use with each LMN, with initial fills and refills to be issued in no more than 30-day supplies.
- No more than two opioids may be authorized at any given time.

# Prescription Medication Authorization - Compounded Medications

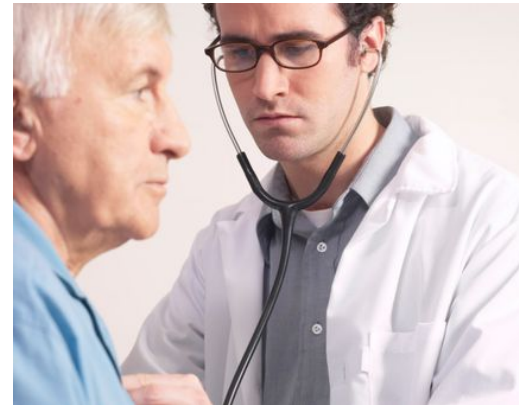
- OWCP must approve in advance any compounded medication prescribed by a treating physician, including compounded medication containing opioids.
- To obtain authorization, the treating physician must submit Form CA-26, Letter of Medical Necessity (LMN), which is available only to enrolled medical providers by logging in to the Central Bill processing portal at <https://owcpmed.dol.gov/>.
- OWCP may only authorize up to 90 days of compounded medication use with each LMN, after which point an updated LMN must be submitted by the physician.

# OWCP Directed Medical Exams

- The FECA (5 U.S.C. 8123(a)) provides that: “An employee shall submit to examination by a medical officer of the United States or by a physician designated or approved by the Secretary of Labor, after the injury and as frequently and at the times and places as may be reasonably required.”
- The FECA (5 U.S.C. 8123(d)) provides that: “If an employee refuses to submit to or obstructs to an examination, his right to compensation under this subchapter is suspended until the refusal or obstruction stops. Compensation is not payable while a refusal or obstruction continues, and the period of the refusal or obstruction is deducted from the period for which compensation is payable to the employee.”

# Second Opinion (SECOP) Examinations

- OWCP can seek a second opinion from an independent physician who is a specialist specific to the issue and medical condition at issue (e.g. orthopedic specialist for bone and soft tissue injuries, cardiologists for heart problems).
- The physician is selected by a medical referral group that has been contracted by OWCP to provide second opinion medical referrals.
- The decision to refer a case for a second opinion examination rests with the CE, though such an exam may be recommended by a Field Nurse (FN), DMA, or the employing agency.



# When is a SECOP considered?

- When there is enough evidence from the attending physician (AP) to suggest that the claimant might be entitled to benefits, but OWCP still does not have enough evidence to accept the case.
- When the AP's examinations and reports in occupational disease cases do not provide the specific evidence that OWCP requires for adjudication.
- When temporary total disability (TTD) has gone on longer than usual in a case, and the AP is not an appropriate specialist or has not satisfactorily explained the reason for the continued disability.
- When OWCP has reason to believe that a claimant is no longer disabled due to the accepted work injury, but the AP still supports TTD.
- When the claimant appears to have reached maximum medical improvement (MMI) but the claimant's AP cannot, or will not, send an acceptable permanent impairment evaluation based on the current AMA Guide.
- When the DMA has been asked for an opinion and he/she responds that additional information is needed before he/she can make a judgment or provide a rating of impairment.

# Referee/Impartial Medical Examination (IME)

- The FECA (5 U.S.C. 8123(a)) and 20 CFR 10.321 of the implementing regulations state "if there is a disagreement between the physician making the examination for the United States and the physician of the employee, the Secretary shall appoint a third physician who shall make an examination."
- The selection of a physician who is an appropriate specialist and who has had no prior connection with the case is made by OWCP on a strict rotational basis.





# When is a Referee/RME considered?

A referee medical specialist's examination is sought when:

- there is a conflict of opinion between the attending physician and the second opinion specialist,
- the conflict will affect decisions about paying, reducing, or terminating benefits, and
- both of the conflicting opinions appear to be medically well-reasoned, based on an accurate and complete history and facts, and are found to be of approximately equal weight.



# Second Opinion and Referee Exams Claimant's Rights and Obligations

The FECA (5 U.S.C. 8123) provides:

- The claimant has the right to have a physician present during a second opinion examination (paid by the claimant). However, the claimant does not have that same right during a referee examination, unless OWCP concludes that exceptional circumstances exist.
- The employee is not entitled to have anyone one else present unless a need is established and OWCP approves (e.g. interpreter).
- The employee must attend the examination and benefits may be suspended for failure to report for examination.
- The claimant is entitled to travel expenses incurred.
- If the claimant misses work to attend the examination, they are entitled to compensation for lost wages at 100% .

# Fitness for Duty Examinations

- A report from such a physician should receive due consideration; however, since the agency directed the examination, reliance upon the findings for case action must be tempered.
- If the findings or conclusions differ materially from those of the AP, the CE may consider further development; but the reports cannot be used as the basis for a formal reduction or termination of benefits.
- Also, under the FECA procedures, such a report may not be used to create a conflict in medical evidence that requires resolution under 5 U.S.C. 8123(a).

# Travel Reimbursement for Medical Treatment

- The employee is entitled to reimbursement of reasonable and necessary expenses, including transportation needed to obtain authorized medical services, appliances or supplies.
- To determine what is a reasonable distance to travel, OWCP will consider the availability of services, the employee's condition, and the means of transportation. Generally, a roundtrip distance of up to 100 miles is considered a reasonable distance to travel.
- Travel should be undertaken by the shortest route, and if practical, by public conveyance. If the medical evidence shows that the claimant is unable to use these means of transportation, OWCP may authorize travel by taxi or special conveyance.
- The standard form designated for medical travel refund requests is Form OWCP-957 and must be used to seek reimbursement.



# Questions

The term physician includes:

- a) Surgeons
- b) Dentist
- c) Clinical Psychologists
- d) Optometrists
- e) 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, and subject to regulation by the Secretary.”
- f) All of the Above

# Questions

The employee has the right to initially choose his/her own physician.

- a) True
- b) False

# Questions

All medical providers are required to enroll with OWCP's medical authorization and bill processing contractor.

- a) True
- b) False

# Questions

A district medical advisor (DMA) is a physician contracted by OWCP whose role is to act as a consultant on medical issues. The functions of the DMA include all of the following except:

- a) Interpretation of medical reports
- b) Providing guidance or instruction to claims staff regarding general medical issues
- c) Review schedule award cases for a final permanent impairment rating
- d) Examining the injured worker
- e) Review certain types of surgery requests, including organ transplant or spinal surgery



# Questions

The decision to refer a case for a second opinion examination rests with:

- a) The injured employee
- b) The claims examiner at OWCP handling the case
- c) The employing agency
- d) The district medical advisor

# Questions

OWCP will consider scheduling a SECOP in which of the following circumstances:

- a) When TTD has gone on longer than usual in a case and the treating physician has not satisfactorily explained the reason for the continued disability.
- b) When there is reason to believe that a claimant is no longer disabled due to the accepted worker injury, but the treating physician still supports TTD.
- c) When the claimant appears to have reached MMI but the claimant's treating physician cannot, or will not, send an acceptable permanent impairment evaluation based on the current AMA Guide.
- d) All of the above

# Questions

An agency may direct an injured employee to undergo a fitness for duty examination. The report from that evaluation cannot be used in the following ways except:

- a) The report cannot be used as the basis for a formal reduction.
- b) The report cannot be used as the basis for termination of benefits.
- c) The report cannot be used to create a conflict in medical evidence that requires resolution under 5 U.S.C. 8123(a).
- d) The report cannot be used by a claims examiner to consider further development.

# Take Away Tips

- 1) OWCP authorizes medical services, appliances or supplies “likely to cure, give relief, reduce the degree or period of disability, or aid in lessening the amount of the monthly compensation.”
- 2) The employee has the right to initially choose his/her own physician. When the physician originally selected to provide treatment for a work related injury refers the employee to a specialist for further medical care, the employee need not consult OWCP for approval.
- 3) Chiropractors are defined as physicians only to the extent that their services are limited to manual manipulation of the spine to correct a subluxation as demonstrated by x-ray (this must appear in the chiropractor’s report).

# Take Away Tips

- 4) A clinical psychologist may serve as a physician only within the scope of his or her practice as defined by State law. Therefore, a clinical psychologist may not serve as a physician for conditions that include a physical component unless the applicable State law allows clinical psychologists to treat physical conditions.
- 5) The FECA does not authorize payment for preventive measures such as vaccines and inoculations, and in general, preventive treatment may be a responsibility of the employing agency.
- 6) District Medical Advisors (DMAs) are physicians hired by OWCP whose role is to act as a consultant on medical issues. They do not see or examine the injured worker. They provide claims examiners with medical opinions based on a review of the Statement of Accepted Facts and the medical records.

# Take Away Tips

- 7) OWCP can seek a second opinion from an independent physician who is a specialist specific to the issue and medical condition at issue (e.g. orthopedic specialist for bone and soft tissue injuries, cardiologists for heart problems).
- 8) A referee medical specialist's examination is sought when there is a conflict of opinion between the attending physician and the second opinion specialist, the conflict will affect decisions about paying, reducing, or terminating benefits; and both of the conflicting opinions appear to be medically well-reasoned, based on an accurate and complete history and facts, and are found to be of approximately equal weight.
- 9) The employee is entitled to reimbursement of reasonable and necessary expenses, including transportation needed to obtain authorized medical services, appliances or supplies.