

# Initial Authorization of Medical Care



# Medical Treatment - Form CA-16

- If an employee requires medical treatment for a traumatic injury, supervisor should complete front of Form CA-16, within four hours of request whenever possible.
- If supervisor doubts whether employee's condition is related to employment, he/she should so indicate on Form CA-16.
- When there is no time to complete Form CA-16, supervisor may authorize medical treatment by telephone and send completed form to medical facility within 48 hours. [Retroactive issuance of Form CA-16 is usually not permitted under other circumstances.]

# Form CA-16: Delayed Report of Injury

- If an employee reported an injury several days after the fact, or did not request medical treatment within 24 hours of injury, supervisor may still authorize medical care using Form CA-16. Employing agency (EA) personnel are encouraged to use discretion in issuing authorizations for medical care under such circumstances, but employees should not be penalized for short delays in reporting injuries.
- Supervisor may, however, refuse to issue Form CA-16 if more than a week has passed since injury on basis that need for immediate treatment would become apparent in that period of time.
- An employee may not use Form CA-16 to authorize his/her own treatment.

# Choice of Physician

- Under the Federal Employees' Compensation Act (FECA), employee is entitled to select physician who is to provide treatment. Provider must meet the FECA definition of "physician," and must not have been excluded from payment.
- Physicians employed by or under contract to EA may examine employee at EA's facility in accordance with Office of Personnel Management's regulations. However, employee's choice of physician must be honored, and treatment by employee's physician must not be delayed for purpose of obtaining an EA-directed medical examination.



# Obtaining Treatment

- Along with Form CA-16, supervisor should give the employee Form OWCP-1500, available at <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>
- Physician should complete reverse of Form CA-16 and OWCP-1500, and forward both to OWCP's central mailroom; and supervisor may ask physician for a copy of report as well.

# CA-16: Where Can EA Get One?

- Please note Form CA-16 is available for download by the EA on the Agency Query System (AQS) website at: <https://aqsweb.dol-esa.gov/AQS>
- Form CA-16 is also available to authorized users of the Employees' Compensation Operations and Management Portal (ECOMP).

# Form CA-16: Authorization for Examination and/or Treatment

## Authorization for Examination And/Or Treatment

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



The following request for information is required under 5 USC 5501 et. seq. Benefits and/or medical services expenses may not be paid or may be subject to suspension under this program unless this report is completed and filed as requested. Information collected will be handled and stored in compliance with the Freedom of Information Act, the Privacy Act of 1974 and OMB Cir. No. 130. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

OMB No.: 1240-0046  
Expires: 01-31-2018

### PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service:		
2. Employee's Identification (last, first, middle, SSN)	3. Date of injury (mo., day, yr.)	4. Occupation
5. Description of Injury or Disease:		
6. You are authorized to provide medical care for the employee for a period of up to sixty days from the date shown in item 3, subject to the condition stated in item A, and to the condition indicated in either 1 or 2, item B.		
A. Your signature in item 35 of Part B certifies your agreement that all fees for services shall not exceed the maximum allowable fee established by OWCP and that payment by OWCP will be accepted as payment in full for said services.		
B. <input type="checkbox"/> 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. An surgery other than emergency must have prior OWCP approval.		
<input type="checkbox"/> 2. There is doubt whether the employee's condition is caused by an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee, conduct non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to an alleged injury or to other circumstances of the employment. Pending further advice you may provide necessary conservative treatment if you believe the condition may be due to the injury or to the employment.		
7. If a Disease or Illness is involved, OWCP Approval for Issuing Authorization was Obtained from: (Type Name and Title of OWCP Official)	8. Signature of Authorizing Official:	
	9. Name and Title of Authorizing Official: (Type or print clearly)	
10. Local Employing Agency Telephone Number (include area Code):	11. Date (mo., day, year)	
12. Send one copy of your report:  U.S. DEPARTMENT OF LABOR DFEC CENTRAL MAILROOM P.O. BOX 8300 LONDON, KY 40742-8300	13. Name and Address of Employee's Place of Employment:  Department of Agency  Bureau or Office  Local Address (including ZIP Code)	

#### Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average five 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 voluntary (5 U.S.C. 5101 et seq.) to obtain or retain a benefit. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Workers' Compensation Programs, U.S. Department of Labor, Room S3229, 200 Constitution Avenue, N.W., Washington, D.C. 20210, and reference the OMB Control Number 1240-0046. Note: Do not submit the completed claim form to this address.

#### DO NOT SEND THE COMPLETED FORM TO THIS OFFICE

Any duplication or reproduction of the form, to include via electronic means, is prohibited without the express written consent by OWCP.

Requests for Disability-Related Assistance (Forms and Notices): If you have a substantially limiting physical or mental impairment, Federal disability nondiscrimination law gives you the right to receive help from the OWCP. DFEC in the form of communication assistance, accommodation(s) and/or modification(s) to aid you in the FECA claims process. For example, we will provide you with copies of documents in alternate formats, communication services such as sign language interpretation, or other kinds of adjustments or changes to account for the limitations or your disability. Please contact our office or your OWCP claims examiner to ask about this assistance.

CA-16 (Rev. 09-14)  
Previous Revision Obsolete

### PART B - ATTENDING PHYSICIAN'S REPORT

14. Employee's Name (last, first, middle)		
15. What History of Injury or Disease Did Employee Give You?		
16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe) <input type="checkbox"/> Yes <input type="checkbox"/> No	17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.)	18. What is Your Diagnosis?
16a. IDC-9 Code  _ _ _ _ _ _ _	18a. IDC-9 Code  _ _ _ _ _ _ _	
19. Do You Believe the Condition Found was Caused or Aggravated by the Employment Activity Described? (Please explain your answer if there is doubt). <input type="checkbox"/> Yes <input type="checkbox"/> No		
20. Did Injury Require Hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of admission (mo., day, year) Date of discharge (mo., day, year)	21. Is Additional Hospitalization Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. Surgery (if any, describe type)
23. Date Surgery Performed (mo., day, year)	24. What (Other) Type of Treatment Did You Provide?	
25. What Permanent Effects, if Any, Do You Anticipate?	26. Date of First Examination (mo., day, year)	27. Date(s) of Treatment (mo., day, year)
28. Date of Discharge from Treatment (mo., day, year)	29. Period of Disability (mo., day, year) (If termination date unknown, so indicate) Total Disability: From To Partial Disability: From To	30. Is Employee Able to Resume <input type="checkbox"/> Light Work <input type="checkbox"/> Regular Work Date: _____ Date: _____
31. If Employee is Able to Resume Work, Has He/She Been Advised? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Furnish Date Advised		
32. If Employee is Able to Resume Only Light Work, Indicate the Extent of Physical Limitations and the Type of Work that Could Reasonably be Performed with these Limitations.		
33. General Remarks and Recommendations for Future Care, if Indicated. If you have made a Referral to Another Physician or to a Medical Facility, Provide Name and Address.		
34. Do You Specialize? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, state specialty)		
35. SIGNATURE OF PHYSICIAN: I certify that all the statements in response to the questions asked in Part B of this form are true, complete and correct to the best of my knowledge. Further, I understand that any false or misleading statement or misrepresentation or concealment of material fact which is knowingly made may subject me to felony criminal prosecution.		
36. Address (No., Street, City, State, ZIP Code)		
37. Tax Identification Number	39. Date of Report	
38. National Provider System Number		

MEDICAL BILL: Charges for your services should be presented to the AMA standard "Health Insurance Claim Form" (AMA OP 407408/409; OWCP-1500a, or HCFA 1500). Service must be itemized by Current Procedural Terminology Code (CPT 4) and the form must be signed.

For sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402

# Form CA-16: Instructions

## INSTRUCTIONS FOR AUTHORIZING OFFICIAL FOR COMPLETION OF PART A

### SELECTION OF PHYSICIAN

- A Federal employee injured by accident while in the performance of duty has the initial right to select a physician of his/her choice to provide necessary treatment. The supervisor shall immediately authorize examination and appropriate medical care by use of Form CA-16 to either a United States medical officer/hospital or any duly qualified physician/hospital of the employee's choice.

If the employee elects to be treated by a private physician, a copy of the American Medical Association standards billing form (AMA OP 407/408/409; OWCP-1500a) should be supplied together with Form CA-16.

A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee.

Generally, 25 miles from the place of injury, employing agency, or the employee's home is a reasonable distance to travel for medical care; however, other pertinent factors must also be considered.

### PERIOD OF AUTHORIZATION

- Form CA-16 is valid for up to sixty days from date of issuance, and may be terminated earlier upon written notice from OWCP to the provider. It should not be used to authorize a change of physicians after the initial choice is exercised by the employee.

### FEDERAL MEDICAL FACILITIES

- U.S. medical facilities include Public Health Service, Military or VA hospitals. Federal health service facilities (health units) established under 5 USC 7901 are not U.S. medical facilities as used herein (see 20 CFR 10.400).

### DEFINITION OF INJURY

- The term "injury" includes damage to or destruction of medical braces, artificial limbs and other prosthetic devices. Eyeglasses and hearing aids are included only if the damages were incidental to a personal injury which required medical services. Treatment for illness or disease should not be authorized unless approval is first obtained from OWCP.

### DEFINITION OF PHYSICIAN

- The term "physician" includes doctors of medicine (MD), surgeons, podiatrists, dentists, clinical psychologists, optometrists, chiropractors and osteopathic practitioners within the scope of their practice as defined by State law. The reimbursable services of chiropractors under the FECA are limited by statute to physical examination, related laboratory tests and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

### FORM COMPLETION

- Part A shall be completed in full by the authorizing official. The authorization is not valid unless the name and address of the physician or hospital is entered in Item 1 and the signature of the authorizing official appears in Item B. Check B1 or B2 or Item 6, whichever is appropriate. In case of illness or disease, only Box B2 may be checked.

Show the address of the proper OWCP Office in Item 12. Send original and one copy of Form CA-16 to the medical officer or physician. If issued for illness or disease, a copy must also be sent to OWCP.

### ADDITIONAL INFORMATION

- See 20 CFR and/or Chapter 810, Federal Personnel Manual (FPM)

Information for Physician – See Reverse Side



# Form CA-16: Information for Physician

## INFORMATION FOR PHYSICIAN

### YOUR AUTHORIZATION

- Please read Part A of Form CA-16. You are authorized to examine and provide treatment for the injury or disease described in Item 5, for a period of not more than 60 days from the date of issuance, subject to the conditions in Item 6. A physician who is debarred from the FECA program as provided at 20 CFR 10.450-457 may not be authorized to examine or treat an injured Federal employee. Authorization may be terminated earlier upon written notice from OWCP. For extension of the authorization to treat beyond the 60 day period, apply to the office shown in Part A, Item 12.

This form covers office visits and consultations, laboratory work, hospital services (including inpatient), x-rays, MRIs, CT scans, physical therapy, emergency services (including surgery) and chiropractic services. Chiropractic services are limited to charges for physical examinations and x-rays to diagnose a subluxation of the spine and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by x-ray.

This form does not cover elective and non-emergency surgery, home exercise equipment, whirlpools, mattresses, spa/gym membership and work hardening programs.

### USE OF CONSULTANTS AND HOSPITALS

- You may utilize consultants, laboratories and local hospitals, if needed. Authorize semi-private accommodations unless a private room is medically necessary. Ancillary treatment may be provided to a hospitalized employee as necessary.

### REPORTS

- After examination, complete items 14 through 39, of Part B, and send your report, together with any additional narrative or explanatory material, to the address listed in Part A, item 12. If the employee sustained a traumatic injury and is disabled for work, reports on Form CA 17, "Duty Status Report" may be required by the employing agency during the first 45 days of disability. If disability continues beyond 45 days, monthly reports should be submitted. Reports from all consultants are also required. Delay in submitting medical reports may delay payment of benefits.

### RELEASE OF RECORDS

- Injury reports are the official records of OWCP. They shall not be released to anyone nor may any other use be made of them without the approval of OWCP.

### BILLING FOR SERVICES

- OWCP requires that charges be itemized using the AMA standard "Health Insurance Claim Form" (AMA OP 407/408/409; OWCP-1500; HCFA-1500). Each procedure must be identified in Column 24 C of the form, by the applicable Current Procedural Terminology (4<sup>th</sup> edition) Code CPT 4). A copy of the form may be supplied by the employee at the time treatment is sought.

- Payment for chiropractic services is limited to charges for physical examinations, related laboratory tests, and X-rays to diagnose a subluxation of the spine; and treatment consisting of manual manipulation of the spine to correct a subluxation demonstrated by X-ray.

### TAX IDENTIFICATION NUMBER

- The provider's Tax Identification Number (TIN) is an important identifier in the OWCP system. To speed processing and to reduce inaccuracy of payment, the provider's TIN (Employer Identification Number or SSN) should be shown on all reports and billings submitted to OWCP. If possible, providers should decide on a single TIN – either corporate or personal – which is used consistently on OWCP claims.

### ADDITIONAL INFORMATION

- Contact the OWCP shown in Item 12 of Part A.

Please Remove These Instructions Before Submitting Your Report.

# Form CA-16: Chain of Referral

- Original treating physician may wish to refer employee for additional testing or specialized treatment. Physician may do so on basis of Form CA-16 already issued. Both original physician and any physician to whom employee is referred are guaranteed payment for 60 days from date of injury, unless OWCP terminates this authority at an earlier date.
- Treatment may continue at OWCP expense if claim is approved.



# Once a Claim is Accepted

- 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.” (5 USC 8103).
- OWCP pays only for services related to accepted condition(s) of claim. Claimants are responsible for providing treating physician with accepted condition(s).



# Questions

If an employee requires medical treatment for a traumatic injury, a supervisor should complete the front of Form CA-16, within four hours of request whenever possible; however, if the supervisor doubts whether employee's condition is related to employment, they should not issue Form CA-16.

- a) True
- b) False

# Questions

A physician should complete the reverse of Form CA-16 and the OWCP-1500. When those are complete, the physician should forward those forms to:

- a) The claimant
- b) The employing agency
- c) OWCP's central mailroom

# Questions

A treating physician may refer an injured employee for additional testing or specialized treatment. The physician may do so on basis of Form CA-16. As long as OWCP does not terminate authority to pay medical treatment authorized by Form CA-16, both the original physician and any physician to whom employee is referred is guaranteed payment for up to how many days from the date of injury?

- a) 15 days
- b) 30 days
- c) 45 days
- d) 60 days

# Take Away Tips

- 1) If an employee requires medical treatment for a traumatic injury, supervisor should complete front of Form CA-16, within four hours of request whenever possible.
- 2) Supervisor may, however, refuse to issue Form CA-16 if more than a week has passed since injury on basis that need for immediate treatment would become apparent in that period of time.
- 3) Under the Federal Employees' Compensation Act (FECA), employee is entitled to select the physician who is to provide treatment. Provider must meet the FECA definition of "physician," and must not have been excluded from payment.

# Take Away Tips

- 4) Please note Form CA-16 is available for download by the employing agency on the Agency Query System (AQS) website at: <https://aqsweb.dol-esa.gov/AQS>. The form is also available to authorized users of the Employees' Compensation Operations and Management Portal (ECOMP).
- 5) Original treating physician may wish to refer employee for additional testing or specialized treatment. Both the original physician and any physician to whom employee is referred are guaranteed payment for 60 days from date of injury, unless OWCP terminates this authority at an earlier date. Treatment may continue at OWCP expense if claim is approved.
- 6) OWCP pays only for services related to accepted condition(s) of claim. Claimants are responsible for providing treating physician with accepted condition(s).