

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 <https://www.dol.gov/agencies/owcp/FECA/regs/compliance/forms>
- 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?

- Form CA-16 is available to the supervisor once they complete their portion of Form CA-1 in ECOMP.
- Form CA-16 is also available to the Agency Reviewer (AR) once they complete the final review of Form CA-1 in ECOMP. Alternatively, the AR may download Form CA-16 in ECOMP via the FILE NEW FORM link under the FORMS option in 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 8101 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. NOTE: THIS FORM IS NOT TO BE REPRODUCED OR DUPLICATED (See Instructions). IF INSTRUCTIONS ARE SEPARATED FROM THIS FORM, REFER TO FORM INFORMATION <https://www.dol.gov/owcp>

OMB No.: 1240-0046
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PART A - AUTHORIZATION

1. Name and Address of the Medical Facility or Physician Authorized to Provide the Medical Service within the meaning of FECA (See Instructions for definition of a qualified physician):

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 services. PLEASE NOTE THIS AUTHORIZATION DOES NOT INCLUDE PRESCRIPTIONS FOR COMPOUND MEDICATIONS. PHYSICIAN DISPENSED MEDICATION. SEE INSTRUCTIONS FOR ADDITIONAL MEDICAL INFORMATION.

B. 1. Furnish office and/or hospital treatment as medically necessary for the effects of this injury. Any surgery other than emergency must have prior OWCP approval.

2. There is doubt whether the employee's condition is an injury sustained in the performance of duty, or is otherwise related to the employment. You are authorized to examine the employee using indicated non-surgical diagnostic studies, and promptly advise the undersigned whether you believe the condition is due to the alleged injury or to any circumstances of the employment. Pending further advice you may provide necessary curative treatment if you believe the condition may be to the injury or to the employment.

7. If a Disease or Illness is Involved, OWCP Approval for Authorization was Obtained from (Type Name and Title of Official)

8. Name and Address of Employee's Place of Employment

Department or Agency:

Bureau or Office:

Local Address (Including Zip Code)

9. Local Employing Agency Telephone Number (Including Area Code):

10. Name and Title of Authorizing Official (Type or Print Clearly): (See Instructions)

11. Send one copy of your report to:

U.S. DEPARTMENT OF LABOR
DFEC CENTRAL MAILROOM
P.O. BOX 8300
LONDON, KY 40742-8300

12. I certify that I am the individual authorized by my employing agency to issue this form concerning medical treatment. I further certify that the information provided above is true and accurate to the best of my knowledge and belief. I realize that any person who knowingly makes any false statement or misrepresentation to obtain FECA compensation is subject to civil or administrative remedies as well as criminal prosecution.

13. Remarks (See Instructions under Authorized Official):

Signature of Authorizing Official/Date (Month, Day/Year)

PART B - ATTENDING PHYSICIAN'S REPORT

14. Employee's Name (Last, first, middle)

15. What History of the Employment Injury or Disease Did The Employee Give To You?

16. Is there any History or Evidence of Concurrent or Pre-existing Injury, Disease, or Physical Impairment? (If yes, please describe) 16a. ICD Code(s)

Yes No

17. What are Your Findings? (Include results of X-rays, laboratory tests, etc.) 18. What is the Diagnosed Condition(s) 18a. ICD Code(s)

19. Do You believe the Condition(s) Found was Caused or Aggravated by the Employment activity Described? (Please explain your answer if there is doubt)

Yes No

20. Did Injury Require Hospitalization? If yes, date of admission (mo., day, year) Date of discharge (mo., day, year) Yes No 21. Is Additional Hospitalization Required? Yes 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) 30. Is Employee Able to Resume

Total Disability: From To Light Work Date:

Partial Disability: From To Regular Work Date:

31. If Employee Is Able to Resume Work, Has He/She been Advised? Yes 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? Yes No (If yes, state specialty)

35. I certify that all the statements in this form are true and accurate to the best of my knowledge and belief. Further, I understand that any person who knowingly makes any false statement, misrepresentation, concealment of fact, or any other act of fraud, to obtain compensation as provided by the FECA, including payment for medical treatment or supplies, or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment, or both, and that physicians are subject to criminal and civil prosecution. In addition, a state or federal criminal conviction for FECA fraud will result in a beneficiary's termination of all current and future FECA benefits.

36. Address (No., Street, City, State, ZIP Code)

37. Tax Identification Number 39. Date of Report

38. National Provider System Number

Print/Type Name/Signature of Physician (See Instructions for Definition)
PAYMENT/MEDICAL BILLING: This CA-16 guarantees payment to the original treating physician (or any physician to whom the employee was referred by the original treating physician) for 60 days from date of issuance unless OWCP terminates this authority at an earlier date. Treatment may continue at OWCP expense if the claim is approved. Charges for your services should be presented on the AMA standard "Health Insurance Claim Form" (HCFA-1500, OWCP-1500, OWCP-04 or the UB-04). Physician services must be itemized by Current Procedural Terminology Code (CPT) using current CPT-4 coding schema; or, the UB-04 and the coding schemas acceptable on this form.

If you have a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodations and/or modifications, please contact OWCP. See form instructions for REQUESTS FOR ACCOMMODATIONS OR AUXILIARY AIDS AND SERVICES.

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; or HCP-A-1500). Each procedure must be identified in Column 24 C of the form, by the applicable Current Procedural Terminology (4th 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) Form CA-16 is available to the supervisor once they complete their portion of Form CA-1 in ECOMP. Form CA-16 is also available to the Agency Reviewer (AR) once they complete the final review of Form CA-1 in ECOMP. Alternatively, the AR may download Form CA-16 in ECOMP via the FILE NEW FORM link under the FORMS option in 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).