

Getting your medical bills paid



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If you suffer a traumatic on-the-job injury, paying the medical bills should be the last thing you need to worry about. Unfortunately, many letter carriers are unclear as to how the federal workers' compensation system works and are hesitant to file claims, fearing a mountain of debt from medical bills.

This should never happen.

In most cases, the Postal Service is required by federal law and postal regulations to provide a CA-16, Authorization for Examination and/or

Treatment, within four hours of a worker reporting a traumatic injury and seeking medical treatment. Yet most letter carriers have never heard of a CA-16. When a CA-16 is issued, the injured worker's medical bills will be paid for up to 60 days, even if the claim is denied. The Postal Service avoids those costs when an injured worker never gets a CA-16 in the first place.

CA-16s are tightly controlled. The Postal Service is required to have an employee in every office designated as a control point, responsible for seeing that regulations for handling workplace injury claims are being followed. Most managers have no idea who, or even what, a control point is.

The Postal Service settled the issue of control points long ago in a Step 4 decision (M-00444) regarding the lack of control points in some offices. The Postal Service affirmed the requirement to have a designated control point at each station and branch, and the control point personnel will be available for employees to report to when an injury occurs.

CA-16s can only be approved and provided by a designated control point. A properly issued CA-16 must have the name, title and signature of the authorizing official, and that official must have permission from the control point.

CA-16s are not available online—for a very good reason. Only the authorizing agency has the authority to provide the CA-16. Letter carriers should never attempt to fill out a CA-16 that has not been properly provided by, and filled out by, the appropriate postal official.

The CA-16 is not only a payment voucher; page 2 is a medical report where the attending physician provides initial diagnoses, description of treatment and work restrictions.

The completed CA-16 is sent directly to the Office of Workers' Compensation Programs (OWCP), not the Postal Service Injury Compensation Office. The Postal Service Injury Compensation Office once attempted a policy of requiring the CA-16 to first be sent to the Postal Service Injury Compensation Office, where it would be copied and then forwarded to OWCP. OWCP disapproved of this delay and forced the Postal Service to remove that step from the process.

To protect injured workers, branch grievance officers should respond quickly to any report of an on-the-job injury. Ensuring that the injured worker gets the proper claim forms, especially the CA-16, can prevent major claim problems in the future.

The Postal Service is required to tell the injured worker that they have the right to choose their doctor. Some postal districts have contracts with medical clinics to provide initial evaluations of injured workers. If the Postal Service sends you to a contract doctor for your initial evaluation, you should request a CA-16 to see your own doctor. As there is only one CA-16 issued per claim, a CA-16 should not be issued to a postal contract doctor.

While an injured worker must allow the contract doctor to evaluate them, the contract doctor is not allowed to treat the injured worker without the injured worker's approval. It is very important to understand that OWCP will consider a doctor to be the injured worker's doctor of record after two appointments. There is no obligation to return to the contract doctor after the initial visit. Injured workers usually receive better treatment when they see their own doctor for job-related injuries.

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Once a claim has been accepted, all medical bills and requests for medical authorization must be submitted through OWCP's web portal administered by Conduent. If your doctor is not enrolled with Conduent, they must do so prior to submitting any bills. Conduent enrollment is accessed at owcp.dol.acs-inc.com.

In registering with Conduent, your doctor agrees to OWCP's fee schedule and is prohibited by federal law from billing you for any difference between their charges and what OWCP pays them.* To be reimbursed, bills must be received within the calendar year following the year in which the medical service was rendered or the claim was accepted, whichever occurs later.

Conduent will only pay bills for the injured workers' accepted conditions. Most problems with getting bills paid are usually due to the doctor's office billing under the wrong injury code. Injured workers or their doctors can get most issues resolved by calling Conduent at 844-493-1966.

* 20 CFR 10.813