

# NOTICE OF OCCUPATIONAL INJURY – FORM CA-1 JOB AID

## Filling out form CA-1 block 39

Issued: 1 March 2013

### FORM CA-1 JOB AID

The purpose of this job aid is to assist ICPAs in completing form CA-1 and entering the correct information for box 39.

- Filing instructions on “No lost time (NLT)/No medical expense (NME)” claims, were incorrectly communicated

As a result of the miscommunication, the following has happened:

- Under the POWER Initiative, cases are being counted as “untimely filed”
- “Untimely filed” cases are being counted against DON

When completing Block 39 on a claim, indicate the claim is a “No lost time/No medical expense claim or a “First Aid” claim. The EDI application will not submit the claim form to OWCP. Instead, these claims are retained in the **Rejected/Rerouted Claims** portion of the application to allow access at a later date.

**Note:** If the claim later becomes a lost time or medical expense claim, it must be accessed and submitted to OWCP. In order to take any type of action on the claims maintained in the Rejected/Rerouted Claims section of the application, the claim must first be rerouted. Rerouting refers to sending claims back to the ICPA Review and Authentication portion of the application.

### The following steps should be taken:

1. Once logged into DIUCS, select **Rejected/Rerouted Claims**.
2. Locate the desired claim and select the **Reroute** button for that claim.
3. The claim will open. Select the **Reroute Claim** button at the bottom of the screen.
4. When the claim has been rerouted, the **Rejected Claim** screen will appear and display a message on the status bar letting the user know the action was successfully taken.
5. The rerouted claim can now be accessed via the **ICPA Review and Authentication** portion of the application.
6. Go to Block 39. Leave original block selected, **AND** check an additional block appropriate to the current claim status. **Do not change or delete the original filing instruction that was previously indicated in Item 39.**

Supervisor's Title	Supervisor's Email Address:
SUPERVISOR	supv@agency.gov
39. Filing Instructions	
<input checked="" type="checkbox"/>	No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
<input type="checkbox"/>	No lost time, medical expenses incurred or expected: forward this form to OWCP
<input type="checkbox"/>	Lost time covered by leave, LWOP, or COP: forward this form to OWCP
<input type="checkbox"/>	First Aid Injury

7. ICPA submits claim to OWCP.

