

\$\$\$ **Schedule Awards** \$\$\$

Federal Workers' Compensation (FECA) Office of Workers' Compensation Programs (OWCP)

A Schedule Award Pays You for Permanent Injuries

- ★ A Schedule Award does not stop treatment. You are entitled to treatment for your lifetime.
- ★ A Schedule Award does not stop your employment or change your work restrictions.
- ★ A Schedule Award will stop Temporary Total Disability (TTD) payments.
If the Office of Workers Compensation Programs (OWCP) stops your TTD you can apply for a Schedule Award.

Schedule Award Impairment Ratings

- ★ Schedule Award ratings are **FREE**. Your physician gets OWCP to pre-approve your exam.
- ★ You can repeat a Schedule Award. If your condition worsens, then you get a higher rating.
- ★ Schedule Awards for: Upper & Lower Extremities, Hearing, Vision, Larynx, Tongue, Lung, Kidney, Skin & Sexual Organs. (See page 2 for accepted body parts)
 - ☆ There are **NO** Schedule Awards for **Spine • Brain • Heart • Internal Organs**.
 - ☆ There **ARE** Schedule Awards for the **Nerves in your Spine** that go to your extremities!
 - ☆ A spine condition can pinch a spinal nerve causing major impairment in an arm or leg.
 - ☆ Conditions requiring a nerve to be rated (Neck & Back Surgery, Carpal Tunnel, etc.) require an EMG/Nerve Conduction Study. The Schedule Award exam cannot be done until 1 year after surgery.

How to File for a Schedule Award

- ★ Be at Maximum Medical Improvement (MMI). Determined by the physician of your choice. MMI means that continued maintenance treatment will not lower your impairment. You can continue medications, injections and therapy.
- ★ Find a Schedule Award rating physician of your choice.
 - Physicians must strictly follow the 6th Edition of the American Medical Association's, *Guides to the Evaluation of Permanent Impairment* **and** the OWCP regulations.
 - Your Schedule Award rating physician does not have to be your treating physician.
- ★ Google Form CA-7. Print and complete the form checking the Schedule Award box.
 - Give Form CA-7 and your Schedule Award report to your supervisor.
 - If retired, mail directly to OWCP.

Example of a Schedule Award with 20% Impairment Upper Extremity:

- \$ Salary \$52,000 per year = \$1,000 per week.
- \$ Award Rates: With Dependents: 75% of weekly salary. Without Dependents: 66.7%
- \$ \$1,000 weekly salary X 75% = \$750 per week Award Rate.
- \$ An Upper Extremity has a total of 312 Weeks of Compensation.
- \$ 20% Impairment X 312 Weeks = 62.4 Weeks of Compensation.
- \$ 62.4 Weeks of Compensation x \$750 Award Rate = **\$46,800 Schedule Award**

\$\$ How Schedule Award Payments are Computed \$\$

Your Award Rate is a percentage of your weekly salary.

- With Dependents: 75.0% of weekly salary. Without Dependents: 67.7% of weekly salary.
- Weekly salary is your salary when you reach Maximum Medical Improvement (MMI)
- Make sure your employer and OWCP use the MMI date and not a lower salary from an older date.

Each Schedule Member is assigned a number of weeks.

The member's weeks are multiplied by your percentage of impairment.

Resultant weeks are multiplied by your Award Rate (75% or 67% of your weekly salary)

Example of Schedule Award with 20% Impairment Upper Extremity:

- Yearly Salary \$52,000 = \$1,000/week.
- \$1,000/week X 75% = \$750 Award Rate.
- Upper Extremity 312 weeks x 20% = 62.4 weeks.
- 62.4 weeks X \$750 = **\$46,800.00 Schedule Award**

Schedule Member	Weeks
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Upper Extremity*	312
Arm	312
Hand	244
Thumb	75
First Finger	46
Second Finger	30
Third Finger	25
Fourth Finger	15
Lower Extremity*	288
Leg	288
Foot	205
Great Toe	38
Other Toes	16
Breast	52
Ear: Both Ears Hearing Loss	200
Ear: One Ear Hearing Loss	52
Eye	160
Larynx	160
Lung	156
Kidney	156
Penis	205
Testicle	52
Tongue	160
Ovary/Fallopian Tube	52
Uterus/Cervix	205
Vulva/Vagina	205
Skin as a Organ	\$3,500

* The AMA *Guides*, 6th Edition combines all the body parts in an upper extremity to the full extremity.

* The AMA *Guides*, 6th Edition combines all the body parts in a lower extremity to the full extremity.

Up to \$3,500 for Disfigurement of the Head, Face or Neck, 5USC(c)(22) Aug 11

There are **NO** Schedule Awards for Spine • Brain • Heart • Internal Organs.

There **ARE** Schedule Awards for the **Nerves in your Spine that go to your extremities.**

A spine condition can pinch a spinal nerve and cause significant impairment!

This handout is provided as a courtesy by Ellis Clinic and is not legal advice.

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OWCP Appointment Protocol
Federal Workers' Compensation Injury Claim Information
Mail: Protocol, Records, Summary List & Payment. Ellis Clinic then contacts you.



Use a New Form for Each Claim

OWCP Claim# _____ **Date of Injury:** _____

Body Parts Injured: _____

Type of Claim Form: CA-1 Acute Injury CA-2 Occupational Disease CA-2a Recurrence **Claim Status:** Accepted Denied Not Yet Filed

Employer/Agency _____ When did you first go to work for the Federal Government? _____
When injured _____ When did you go to work for this employer/agency? _____

I am Requesting: Schedule Award Treatment Medical Rationale to Accept my Claim. Form CA-2 Claims Require an Employee Statement.
Go to www.EllisClinic.com and click CA-2 Handout

Full Name
First • Middle • Last Name _____
Full Mailing
Address: _____

Contact Phone/s: _____ **E-Mail** _____

SSN: _____ **Date of Birth:** _____ Male Female

Your Representative: None. _____

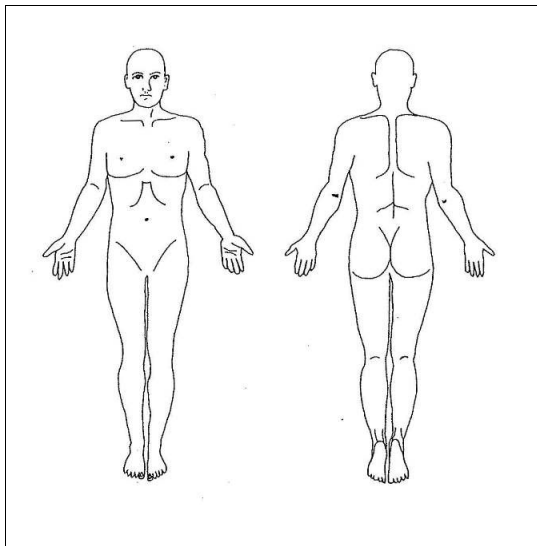
Briefly Describe What Caused this Injury: _____

Briefly List Treatment, i.e. Mercy ER> X-Rays, Jane Smith DO> Medications, John Jones MD> Back Surgery on 11/2016, Physical Therapy

Temporary Total Disability (TTD): Did Not Miss Work Missed Work **TTD Payment:** OWCP paid Used Sick Leave/vacation Terminated Retired

Dates you missed work due to this injury: _____

Circle Where You Still Have Pain or Problems from This Injury



MEDICAL HISTORY of other Significant Injuries, Surgeries & Diseases or OWCP Claims

Examples: 1983 left knee surgery, 2005 State Work Comp Back surgery, 2010 Diabetes, 2012 OWCP right knee surgery. 2013 Car accident, neck pain.

Medication Allergies: _____

Veteran? No Yes **VA Disability?** No Yes > Current Combined VA Percent: _____ %

For other Appointments go to www.EllisClinic.com & Click Appointments
FERS Federal Employee Retirement System • VA Disability
Social Security • Personal Injury • State Work Compensation

Is this your first visit to Ellis Clinic? Yes No.

ORDER of RECORDS

Submit records in the below order. Most recent on top. *Only Copies - Records Are Shredded!*
Send only pertinent records, i.e. Operative Reports but not the entire hospital chart.

1. **Page 1 & 2 of this Appointment Protocol** (With Credit Card Payment Info or Check)
2. **Optional:** Your and/or your rep/attorney letter to Ellis Clinic.
3. **Typed Summary List of Records.** Important! List is attached to your medical opinion report.
See below example or you may elect for Ellis Clinic to type your Summary List for \$50 per inch of records.
4. **OWCP Decisions** and OWCP District Medical Advisor and Second Opinion Physician Reports.
5. **Employer Correspondence** about OWCP claim or job offers. Form CA-2 needs an Official Job Description.
6. **Your OWCP Forms CA-1, CA-2, CA-2a.** Form CA-2 claims need an Employee Statement.
7. **Operations:** Surgeries, Epidural injections, Dorsal Column Stimulators, etc.
8. **Hospital:** Usually just the Discharge Summary will be enough.
9. **Tests:** MRI, EMG/NCS, X-Rays, etc.
10. **Physician Records:** Office Progress Notes, Letters and Reports.
11. **Non Physician Records:** Physical Therapy, Functional Capacity Tests etc.

Example of a Summary List

Records: John Doe OWCP#123456789 DOI 1/15/16

1. Department of Labor:
 - a. 6/2/17 Acceptance
 - b. 5/13/16 Denial
 - c. 4/1/16 DMA Medical Opinion
2. Employer: Official Job Description
3. Employee: 1/15/16 Form CA-1
4. Operations:
 - a. 2/4/18 Right Knee arthroscopy, Joe Bones, D.O.
 - b. 9/17/17 Back Surgery, Ima Cutter, M.D.
5. Tests:
 - a. 3/6/17 EMG/NCS Bilateral Lower Extremities.
 - b. 5/3/16 MRI Lumbar Spine
 - c. 3/1/16 MRI Right Knee.
6. Physician & Hospital Records:
 - a. 1/1/16 - 9/7/17 Joe Bones, D.O.
 - b. 7/5/16 - 3/15/20 ABC Clinic: Ima Cutter, M.D. and others.

FEES: OWCP • Federal Workers' Compensation Exams and Expert Medical Opinion Reports

OWCP Accepted Claim - NO FEE if Ellis Clinic is able to obtain OWCP pre-authorization.

\$500* if OWCP does not provide pre-authorization.

OWCP Not Yet Accepted Claim: \$500* per OWCP claim.

Summary List of Records: NO FEE if you collate your records and prepare and acceptable Summary List.

\$50 per inch if Ellis Clinic prepares your Summary.

***If OWCP accepts your claim you then use Form CA-915 Claimant Medical Reimbursement Form.**

PAYMENT OWCP Claim #: _____ **DOI:** _____

No \$ Claim Open \$500* to get claim accepted. Summary List by Ellis Clinic. Records _____ Inches x \$50/inch = \$ _____ **Total \$** _____

Date: _____ Check Enclosed Am Express Discover MasterCard VISA Other _____

Patent Name: _____

Card# _____ Expires _____ / _____ Security Code _____

Name on Card: _____

Card Address: _____ Zip: _____

Mail this Protocol (pages 1 & 2), Records and Payment to Ellis Clinic. Ellis Clinic will then contact you for an appointment.