

RECEIVED APR 01 2014

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 12 DEN
LONDON, KY 40742-8300
Phone: (303) 202-2500

March 27, 2014

Date of Injury:
Employee:

Dear Mr.

This letter is in response to your correspondence dated 03/17/2014, received in this office on 03/25/2014.

This is to notify you that the accepted conditions in your case have been updated. Your claim has been accepted for the following additional condition(s): TENDON TEAR, LEFT 845.00; ANTERIOR SOFT TISSUE IMPINGEMENT, LEFT 524.81; ANKLE INSTABILITY, LEFT 718.87; NONUNION FRACTURE, LATERAL TALUS, LEFT 733.82; TRAUMATIC ARTHRITIS OF ANKLE, LEFT 719.17.

These conditions were updated to your claim per the report from Dr. , DPM.

THE REQUESTED ANKLE ARTHROSCOPIC SURGERY HAS BEEN AUTHORIZED. A COPY OF THE AUTHORIZATION IS ENCLOSED FOR YOUR RECORDS.

A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
SPRAIN OF ANKLE, OTHER SPECIFIED SITES, LEFT	845.09
TENDON TEAR, LEFT	845.00
TENOSYNOVITIS OF FOOT AND ANKLE, LEFT	727.06
CONTUSION OF FOOT, LEFT	924.20
ACUTE OSTEOMYELITIS, ANKLE AND FOOT, LEFT	730.07
ANTERIOR SOFT TISSUE IMPINGEMENT, LEFT	524.81
ANKLE INSTABILITY, LEFT	718.87
NONUNION OF FRACTURE, LATERAL TALUS, LEFT	733.82
TRAUMATIC ARTHRITIS OF ANKLE, LEFT	719.17

Please advise all medical providers who are treating you for this injury of the newly accepted condition(s) with ICD-9 code(s). Accurate coding facilitates timely bill processing.

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.


If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

File Number:
CA-1008 (New Condition)-D-ACC

As a reminder, OWCP must approve in advance any surgery or procedure other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You (or your medical provider) should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can authorize the requested procedure. Medical providers should contact our medical authorization and bill processing contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 1-800-215-4901. If you, your physician, or other medical providers require direct contact with a customer service representative, you may call 1-850-558-1818, Monday – Friday, 8am – 8pm EST (this is a toll call).

If you have any questions regarding your claim, you may contact the Office at the phone number and address listed above. Note that you can also view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information on line via the Claimant Query System (CQS) at <http://owcp.dol.acs-inc.com>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

Sincerely,


Susan Harrold
Claims Examiner