

RECEIVED APR 03 2014

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300
Phone: (904) 366-0100

April 1, 2014

Date of Injury:
Employee:

Dear Mr. _____ :

This is to notify you that your claim for an occupational disease has been accepted for the following condition(s):

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
AGGRAVATION OF MAJOR DEPRESSIVE DISORDER, RECURRENT AND MODERATE IN SEVERITY	296.32

Please advise all medical providers who are treating you for this injury of the accepted 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 lose time from work due to your work related condition, you may claim compensation using Form CA-7.

The evidence in your case file at this time indicates that you have returned to work. OWCP is not a retirement program and our primary goals are your medical recovery and return to full duty employment. We strive for an active team approach where OWCP, the employing agency, and the medical providers work collaboratively with you to facilitate medical recovery and sustainable return to work. Your case is currently being evaluated to determine what steps we can take to help you achieve these goals.

Please refer to the attachment entitled "Now That Your Claim Has Been Accepted" for important information pertaining to how to contact us, medical authorizations, payment of bills, and returning to work.

Sincerely,



Valerie S. Franson
Senior Claims Examiner

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.

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

PAUL H FELSER
FELSER LAW FIRM, P.C.
POST OFFICE BOX 10267
SAVANNAH, GA 31412

NOTICE TO EMPLOYING AGENCY:

If Form CA-7 claiming compensation for wage loss is filed, you are reminded that 20 C.F.R. §10.111(c) requires the submission of a CA-7 within 5 working days. Please fully complete any form submitted and provide contact information to avoid delay of payment.

Please send the physical requirements for the job held on date of injury. The position description is on file.

It is noted that you challenged this claim because you were not aware of any problems the employee was having. Your agency asserted the claimant was a conscientious, joyful, respectful employee. While the claimant may have displayed all of these qualities, the evidence supports he sustained an occupational illness as the result of working overtime in 2011. An employee's presentation is not a valid basis to challenge a claim of injury. While you asserted that mail volume was low, this factor was not accepted as an established and compensable work factor. Additionally, the alleged demands and pressure alleged by the claimant were not established by the factual evidence on file. Furthermore, had they been established, it would be necessary that the evidence show management was in error or abusive in applying such pressure or demands. Please refer to the reconsideration decision dated 04/01/2014 for more information on the basis of this acceptance.

NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

CONTACT INFORMATION

General Information - Information can be obtained on the Department of Labor website at <http://www.dol.gov> under the Office of Workers' Compensation, Division of Federal Employees' Compensation. You may directly access the Division of Federal Employees' Compensation portion of the web site at <http://www.dol.gov/owcp/dfec/index.htm>.

Claimant Query System (CQS) – You can view your case and compensation claim status, billing updates (including reimbursements), coverage limitations, and other information online at <http://owcp.dol.acs-inc.com>.

Medical Authorizations and Billing Inquiries – All 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 doctor, 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).

Compensation Payments - Automated information regarding compensation payments is available 24 hours per day by phoning 1-866-OWCP IVR (1-866-692-7487).

Questions about your claim - If you have any questions regarding your FECA claim, you may contact the Office at the phone number and address listed on the front page of this letter. If you write to us, please put your case file number on each page.

Forms - Most of the billing and claim forms described below are available at: <http://www.dol.gov/owcp/dfec/regs/compliance/forms.htm>.

Change of Address - If your contact information changes (i.e. mailing address or telephone number), notify us promptly in writing over your signature. We cannot accept these changes over the telephone.

Submission of Information - You can submit requested information or other documentation pertaining to your FECA case to the address at the top of this letter, OR you can electronically upload documents into your case using the Employees' Compensation Operations and Management Portal (ECOMP). You can access ECOMP from any internet browser at: <https://www.ecomp.dol.gov/> When you access the website, choose the "Upload Document" option. You will be asked to provide your case number, last name, date of birth and date of injury to upload a document. ECOMP will then provide you with a Tracking Number so that you can verify when OWCP has received your document. For more detailed information about this document submission feature, visit the ECOMP website and click "Help."

Attorneys and Authorized Representatives - You do not need the services of an attorney or representative to claim benefits under the FECA. However, you may obtain such services if you wish to do so, at your own expense. Before we can release information to, or discuss your case with, any representative, including a family member, we will need a statement signed by you, stating that you designated someone to represent you in your OWCP claim. The contact information for that party is also required.

MEDICAL AUTHORIZATIONS AND EXPENSES

General Information - This acceptance letter (first page) describes the medical condition(s) OWCP accepts as work-related, and only treatment for those conditions should be billed to the Office. Your case file number must appear on all bills.

Authorizations – 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.

Fee Schedule - You are not responsible for charges over the maximum allowed in the OWCP fee schedule. Our regulations provide that by submitting a bill and/or accepting payment, the provider signifies that the service for which reimbursement is sought was performed as described and was necessary. In addition, the provider thereby agrees to comply with all regulations concerning the rendering of treatment and/or the process for seeking reimbursement for medical services, including the limitation imposed on the amount to be paid for such services. If a provider's bill is reduced by OWCP in accordance with its fee schedule, the provider is not allowed to charge you for the remainder of the bill. [20 C.F.R. §10.801 (d)]

Time Limitations - Bills and travel vouchers 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.

Providers – All medical providers must be enrolled with our Central Bill processing contractor (ACS) so that services can be authorized and medical bills can be processed. You may use the Provider Search function at <http://owcp.dol.acs-inc.com> to find medical providers who accept FECA cases. Note, however, that this tool only lists those physicians who opted to be included in the look-up, which means it may not capture every physician in a particular area who will accept FECA cases.

Physicians and Other Medical Providers (Except for Hospitals and Pharmacies) - Bills for your accepted condition must be submitted on the standard American Medical Association (AMA) billing form HCFA-1500, also known as OWCP-1500, to the address noted in the letterhead. Providers must itemize services for each date separately; use AMA (not state) CPT codes to describe the services performed; and provide their tax identification number (EIN) and ACS provider number. The provider must sign the form (a signature stamp may also be used).

Hospitals - These bills must be submitted on Form UB-04, also known as OWCP-04. These bills must be fully itemized, and the admission and discharge medical summaries should also be sent.

Pharmacies -These bills should be submitted electronically by your pharmacy via Point of Sale. If this is not available, bills must be submitted on the Universal Claim Form or equivalent. The pharmacy should include the following items: the case file number, the nine-digit tax ID number, the NDC number, the prescription number, the quantity of medication prescribed, the name of the prescribing physician, and the date of purchase. Pharmacies must complete the following fields: 403-D3 (Fill Number), 405-D5 (Days Supply), 408-D8 (Dispense as Written), 415-DF (Number of Refills Authorized) and 442-E7 (Quantity Dispensed). Your physician's clinical notes or reports should show that the medications prescribed were needed to treat your work-related injury. Pharmacies can obtain decisions on coverage of medications by calling 1-866-335-8319.

Medication (Schedule II Narcotics) - Please note that there is a limitation as to the day's supply of any Schedule II narcotic medication. The "days supply" limitation of Schedule II is limited to only a 30-day supply per each prescription fill. You will be limited to only four (4) refills within a 90-day period; claimants with an accepted cancer condition will not be affected by this limitation on refills.

Chiropractors - We will only pay for chiropractic treatment consisting of manual manipulation of the spine to correct an accepted work-related spinal subluxation demonstrated by x-ray, or if a medical doctor has prescribed physical therapy to be administered by a chiropractor.

Reimbursements - If you have paid authorized medical expenses, you may request reimbursement by attaching Form CA-915, or a similar form, on the same required billing forms (such as HCFA-1500 or UB-04) specified above. In all cases, the medical provider's tax identification number (EIN) and proof of payment (cancelled check or receipt) must be provided. If electronic banking information is on file then your reimbursement will be paid via EFT. If a health benefits carrier has paid medical bills for your accepted condition, the carrier may submit a completed NALC-200 form with appropriate supporting documentation (HCFA-1500 or UB-04) to OWCP for consideration. Reimbursements are limited to the fee schedule amount.

Reimbursement for Medical-Related Travel - Travel expenses should be submitted on form OWCP-957, Medical Travel Refund Request. Travel expenses that exceed \$75 must be submitted with an accompanying receipt to support the charges claimed and will be subjected to prior approval. As with reimbursement for medical expenses, these claims will be paid via EFT if there is electronic banking information on file for you.

COMPENSATION PAYMENTS

Claims for Compensation - Any claim for lost wages must be submitted through your employing agency on Form CA-7. Your employing agency will complete its portion of this form and forward it to our Office. In cases of intermittent wage loss, Form CA-7a is also needed. Medical documentation substantiating that the lost time is due to the accepted work-related condition(s) is required prior to payment. You must report any employment or employment activities on this form.

Note - On December 22nd, 2010, the Treasury Department issued a regulation that requires that all Federal payments be made electronically. Specifically, the regulation requires that all individuals receiving recurring Federal government payments must receive payments by Electronic Fund Transfer (EFT). Therefore, if you submit a form CA-7, you must submit Form SF-1199A (Direct Deposit Sign-Up Form) with your claim. If you have any questions pertaining to this requirement, please consult Treasury's web site at: <http://www.fms.treas.gov/eft>.

Claims for Leave Buy-Back - Reinstatement of leave is subject to the approval of your employing agency. Prior to using your personal leave to cover injury-related absences from work, you are urged to review the instructions for Form CA-7b. To claim a leave buy-back, you must file Form CA-7b through your employing agency, along with Form CA-7 and Form CA-7a.

Schedule Award - The FECA provides for the payment of schedule awards when the injury causes a permanent impairment involving total or partial loss, or loss of use, of certain organs or members of the body. The spine and brain are not included unless the condition causes permanent impairment to the extremities. All impairment ratings are evaluated in accordance with the Sixth Edition of the American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment. A schedule award may be claimed using Form CA-7 after maximum medical improvement has been reached.

