

RECEIVED FEB 27 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

February 25, 2014

Date of Injury  
Employee:

Dear Mr.

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: Post-Traumatic Adhesive Capsulitis, Right Shoulder. A list of all accepted conditions in your case is below.

| <u>Diagnosed condition(s)</u>  | <u>ICD-9 code(s)</u> |
|--|----------------------|
| CLOSED FRACTURE OF UPPER END OF HUMERUS<br>ANATOMICAL NECK, RIGHT    | 81202                |
| CLOSED FRACTURE OF UPPER END OF HUMERUS<br>GREATER TUBEROSITY, RIGHT | 81203                |
| SPRAIN OF NECK   | 8470                 |
| ADHESIVE CAPSULITIS OF SHOULDER, RIGHT                               | 7260                 |

**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.

"Pain" cannot be accepted as a diagnosis for an injury. There must be a specific medical diagnosis, with an accompanying ICD-9 code, associated with the incident at work for any other conditions to be approved.

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

***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.***

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>.

➤ *ATTN USPS: Enclosed is a copy of the Form CA-17 completed on*

*Return to duty benefits both the employee and the employer. If you have specific light or limited duty assignments available for partially disabled employees, or you can modify the employee's usual job to accommodate the work limitations imposed by the accepted employment-related condition(s), you should so advise the employee and his or her attending physician*

*The offer must be in writing and include a description of the duties of the offered position, its physical requirements, and the date the employee is to start work (or respond to the offer). Copies of this correspondence should be sent to OWCP.*

Sincerely,



Stephanie Fenton  
Senior Claims Examiner

Enclosure

PAUL FELSER-ESQ  
PO BOX 10267  
SAVANNAH, GA 31412