

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

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 13, 2016

Date of Injury:
Employee:

Dear Ms.

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): STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM and AGGRAVATION OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
CONTUSION OF LEFT FRONT WALL OF THORAX, INITIAL ENCOUNTER	ICD10 S20212A
STRAIN OF UNSPECIFIED MUSCLE, FASCIA AND TENDON AT SHOULDER AND UPPER ARM LEVEL, LEFT ARM, INITIAL ENCOUNTER	ICD10 S46912A
STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	ICD10 S39012A
UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	ICD10 M75102
AGGRAVATION OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	ICD10 M5136

Please advise all medical providers who are treating you for this injury of the newly accepted condition(s) with ICD 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

PAUL FELSER
QUEENSBOROUGH BANK BUILDING
7393 HODGSON MEMORIAL DRIVE SUITE 102
SAVANNAH, GA 31406

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.

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medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

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 1-844-493-1966, Monday – Friday, 8am – 8pm EST.

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,



Miguel A. Ramos-Hernandez
Claims Examiner