

RECEIVED FEB 28 2020

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 11 KCM  
LONDON, KY 40742-8300  
Phone: (816) 268-3040

February 24, 2020

Date of Injury:  
Employee:

Dear

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): PERONEAL BREVIS SPLIT TEAR, LEFT.

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

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
SPRAIN OF UNSPECIFIED LIGAMENT OF LEFT ANKLE,	
COMPLEX REGIONAL PAIN SYNDROME I OF LEFT LOWER LIMB	ICD10 S93402A ICD10 G90522
PERONEAL BREVIS SPLIT TEAR, LEFT	ICD10 S86312A

**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 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 (Conduent) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcpmed.dol.gov>. 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 a disability and are in need of communication assistance (such as alternate formats or sign language interpretation), accommodation(s) and/or modification(s), please contact OWCP.*

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

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://owcpmed.dol.gov>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

Sincerely,

Division of Federal Employees' Compensation

**Note to attorney/representative:** According to our records you are the authorized representative in the above case. This correspondence is directed to you for you to handle in this capacity. If the correspondence indicates a response is required, it is expected you will arrange for it. If you have any questions, please contact us at the above address

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ESQ  
7393 HODGSON MEMORIAL DRIVE  
SUITE 102  
SAVANNAH, GA 31406