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U.S. DEPARTMENT OF LABOR

OWCP/DFEC, PO BOX 34090
SAN ANTONIO, TX 78265
Phone: (212) 863-0800

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July 23, 2020

Date of Injury:
Employee:

Dear

This is to notify you that your claim for recurrence of disability effective _____ has been
ACCEPTED by this office.

This includes coverage for medical treatment for the following new conditions accepted as work related: Partial Tear Tendon Biceps-R, Partial Tear of Supraspinatus tendon-r, Cervical Disc Herniation C-3-4, C4-5, Rotator Cuff Tear-right.

This acceptance was based on the following evidence: Medical dated _____ and

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

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER	ICD10 S39012A
RADICULOPATHY, CERVICAL REGION	ICD10 M5412
UNSPECIFIED SPRAIN OF RIGHT SHOULDER JOINT, INITIAL ENCOUNTER	ICD10 S43401A
UNSP INJURY OF MUSC/FASC/TEND PRT BICEPS, RIGHT ARM, INIT	ICD10 S46201A
STRAIN OF MUSCLE(S) AND TENDON(S) OF THE ROTATOR CUFF OF RIGHT SHOULDER, INITIAL ENCOUNTER	ICD10 S46011A
OTHER CERVICAL DISC DISPLACEMENT, UNSPECIFIED CERVICAL REGION	ICD10 M5020
UNSPECIFIED ROTATOR CUFF TEAR OR RUPTURE OF RIGHT SHOULDER, NOT SPECIFIED AS TRAUMATIC	ICD10 M75101

Additionally, the following periods of disability are payable:

Payment is scheduled to be issued on _____ If you lose additional time from work due to your recurrence, please claim your lost time on Form CA-7 and submit it through your employing agency

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:
REC ACCEPT (Disability)-D-RECU

(for intermittent dates please include form CA-7a). Please ensure that you also provide relevant medical evidence from a qualified physician to support the periods claimed.

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 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>.

Note - You can submit 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."

Sincerely,

PAUL H FELSER
ESQ
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SAVANNAH, GA 31406