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U.S. DEPARTMENT OF LABOR

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October 08, 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: GENERALIZED ANXIETY DISORDER. A list of all accepted conditions and corresponding ICD codes is listed below:

ADHESIVE CAPSULITIS OF RIGHT SHOULDER, ICD9 7260
BILATERAL CARPAL TUNNEL SYNDROME, ICD9 3540
CONTUSION OF RIGHT THIGH, ICD9 92400
DISORDER OF BURSAE AND TENDONS IN RIGHT SHOULDER REGION, ICD9 72610
DYSTHYMIC DISORDER, ICD9 3004
POSTTRAUMATIC STRESS DISORDER, ICD9 30981
GENERALIZED ANXIETY DISORDER, ICD10 F411
ENTHESOPATHY OF WRIST AND CARPUS, LEFT, ICD9 7264
LESION OF ULNAR NERVE, BILATERAL, ICD9 3542
RADIAL STYLOID TENOSYNOVITIS, RIGHT, ICD9 72704
SPRAIN OF SHOULDER AND UPPER ARM, ROTATOR CUFF, RIGHT, ICD9 8404
LATERAL EPICONDYLITIS, LEFT, ICD9 72632 and ICD10 M712
LATERAL EPICONDYLITIS, RIGHT, ICD10 M711

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

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

our medical authorization and bill processing contractor 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>.

Sincerely,

Division of Federal Employees' Compensation

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