

U.S. DEPARTMENT OF LABOR

OWCP/DFEC, PO Box 8311
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Phone: (904) 366-0100

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July 27, 2020

Date of Injury:
Employee:

Dear

When your claim was received, it appeared to be a minor injury that resulted in minimal or no lost time from work. These cases are administratively handled to allow for payment of a limited amount of medical expenses. The merits of the claim, however, had not been formally considered.

Your claim has now been reopened for consideration because the medical bills have exceeded \$1500; therefore, we are now formally adjudicating your claim.

This is to notify you that your claim for a traumatic injury on _____ has been accepted for the following condition(s):

Diagnosed condition(s)

SPRAIN OF OTHER LIGAMENT OF RIGHT ANKLE

ICD-10 code(s)

S93491A

Please advise all medical providers who are treating you for this injury of the accepted ICD-10 code(s). Accurate coding facilitates timely bill processing.

We accepted your claim based on the medical reports of Dr. _____ dated _____. We updated the accepted condition code from S93401A to S93491A. Condition code S93401A is an unspecified code and only used for billing purposes. In addition, there is not enough evidence to accept that posterior tibial tendinitis of left lower extremity, M76822, and osteochondral defect of talus, M958 were caused, aggravated, or precipitated by your employment factors claimed on _____.

In further consideration of your claim, please have your attending physician submit a narrative medical report within 30 days, which includes the following:

1. Dates of examination and treatment.
2. History and date of injury given by you to the physician.
3. Detailed description of findings.
4. Results of all X-ray and laboratory tests.
5. Diagnosis and clinical course of treatment followed.
6. The physician's opinion supported by a medical explanation as to how the reported work incident caused or aggravated a medical condition.

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 SFC-D-ACC

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.

If your injury results in lost time from work, you may be eligible to receive continuation of pay (COP) until you recover or return to light duty, up to a maximum of 45 calendar days. If wage loss continues after your entitlement to COP expires, you may claim compensation using Form CA-7.

If you have not been released to full duty, have your treating physician provide a medical report that includes appropriate work restrictions and a statement as to when you will be released back to full duty without restrictions.

Please refer to the attachment entitled "Now That Your Claim Has Been Accepted" for important information pertaining to how to contact us, medical authorizations, payment of bills, and returning to work.

Sincerely,

Division of Federal Employees' Compensation

Enclosure: NOW THAT YOUR CLAIM HAS BEEN ACCEPTED

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