

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

U.S. DEPARTMENT OF LABOR

**RECEIVED** AUG 17 2020

OWCP/DFEC, PO Box 8311  
LONDON, KY 40742-8311  
Phone: (904) 366-0100

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August 11, 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: Aggravation of Cervical Degenerative Disc Disease, C6/7. A list of all accepted conditions in your case is below.

Diagnosed condition

CALCIFIC TENDINITIS OF LEFT SHOULDER  
SPRAIN OF LEFT ROTATOR CUFF CAPSULE  
CALCIFIFYING TENDINITIS OF SHOULDER, LEFT  
SPRAIN OF SHOULDER AND UPPER ARM,  
ACROMIOCLAVICULAR, LEFT  
CERVICAL DEGENERATIVE DISC AGGRAVATION

ICD code

ICD10 M7532  
ICD10 S43422D  
ICD09 72611  
ICD09 8400  
ICD10 M50.30

**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 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.***

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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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SAVANNAH, GA 31406