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U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 2 NYC
LONDON, KY 40742-8300
Phone: (212) 863-0800

September 18, 2015

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): Anxiety Disorder, 300.02 and Depressive Disorder, 311. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
SPRAIN OF SHOULDER AND UPPER ARM, ACROMIOCLAVICULAR, RIGHT	ICD09 8400
SPRAIN OF NECK	ICD09 8470
SPRAIN OF BACK, THORACIC REGION	ICD09 8471
DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY	ICD09 7220
CHRONIC PAIN SYNDROME	ICD09 3384
OTHER SPECIFIED GASTRITIS WITHOUT MENTION OF HEMORRHAGE	ICD09 53540
PLICA SYNDROME, BILATERAL	ICD09 72783
ESOPHAGITIS	ICD09 5301
CHONDROMALACIA PATELLAE, BILATERAL	ICD09 7177

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 (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at

If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

File Number:

CA-1008 (New Condition)-D-ACC

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

Sincerely,

Claims Examiner

✓ PAUL H. FELSER
FELSER LAW FIRM, P.C.
7 EAST CONGRESS ST
SUITE 400
SAVANNAH, GA 31401