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U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 14 SEA  
LONDON, KY 40742-8300  
Phone: (206) 470-3100

November 08, 2016

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 conditions: RIGHT EYE CORNEAL PANNUS, ICD-10 Code H16.421; RIGHT EYE CENTRAL CORNEAL SCARRING, ICD-10 Code H17.11; and RIGHT EYE CORNEAL SCARRING, ICD-10 Code H31.001. A list of all accepted conditions in your case is below:

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
RIGHT EYE CORNEAL ULCER NOS	ICD-09 370.00
RIGHT EYE CORNEAL PANNUS	ICD-10 H16.421
RIGHT EYE CENTRAL CORNEAL SCARRING	ICD-10 H17.11
RIGHT EYE CORNEAL SCARRING	ICD-10 H31.001

**Please advise all medical providers who are treating you for this injury of the newly accepted conditions with ICD codes. Accurate coding facilitates timely bill processing.**

It is noted that second opinion examiner, Dr. \_\_\_\_\_ provided additional diagnoses of nuclear sclerotic cataract, neurotrophic keratitis, and a possible aggravation of your underlying diabetic medical condition. However, Dr. \_\_\_\_\_ opined that the "neurotrophic keratitis appears to be a possible underlying condition which may have been aggravated by [your] on-the-job exposure," the nuclear sclerosis is "a pre-existing condition unrelated to the injury," and the inflammation "may have aggravated [your] underlying diabetic status." The terms "possible" and "may have" are too vague to establish causal relationship. Additionally, Dr. \_\_\_\_\_ did not provide a well-rationalized opinion explaining how these conditions are causally related to your accepted date of injury. Accordingly, the evidence of record at this time is insufficient to support expansion of your claim to include these additional conditions.

If the current accepted conditions need to be revised or additional complications related to the current accepted conditions 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 conditions 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

***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

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 <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

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