

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

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 366-0100

May 16, 2017

Date of Injury: \_\_\_\_\_  
Employee: \_\_\_\_\_

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Dear Ms

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): **Left Hand Claw Deformity, Left Foot Varus Equinus, and Pos-traumatic Headaches**. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
GLUTEAL TENDINITIS, RIGHT HIP	ICD10 M7601
COGNITIVE COMMUNICATION DEFICIT	ICD10 R41841
OTHER DISTURBANCES OF SKIN SENSATION	ICD10 R208
APHASIA	ICD10 R4701
DYSPHASIA	ICD10 R4702
SPASTIC HEMIPLEGIA AFFECTING LEFT NONDOMINANT SIDE	ICD10 G8114
<b>ACQUIRED CLAWHAND, LEFT HAND</b>	<b>ICD10 M21512</b>
<b>OTHER ACQUIRED DEFORMITIES OF LEFT FOOT</b>	<b>ICD10 M216X2</b>
<b>CHRONIC POST-TRAUMATIC HEADACHE, INTRACTABLE</b>	<b>ICD10 G44321</b>
CONCUSSION WITHOUT LOSS OF CONSCIOUSNESS	ICD09 8500
POSTCONCUSSION SYNDROME	ICD09 3102
POSTTRAUMATIC STRESS DISORDER	ICD09 30981
HEADACHE	ICD09 7840
CLASSICAL MIGRAINE	ICD09 3460
DECUBITUS ULCER, BUTTOCK	ICD09 70705
ENTHESOPATHY OF HIP REGION, RIGHT	ICD09 7265

**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

*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.*

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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 (Conduent) 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,

Teresa Shuman  
Claims Examiner

PAUL H FELSER, ESQ.  
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SAVANNAH, GA 31406