

U.S. DEPARTMENT OF LABOR

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

April 01, 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(s): Cervical Disc Disease (aggravation), Lumbar Disc Disease (aggravation), and Bilateral Primary Osteoarthritis of knees (aggravation). A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 30 MINUTES OR LESS,	ICD10 S060X1A
STRAIN OF MUSCLE, FASCIA AND TENDON AT NECK LEVEL,	ICD10 S161XXA
STRAIN OF MUSCLE AND TENDON OF BACK WALL OF THORAX,	ICD10 S29012A
CONTUSION OF LEFT LOWER LEG,	ICD10 S8012XA
CONTUSION OF LEFT FRONT WALL OF THORAX,	ICD10 S20212A
STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK,	ICD10 S39012A
OTHER CERVICAL DISC DEGENERATION, UNSPECIFIED CERVICAL REGION	ICD10 M5030
UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	ICD10 M1712
UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	ICD10 M1711
OTHER INTERVERTEBRAL DISC DEGENERATION, LUMBAR REGION	ICD10 M5136

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 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 (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 (Conduent) 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 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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