

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

**RECEIVED** NOV 12 2019

November 06, 2019

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): Adhesive capsulitis of right shoulder and primary osteoarthritis, right shoulder. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
Adhesive capsulitis of right shoulder	M7501
Primary osteoarthritis, right shoulder	M19011
Closed fracture of upper end of humerus, right	8120
Injury to axillary nerve, right	9550

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 (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

*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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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>.

ME  
Sincerely,

CELESTINE

Division of Federal Employees' Compensation

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