

U.S. DEPARTMENT OF LABOR

**RECEIVED SEP 20 2019**  
OFFICE OF WORKERS' COMP PROGRAMS  
PO BOX 8300 DISTRICT 6 JAC  
LONDON, KY 40742-8300  
Phone: (904) 366-0100

September 17, 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): Major Depressive Disorder, Single Episode, Moderate, and Adjustment Disorder with Anxiety. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>(CD code(s))</u>
MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE	ICD10 F321
ADJUSTMENT DISORDER WITH ANXIETY	ICD10 F4322
SPRAIN OF SHOULDER AND UPPER ARM, ACROMIOCLAVICULAR, RIGHT	ICD09 8400
SPRAIN OF SHOULDER AND UPPER ARM, SUPERIOR GLENOID LABRUM LESION, RIGHT	ICD09 8407
ARTICULAR CARTILAGE DISORDER, SHOULDER REGION, RIGHT	ICD09 71801

**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.**

The emotional conditions in your claim-received updates based on the second opinion report of Dr. dated Major depressive disorder, recurrent, moderate updated to major depressive disorder, single episode, moderate; and generalized anxiety updated to adjustment disorder with anxiety. The second opinion provider provided well-reasoned medical opinions based on the evidence of file and his physical exam to address causality in relation to the accepted work injury. Our office mailed you a copy of this report in a separate letter.

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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