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U.S. DEPARTMENT OF LABOR

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

February 23, 2017

Date of Injury: |  
Employee:

Dear

This is to notify you that the accepted conditions in your case have been updated. This was based on review of the second opinion report dated \_\_\_\_\_ and medical reports provided by your attending physician over the past two years.

A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD code(s)</u>
CARPAL TUNNEL SYNDROME, LEFT UPPER LIMB	ICD10 G5602
LESION OF ULNAR NERVE, LEFT UPPER LIMB	ICD10 G5622
MEDIAL EPICONDYLITIS, LEFT ELBOW	ICD10 M7702
INCOMPLETE ROTATOR CUFF TEAR OR RUPTURE OF LEFT SHOULDER, NOT SPECIFIED AS TRAUMATIC	ICD10 M75112
OTHER SPECIFIC ARTHROPATHIES, NOT ELSEWHERE CLASSIFIED, RIGHT SHOULDER	ICD10 M12811
MEDIAL EPICONDYLITIS, RIGHT ELBOW	ICD10 M7701
PARTIAL TEAR OF ROTATOR CUFF, RIGHT	ICD09 72613

**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.

***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

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 (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,

Senior Claims Examiner

PAUL FELSER ESQ  
ATTORNEY AT LAW  
7393 HODGSON MEMORIAL DRIVE  
SUITE 102  
SAVANNAH, GA 31406