**NOTICE TO REVIEWER**

**Date**: October 17, 2015

**Request Type**:  No material or non-substantive change to a currently approved collection

**Employing Agency**:  Office of Workers’ Compensation Programs/Division of Coal Mine Workers’ Compensation (DCMWC)

**Form Number/Name**: CM-893, Certificate of Medical Necessity

**OMB/Expiration Date**:  1240-0024, February 28, 2018

**Justification**:

Minor changes have been made to CM-893 to provide clearer language so medical providers can better understand what information they need to provide. These changes have are shown in the 1240-0024 Mock up CM-893 supplementary document on the supplementary documents portion of the ICR documents screen.