

U.S. Department of Labor

Office of Workers' Compensation Programs
Division of Energy Employees Occupational
Illness Compensation
Washington, DC 20210



BULLETIN NO. 21-03

Issue Date: March 29, 2021

Effective Date: April 1, 2021

Expiration Date: September 30, 2021

Subject: This Bulletin extends the expiration date of Bulletin 20-07, Telemedicine for Routine Physician Appointments.

Background: In response to the COVID-19 pandemic, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) recognizes the need to implement temporary procedures to allow for the use of telemedicine in place of nonemergency, routine medical appointments between physicians and our claimants, until such time as they are no longer necessary.

While DEEOIC is issuing this Bulletin in response to the current pandemic and to provide temporary procedures for staff to apply until the effects of the pandemic have lessened, DEEOIC is fully aware that some treating physicians may be constrained in their ability to practice telemedicine by the requirements of either state law or their licensing authorities. DEEOIC recognizes that such requirements must be observed by the physicians to which they apply. This includes the requirement that the physician must be physically located in the same state as the claimant's residence while providing telemedicine (or must be licensed to practice medicine in the state where the claimant resides). Nonetheless, DEEOIC is issuing these temporary procedures to provide physicians with this temporary alternative method by which they may provide necessary routine medical care. The procedures described in this Bulletin are optional rather than required.

References: Federal (EEOICPA) Procedure Manual (PM) Version 4.1, Chapter 29 - Ancillary Medical Services and Related Expenses. PM Chapter 30 - Home and Residential Health Care. 20

C.F.R. § 30.400; 20 C.F.R. § 30.403; 20 C.F.R. § 30.406; 20 C.F.R. § 30.410.

Purpose: To provide temporary guidance to DEEOIC staff in the evaluation of evidence obtained from a physician who chooses to exercise the option of conducting and receiving payment for routine medical appointments utilizing telemedicine.

Applicability: All staff.

Actions:

1. In accordance with DEEOIC regulations, policies and procedures, physicians may provide routine medical care through telemedicine (when that care is associated directly with one or more accepted conditions) without pre-authorization during the period in which this Bulletin remains in effect.
2. During this period of heightened concern regarding high-risk populations, a physician may choose to conduct a routine medical appointment utilizing telemedicine options (including phone, video conferencing or similar technologies) which the physician believes will provide the most appropriate medical benefit to the claimant.
3. The physicians may determine, in the exercise of their professional judgment, that to best meet the medical needs of the claimant, the telemedicine appointment may need a medical professional on site with the claimant in their home. In these circumstances, the physician may have a Registered Nurse (RN), Advanced Practice Nurse Practitioner (APNP), or Physician Assistant (PA) present with the claimant during the physician's telemedicine appointment.
4. Physicians may bill utilizing appropriate telemedicine billing codes, listing the claimant's address as the location of delivery of the medical care. This will not require pre-authorization. If other appropriate medical professionals participated in the telemedicine appointment, then they may bill using non-telemedicine billing codes appropriate to their visit in the home as long as they were not already in the home for another authorized, billable service. This will not require pre-authorization. Along with the bill for services, the physician must provide the following information:
 - a. Notes from the appointment that articulate the method of telemedicine that the physician employed;

- b. Any vitals or medical evidence collected; and
- c. An outline of the medical need and the benefit derived from the appointment, as it relates to the claimant's accepted condition(s).

5. DEEOIC staff will conduct reviews of this documentation to monitor and verify that the requirements for payment were met. If discrepancies are identified, DEEOIC staff will work with the physician to overcome any issues prior to attempting to recoup any payments made.

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