



BULLETIN NO. 23-06

Issue Date: May 26, 2023

Effective Date: May 26, 2023

Expiration Date: May 26, 2024

Subject: Directed Medical Examinations

Background: In response to the COVID-19 public health emergency, many cities, states, and localities implemented “shelter in place” and/or “stay-at-home” orders, requiring the closure of non-essential services, and limiting the movements and travel of their citizens. During this time, the Division of Energy Employees Occupational Illness Compensation temporarily deferred the use of directed medical examinations in lieu of file reviews by a Contract Medical Consultant (CMC). With the end of the COVID-19 public health emergency, DEEOIC intends to resume the use of directed medical examinations, when necessary, to assist in the resolution of claims for compensation or medical benefits.

References: Federal (EEOICPA) Procedure Manual (PM), Version 7.1, Chapter 29 – Ancillary Medical Benefits, and 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 supplemental guidance to DEEOIC staff regarding the referral of a claimant for a directed medical examination. Specifically, this updated procedure includes revised guidelines for Medical Benefit Examiners (MBE) regarding the scheduling of directed medical examinations relating to claims involving Home and Residential Health Care (HRHC) and Durable Medical Equipment (DME).

Applicability: All staff.

Actions:

1. Upon termination of the COVID-19 public health emergency declaration period, DEEOIC claims adjudication staff are authorized to initiate directed medical examinations as often, and at such times, as is considered reasonably necessary.
2. In accordance with existing language in PM Chapter 29 – Ancillary Medical Benefits, and Chapter 30 – Home and Residential Health Care, procedures exist to permit the MBE to require a directed medical examination (second opinion examination) if the MBE is unsuccessful in obtaining clarifying evidence establishing the medical necessity of a claimed medical benefit.

3. Before the MBE can refer a claimant for a directed medical examination, all procedurally required development must occur, including proper written engagement with the claimant and the claimant's treating physician. Necessary development may also include the referral of the matter to a DEEOIC nurse consultant, who may be able to provide professional insight regarding the practical application of nursing standards of care.
4. For any HRHC or DME authorization or reauthorization request, once development is complete (including providing the claimant's treating physician opportunities to clarify the supporting medical rationale), if the MBE determines the claim is lacking in sufficient medical evidence, the MBE will refer the matter to a CMC to conduct a file review. Upon completion of the CMC review, if the MBE determines that any component of the requested HRHC or DME is medically necessary, the MBE will authorize reimbursement up to the level established by the weight of medical evidence. Should the CMC file review determine that there is no recognized medical need for the claimed HRHC or DME, or suggests a reduction in the services previously authorized, the MBE must proceed with a directed medical examination.
5. The MBE will adhere to existing internal procedures for arranging referral of the claimant for a directed medical examination to obtain an in-person examination of the claimant by a qualified physician. The examining physician considers the totality of the evidence, including the positions of the claimant's treating physician and the CMC who conducted a file review, to arrive at an independent opinion regarding the medical necessity of the requested care. Upon receipt of the second opinion report, the MBE will weigh the medical evidence in the file for the purpose of resolving the claim. Once the MBE reaches a decision on the authorization or reauthorization request, the MBE follows existing procedures when notifying the appropriate parties of the outcome of development.

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