



EEOICPA BULLETIN NO. 25-01

Issue Date: November 25, 2024

Effective Date: November 25, 2024

Expiration Date: November 25, 2025

Subject: Update to Federal (EEOICPA) Procedure Manual, Version 9.0 (v9.0), Chapter 29 – Ancillary Medical Benefits.

Background: On October 28, 2024, the Division of Energy Employees Occupational Illness Compensation (DEEOIC) issued Federal (EEOICPA) Procedure Manual (v9.0), which, in part, incorporated previous guidance provided in EEOICPA Bulletin No. 24-03, which increased the maximum allowable authorization for Home and Residential Health Care (HRHC) from a duration of 6 months to 12 months. This increase pertained only to requests for HRHC; however, it has since raised questions regarding the allowable authorization period for ancillary medical benefits (AMB) including use of recurring durable medical equipment; rehabilitative therapies, treatments, and services; and medical supplies. Accordingly, DEEOIC is issuing this Bulletin to clarify that the allowable authorization period for AMB remains 6 months.

References: Federal (EEOICPA) Procedure Manual (v9.0).

Purpose: To provide an update to Chapter 29 – Ancillary Medical Benefits, of the Federal (EEOICPA) Procedure Manual (v9.0). Specifically, Chapter 29.7a.

Applicability: All staff.

Actions:

1. DEEOIC claims staff are to cease using guidance provided at Chapter 29.7a of EEOICPA Procedure Manual v9.0. This Bulletin provides updated guidance regarding the authorization of AMB, DME, and/or medical supplies, not to exceed 6-month increments. DEEOIC staff are to replace the prior guidance provided at Chapter 29.7a of the Federal (EEOICPA) Procedure Manual, (v9.0) with the updated guidance provided below:

7. Issuing an AMB Decision. Upon completion of all necessary development, including any review of the file by subject matter experts, the MBE is to evaluate the totality of the medical evidence, applying specific program guidance from this chapter as it pertains to AMB requests. The MBE must reach a conclusion as to whether the totality

of the medical evidence results in a convincing and well-rationalized argument supporting justification for the claimed AMB, as requested for treatment of or relief from, the effects of a DEEOIC-accepted medical condition(s).

- a. If the MBE decides that the evidence supports a medical necessity for the claimed AMB, the MBE prepares a letter to the claimant authorizing reimbursement for the requested AMB. Authorization for AMB, including use of recurring durable medical equipment; rehabilitative therapies, treatments, and services; and medical supplies are authorized in 6-month increments . The MBE sends a copy of the letter to any impacted service provider awaiting the authorization, as well as the AMB prescribing physician. The approval letter is to include the following information:
 - (1) Authorized billing code(s) relevant to the approval.
 - (2) Other specifics relevant to the authorization such as, billing period, number of units, frequency of visits, etc.
 - (3) Statement advising that fees are subject to the OWCP Medical Fee Schedule.
 - (4) Statement advising that if the authorization is for the rental of equipment, and that rental equipment is converted to a purchase, rental expenses incurred and paid will be deducted from the purchase price and only the difference will be reimbursed.

Disposition: Retain until incorporated in the Federal (EEOICPA) Procedure Manual.

RACHEL D. POND
Director, Division of Energy Employees
Occupational Illness Compensation

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