



EEOICPA CIRCULAR NO. 24-01

DATE: August 8, 2024

**Subject: Telemedicine Services for Routine Physician Appointments**

The Division of Energy Employees Occupational Illness Compensation (DEEOIC) recognizes the value of telemedicine in lieu of non-emergency, in-person routine medical appointments between physicians and beneficiaries. Telemedicine services (including phone, video conferencing, or similar technologies) help facilitate engagement with a physician for those beneficiaries with debilitating occupational illnesses that make travel difficult. For beneficiaries residing some distance from a medical provider's physical location, telemedicine represents a convenient and cost-effective option for communicating with a physician. Telemedicine also reduces the risk of the communal spread of infectious disease, especially among beneficiaries with compromised autoimmune systems or other high-risk diseases.

DEEOIC first recognized and authorized the use of telemedicine services with the onset of the COVID epidemic. Given the recognized usefulness of telemedicine, DEEOIC will continue to authorize payment without pre-authorization to physicians who utilize telemedicine options to conduct routine medical care, when that care is associated directly with one or more accepted conditions. This option to utilize telemedicine is at the discretion of the physician, if allowable under applicable state law or licensing authorities for the state in which the beneficiary is located.

However, DEEOIC continues to require in-person medical examinations when the purpose of the medical appointment is for the preparation of a Letter of Medical Necessity (LMN) prescribing Home and Residential Healthcare (HRHC) or Ancillary Medical Benefits (AMB). This requirement for an in-person examination, performed by a licensed physician, is to ensure that the physician's opinion, as rationalized in the LMN, derives from a recent physical assessment of the claimant's medical status. This in-person assessment must be performed within 60 days before the date of the LMN for HRHC, and 6 months for AMB services or accessories. The LMN must clearly communicate the type of HRHC or AMB prescribed by the physician and explain why those services/accessories are medically necessary for the accepted medical condition(s).

A physician may determine, in the exercise of their professional medical judgment, that to best meet the medical needs of the beneficiary the telemedicine appointment requires a medical professional, on-site, during examination of the beneficiary at their residence. In these circumstances, the physician may have a Registered Nurse, Advanced Practice Nurse Practitioner, or Physician Assistant present with the beneficiary during the physician's telemedicine appointment. These services do not require pre-authorization.

Physicians may bill DEEOIC, for services rendered via telemedicine using standard form OWCP-1500, or electronically using options available through DEEOIC's central bill processing agent. If other appropriate medical professionals participate in the telemedicine appointment, they may bill using non-telemedicine billing codes appropriate to their visit, if they are not already at the beneficiary's residence for another authorized, billable service.

This allowance for telemedicine options does not supersede the need for an in-person medical examination performed by a licensed physician, when required by law or regulation.

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