GENERAL MEDICAL APPLICATION

North Carolina Disability Determination Services
P.O. Box 243
Raleigh, N.C. 27602
http://dds.its.state.nc.us

Complete the following application in order to request to join the NC Disability Determination Services (DDS) consultative exam panel.

APPLICANT INFORMATION:

NAME: _____
LAST FIRST MIDDLE

TELEPHONE #: _____ FAX #: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____ SOCIAL SECURITY #: _____-_____-_____

OFFICE ADDRESS: _____

_____
(Including 9 digit Zip Code)

MAILING ADDRESS: ☐ Same as office address ☐ Same as billing address

If different:

_____

_____
(Including 9 digit Zip Code)

BILLING INFORMATION:

In order to receive payment, complete all of the following information:

GROUP OR INDIVIDUAL NAME: _____

BILLING ADDRESS: _____

_____
(Including 9 digit Zip Code)

FEDERAL TAX ID#: _____ ***Please include a W-9 with your application*** (visit www.irs.gov for a blank W-9)

CONTACT FOR SCHEDULING PURPOSES: _____ TELEPHONE #: _____

EDUCATION AND CREDENTIALS:

MEDICAL SCHOOL: _____ DATE OF GRADUATION: _____

SPECIALTY: RESIDENCY LOCATION / HOSPITAL: DATE(S):

_____

_____

AMERICAN SPECIALITY BOARDS: _____ NC LICENSE #: _____

DATE LICENSED: _____ OTHER STATE LICENSES (Past or Present): _____

HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN IN ANY STATE? ☐ YES ☐ NO

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Continued

Please list any languages, other than English, in which you are fluent:_____

Select any of the following procedures that can be performed in your office:

- ☐ Electrocardiogram
- ☐ Lab work
- ☐ X-rays
- ☐ Arterial Doppler
- ☐ Pulmonary Function Studies (Spirometry)
- ☐ 6 Minute Walk (with graphical printout)
- ☐ Echocardiogram

Will applicants be seen in your private office space or will you be utilizing office space at another practice/facility? If so, please provide name of practice:

_____

☐ **Please provide written directions to your office**, it is helpful to include landmarks & a building description. These directions will be provided to applicants to assist in locating your office.

If you are employed by the State of North Carolina, this constitutes dual employment and you will be paid through your parent agency. Approval by Supervisor is needed before you can perform examinations. Indicate the name of Supervisor and address of your parent agency:

_____

☐ I am interested in using your agency telerecording system for the transcription of my consultative examination reports (which is provided free of charge) and would appreciate receiving the necessary information.

Please indicate which option you will use to submit consultative examination reports to our agency:

☐ Toll Free Secure Fax Server 1-866-885-3235

☐ Electronic Records Express Website (for more information visit www.ssa.gov/ere/)

In order to serve on the panel, Consultative Exam Providers must consistently provide appointments within a reasonably short period of time and submit reports to the DDS within ten days of the examination. In addition, your office must be accessible for persons with disabilities.

Signature: _____ Date: _____

If you have any questions, please contact the NC DDS Professional Relations Office at 1-800-443-9360.

Official Use Only

☐ Approved

☐ Not Approved

Reason: _____

Name (print): _____ Signature: _____ Date:_____

Memorandum Of Understanding and Agreement

NC Disability Determination Services—Professional Relations Office

Po Box 243 Raleigh, NC 27602

Disability Determination Services is a state agency which helps the Social Security Administration determine eligibility for disability benefits under SSA's Disability Insurance and Supplementary Income programs.

We regard consultative examiners as independent providers. You are not under contract with nor an employee of either the state or federal government. However, this memorandum states the basic areas of our operation to which you need to indicate understanding and agreement. These are:

1. Civil Rights Act Acceptance of our referrals signifies full compliance with Title VI of the Civil Rights Act of 1964, that no person shall on the grounds of handicap, race, color, creed or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity. All claimants must be accorded courteous, ethical, and competent examinations.

2. Fee Schedule Our fees are negotiated on a "usual and customary" basis, subject to maximums set by the Disability Determination Section. There is no reimbursement for broken/missed appointments.

3. Ancillary Studies We usually pre-authorize basic ancillary studies, such as x-ray. If you feel any study not pre-authorized is needed, you or your staff must telephone before performing the study to discuss the justification for such, or payment cannot be guaranteed. Claimants cannot be charged for unauthorized studies.

4. Timeliness of Reports Because our claimants are not working, Social Security has mandated time claims decisions. The goal for receipt of your typed report is ten (10) days from the examination. Payment may not be made for reports received after 30 days. We cannot continue to refer to providers who cannot furnish timely reports.

5. Report Content Examination reports must conform to requirements in "Disability Evaluation under Social Security… A Handbook for Physicians", and to other guidelines which may be developed. Quality Assurance reviews will be performed periodically with appropriate feedback. The report must contain a medical source statement about the claimant's ability to do work related activities. The report should be detailed, but without unnecessary verbiage serving no real purpose.

6. Original Signature The physician, psychologist or other provider must sign the report with original signature. Rubber stamp or similar signatures or those entered by a secretary or other person are not acceptable.

7. Release of Information Confidentiality The Social Security Act and its implementing Regulation No. 1 (42 U.S.C. 1306; 20 CFR 401) prohibit the unauthorized disclosure of information obtained in the administration of Social Security programs and make such disclosure a crime. These prohibitions extend to any background data furnished to the provider in conjunction with the performance of the services contracted for herein, and to any reports generated as a result of providing such services, including any copies of such reports retained by the provider. Unauthorized disclosure of such reports by the provider is prohibited. Should referral of an individual, or data pertaining to an individual, to any third party provider (for additional diagnostic studies, clerical or transcription services, messenger services, etc.) become necessary in providing services contracted for herein, such third-party provider must be made aware that services are being performed in conjunction with a Social Security program, and that improper disclosure of information about the subject individual is prohibited

8. Responsiveness to Staff Sometimes our staff may need to ask you to clarify or amplify your report. Social Security regulations state that providers must be responsive to such contacts or it may be necessary to seek other sources.

Initial : _____

9. Fostering Public Confidence We must emphasize the following: (a) you must not have a conflict of interest due to, for example, a relationship with a state or federal government employee, official, agency or office or other relationship which might adversely reflect on the integrity and objectivity of this disability program; (b) your office must be appropriate in appearance, clean, and adequately furnished; equipment and supplies must be adequate, clean, accurately calibrated and maintained; (c) all support staff used in the performance of Consultative Exams must meet the appropriate licensing or certification requirements of the State; (d) customary medical practices which tend to foster public confidence should be followed, such as removing objects or garments which might cause x-ray artifact, providing female patients an adequate gown, using a professional scale, medical license displayed, and the like; (e) the patient must be treated with dignity, courtesy, and professional expertise so there is no basis for a perception of being "run through an examination mill," or otherwise treated without genuine concern; (f) the physician should explain the purpose of the examination, that the government will consider all other medical and vocational evidence; no attempt should be made by physician to predict whether the patient will or will not be found disabled; (g) visits to provider's offices will be made as a part of our management process; and (h) within the parameters of service provided as a consultant, a physician has the same medical-legal obligation to a claimant as to a private patient. DDS would never expect a consultant to do anything against good medical judgment.

10. Program Integrity You must certify (1) that you nor your support staff are not currently excluded, suspended, or otherwise barred from participation in the Medicare or Medicaid programs, or any other federal or federally-assisted program, (2) that your license is not currently revoked or suspended by any state licensing authority for reasons bearing on professional competence, professional conduct, or financial integrity, (3) that you have not surrendered your license pending disciplinary procedures involving professional conduct, (4) your professional conduct, reputation, and dealings within the community and all government agencies must be such to avoid any unfavorable reflection upon the government and erosion of public confidence in the administration of the program, (5) the support staff you use who participate in consultative examinations meet all appropriate licensing or certification requirements of the State.

If you have any questions about this memorandum, please contact our Professional Relations Staff at 1-800-443-9360.

Under this agreement, we reserve the right to schedule appointments at our discretion per the terms listed above.

I have read, understand, and agree to this memorandum.

_____ _____

Sign **Date**

North Carolina Disability Determination Services

Specific Report Requirements

Medical Consultation – Complete History and Physical

This guide has been prepared to assist you in providing the information that is important for you to cover in your evaluation. Your report and summary need not be restricted to this general guideline. DDS disability specialists and/or medical consultants evaluating the disability claims do not examine the applicants and are dependent on your comprehensive, objective reports. We welcome your comments and observations, as we may not be aware of additional impairments discovered during the exam.

Patient History

1. Chief Complaint(s)
2. History of present illness and date of onset. Include source of history and estimated reliability of information provided.
    a. Progression of symptomatology, with dates of significant changes.
    b. Report of the disabling condition's effects on activities of daily living. The patient's description of how the impairment affects ability to carry out physical activities such as tolerance for walking distance, tolerance for standing, mobility and ability to grasp and manipulate objects.
    c. Treatment and response. Include dates and kind of treatment, current medication and therapy, and hospitalizations.
3. Past Medical History
    a. Dates and nature of injuries and operations.
    b. Dates and circumstances of hospital admissions.
4. Social and Family History
    a. Social history should contain presence or absence of tobacco, alcohol and/or non-prescribed drug abuse.
    b. Family history should provide information on pertinent positive abnormalities in family, particularly those involving hereditary familial conditions.

Review of Systems

All body systems should be reported in detail. Do not limit description to normal or abnormal. Specific complaints should be described in detail. Where there are no specific complaints for a particular body system, report the normal findings.

Physical Examination

- Vital signs, height and weight without shoes. (Please state "Ht and Wt obtained without shoes" in dictated report) Report cuff size with blood pressure.
- Visual acuity by Snellen chart with glasses for OD (right eye only), OS (left eye only), and OU (both eyes together).
- Describe the patient's general appearance, posture, gait, and observations during the course of the examination, e.g. how claimant gets on and off the examination table.
- HEENT: Report should provide description of each with any negative or normal findings so stated. Any positive findings must be fully described. Funduscopic examination findings must be included.
- CARDIAC: Description of heart size by percussion, the rate, rhythm, and heart sounds including any murmurs. Describe the presence or absence of any signs of vascular congestion such as tender hepatomegaly, dependent peripheral edema, basilar rales and pulmonary edema, hepatojugular reflex, distended neck veins. Where chest pain is indicated, a complete description is needed including:
    a. What precipitates the pain (the activity and other factors). Does the pain occur at rest, during sleep, or after eating?
    b. What is its duration (in minutes and hours)?
    c. What relieves the pain (rest, nitroglycerin)?
    d. What is its location and radiation?
    e. What is its quality or character (burning, squeezing, pressure, crushing or sharp, rhythmic, stabbing)?
    f. Is it reproducible upon repeating similar activity?
    g. Have other gastrointestinal tract or musculoskeletal origins been considered?
- PULMONARY: Describe breath sounds, dullness, wheezes, rales or coughs. Note prolonged expiration, use of accessory muscles for breathing, and whether pallor, cyanosis, hoarseness and clubbing of fingers are present. Record abnormal clinical findings and pertinent normal findings, if there are complaints relative to this area.
- ABDOMEN: Report any objective evidence of organomegaly, masses, tenderness, ascites, etc.
- EXTREMITIES: Report the clinical evidence of chronic venous obstruction or arterial insufficiency, superficial varicosities, extent/size of ulceration, degree of brawny edema. Description of pulses. If ulceration is present, ascertain from the history whether the ulcer

has been persistent for 3 months, despite therapy.

- MUSCULOSKELETAL: Report any redness, swelling, atrophy, scarring, surgical scars, drainage sites, anatomic deformity, spasm or tenderness. Range of motion in degrees of both active and passive range of all joints, including spine, should be described. Report straight leg raise in both sitting and supine positions.
    a. Coordination: Describe ability to get up from chair, get on/off exam table, heel/toe, squat/rise, tandem walk, make a fist, oppose finger to thumb, pinch grasp and manipulate large and small objects (pick up a coin, button clothes, write, turn door knob, sort/handle papers, etc) Comment on effort and cooperation.
    b. Muscle Bulk: Describe any muscle atrophy and provide circumferential measurement of the affected and the contralateral limb. In hand atrophy describe the thenar, hypothenar and interosseous muscles and, if possible, give three serial dynamometer grip strength measurements, bilaterally.
- NEUROLOGICAL: Report description of any neurological deficits. Statements regarding weakness, reflex changes and sensory deficit should be quantified and remaining muscle strength described. Provide grip strength and muscle strength in the upper and lower extremities on a scale of 0-5. When aphasia exists, a comment regarding ability to speak effectively should be made. Describe pinprick, sharp, light touch, vibratory, proprioception testing. Provide dermatomal distribution if loss is present. Describe reflexes on a 0-4+ scale. Describe balance while standing and walking.
- OBESITY: When obesity exists, report how it affects ability to walk, sit, stand and any resultant shortness of breath and fatigue.
- RECTAL and PELVIC : Omit, unless indicated. If indicated, chaperone must be present.
- TEST RESULTS: Following the history and physical, the reports of any laboratory and/or x-ray studies should be given.
- If a hand-held assistive device (AD) is used, describe gait with and WITHOUT the AD (unless medically contraindicated). Who prescribed the AD? When? Why? Is the AD used to walk inside the home? Comment whether the AD is required continuously, only outdoors, on uneven surfaces, for balance, pain. Describe, in detail, the objective musculoskeletal, neurological, and/or circulatory findings which require the use of AD.

<u>Summary</u>

Diagnosis and Prognosis: The etiology (or probable etiology) and diagnosis are needed as well as comments on the expected duration with and without treatment. The diagnosis should be based on objective, clinical, x-ray and laboratory findings rather than on historical allegations or presumptions.

A medical source statement describing how the impairment(s) affect the ability to sit, stand, move about, lift, carry, handle objects, hear, speak and travel should be provided. Explain how the findings support these limitations.

We ***do not require*** a statement as to whether the patient ***is*** *or is not disabled* because the determination of disability is an administrative decision which also involves consideration of age, education and vocational history.
The report must be reviewed and signed by the physician who actually performed the examination.

Revised October 2016