

Michael Kaess  
DDS Administrator

## ORTHOPEDIC APPLICATION

Disability Determination Services  
P.O. Box 243  
Raleigh, N.C. 27602

<http://dds.its.state.nc.us>

Victoria Perryman  
Professional Relations  
Supervisor

### Information for enrollment as consultative examiner:

NAME: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
                    LAST                FIRST                MIDDLE

OFFICE ADDRESS: \_\_\_\_\_ FAX#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

(INCLUDING 9 DIGIT ZIP CODE)

**\*Your office must be handicap accessible\***

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMPLOYER ID #: \_\_\_\_\_

GRADUATE OF: \_\_\_\_\_ MEDICAL SCHOOL YEAR: \_\_\_\_\_

E.C.F.M.G. #: \_\_\_\_\_

TYPE: \_\_\_\_\_

RESIDENCY TRAINING/HOSPITAL: \_\_\_\_\_

DATES: \_\_\_\_\_

American Specialty 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HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN?

YES

NO

#### HOSPITAL STAFF MEMBERSHIPS:

\_\_\_\_\_ DATES: \_\_\_\_\_

\_\_\_\_\_ DATES: \_\_\_\_\_

\_\_\_\_\_ DATES: \_\_\_\_\_

I CAN HAVE THE FOLLOWING PROCEDURES DONE: (if not in your office, specify the name of source)

Electrocardiogram \_\_\_\_\_ EEG \_\_\_\_\_

Treadmill ECG \_\_\_\_\_ CBC including Hematocrit \_\_\_\_\_

Chest X-ray \_\_\_\_\_ Complete urinalysis \_\_\_\_\_

Doppler \_\_\_\_\_ Pulmonary Function Studies \_\_\_\_\_

Other X-ray \_\_\_\_\_ Arterial blood gas studies \_\_\_\_\_

My office is set up so that I can give appointments within a reasonably short period of time and have my report typed and submitted to the Disability Determination Services within ten days of the examination:

Yes

No

Please describe your office setting where you will be seeing our applicants. (i.e.: private, suite in large office building, etc.) Please include a map. **\*Your office must be handicap accessible\***

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

If you are a member of a group, specify the full name of the group and indicate whether you are to be paid as an individual or a member of the group.

Group or Individual Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_  
(Including 9 digit Zip Code)

Federal ID#: \_\_\_\_\_

Contact for billing purposes: \_\_\_\_\_ Telephone # : \_\_\_\_\_

Check One

I wish the checks to be made out in the group name.  I wish the checks to be made out to me.

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.

If yes, provide mailing address for the transcribed report:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*Please indicate which option you will use to submit consultative examination reports:

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

Electronic Records Express Website (Please contact PRO for registration to upload reports to this website.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### MEMORANDUM OF UNDERSTANDING AND AGREEMENT

The 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.

Initial here: \_\_\_\_\_

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.
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.

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Signed

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Date

# North Carolina Disability Determination Services Specific Report Requirements

## Musculoskeletal Examinations

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 impairment and date of onset/injury. 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 and/or significant investigative procedures (e.g. myelography, CAT scan, MRIs, etc.)

History should contain presence or absence of tobacco, alcohol and/or non-prescribed drug abuse.

### Review of Systems

Please comment on any relevant data.

### Orthopedic Examination

1. Vital Signs: Height and weight measured without shoes.
2. Physical Appearance: Describe general appearance, posture, gait, any obvious physical impairment, abnormality, deformities. Describe location and extent of joint redness, swelling, erythema, crepitation, skin changes, scarring atrophy, drainage sites, spasm, subluxation, contracture, tenderness, pain.
3. Coordination: Describe ability to get up from a chair, get on/off exam table, heel/toe, squat/rise, tandem walk, make a fist, oppose fingers 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.
4. Range of Motion: Report the active and passive range of motion in degrees from neutral position for the spine and all involved joints (see reference sheet).
5. Motor Strength: Provide grip strength and muscle strength in the upper and lower extremities on a scale of 0-5.
  - 0 = No contraction
  - 1 = Trace of contraction, without active movement
  - 2 = Active movement with gravity eliminated (movement in a horizontal plane)
  - 3 = Active movement against gravity but not against resistance
  - 4- = Active movement against slight resistance
  - 4 = Active movement against moderate resistance
  - 4+ = Active movement against strong resistance but not the expected full power (taking degree of fitness and age into

account).

5 = Normal strength

6. 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.
7. Sensation: Describe pinprick, sharp, light touch, vibratory, proprioception testing. Provide dermatomal distribution if loss is present.
8. Reflexes: Describe reflexes on a 0-4+ scale:  
0 = no reflex present  
1+ = hyporeflexia                                    3+ = hyperreflexia  
2+ = normal    4+ = hyperreflexia with clonus
9. Peripheral pulses: Describe on a 0-4 scale (0 = absent, 4 = bounding)
10. Report Straight Leg Raising in both sitting and supine positions, Patrick's Test, Foraminal Compression and any other tests needed to verify pathology.
11. If a hand-held assistive device (AD) is used, address the issues below in your report:
  - 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 the gait with and WITHOUT the AD (unless medically contraindicated).
  - Describe, in detail, the objective musculoskeletal, neurological or circulatory findings which require the use of the AD.
12. Amputations: Comment on level of amputation, stump complications and ability to use prosthesis effectively.
13. X-rays (If requested): Interpretation should describe joint space narrowing, articular surfaces, sclerosis, cyst formation, spurring, lipping and any other acute or chronic changes.

## Summary

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.

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 August 2011