AUDIOLOGIST APPLICATION

North Carolina Disability Determination Services
P.O. Box 243 Raleigh, N.C. 27602
Phone: 800-443-9360 Fax: 800-441-1045
Email: ERE.NC@ssa.gov

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 PROFESSIONAL TITLE

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

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

OFFICE ADDRESS: _____

_____

Please include a picture of a valid Photo ID (i.e. drivers license) with your application

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

If different:

_____

_____

BILLING INFORMATION:

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

GROUP OR INDIVIDUAL NAME: _____

BILLING ADDRESS: _____

_____

FEDERAL TAX ID#: _____ ***Please include a NC Substitute W-9 with your application*** (for a blank NC Substitute W9 visit Substitute W-9 Form.pdf)

CONTACT FOR SCHEDULING PURPOSES: _____ TELEPHONE #: _____

EDUCATION AND CREDENTIALS:

GRADUATE SCHOOL: _____ DATE OF GRADUATION: _____

MAJOR:_____ Degree:_____

NC LICENSE #: _____ DATE LICENSED: _____ ASHA #: _____

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HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN IN ANY STATE?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

AUDIOLOGIST APPLICATION

Continued

- Based on your education, experience, and scope of past work, **please list the age range of individuals you are willing to evaluate**:

  _____

- 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:
  - ☐ Audiometric Testing
  - ☐ Speech Discrimination Testing
  - ☐ Tympanometry
  - ☐ AZBio Sentence Testing
  - ☐ HINT (Hearing in Noise Test)

- **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.

  *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:

  _____

- 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:

_____

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

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 a $35 reimbursement fee 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

Otological 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

- Report reason given for not working.
- Obtain past medical history of hearing problems or vertigo, onset of current illness or injury, symptom progression, treatment and response, effects of the problem on daily living activities. If vertigo is associated with disturbances of labyrinthine-vestibular function, obtain details of hallucination of motion, loss of position sense, dizziness, nausea, vomiting, ataxia, tinnitus, fluctuation hearing loss, and incapacitation.
- If applicable, please distinguish between rotary vertigo and "dizziness" described as lightheadedness, unsteadiness, confusion, syncope. Please obtain frequency, severity, and duration of attacks, with periods of remissions, especially the onset and cessation of the latest episode.
- Report significant details of surgeries, trauma, disease and other causative factors for hearing loss, balance disturbances, and organic loss of speech.
- Report any history of drug and/or alcohol abuse.

Otologic/Otolaryngologic (ENT) Exam

- Please furnish a standard consultation examination of the external ears, canals, tympanic membranes; also nose and throat if appropriate.
- Please note evidence of prior surgeries, drainage, laryngeal stenosis, and related findings.
- If organic loss of speech is involved, please assess and describe patient's ability to produce speech, which can be heard, understood, and sustained well enough to permit useful communication in social and vocational settings.

Audiologic Exam

An otologist, otolaryngologist, or qualified audiologist must supervise performance of all hearing testing.

Audiometric Testing when the claimant does NOT have a cochlear implant:

The claimant must not wear hearing aids during any testing. Perform an otoscopic examination immediately before the audiometric testing. Report any conditions that would prevent valid audiometric testing, such as fluid in the ear, ear infection, obstruction in an ear canal, or poor cooperation. The audiometry should include pure tone **air conduction, speech reception threshold, and speech discrimination testing**, for adult patients. The audiometer must meet ANSI standards for air and bone conducted stimuli (i.e., ANSI Section 3.6--1969 and ANSI Section 3.13--1972, or subsequent comparable revision). Perform testing in environment meeting ANSI standards for maximal permissible backgrounds sound (ANSI Section 3.1--1977). Speech discrimination should be determined using a standardized measure of speech discrimination ability at a level for optimal discrimination. Please report the test used and the decibel level.

CHILDREN UNDER AGE FIVE: The claimant must not wear hearing aids during any testing. Our usual approach is to obtain only the

otologic/ENT exam with report, and audiometry to include SRT for pure tone AC only, with chart.

CHILDREN AGE FIVE AND ABOVE: **The claimant must not wear hearing aids during any testing**. *Speech discrimination is needed if child capable of performing*. Report should include description of any speech and language disorder which significantly affects the clarity and content of speech and which is attributable to hearing impairment.

Audiometric testing when the claimant has a cochlear implant:

An individual is considered disabled up until 1 year after initial cochlear implantation. After that period, we need word recognition testing performed with ***any*** version of the **Hearing in Noise Test (HINT)**. The HINT must be conducted in a ***quiet*** sound field. We only require the ***quiet*** sound field component of the HINT. The implant must function properly and be adjusted to the claimant's normal settings. The examiner should present sentences at 60 dB HL (Hearing Level) *without* any visual cues. (If the cochlear implant is not functioning, please try to obtain the following information: by whom, where and when was the last cochlear implant evaluation performed and the reason why the cochlear implant is currently non-functioning.)

ELECTRONYSTAGMOGRAPHY (ENG): When needed, we usually will anticipate and schedule in advance. Study/report should include spontaneous nystagmus (including gaze and fixation nystagmus), positional nystagmus (minimum of four positions), caloric vestibular testing (binaural, bithermal, constituting four tests) with interpretation. In some cases, we may purchase "traditional method" caloric testing. If so, a description should be included with the otologic/ENT report of: binaural, bithermal, constituting four tests, with spontaneous nystagmus, including gaze and fixation and positional nystagmus, minimum of four positions.

BRAIN STEM EVOKED RESPONSE/EEG AUDIOMETRY: BEKESY AUDIOMETRY: Rarely needed. We will consult on details.

STATEMENT ON PATIENT EFFORT, IF APPARENTLY SUBMAXIMAL: Please include other data in conflict with examination findings, such as "profound hearing loss on audiometry, but able to hear conversational speech in waiting room without lip-reading ability."

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 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 physician and/or audiologist performing the examination(s) should sign the original of the report(s). Rubber stamp signatures entered by another person are not acceptable.

Treatment

We cannot pay for treatment. If claimant appears with ear infection that preempts audiometric testing, do not prescribe medication or other treatment. Instead, please notify the DDS claims examiner of the problem.

Revised July 2023