MEDICAL STUDIES FACILITY 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.

FACILITY INFORMATION:

FACILITY NAME: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

OFFICE ADDRESS: _____

_____

CONTACT FOR SCHEDULING PURPOSES: _____ TELEPHONE #: _____

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:

PAYMENT NAME (if different than Facility Name): _____

BILLING ADDRESS: _____

_____

FEDERAL TAX ID#: _____ ***Please include a completed NC Substitute W-9 with your application***
(for a blank NC Substitute W9 visit https://chmx.short.gy/NCDDSW9)

CONTACT FOR BILLING PURPOSES: _____ TELEPHONE #: _____

STUDIES TO PERFORM:

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

- ☐ Lab work
- ☐ X-rays (please note any weight limitations:_____)
- ☐ Arterial Ankle and/or Toe Doppler
- ☐ Pulmonary Function Studies (Spirometry) *
- ☐ Pulse Oximetry 6 Minute Walk (with graphical printout)*
- ☐ Echocardiogram
- ☐ Treadmill ECG Stress Test

*Please provide sample reports when selecting PFS and/or 6 Minute Walk Test

MEDICAL STUDIES FACILITY APPLICATION

Continued

- Please list the age range of individuals you are willing to see at your facility :_____
- Please list any languages, other than English, in which your staff are fluent:_____
- 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 facility.

Please indicate which option you will use to submit 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/Facilities 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.

The facility and/or 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.

Licensure of staff members are current and active and have not been revoked or suspended by any State licensing authority for reasons bearing on professional competence, professional conduct or financial integrity.

Print the name of individual completing the application: _____

Title/Position of individual completing the application:_____

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/facilities. 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.

3. Ancillary Studies We will pre-authorize all ancillary studies. If you feel any study is contra-indicated based on the claimant's presentation at the time of study, you or your staff must notify NC Disability Determination Services by phone at 1-866-542-8113. Additionally, we ask that you perform only the studies authorized; 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. 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.

6. 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

7. 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.

8. 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

Initial : _____

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.

9. 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

FEE SCHEDULE OF RADIOLOGY AND AUXILIARY STUDIES

Payments of professional services will be on the basis of usual, customary, and reasonable charges, as generally defined, up to the maximums specified in the schedule.

Split Fee Provision: Radiological (and other studies that require interpretation) fees below reflect both a Technical Component and Professional Component combined. Please contact our office directly for an itemization of the fee for each component per study, if required.

*This schedule is *not applicable to hospitals* operating under Medicare and Medicaid agreements specified by federal law.

Radiology

	CHEST	
71046	Chest, two views	$32.59
	SPINE AND PELVIS	
72040	Spine, cervical, 2-3 views	$38.37
72070	Spine, thoracic, anteroposterior and lateral	$31.90
72100	Spine, lumbosacral, anteroposterior and lateral	$38.69
72170	Pelvis, 1 or 2 views	$27.00
72200	Sacroiliac Joints, less than 3 views	$31.82
	UPPER EXTREMITIES	
73030-RT	Shoulder, right, 2 views	$33.45
73030-LT	Shoulder, left, 2 views	$33.45
73060-RT	Humerus, right, 2 views	$30.83
73060-LT	Humerus, left, 2 views	$30.83
73070-RT	Elbow, right, 2 views	$28.26
73070-LT	Elbow, left, 2 views	$28.26
73090-RT	Forearm, right, 2 views	$28.26
73090-LT	Forearm, left, 2 views	$28.26
73100-RT	Wrist, right, 2 views	$32.76
73100-LT	Wrist, left, 2 views	$32.76
73120-RT	Hand, right, 2 views	$30.19
73120-LT	Hand, left, 2 views	$30.19

	LOWER EXTREMITIES	
73501-RT	Hip, right, one view	$31.52
73501-LT	Hip, left, one view	$31.52
73521	Hips, bilateral including pelvis, 2 views	$39.97
73552-RT	Femur, right two views	$34.09
73552-LT	Femur, left two views	$34.09
73560-RT	Knee, right, 1 or 2 views	$33.08
73560-LT	Knee, left 1 or 2 views	$33.08
73565	Knees, bilateral standing	$39.18
73590-RT	Tibia and fibula, right 2 views	$30.51
73590-LT	Tibia and fibula, left 2 views	$30.51
73600-RT	Ankle, right, 2 views	$31.15
73600-LT	Ankle, left, 2 views	$31.15
73620-RT	Foot, right, 2 views	$27.30
73620-LT	Foot, left, 2 views	$27.30
73660-RT	Toe, Right, Minimum 2 views	$28.19
73660-LT	Toe, Left, Minimum 2 views	$28.19
73650-RT	Heel, Right, Minimum 2 views	$27.94
73650-LT	Heel, Left, Minimum 2 views	$27.94

Laboratory Services

36415	Collection of blood sample / Venous Blood Draw	$5.00
80048	Basic Metabolic Panel	$8.46
	(Calcium, Carbon dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea Nitrogen (BUN))	
80053	Comprehensive Metabolic Panel	$10.56
	(Basic Metabolic Panel plus Albumin, Bilirubin, Phosphatase alkaline, Protein total, ALT/SGPT, AST/SGOT)	
80076	Liver Panel/Hepatic Function	$8.17
	(Albumin, Bilirubin total, Bilirubin direct, Alkaline Phosphatase, total Protein, SGPT SGOT)	
85025	CBC	$7.77
85610	Prothrombin time/INR	$4.29
86361	T-Cells Absolute CD4 Count	$26.78
85730	Partial thromboplastin time (PTT)	$6.01

Miscellaneous Studies

93015	Treadmill ECG Stress Test	$68.80
93923	ABI (Ankle) Doppler, arterial	$124.10
93922-TOE	TBI (Toe) Doppler, arterial	$126.23
93306	Echocardiograph	$193.49
94618	Pulse Oximetry, exercise Six Minute Walk	$32.56
94060	Spirometry, before and after bronchodilator (aerosol or parenteral)	$60.00
94729	Carbon monoxide diffusing capacity (DLCO)	$55.96