OPHTHALMOLOGICAL 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:

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HAS YOUR LICENSE EVER BEEN REVOKED, SUSPENDED, OR IS ANY DISCIPLINARY ACTION CURRENTLY BEING TAKEN IN ANY STATE?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

- 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 visual field tests that can be performed in your office:

Automated:

- ☐ Humphrey 30-2 (HFA II-II or HFA 3)
- ☐ Octopus 32 (1-2-3; 101; 300, or 900)
- ☐ Oculus 30-2 (Easyfield)

Manual:

- ☐ Goldmann Manual Perimetry

* ***Unacceptable perimeters:*** *Humphrey Matrix Series / Humphrey FDT / Octopus 600 Series / Oculus Smartfield*

- **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
Ophthalmological Examination

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 date of last ophthalmologic or optometric examination.
   Progression of symptomatology, with dates of significant changes.
   Effects of the visual problems on **daily living activities**.
   Treatment and response.
3. Past Medical History of Visual Problems

Eye Examination (external and internal)

Include description of ocular motility, pupil size, and condition of the lens and optic media.

If muscle function is severely impaired, please report actual measurement of ocular motility in prism diopters.
Intraocular pressures.
Slit lamp examination.
Funduscopic examination including **status of optic nerve, retina and vessels**.
Please quantify optic disc cupping, if any.
Perform **confrontational visual fields**.
Comment on **ability to visually navigate office environment.**
Visual acuity for distant and near vision with and without best correction OS, OD, and OU.

Please include MANIFEST refraction record

Determine Best Corrected Visual Acuity (BCVA) with manifest NOT automated refraction.

Please state in your narrative report or on your examination template. "A Best Corrected Visual Acuity (BCVA) of Right eye_____ Left eye_____ and Both Eyes_____ was obtained via Manifest Refraction."

Visual Fields

Eyeglasses may not be worn during any visual field examination (regardless of the perimeter). Contact lenses or perimetric lenses may be used to correct visual acuity during the visual field examination in order to obtain the most accurate visual field measurements. For this single purpose, an individual does not need to demonstrate the ability to use the lens on a sustained basis.

Automated Static Threshold Perimetry - The following criteria must be met:

- The test must use a white size III with 4e filter Goldmann stimulus and a 31.5 apostilb (10 cd/m2) white background.
- The stimuli locations must be no more than 6 degrees apart horizontally or vertically.

Measurements must be reported on standard charts and include a description of the size and intensity of the test stimulus.

- **The test must measure the central 30 degrees of the visual field**; that is, the area measuring 30 degrees from the point of fixation (e.g., Humphrey 30-2).

Fixation losses should not exceed 20% and ***false positives/false negatives should not exceed 33%.*** If reliability indices are elevated, please repeat testing or provide detailed explanation.

Perimeter Manufacturer	Acceptable Perimeters	Acceptable Visual Field	Acceptable Testing Strategies	*Unacceptable* Perimeters
Humphrey (Zeiss)	HFA II-I, HFA3	30-2	Full Threshold; Fastpac; SITA-Standard; SITA-FAST	Humphrey Matrix Series, Humphrey
Octopus (Haag-Streit USA)	Octopus 1-2-3; Octopus 101; Octopus 300 and 900 series	32	Standard, TOP, Dynamic, 2-level	Octopus 600 Series
Oculus (OCULUS, Inc.)	Oculus Easyfield	30-2	Fast Threshold, Full threshold 4/2	Oculus Smartfield

Manual Kinetic Perimetry (Goldmann):

- When manual kinetic perimetry is utilized, please use a perimetric visual field chart for plotting the measured visual field according to the following standard meridians: 0, 45, 90, 135, 180, 225, 270, and 315.
- Remember to provide the method of kinetic perimetry utilized.
- Please annotate the isopter for each eye on the appropriate chart.

  Any scotoma, other than the normal blind spot, should also be clearly indicated on the corresponding eye chart.

Conclusion

Diagnosis and Prognosis: The etiology (or probable etiology) and diagnosis are needed as well as comments on the expected duration with and without treatment. Diagnosis should be based on objective findings rather than on historical allegations or presumptions. Please include a statement of patient effort, cooperation, and the reliability of the test results. Please comment on patient's ability to move around the office. If you feel other studies are necessary, please call the disability claims examiner for approval.

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 January 2024