STATE OF NEVADA

DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION

BUREAU OF DISABILITY ADJUDICATION

Providing Medical Decisions for
SOCIAL SECURITY DISABILITY INSURANCE
AND
SUPPLEMENT SECURITY INCOME

Consultative Examination Provider Resource Guide

Contents

INTRODUCTION

Thank you for your interest in performing consultative examinations for the Nevada Bureau of Disability Adjudication (BDA).

Our Agency is responsible for determining eligibility for persons applying for Social Security and Supplemental Security Income Disability benefits. To receive these benefits, a claimant must be unable to perform any type of work due to a medically determinable impairment that is expected to last 12 months, or more, or result in death. In evaluating a disability claim, we must first determine if there is objective medical evidence of an impairment that severely limits the claimant's ability to function. BDA does not provide treatment or therapeutic services.
Medical professionals who perform disability evaluations play a crucial role in the Social Security Disability (SSDI) and Supplemental Security Income (SSI) programs. We rely on your unbiased, objective evaluations to help us effectively and fairly administer claims using the best available medical information.

The Social Security Administration (SSA) and BDA expects that claimants be treated with dignity and respect. We are also committed to providing you and your office staff with clear, understandable information and answers to your questions.

The Social Security Administration (SSA) states that independent consultative examiners of disability claimants "must have a good understanding of SSA's disability programs and their evidence requirements". These Guidelines are provided to contribute to your understanding of SSA's disability programs and the role of the independent examiner.

Additional references include SSA's publication, Consultative Examinations: A Guide for Health Professionals, referred to as "The Green Book" and accessible at https://www.ssa.gov/disability/professionals/greenbook/ . The Green Book includes general program information but emphasizes requirements for consultative exams.

For more specific program information, SSA's Disability Evaluation Under Social Security, referred to as The Blue Book (and "the Listings"), is accessible through https://www.ssa.gov/disability/professionals/bluebook/ . The Blue Book discusses SSA's disability programs in detail and how program criteria are applied in evaluating mental and physical disability claims. Unlike the Green Book, the Blue Book does not focus on the role of the independent examiner. The Blue Book identifies and discusses the conditions considered by SSA most likely to result in disability.

OVERVIEW

The SSA disability claim process begins when the claimant files a claim through SSA. Once SSA establishes nonmedical eligibility, they shift jurisdiction of the claim to the Disability Determination Service (DDS) in the state where the claimant resides. SSA has arrangements with each of the 50 states under which each state operates a DDS. DDSs are federally funded, state-run agencies that adjudicate SSA disability claims. In the State of Nevada, this agency is The Nevada Bureau of Disability Adjudication (BDA).

At the BDA, the Disability Adjudicator develops the claim by requesting records from the medical sources identified as providing past or current treatment or evaluation services. Evidence in a claim also can include non-clinical information such as educational records, statements by third parties familiar with the claimant's functioning, and other types of information. After the evidence is compiled, the adjudicator conducts a structured evaluation of the evidence. The in-house consulting physician, psychologist, or speech and language pathologist interprets medical evidence within his or her field of expertise. The team considers all the available evidence to determine whether any impairment is established, and if so, whether any work-related functional limitations result from it.

When evidence is inadequate for BDA to reach a determination, we may arrange and pay for an independent consultative examination (CE) of the claimant. The CE Provider (you) evaluates the claimant and submits the results to BDA in a written report. This becomes part of the claim evidence, reflecting an expert opinion on a medico-legal issue. The adjudicative team considers the report along with all other evidence in the file to reach a determination based on SSA policy.

When you examine an SSA Disability claimant on referral by BDA, you are conducting an independent expert exam. Your exam becomes important expert evidence in the claimant's disability claim. Your exam is integral to fill a gap, or to clarify an unsettled issue that has emerged in the Claimant's existing claim evidence. You are asked to examine the claimant for your observations, interpretations, and professional opinion on functional capacities.

Remember, the professional opinion relates to highest level of functioning you believe the claimant can sustain. It does not ask whether you think the claimant is disabled from work. This is because the decision of work disability is a legal determination made by BDA with SSA oversight.

CONSULTATIVE EXAMINER ROLES AND RESPONSIBILITIES

Performing CEs requires considerable judgment and understanding of specialized terms and requirements. We ask you to provide information and functional assessments that may not be part of your original training or everyday practice. We do not expect you, nor do we want you, to make a disability decision. As an examiner for BDA/SSA, you agree to provide an unbiased evaluation based solely on your expertise in the medical field.

Best practices to ensure the integrity of the exam and the comfort of the claimant:

- Introduce yourself to the claimant.
- Verify identity of the claimant.
- Explain the examination procedure and perhaps your role as the examiner for BDA/SSA.
- Answer the claimant's questions about the examination but refer the claimant to their adjudicator for questions about their claim or the SSA disability program.
- Provide adequate privacy.
- Allow a friend or family member to attend non-psychiatric/psychological evaluations if requested. The friend or family member must quietly observe the exam, cooperate with the examiner and must not interfere.
- Refrain from derogatory comments, such as comments about the claimant's habits, ethnic background, or religious beliefs. Refrain from comments regarding the claimant's previous medical treatment.
- Refrain from comments regarding what the claimant should/should not be able to do based on their alleged impairment(s).
- Do not give your opinion of disability to the claimant.
- Close the examination by telling the claimant the exam is over and ask if there is any further information they would like to provide.

TEMPLATES

One of the most important requirements of a CE is that it MUST be individualized to reflect the specific claimant's allegations, current condition, and functional status. Templates can be useful as a tool to ensure no required elements of the report are omitted. However, the absence of significant modification to a template will result in a "generic" report that clearly does not serve its intended purpose. If you use a template, make sure to use it only as a guide: all variations from the normal exam and any additional relevant information must be documented. Any corresponding "normal template statements" must be deleted to assure that data in the report are consistent.

NEEDS OF A PHYSICAL CONSULTATIVE EXAM

Regardless of the subspecialty, there are some general principles that apply to all physical

consultative examinations. A CE report must be thorough and reflect accepted professional medical standards and practice. SSA expects evaluations to reflect your professional training and abilities. The detail and format for reporting the results of the medical history, physical examination, laboratory findings, and discussion of conclusions should follow the standard reporting principles for a complete medical examination. It should be in the form of a report, not a letter addressed to an individual or the agency. Some modifications are appropriate depending on the specialty (see SSA's Greenbook for specifics), but the following general instructions apply to most physical consultative exams.

COMPLETE HISTORY AND PHYSICAL

This component of the forensic evaluation is quite like a therapeutic encounter for any new patient to a physician's practice. A CE is arranged due to a lack of sufficient evidence to make a disability determination, so it is important to be thorough in your evaluation of the claimant. Specific minimum requirements for a CE are delineated in the following sections, based on specialty. Beyond that threshold, the exam needs to be individualized for each claimant. This requires pursuing appropriate follow-up questions (history) and findings (physical exam), guided by the claimant's allegations and conditions.

The chief complaint(s) should be followed by a history of present illness for each chief complaint and include information regarding: (source: Bluebook)

- The claimant's daily activities,
- The location, duration, frequency, and intensity of the symptom(s),
- Precipitating and aggravating factors,
- Role of medication (type, dosage, effects/side-effects), and
- any additional measures the claimant has used to relieve symptom(s).

The rest of the historical information required is detailed in each subsection, but again follows a typical format for any H&P: past medical/surgical history, current medications, social and family history, and a review of systems. If you choose to use a questionnaire for the latter, be sure to follow up directly with the claimant. Most of the historical information should be gathered via face-to-face interaction.

It is essential to document absent or negative findings; a lack of documentation cannot be assumed to mean that findings were normal.

It is beyond the scope of these guidelines to address every potential allegation in terms of historical questions to ask and each pertinent physical finding to look for/exclude. Your knowledge and experience with differential diagnosis will guide your history taking and physical examination. Two examples follow:

• If a claimant alleges fibromyalgia, the evaluation for trigger points is expected.
• If a claimant alleges Reflex Sympathetic Dystrophy, skin changes should be documented.

These are just two examples that illustrate ways to individualize your physical exam as well as

the importance of recording both positive AND negative findings in your narrative.

Some specialty exams do not require a "complete" history and physical. For example, consultative exams with ENT, cardiac, and vision specialists are focused on one organ system. Although these assessments are less comprehensive, the same principle applies to thoroughly investigate the claimant's allegations and physical findings.

MEDICAL SOURCE STATEMENT

The discussion of the medical evidence in this part of the report represents the core of the disability evaluation process. The basis for this discussion is the thorough, individualized history and physical as described above. It is important that the narrative clearly differentiate between the subjective (symptoms) and the objective (signs). Be sure to describe both positive and negative findings. Sometimes background material (collateral source information) will be included with the request for an exam; you should review, cite, and consider it along with your own exam when formulating your functional assessment. Assess the claimant's abilities and limitations based on all these types of data: the history, all observations, collateral evidence, and results of relevant laboratory tests. When the evidence supports your assessment, the adjudicative team can rely more on your opinions. This provides a solid framework for the rationale used to make a final claim determination.

Components of the MSS:

1. The MSS should specify the nature and extent of the condition or disorder. It is acceptable to document some conditions as "probable" if absolute proof (e.g., PFS or MRI result) is unavailable, but evidence supports the diagnosis.
2. The MSS must also discuss any apparent discrepancies in the medical history or in the examination findings. Your role, as a neutral observer, is to objectively evaluate any and all information available to you that could contribute to the functional assessment. Observations outside of the exam room can and should be included. If testing is a component of the exam, an opinion on effort and validity should be noted.
3. Finally, the MSS for adults must reflect YOUR opinion of limitations in function that result from the condition or disorder, including:
    - Lifting/carrying/pushing/pulling,
    - Sitting/standing/walking*,
    - Posture (for example, climbing/stooping/bending/balancing/crawling/ kneeling/crouching),
    - Fine motor skills (that is, handling/fingering/gripping/feeling),
    - Overhead and forward reaching,
    - Vision/hearing/speech, and
    - Environmental exposures (for example, heat/cold/humidity/noise/vibration).

**If an ambulatory aid is used or alleged, always document the ability to walk without one, whether in your opinion it is medically necessary and if so, under what circumstances (indoors/outdoors, even/uneven terrain, short/long distances, etc.).*

This should be your best assessment of what the claimant could do in the workplace during an 8-hour day, 5 days/week (normal breaks are assumed). Periods for activity typically are described as:

- Constant,
- Frequent (2/3 of the workday),
- Occasional (1/3 of the workday), and
- Never

MSS REMINDERS

For claimants under the age of 18, fitness for work is not relevant. Rather than using work-related activities, address function in a developmental context.

For claimants 18 and older, do not use vocational categories such as "light work" or "medium work." These terms have different meanings in various contexts. Instead, specifically describe limitations and capabilities as they relate to the physical activities listed above (e.g. the claimant could occasionally lift 20#, could stand 6-8 hours in a normal workday, could occasionally reach overhead with the right upper extremity, etc.).

The MSS you provide should address only the functional limitations that are attributable to physical diagnoses. Age, gender, and small body-type are not considered impairments by BDA, so do not ascribe limitations based on these factors. By contrast, obesity can be considered a physical impairment and if it imposes limitations, describe that in your MSS. If there are mental/psychological conditions alleged or suspected, it is reasonable to note this along with the physical diagnoses. However, licensed psychiatrists or psychologists are engaged separately to evaluate for any mental condition(s) and resulting (mental) functional limitations.

The conclusions of your report must be consistent with the objective clinical findings documented on examination as well as the claimant's symptoms, laboratory studies, demonstrated response to treatment, and review of any outside records provided (i.e., all available information). If effort or cooperation are lacking, it is appropriate to comment on this. It is essential that you support your diagnostic and functional opinions adequately with data and reasoning. As part of the adjudicative process, your opinions will be considered on that basis. Avoid comments or observations (e.g. about lifestyle or past criminal activity) that are not relevant to the H&P or MSS. Extraneous remarks that could be interpreted as disparaging or judgmental reduce the overall value of the report.

The MSS should not include an opinion as to whether the claimant is "disabled" under the meaning of the law. The CE's role is to evaluate for the presence or absence of diagnoses and to assess current functional status. The adjudicative team considers the CE Report as well as other available longitudinal evidence. All this information is then considered along with a variety of demographic, psychosocial, and economic factors based on SSA policy, to reach the legal determination of whether the claimant is disabled.

NEEDS OF A PSYCHOLOGICAL CONSULTATIVE EXAM

To contribute to claim adjudication, the consultative examination must focus on the claimant's mental abilities needed for work. The adjudicative team has no opportunity to observe the claimant directly. The consultative examiner is expected to concentrate observed positive and negative signs in the mental status section. The mental status section is not to be comprised of symptoms.

MENTAL DISABILITY FOR WORK

Most people can work. Yet, some people are unable to work as the result of a DSM psychiatric disorder. To be psychiatrically disabled for work:

- A person must have a DSM psychiatric disorder.
- The DSM psychiatric disorder must result in such severe reduction of mental abilities needed for work that even simple, full-time, competitive work is precluded for 12 months or longer.

MENTAL ABILITIES NEEDED FOR WORK

BDA must reach multiple decisions while adjudicating a disability claim. Before deciding the issue of disability, BDA must decide the claimant's mental abilities for work.

SSA identifies four mental abilities needed for any job in any work setting. To be able to work, a person does not need an optimal amount of these abilities, but enough of each ability to conduct simple competitive-level work activities in a work setting:

1. Ability to understand, carry out, and remember instructions.
2. Ability to sustain concentration and persist in work-related activity at a reasonable pace.
3. Ability to maintain effective social interaction on a consistent and independent basis, with supervisors, co-workers, and the public.
4. Ability to deal with normal pressures in a competitive work setting.

THE ROLE OF "FUNCTIONING"

The SSA disability program has a practical focus on the claimant's functioning. SSA defines "functioning", in the context of disability, as how well an individual can perform activities needed for daily living and work, despite any physical or mental impairments. The Functional Assessment is the consultative examiner's opinion on what the claimant can do in the workplace, and what, if anything, the claimant cannot do in the workplace as the result of a DSM disorder. The nature and magnitude of any limitation must be conveyed by your description of expected deficient behaviors in the workplace that result from the DSM disorder.

WHAT ISN'T A MENTAL LIMITATION?

Limitations that do not result from a DSM disorder are not mental limitations.

Situational Factors. Lacking transportation, living in a region without available jobs, or being a caregiver can limit ability to work, but these circumstances are not mental limitations.

Ordinary Variations. Adults do not always function at their peak in the workplace. Workers who have no DSM disorder can vary in workplace effectiveness day-to-day, week-to-week, month-to-month, and year-to-year. Functional variations within the range of how adults generally perform in workplace functioning are not mental limitations.

Non-clinical Distress. Work imposes psychological load on the worker. This applies to anyone in any job. People with no DSM disorder are not in continuous quiescence about their work. Sometimes they are distressed over the events, people, and demands of work. This is normal. They may complain about work intensely and persistently. Psychological distress about work within the range of how adults generally react to work is not a mental limitation.

Non-clinical Shortcomings. Nonclinical shortcomings and flaws are part of every person's unique psychological makeup. They reduce a person's contribution to the workplace. For example, personal concerns sometimes syphon attention from work tasks, or an assigned task is forgotten. Perhaps sharp words are said to a coworker or the boss's directive is ignored. Sometimes misjudgments are made. Flawed workplace behavior that does not result from a DSM disorder is not a mental limitation.

Conclusory Statements. In a mental status conclusory statement, the examiner assigns a value to the mental process rather than submitting the needed observational data. "Concentration was limited" and "pace was slow" are conclusory statements. "She looked out the window more than she looked at the examiner", "there were latencies up to 30 seconds before she responded" are useful observational data.

FUNCTIONAL ASSESSMENT

BDA seeks your Functional Assessment opinion as part of the examination. In its focus on the basic mental abilities needed for work, the consultative examination with Functional Assessment is different from other professional examinations and opinions. The Functional Assessment is the conceptual product of the mental disability examination. Your Functional Assessment will constitute one piece of evidence within the total claim record considered by BDA in reaching its disability determination. Your Functional Assessment, as formatted
below, is your opinion on the claimant's "abilities and limitations" in each of the four mental processes essential for work. Notice Item 2 includes your opinion on the claimant's abilities and limitations for multi-step tasks, in addition to simple tasks.

Provide your Functional Assessment opinion as responses to the following:

ADULTS (18 years of age or older, use the following outline)
Can the person do the following on a sustained basis (i.e., reliably over the days and weeks of work)?

1. Understand, remember, and carry out an extensive variety of complex instruction.
2. Understand, remember, and carry out detailed instructions.
3. Understand, remember, and carry out simple one or two-step instructions.
4. Interact appropriately with supervisors.
5. Interact appropriately with co-workers.
6. Interact appropriately with the public.

7. Maintain concentration and attention sufficient to carry out instructions as specified in numbers 1, 2, or 3 of this part.

Readers look for a well-reasoned, adequately supported Functional Assessment. The Functional Assessment needs to flow logically from your report data, such as work and behavioral health information, and from your conclusions on diagnosis, intellectual level, prognosis, and the reliability estimate. No single piece of information, including test results, can establish the degree of limitation in a mental functional area.

The Functional Assessment should unfold logically and make sense on a practical basis. If you conclude the claimant has limitations, readers need to be able to follow how those limitations result from a DSM disorder. Convey the nature and scale of limitations by describing the deficient behaviors arising from the DSM disorder, and how they would manifest in the workplace. Generally, the more readers can visualize any deficient claimant behaviors you expect in the workplace, the more useful your report.

The Functional Assessment should not include an opinion as to whether the claimant is "disabled" under the meaning of the law. The CE's role is to evaluate for the presence or absence of diagnoses and to assess current functional status. The adjudicative team considers the CE Report as well as other available longitudinal evidence. All this information is then considered along with a variety of demographic, psychosocial, and economic factors based on SSA policy, to reach the legal determination of whether the claimant is disabled.

CHILD PSYCHOLOGICAL CONSULTATIVE EXAMS

The work of childhood is to learn, grow, play and mature through advancing phases of development. SSA identifies four basic mental functional abilities the typically developing child applies across all childhood phases, though expression of these abilities differs widely with age. At an age-appropriate level, the typically developing child:

1. acquires and uses information.
2. attends to and completes tasks.
3. interacts and relates with others.
4. conducts age-appropriate self-care.

Most children develop normatively, with the four mental abilities advancing on schedule across each developmental phase. Children learn and apply increasingly complex information, conduct increasingly complex tasks, hone increasingly nuanced social abilities, and become increasingly independent in self-care. The SSA disability program recognizes, however, that a DSM disorder can disrupt some children's acquisition or retention of one or more of these four mental abilities.

The SSA disability program is practical. The program considers a child's *mental functional abilities and limitations*. "Functioning" is applying one's mental abilities to the tasks and demands of life. Mental functional *ability* is the mental ability to *do*. Under the disability program, a child's mental functional

ability is the child's capacity to apply each of the four mental abilities in meeting age-level tasks and demands. A mental functional *limitation* is the lack, loss, or significant reduction of one or more of the four mental abilities as the result of a DSM disorder. Otherwise stated, mental functional limitation is a psychopathological gap between the child's mental functional ability and the mental functional ability of typically developing children the same age.

THE CHILD FUNCTIONAL ASSESSMENT OPINION

Your opinion is not sought on whether a child is disabled. Disability is a legal decision reached by BDA and SSA. Your two-pronged professional opinion is sought, however, on:
1) What, if any, DSM disorder is present? Use current DSM nomenclature for diagnosis.

2) *What are the child's mental abilities, and any limitations compared to the functioning of typically developing children the same age?* This is your **Functional Assessment** opinion. Within the disability program, to conclude Functional Assessment limitations, logically you must diagnose a DSM disorder from which the limitations result. Only limitations resulting from a DSM disorder are appropriate to include in the Functional Assessment. The preferred Functional Assessment format is:

What is your assessment of the claimant's abilities and limitations in acquiring and using information compared to the functioning of typically developing children of the same age?

What is your assessment of the claimant's abilities and limitations in attending to and completing tasks compared to the functioning of typically developing children of the same age?

What is your assessment of the claimant's abilities and limitations in interacting with others compared to the functioning of typically developing children of the same age?

What is your assessment of the claimant's abilities and limitations in self-care compared to the functioning of typically developing children of the same age?

Your Functional Assessment opinion needs to flow logically from your report data and interpretations.

DEVELOPMENTALLY APPROPRIATE CHILD EXAMS

The report needs to be written in a manner illustrating your application of clinical concepts, examination techniques, and functional expectations tailored to the child's age.

Clinical Concepts

SSA points out there are age-group variations in disease manifestations. Explore for disorders emerging in childhood. Some expected facets of examining a 6-year-old include intellectual level, ability to separate from the attachment figure, range of interests, social reciprocity, and concentration, for example. Examination of a 6-year-old is not expected to explore for delusions, hallucinations, and psychotically disorganized speech.

Examination Demands & Techniques
SSA points out there are age-group variations in evaluation methods. The report needs to illustrate evaluative demands and techniques developmentally matched to the child's age. For a 4-year-old, was child-sized furniture available? During the parent interview, were attractive age-appropriate toys made available? Illustrate in the report the age-suited techniques you applied to establish rapport, engage the child's attention, and redirect attention when needed. Copying a circle, cross, and square is not an age-appropriate cognitive task for a 16-year-old but is appropriate for a preschool-aged child. Gathering clinical and functional data through clinical interview is a reasonable method for examining a 16-year-old. Clinical interview is not an appropriate method for examining a preschooler, however, because the preschooler's less developed verbal abilities will limit useful information. When examining a preschooler, your account of play-based assessment is expected.

Ability Expectations
The report must illustrate you applied ability expectations developmentally appropriate to the child's age. A typically developing 3-year-old is expected to interrupt the parent interview multiple times with requests for attention to her toys and activities. While two adults converse nearby, a typically developing 3-year-old is not expected to sit quietly in an adult-sized chair for more than a few minutes without wiggling or fidgeting. A typically developing 3-year-old is expected to require multiple reminders from adults conversing nearby not to touch a highly attractive object on the examiner's desk. A typically developing 6-year-old is not expected to know the purpose of the examination, produce a government-issued ID, know the exact date, or name the current US president. Once the examiner establishes rapport, a typically developing 6-year-old is expected to answer personal information questions correctly such as name, age, name of school, and grade in school.
Some behaviors are normative at one age, but of concern at an earlier or later developmental phase. An 18-month-old is expected to be afraid when approached by an unfamiliar adult, and to hide his face and require extended time before making eye contact. The same behavior by a 16-year-old requires considerable description and clinical exploration. A 12-year-old sitting quietly through a parent interview without toys or other entertainment is unremarkable. A two-year-old showing the same behavior warrants detailed description and expanded assessment.

> ***A child claimant's abilities should not be compared to the demands of adult roles and responsibilities.***

Parents' Knowledge of Child Development
Sometimes typically developing children engage in unpleasant and annoying behaviors. Children sometimes whine and cry, act silly, refuse to cooperate, or are highly active when parents want them to be quiet and still. Children often are messy, and sometimes destructive. Parents vary in knowledge of child development, and in degree of realistic expectations for their own child's behaviors. Some parents may pathologize normative behavior. Others may normalize pathological behavior. No matter how firm the parent's view, in reaching diagnostic and Functional Assessment opinions the consultative examiner is to apply child development and child psychopathology expertise, and to consider available collaterals, direct behavioral observations, and any test findings in addition to the parent's account. The length of time the reporting caregiver has lived with the child should be noted.

Unrepresentative Behaviors

Sometimes behavior in one setting does not represent the child's characteristic day-to-day functioning. Uncharacteristic behavior can emerge in response to the one-time clinical interview. A shy child may not warm up sufficiently during the clinical interview to speak directly to the consultative examiner, particularly if developmentally appropriate methods for establishing rapport were not applied. The same child in school may routinely speak to teachers and classmates age-appropriately. An 11-year-old removed once from her family by Child Protective Services may misconstrue the clinical examination as prelude to another removal. She may behave as withdrawn or disruptive, though that is not her characteristic behavior. Or during the examination a young child may not show a competence the parent says is mastered, such as reciting the alphabet or naming colors. An 8-year-old with ADHD may remain seated, answer questions without repetition and follow instructions without redirection in the one-on-one interview setting, yet school records document impulsivity and inattention negatively affecting his achievement. A child repeatedly suspended from school for fighting and aggression may sit calmly in your office with no signs of hostility and deny any problems getting along with others. Explore with the parent (and the youth, if age appropriate) whether behaviors during examination reflect the child's characteristic behaviors in the home, school and community.

PERTINENT DEVELOMENTAL INFORMATION

In mental claims, SSA and BDA only request developmental milestones for children up to age 3. For children 3 and older, early developmental milestones like independent sitting and age at first spoken word often are too remote and narrow to be clinically and functionally informative currently. Usual daily activities are expected for children 3 and older. Inquiry into daily activities needs to be age-tailored to the child. Depending on the clinical and functional hypotheses emerging in a case, explore facets of daily activities likely to be most informative. Daily activities inquiry in a case of autism spectrum disorder is expected to take different directions and turns that inquiry in a case of Oppositional Defiant Disorder. Helpful information on daily activities may include: What chore(s) is the child expected to complete on a daily basis? If the child does not complete chores independently, what form and amount of assistance is needed? Does the child independently complete homework? Does the child have friends from school who visit him/her at home? Is the child part of any regular group activities, such as a playgroup, church school/nursery or sports team? If so, how does he/she get along with the other children? How does the child get along with the adults in that setting? Does the child independently follow a bedtime routine (such as bathing, putting on pajamas, brushing teeth or something similar)? Does the child independently follow a morning routine? What does it entail? How does the child react to frustration or disappointment? How does the child respond to excitement or positive anticipation? How frequently does the child need the caregiver's help to manage emotions appropriately?

Child development involves transitions. Account of the child's responses to expected and unexpected transitions is informative. For example, what were the child's immediate and long-term responses to starting daycare or preschool, and to advancing from preschool to kindergarten? How did the child respond immediately and long-term when relocated to a different household with different family composition? How did the child respond immediately and long-term to the absence, illness or death of a significant adult? Integrating developmental information with behavioral health information is particularly helpful.

BEHAVIORAL HEALTH INFORMATION

Readers need sufficient behavioral health information to understand the nature, severity, course, duration, response to any interventions, and impact on the four mental abilities of any DSM disorder(s). Behavioral health information should be construed broadly. Behavioral health information includes account of current and lifetime abnormalities of emotions, thoughts, and/or behaviors reasonably considered psychiatric allegations - whether treated or untreated. A parent's report a child has untreated poor concentration is behavioral health information. A child's report of low mood, tearfulness, and self-loathing – whether treated or untreated - is behavioral health information. A parent's report a child "has depression and gets Zoloft from Dr. Smith our family doctor" is behavioral health information. A child's report "I lived at a treatment place for a while in middle school" is behavioral health information.

The parent's account of when concerns about the child's behavior first emerged can be helpful. What informal strategies were attempted? What were the results? When did concerns rise to the level prompting discussion with the pediatrician or other health care provider? What intervention was recommended? What was the result? Whether reported treatment is past, current, or both, relay account of who initiated treatment, why treatment was needed, types/intensity of treatment, any medications prescribed, treatment dates, names of treatment providers/facilities, the role of the caregiver in treatment, the child's response to treatment including the extent to which the disorder is/was controlled, and circumstances under which treatment ended. If no past or current treatment is reported, the caregiver's explanation for the lack of treatment is needed.

As part of treatment, children with DSM disorders may be placed in a variety of structured settings outside the home. Such settings include, but are not limited to, psychiatric hospitals, developmental disabilities facilities, residential treatment centers and schools, community-based group homes, and workshop facilities. Structured placements reduce mental demands and may attenuate overt signs of the DSM disorder, giving a falsely high impression of the child's functional abilities. In evaluating severity of a DSM disorder and resulting limitations, consider the child's four mental abilities compared to age-level functioning outside the highly structured setting. When naming a treatment facility in your location, mention for readers the nature of its services. Not all structured placements of children are for psychiatric reasons, placement in a structured setting for a non-psychiatric reason is not behavioral health information.

REQUESTS FOR COPY OF REPORT or SUBPEONAS

Reports of consultative exams conducted on referral by BDA are not to be released directly by the examiner to any party other than BDA. You should direct all requests and/or subpoenas for copies of CE reports to BDA. Even though the HIPAA Privacy Rule may cover you, you still must comply with all SSA rules regarding disclosure of information and access to information that you gather and maintain while performing work for SSA. The Privacy Act of 1974, as amended, Section 1106 of the Social Security Act, and our regulations at 20 CFR Part 401 concerns disclosure of information and access to information. If you receive a request for information, forward the request or subpoena to the attention of BDA's Medical Professional Relations Officer. For more information, please visit:

https://www.ssa.gov/disability/professionals/hipaa-cefactsheet.htm

REQUESTS BY CLAIMANTS FOR CHANGES TO REPORTS

Refer all requests for amendment of CE reports to BDA because SSA has specific rules that need to be followed regarding correcting records. Although you may also have obligations under 45 CFR 164.526 with respect to amending information generally, it is important that SSA's rules are followed with respect to information used in SSA's programs.

CE SCHEDULING TIMELINES

BDA will monitor the scheduling of examinations to ensure over scheduling is avoided. Your scheduler should allow sufficient time to permit the CE provider to take a claimant's history and perform the CE to SSA's requirements, including any BDA-approved tests.
The following intervals should be used when scheduling CEs. These are minimum limits for scheduling, not for the duration of the exam itself.

Comprehensive General Medical Examination	30 minutes
Comprehensive Musculoskeletal or Neurological Examination	20 minutes
Comprehensive Mental Status Examination	60 minutes
Psychological Examination (additional time may be required depending on types of psychological tests administered)	60 minutes
All others (or in accordance with accepted medical practice)	30 minutes

APPOINTMENT NOTIFICATION

Please notify BDA (email or ERE secure website) within 24 hours if a claimant attended his/her appointment, or if they are a no-show.

FAILED APPOINTMENTS

If a claimant does not appear for an examination, BDA may pay a $50.00 Records Review Fee if records were sent with the authorization, and the Consultative Examiner took the time to review those records in preparation for the examination. Should BDA choose to reschedule the appointment, this fee will only be paid one time for the first missed appointment.
An examination can be considered failed if a claimant is more than 15 minutes late following the appointed time. An appointment is not considered failed if a physician is not required in attendance and records review was not necessary (e.g., blood work only, x-rays, etc.). If BDA cancels an appointment less than 2 business days in advance of the appointed time, the physician may charge for the Records Review Fee, if records were sent by BDA and the Consultative Examiner reviewed them in preparation for the appointment. For example, if the appointment were on a Friday, the Cancel would need to be initiated by the previous Tuesday.

RESCHEDULING

Do not cancel and/or reschedule appointments directly with claimants. Additionally, do not cancel and/or reschedule claimant's appointments directly with adjudicative staff. All changes to scheduling must be completed by BDA's CE Scheduling Unit staff. Rescheduling directly with claimants or adjudicators may result in double-booking and denial of payment. Always refer the claimant to contact BDA for changes in scheduling.

AUTHORIZATION FOR DIAGNOSTIC OR PSYCHOLOGICAL TESTING

According to SSA regulations, we are permitted to order only those items specifically required by SSA documentation criteria. We will not pay for additional tests or procedures not included on the original authorization form, unless prior authorization is given and narrated by a BDA Medical Consultant.

Do not send claimants to x-rays or laboratory facilities for procedures that have not been pre-authorized. If a Consultative Examiner believes additional tests are needed, he/she should explain this in the CE report. Additional tests, if required for documentation by Social Security regulations, will be scheduled later.

Generally, the psychological testing profiles lay out exactly what tests need to be performed. There are occasions when the psychologist may feel a different test would better serve our assessment needs. In those instances, the CE provider would need to contact a BDA MPRO or manager.

BDA is responsible for paying for services requested in a consultative examination. Under no circumstances should a claimant be billed for services (or any portion of services) requested and authorized by BDA.

LIFE THREATENING CONDITIONS, ABUSE, SUICIDE, HOMICIDE

In situations of potentially life-threatening conditions (including stage 2 hypertension or higher), abuse, suicide, or homicide, the provider must notify the BDA of any life-threatening condition or indication of potential child, elder, or incapacitated adult abuse. This should be done in addition to what is mandated by state/federal requirements governing the reporting of abuse and neglect.

THREATS MADE BY A CLAIMANT

If during an examination, a claimant makes a direct, or indirect, threat against a BDA, OHA or SSA employee/office, or against you, please notify the BDA Professional Relations Officer immediately after the examination. The BDA needs to know:

1) The claimant's name and SSN as well as the date, time and location of the examination.
2) Your name and phone number.
3) The exact wording of the threat to the extent that is possible.
4) The name of the person or office being threatened.
5) Whether or not the threat was reported to law enforcement authorities or to anyone else.
6) Any other information you feel is relevant.

Reporting this information to the BDA does not relieve you of any professional obligation to report a threat or any requirement to report under State law. We appreciate your cooperation in this matter as it will improve security for you and our employees.

HOW THE BDA REVIEWS CONSULTATIVE EXAMINATION REPORTS

The BDA has an obligation to see that the money expended for a consultative examination is prudently spent and that the report is obtained as quickly as possible. In discharging this responsibility, the BDA reviews the report of the consultative examination to determine whether the specific information ordered has been furnished.

The BDA considers the following elements:

l. Does the report provide evidence which serves as an adequate basis for decision making in terms of the impairment(s) it assesses?

2. Is the report internally consistent? Are all the diseases, impairments and complaints described in the history adequately assessed and reported in the physical findings? Do the conclusions correlate with the findings from the history, examination, and testing, and explain all abnormalities?

3. Is the report consistent with the other information available to the BDA? Did the report fail to mention an impairment or relevant complaint that is noted on other evidence in the file (e.g., blindness in one eye, amputations, pain, alcoholism, depression)?

4. Is the functional assessment included in the report and is it a reasonable overall assessment of the claimant's maximum ability to do work related activities?

5. Is the report properly signed?

If the report is inadequate or incomplete, the BDA may contact the provider to furnish the missing information or prepare a revised report.

Consultative Exam Reports will be provided to the claimant's treating physician, at the claimant's request or if the examination reveals diagnostic information or test results which would be of significance to the claimant's treatment.

The reports are routinely reviewed by state agency doctors for accuracy and validity.

MANDATORY TRAININGS

Mandatory BDA training is required by the State to ensure that CEs are performed in compliance with Social Security Administration (SSA) disability program requirements, including applicable federal regulations, policies, and BDA procedural standards. Mandatory BDA trainings *are organized BDA trainings that fall outside of individual performance discussions*.

These training support:

- Quality, completeness, and timeliness of CE reports.
- Consistent application of SSA disability evaluation rules.
- Compliance with updated SSA policies, forms, and examination requirements.
- Program integrity and audit readiness.

VENDOR REGISTRATION AND PAYMENT PROCEDURES

To do business with BDA and receive payment for services provided, all vendors are required to register with the State of Nevada Purchasing Office and the Controller's Office. You may access the vendor registration process by visiting NV State Purchasing and Nevada Controller's Office, Vendor Services Unit Information. (nv.gov)

All charges must be itemized on the authorization form and on the service invoice (see Sample CE Authorization) to receive payment for services provided. Return the Service Invoice (barcode page) with a signed copy of the Consultative Examination report to the BDA office.

FEES & CODES

Fee schedules are included in the Service Agreement, and BDA pays only fees outlined on those schedules. The fee schedule codes are unique to BDA and are assigned based on agency needs.

SIGNATURE REQUIREMENTS

Acceptable medical sources in claims are defined by SSA as licensed psychologists and licensed psychiatrists, physicians, and other medical professionals. SSA indicates all consultative evaluation reports must be personally signed by the individual who actually performed the evaluation. The licensed consultant must examine the claimant, sign the report, and take overall responsibility for the report. Electronic Records Express (ERE) presents the option to sign the report electronically.

REPORT TIMELINESS

Consultative Exam Providers are required to submit reports to BDA within ten (10) business days of appointment date. If the report is not received after 10 business days, the exam may be reordered with a different provider and payment will not be issued. Frequent late submissions may result in termination of your Service Agreement.

BILLING TIME LIMITATIONS

Billing must be submitted with the report if submitted through ERE or by fax, but no later than 90 days from the date of service. Bills submitted later than 90 days or June 30th, whichever is earlier, may be denied for payment due to late submission.

SUBMITTING REPORTS

SSA and BDA process claims electronically. To facilitate this process, there are two options to submit your reports:

SEND MEDICAL RECORDS AND CE REPORTS ELECTRONICALLY

SSA's preferred method of CE report delivery is Electronic Records Express (ERE), a secure website that can safely upload your files. This service is FREE to medical providers who have access to the internet. SSA encrypts all transmissions of protected health information received through the ERE Services website.
The website also includes the Electronic Outbound Request (EOR) feature, which allows you to receive records requests or authorization form and background material electronically if you choose.

SSA's secure website address is https://secure.ssa.gov/acu/iresear/login; however, you must have an account created by the BDA MPRO Office before accessing this webpage. As of August 23, 2025, all users will be required to log in using a Login.gov or ID.me account.

TOLL-FREE FAX LINES FOR REPORTS/RECORDS

For those who do not yet have electronic capabilities, SSA also offers a toll-free secured fax line dedicated to receiving CE reports and medical evidence of record. Using this fax line will place the evidence in the claimant's electronic folder. Remember to also fax a copy of the Service Invoice (barcode page) as the fax coversheet. Please fax documents in the following order:

Service Invoice (completed)
CE report

The toll-free fax line is available 24 hours a day, seven days a week.
FAX NUMBER: 1.866.792.8244

BDA STAFF CONTACT INFORMATION

BDA Phone Number: (833) 877-3164

Consultative Exam Scheduling Unit - NV.BDA.CE.Unit@ssa.gov

Noemi	(CE Unit Supervisor)
Theresa	(Scheduler)
Gianna 'Gia'	(Scheduler)

Professional Relations Team — NV.BDA.MPRO@ssa.gov

Johnell	(Program Officer 1)	Office ext.: 72934		
Wade Peterson	(MPRO)	Office ext.: 72959	Mobile: 775-453-5526	Email: Wade.Peterson@ssa.gov
Jana Pisani	(Medical Manager)	Office ext.: 72981	Mobile: 775-298-9601	Email: Jana.Pisani@ssa.gov

Special note

CC'ing, or directing emails to the unit email address will ensure a prompt response.

REHABILITATION DIVISION

BUREAU OF DISABILITY ADJUDICATION

DETR
Nevada Department of Employment, Training and Rehabilitation

JOE LOMBARDO
Governor

DRAZEN ELEZ
Administrator

JANA VAUGHN
Deputy Administrator

Date: Aug 26, 2021
Case ID: 9250
RE: Ethan Cook
DOB: MARCH 22, 2019
Applicant: Ethan Cook
Authorization #:
DCC1234567

NV TEST VENDOR
513 TEST ST
TEST CITY, NV 12345-1234

APPOINTMENT AUTHORIZATION

Ethan Cook has applied for disability benefits. This letter authorizes you to perform the service(s) listed below. If you decide that you need additional tests, please call this office at (775) 771-3189 for authorization. We will pay the usual and customary fees in accordance with State regulation but will only pay for pre-authorized services. Do not bill the claimant for any services provided as part of this.

Claimant Information	Date and Time	Services Authorized
Ethan Cook	Thursday September 9th, 2021 03:00 PM Pacific Standard Time	Code: 96101-WAIS-IV Procedure Type Code: M Desc: Wechsler Adult Intelligence Scale – Verbal – Ages 16 – 89 years

Please evaluate the following:
[Insert Name or Description]

Special Instructions:
[Insert Instructions]

What You Need To Do Next

Please provide a report based on your findings. Ensure the service provided includes the details identified in this document. The medical source who performed the examination must review and sign the report either by "wet" signature submitted by mail or fax, or electronic signature, if submitted through the Electronic Records Express (ERE).

Please see the barcoded page for instructions on how to return the report. You must return the medical report to our office within 10 days from the date of the exam. If we do not receive your report, we may cancel the payment authorization and schedule the appointment with another provider.

TOLL FREE PHONE NUMBERS: (866) 535-9808 OR (800) 882-4430 TOLL FREE FAX: (866) 792-8244

If You Have Any Questions

If you have any questions about this appointment, please contact us at the number(s) shown between 8:00 am and 5:00 pm. When you call or leave a message, please provide the Case ID: 1234567, the individual's name, your name, and a call back number.

Thank you for your help

Adjudicator Theresa/NV
(775) 555-1212
(866) 792-8244 (FAX)

Enclosure(s):
Invoice
Privacy Act and Paper Reduction Act Statement
SSA-827 (Authorization to Disclose Information to the Social Security Administration (SSA))
Attachments
Return Envelope

TOLL FREE PHONE NUMBERS: (866) 535-9808 OR (800) 882-4430 TOLL FREE FAX: (866) 792-8244