

DEVELOPMENTAL (OT/PT) DISABILITY EVALUATION AND REPORT GUIDELINES

Provide a typed consultative examination (CE Report) within twelve (12) calendar days of the examination.

Provide the DDDS claimant's name, case number, and date of examination on the first page of the typed report. All subsequent pages shall contain the DDDS claimant's name and case number.

Comply with the detail and format for reporting the results of the consultative examination in accordance with the following consultation examination guidelines (including specific information requested on the Examination Authorization (L9CEVCHR)).

(1) Identify DDDS Claimant (or Child).

- (a) Include the DDDS claimant's case number
- (b) Indicate that the DDDS claimant provided proof of identity by showing an original document proving U.S. citizenship, age and identity (i.e. social security card, U.S. passport, birth certificate, student or school ID, daycare center or school record)

AND

- (c) Provide a physical description of the DDDS claimant, to help ensure that the person being examined is the DDDS claimant

(2) **Chief Complaint.** State the major or chief complaint(s) alleged as the reason for disability. Describe how the impairment(s) affects function and daily activities. Clarify functional loss by providing specific examples of capabilities and activities of daily living.

(3) **Review of Records.** Provide a brief summary or list of background material or medical records received and reviewed prior to the examination. A statement should be made if no medical documents were made available for review by the DDDS.

(4) **History.** Identify the person(s) providing the oral medical history and comment on validity and reliability of the person's reporting.

- (a) Past and Present Illness. This section of the examination report should describe and discuss the DDDS claimant's:
 - i. Prenatal, delivery, and neonatal course
 - ii. Chronological history of developmental milestones
 - iii. Other significant past illnesses, injuries, operations, hospitalizations, and urgent care encounters with dates of the events and names of facilities where treatment was given (when appropriate)
 - iv. Onset and duration of the impairment(s)
 - v. Current treatment. Include medicines and dosages, role of child and caregiver in administration of medications and treatment plan, adjustments in medication regimen.
 - vi. Special therapy, equipment or devices.
 - vii. Response to treatment and extent of control of the impairment(s)
 - viii. Source(s) of medical and/or surgical care. Include hospitals, specialist, or specialty clinics.

- (b) Family History. Describe and discuss family composition, health of family members, similar disease/disorder in other members of the family, the primary caretaker(s) and their role in providing for the DDDS claimant's medical and daily activity needs.

(5) **Review of Systems.** Describe and discuss:

- (a) Other complaints and symptoms the DDDS claimant has experienced
- (b) Pertinent negative findings of the DDDS claimant relevant to the specific impairment(s) being examined and not otherwise described in current medical history

(6) **Clinical Observations.** Describe and discuss:

- (a) Behavior during the evaluation
- (b) Willingness to cooperate and engage
- (c) Potential impact of other impairment(s) on the child's performance

(7) **Developmental or Motor Testing Results** (i.e. Bayley Scales of Infant Development or Peabody Motor Scales).

- (a) Total standard scores (SS) and all scaled subtest scores must be reported and submitted
- (b) All test and subtest means and standard deviations must be reported and submitted
- (c) Indicate when a parent questionnaire is used
- (d) Discuss the reliability and validity of test results with regards to the child's cooperation, interest, attention and concentration
- (e) Include test protocols

(9) **Diagnosis.**

- (a) Provide a diagnosis based on clinical, objective evidence
- (b) Include a discussion of which findings and observations led to the diagnoses
- (c) Do not give diagnoses based solely on the DDDS claimant's subjective complaints

(10) **Prognosis.** Note probable duration and expected results of current treatment.

(11) **Medical Opinion** (remaining functional abilities).

- (a) Based on the objective examination findings, provide an opinion of the DDDS claimant's (or child's) ability to do function as compared to other children of the same age who do not have impairments.
- (b) This statement must be supported by the objective clinical findings.

(11) **Report Signature.** The report is required to be reviewed and signed by the provider who performed the consultative examination.

- (a) A rubber stamp signature or a signature by another provider is not acceptable
- (b) It is not acceptable to indicate "not proofed" or "dictated, but not read" on the report
- (c) The performing provider's name must be typed at the end of the report despite the report being wet-signed or electronically signed

If the report is to be submitted via Social Security's Electronic Records Express secured website, using the "click and sign" feature is an acceptable electronic signature