

ADULT OTOLOGIC 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.

- (a) Include the DDDS claimant's case number
- (b) Indicate that the DDDS claimant provided proof of identity by showing a valid and current government photo ID (i.e. U.S. State-issued driver's license, U.S. State-issued non-driver identity card, U.S. passport, U.S. military ID, student or school ID, etc.)

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 the inability to work. 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. Date of onset of illness or impairment
 - ii. Progression of symptoms (i.e. birth, injury, illness)
 - iii. DDDS claimant's statement of current symptoms
 - iv. Type and resultant effect of any treatment
 - v. Current Medications (include name, dose, frequency of medication(s), and beneficial and adverse effects)
 - vi. Other significant past illnesses, injuries, operations, and diagnostic procedures with dates of the events (i.e. audiometry, tympanography, MRI)
 - vii. For DDDS claimant's without a cochlear implant: Air and bone pure tone audiogram and speech audiograms to include speech reception thresholds and speech discrimination scores, and the audiologist's testing result comments
 - viii. For Labyrinthine-vestibular disorders: Include documentation of episodes of vertigo, including frequency, severity and duration of the attacks
 - (b) Typical daily activities
 - (c) Social History. Include pertinent findings about use of tobacco products, alcohol, prescription/non-prescription drugs, etc. Comment on the effects of substance abuse on functioning. If there is no history of substance abuse, include a statement to that effect.

- (d) Family History (if pertinent)
- (5) **Review of Systems.** Review all body systems. Describe any specific complaints and discuss:
- (a) Other complaints and symptoms the DDDS claimant has experienced relative to the specific organ systems
 - (b) Pertinent negative findings considered in making differential diagnosis of current illness or in evaluating the severity of this or any other alleged impairment
- (6) **Physical Examination.** Cover every section of the examination. Provide specific information and be as descriptive as possible. Include direct quotes by the DDDS claimant when appropriate.
- (a) General Appearance and Physical Observations
 - i. Describe the DDDS claimant's general appearance, nutritional status (i.e. height and weight without shoes), and pertinent actions during the examination
 - ii. Comment on any apparent abnormalities (i.e. claimant commented on the construction noise outside the office)
 - iii. Note cooperation during exam. If effort of inconsistencies are noted, report Waddell's signs.
 - (b) Otologic Examination. *Must be performed immediately before audiometric testing takes place.* Describe:
 - i. Pinna, external auditory canals, and tympanic membranes
 - (c) For vertigo, comment on:
 - i. The presence or absence of nystagmus
 - ii. Romberg results
 - iii. Cerebellar signs
- (7) **Tympanometry.**
- (a) Perform prior to audiometry to ensure there are no conditions that would prevent valid audiometric testing (i.e. fluid in the ear, ear infection, or obstruction of the ear canal)
 - (b) Report any other factors that can affect the interpretation of the test results (i.e. DDDS claimant's level of cooperativeness)
 - (c) Specify the reason if testing cannot be performed
- (8) **Audiometry.** In instances where the audiometry testing is requested, quantitative findings should be determined by an audiometer which meets the standards of the American National Standards Institute (ANSI) for air and bone conducted stimuli. Standardization must be noted in the report. Testing must be conducted in a soundproof booth or room and through the use of earphones or inserts. **Each ear must be tested separately. Hearing aids should NOT be worn during testing.** Information regarding method used must accompany results (i.e. manual, automatic, or computerized).
- (a) Pure Tone Air and Bone Conduction: Provide testing results at **500, 1000 and 2000 Hz.** Audiogram results must accompany the report. If no amplification is used, provide reason for not using amplification.
 - (b) Speech Reception Threshold: If not within 10 dB of average pure tone air conduction hearing threshold, the reason for discrepancy must be explained
 - (c) Speech Discrimination: This test must be performed in quiet using a standardized list of phonetically balanced monosyllabic words at a sound level of 35 to 40 dB above a previously determined speech discrimination in the absence of any visual cues (i.e. no lip reading).

- (A) If the DDDS claimant cannot be tested at 35 to 40 dB above his/her SRT, report the DDDS claimant's word recognition testing score at the highest comfortable level of amplification and indicate the level at which the testing was performed.
 - (B) If a DDDS claimant is not fluent in English, a word list should be used for the language in which the person is most fluent.
 - (C) The person conducting the test should also be fluent in the language used for the test.
 - (D) Testing methodology may vary with use of earphone amplification or sound field (booth) amplification.
 - (E) Speech detection using visual cues is not appropriate for exams.
- (9) **Cochlear Implants.** For DDDS claimants with cochlear implants, word recognition testing can be performed with any version of the Hearing in Noise Test (HINT). Testing must be conducted in quiet in a sound field. The cochlear implant must be functioning properly and adjusted to the DDDS claimant's normal settings. The sentences should be presented at 60 dB HL (Hearing Level) and without any visual cues.
- (10) **Ability to Communicate.** Clinical information describing the DDDS claimant's ability to communicate with the evaluator is an excellent resource and should be used to assess the validity of audiometric testing.
- (11) **Development of Speech.** Indicate if the DDDS claimant can hear normal conversational voice, and comment on speech to include audibility, sustainability, and understandability.
- (12) **Aids.** The ability to effectively wear a hearing aid must be noted.
- (13) **Laboratory and Other Tests.** Do not perform laboratory or other tests unless they have been specifically authorized in advance by the DDDS.
- (14) **Diagnosis and Prognosis.**
- (a) Provide a diagnosis and prognosis based on history, the observation during the examination, and results of relevant laboratory or other test(s)
 - (b) Include any non-physiological responses to testing
 - (c) Do not give diagnoses based solely on the DDDS claimant's subjective complaints, allegations, and/or presumptions
- (15) **Medical Opinion** (remaining functional abilities).
- (a) Based on the objective examination findings, provide an opinion of the DDDS claimant's ability to do work related activities despite his/her impairment(s)
 - (b) This statement must be supported by the objective clinical findings and include an assessment of any limitations in physical activities such as:
 - i. Lifting/carrying/pushing/pulling
 - ii. Sitting/standing/walking
 - iii. Posture (i.e. climbing/stooping/bending/balancing/crawling/kneeling/crouching);
 - iv. Fine motor skills (i.e. handling/fingering/gripping/feeling)
 - v. Overhead and forward reaching
 - vi. Vision/hearing/speech (i.e. hearing, understanding, and communicating oral instructions)
 - vii. Environmental exposures (i.e. hearing loud hazard warnings, ability to tolerate noise in a work environment, vibration)

- (16) **Report Signature.** The report is required to be reviewed and signed by the doctor who performed the consultative examination.
- (a) A rubber stamp signature or a signature by another doctor or provider is not acceptable
 - (b) It is not acceptable to indicate “not proofed” or “dictated, but not read” on the report
 - (c) The performing doctor’s name must be typed at the end of the report despite the report being wet-signed or electronically signed
 - i. 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

CHILD OTOLOGIC 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. Other significant past illnesses, injuries, operations, hospitalizations, and urgent care encounters with dates of the events and names of facilities where diagnosis and treatment were given (when appropriate)

- iii. The hearing loss and how it affects the DDDS claimant
- 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, special therapy, equipment or devices.
- vi. Response to treatment and overall extent of control of the impairment(s)
- vii. Source(s) of medical care including specialist(s) or specialty clinics
- (b) Social History. Include pertinent findings about use of tobacco products, alcohol, prescription/non-prescription drugs, etc. (as appropriate).
- (c) 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.

(7) **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

(8) **Growth and Development.** Describe and discuss (as appropriate):

- (a) Any delay in length/height or weight growth when impairment(s) would be expected to affect growth
- (b) Developmental milestones if under age 6
- (c) Early infant or preschool intervention services
- (d) For children 6 years and older, usual daily activities
- (e) Current grade, type of class, limitations of activities or need for special assistance or extra care

(9) **Physical Examination.** The report should present aspects of the examination dealing with the DDDS claimant's impairment(s) and describe both pertinent positive and negative findings. The report should include **a complete hearing** examination.

- (a) Description of the interaction with the examiner and ability to understand directions and communicate clearly with content appropriate for age
- (b) Estimate of speech intelligibility when first spoken, and if appropriate, after repetition
- (c) Otologic Examination. *Must be performed immediately before audiometric testing takes place.*
 - i. Describe appearance of external ears (pinnae and external ear canals)
 - ii. Evaluate tympanic membranes and assess any middle ear abnormalities

(8) **Tympanometry.**

- (a) Perform prior to audiometry to ensure there are no conditions that would prevent valid audiometric testing (i.e. fluid in the ear, ear infection, or obstruction of the ear canal)
- (b) Report any other factors that can affect the interpretation of the test results (i.e. DDDS claimant's level of cooperativeness)
- (c) Specify the reason if testing cannot be performed

(9) **Audiometry.** In instances where the audiometry testing is requested, quantitative findings should be determined by an audiometer which meets the standards of the American National Standards Institute (ANSI) for air and bone conducted stimuli. Standardization must be noted in the report. Testing must be conducted in a soundproof booth or room and through the use of

earphones or inserts. **Each ear must be tested separately. Hearing aids should NOT be worn during testing.** Information regarding method used must accompany results (i.e. manual, automatic, or computerized).

- (a) Birth to Age 6 Months: Indicate air conduction thresholds determined by auditory brainstem response (ABR) testing. Provide testing results at **500, 1000, 2000** and **4000 Hz**.
 - (b) Age 6 Months to Age 5 Years: Indicate air conduction thresholds determined by visual reinforcement audiometry (VRA). Provide testing results at **500, 1000, 2000** and **4000 Hz**. Results of ABR can be used if behavioral assessment cannot be complete or if test results are incomplete or unreliable.
 - (c) Age 5 Years to Age 18 Years: Indicate pure tone and speech audiometry. Include:
 - i. Pure Tone Air and Bone Conduction: Provide testing results at **500, 1000, 2000** and **4000 Hz**. Audiogram results must accompany the report. If no amplification is used, provide reason for not using amplification.
 - ii. Speech Reception Threshold (SRT): If not within 10 dB of average pure tone air conduction hearing threshold, the reason for discrepancy must be explained.
 - iii. Speech Discrimination: This test must be performed in quiet using a standardized list of phonetically balanced monosyllabic words at a sound level of 35 to 40 dB above a previously determined speech reception threshold (SRT). The SRT is necessary to determine speech discrimination in the absence of any visual cues (i.e. no lip reading).
 - (A) If the DDDS claimant cannot be tested at 35 to 40 dB above his/her SRT, report the DDDS claimant's word recognition testing score at the highest comfortable level of amplification and indicate the level at which the testing was performed
 - (B) If a DDDS claimant is not fluent in English, a word list should be used for the language in which the person is most fluent
 - (C) The person conducting the test should also be fluent in the language used for the test
 - (D) Testing methodology may vary with use of earphone amplification or sound field (booth) amplification
 - (E) Speech detection using visual cues is not appropriate for exams
- (10) **Cochlear Implants.** For DDDS claimants from age 5 to age 18 years with cochlear implant(s), word recognition testing can be performed with any version of the Hearing in Noise Test (HINT). Testing must be conducted in quiet in a sound field. The cochlear implant must be functioning properly and adjusted to the DDDS claimant's normal settings. The sentences should be presented at 60 dB HL (Hearing Level) and without any visual cues.
- (11) **Ability to Communicate.** Clinical information describing the DDDS claimant's ability to communicate with the evaluator is an excellent resource and should be used to assess the validity of audiometric testing.
- (12) **Development of Speech.** Indicate if the DDDS claimant can hear normal conversational voice, and comment on speech to include audibility, sustainability, and understandability.
- (13) **Aids.** The ability to effectively wear a hearing aid must be noted.
- (14) **Laboratory and Other Tests.** Do not perform laboratory or other tests unless they have been specifically authorized in advance by the DDDS.
- (15) **Diagnosis and Prognosis.**
- (a) Provide a diagnosis and prognosis based on history, the observation during the examination, and results of relevant laboratory or other test(s)

- (b) Include any non-physiological responses to testing
- (c) Do not give diagnoses based solely on the DDDS claimant's subjective complaints, allegations, and/or presumptions

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

- (a) Based on the objective examination findings, provide an opinion of the DDDS claimant's (or child's) limitations in abilities/activities which result from the impairment(s) examined
- (b) This statement must be supported by the objective clinical findings

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

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