

Department of Social and Health Services

Community Services Division

Social Services Manual

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Category: **Medical Evidence to Support SSI Applications**
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Summary

Revised and updated the entirety of this page for accuracy. Removed references to form 17-118 which is obsolete. Detailed appropriate times to send medical evidence to support SSI application reimbursement requests through the Exception to Rule (ETR) process in Barcode.



~~Special Report for SSI Hearing and Medical Examinations at the SSI Administrative Hearing Level~~ Medical Evidence to Support SSI Applications

Revised on August 31st, 2016

Special Report for SSI Hearing Purposes

This is medical evidence used at an administrative hearing when an ABD recipient is involved in the Social Security disability determination appeal process. These reports are a supplement to medical evidence already obtained by the Department and any consultative exams obtained by DDDS. A Special Report from a medical provider is defined as:

1. Verbal information provided to the attorney, followed by a written report; or
2. In person testimony at an administrative hearing.

Reimbursement for special reports must be pre-approved by the Exception to Rule (ETR) process in Barcode.

Medical Evidence at the SSI Initial, Reconsideration, or Hearing Level

When an additional evaluation or testing is necessary to support an SSI application at any level of the determination process, and DDDS will not pay per their policy, use the following procedures:

1. If payment is within the medical evidence fee schedule, generate a referral in ICMS using the appropriate DSHS 14-150 to authorize payment.
 - a. Document the reason for the referral in ICMS case notes.
2. If payment for medical evidence is outside of the medical evidence fee schedule, submit a request for an expenditure approval through the ETR process in Barcode. Please include the following information in the request:
 - a. The specific evaluation or testing being requested, including the credentials of the provider needed to perform or author the evidence (e.g. physician, psychologist, neurologist, etc.);
 - b. An explanation of why the evaluation or testing is necessary;
 - c. An explanation of why DDDS will not pay for the evaluation or testing; and
 - d. If the SSI application was denied, the reason(s) for the denial.
3. If approval is obtained from CSD Headquarters through the ETR process, clearly document the approval in ICMS case notes.
4. In order to receive reimbursement for an approved evaluation or additional testing, the provider must send the CSO an invoice for the services being billed. Upon confirmation that the medical evidence has been received and is complete, social services staff will submit the reimbursement request through SSPS using the appropriate service codes detailed in the CSD Procedures Handbook. Special reports-Medical examinations at the SSI administrative hearing level must be pre-approved by State Headquarters.

~~See Medical Evidence Reimbursements for payment rates and maximum payment.~~

~~When the attorney requests an evaluation or special report by a medical provider to be used when the client is in the Social Security hearing process, follow this procedure:~~

~~The Social Worker receives a written request from the attorney, which includes the following information:~~

~~Reason that the report is necessary, including a summary of the exhibits in the record.~~

~~Description of the consequence if the request is not approved.~~

~~Name and contact information of the medical provider.~~

~~An attached written time estimate from the medical provider who will be preparing the report.~~

~~The SSIF submits an expenditure request form 17-118 by either fax (360) 725-4905 or by email to HQ ETR coordinator Jennifer Peterson.~~

~~The Social Worker communicates the decision to the attorney. If the 17-118 is approved, the Social Worker sends a 14-150 to the medical provider along with the request for the special report.~~

~~After the service is provided, the Social Worker must receive a detailed billing listing the service provided, the amount of time spent providing the service, and a copy of any records created as a result of this service. If approved, payment would be authorized with SSPS code 96220.~~

EXAMPLE: An ABD recipient with a mental illness has missed multiple DDS consultative exams despite coordination with DDS to arrange transportation. DDS has refused to schedule another consultative examination. Submit an expenditure request through the Barcode ETR process for an evaluation that meets DDS consultative examination criteria.

EXAMPLE Example: _____

The SSIF receives a phone call from an attorney asking DSHS to pay for copies of medical records from the local community hospital. The attorney asks for the complete medical records (e.g. "all records" or "all history") and says that they are being used to for "preparing the case for hearing." The SSIF asks what specific records are needed, specifically why those specific records are needed, and if all or part of them are included in the DDS or CSO records already provided to the attorney, and asks for what dates the records are incomplete. The attorney responds by saying they just wants to make sure they have everything. The SSIF denies the request because the need for the records has not been clearly demonstrated.