Systems Unit, Rm 1025
P.O. Box 165
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NYS Division of Disability Determinations

CE Data Transfer

1. CE Data Transfer System Requirements (1 p.)
2. Record Layout for the Transfer Record To Data Transfer Providers (3 pp.)
3. CE Data Transfer, Fields Going to Provider (3 pp.)
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5. CE Data Transfer, Provider Return Fields (2 pp.)
6. Instructions for Completion of DDD-4184 (CE-10) (5 pp.)
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CE Data Transfer System Requirements

The suggested PC system set-up for participation in CE Data Transfer is as follows:

Provider Specifications

PC installed components:

- Pentium 4 processor, 2 GHz or better
- Windows XP, SP2 or higher
- Mouse
- Minimum 2 GB RAM
- Available Hard Drive space of 10 gigabytes or more
- High speed cable or DSL connection
- Internet Browser software:
  - Microsoft Internet Explorer Version 7.0 SP2 or higher with 128 bit encryption support
- Access to an Internet Service Provider.
- May require a digital certificate

Record Layout – Download to Provider
(Including Cancellations & Supplementals)

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*****************************************************************************************
***  WSMG4100                                                                         ***
*****************************************************************************************
*** THIS PROC IS USED AS THE RECORD LAYOUT FOR THE CE DATA                            ***
*** TRANSFER RECORD.                                                                  ***
*** THE RECORD CONTAINS 5000 CHARACTERS.                                              ***
*****************************************************************************************
 01  CDT-RECORD.
     03  CDT-HEADER-INFO.
         05  CDT-PROVIDER-NO.
             07  CDT-PROVIDER-ID                                  PIC X(09).
             07  CDT-PROVIDER-LOC                                 PIC X(01).
         05  CDT-OV-NUM                                           PIC X(07).
         05  CDT-REGION                                           PIC 9(01).
         05  CDT-MODULE                                           PIC X(01).
         05  CDT-UNIT                                             PIC X(03).
         05  CDT-PIN                                              PIC 9(04).
         05  CDT-CLAIM-SSN                                        PIC X(09).
         05  CDT-CLAIM-BIC                                        PIC X(04).
         05  CDT-TASK-NUMBER                                      PIC 9(02).
     03  CDT-PHONE-NO                                             PIC 9(10).
     03  CDT-PROVIDER                                             PIC X(30).
     03  CDT-ORD-DATE.
         05  CDT-ORD-DATE-YY                                      PIC XX.
         05  CDT-ORD-DATE-MM                                      PIC XX.
         05  CDT-ORD-DATE-DD                                      PIC XX.
     03  CDT-CLAIMANT-NAME.
         05  CDT-CLAIMANT-FIRST-NAME                              PIC X(13).
         05  CDT-CLAIMANT-MIDDLE-INIT                             PIC X.
         05  CDT-CLAIMANT-SURNAME                                 PIC X(20).
     03  CDT-CLAIMANT-ADDR.
         05  CDT-CLAIMANT-ADDR1                                   PIC X(30).
         05  CDT-CLAIMANT-ADDR2                                   PIC X(30).
         05  CDT-CLAIMANT-CITY                                    PIC X(20).
         05  CDT-CLAIMANT-STATE                                   PIC X(02).
         05  CDT-CLAIMANT-ZIP                                     PIC X(09).
     03  CDT-TOLL-NUMBER                                          PIC 9(11).
     03  CDT-REGIONAL-ADDR.
         05  CDT-REGIONAL-STREET                                  PIC X(30).
         05  CDT-REGIONAL-CITY                                    PIC X(20).
         05  CDT-REGIONAL-STATE                                   PIC X(02).
         05  CDT-REGIONAL-ZIP                                     PIC X(09).
     03  CDT-SPECIAL-ADDR.
         05  CDT-SPEC-PROV-NAME                                   PIC X(30).
         05  CDT-SPECIAL-ADDR1                                    PIC X(30).
         05  CDT-SPECIAL-ADDR2                                    PIC X(30).
         05  CDT-SPECIAL-CITY                                     PIC X(20).
         05  CDT-SPECIAL-STATE                                    PIC X(02).
         05  CDT-SPECIAL-ZIP                                      PIC X(09).
     03  CDT-CLAIM-PHONE-NUM                                      PIC 9(10).
     03  CDT-CLAIMANT-DOB                                         PIC 9(06).
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03  CDT-GRP-ORD-VOUCHS.
    05  CDT-OTHER-OVS              OCCURS 4 TIMES.
        07  CDT-SEC-OV-NUM                                  PIC X(07).
        07  CDT-SEC-PROV-ID.
            10  CDT-SEC-PROV-NUM                            PIC X(09).
            10  CDT-SEC-PROV-LOC                            PIC X(01).
        07  CDT-SEC-PROV-NAME                               PIC X(30).
        07  CDT-SEC-ADDR1                                   PIC X(30).
        07  CDT-SEC-ADDR2                                   PIC X(30).
        07  CDT-SEC-CITY                                    PIC X(20).
        07  CDT-SEC-STATE                                   PIC X(02).
        07  CDT-SEC-ZIP                                     PIC X(09).
    05  CDT-SEC-PROC-INFO         OCCURS 11 TIMES.
        07  CDT-SEC-PROC-OV                                 PIC X(07).
        07  CDT-SEC-PROC-CODE                               PIC X(6).
        07  CDT-SEC-PROC-DISC                               PIC X(40).
        07  CDT-SEC-PROC-FEE                                PIC 999V99.
        07  CDT-SEC-PROC-DIST                               PIC X(1).
    05  CDT-PROCEDURE-CODES    OCCURS 12 TIMES.
        07  CDT-PROC-CODES                                  PIC X(06).
        07  CDT-PROC-FEE                                    PIC 999V99.
        07  CDT-PROC-DIST                                   PIC X(01).
        07  CDT-PROC-DISC                                   PIC X(40).
03  CDT-CE5-LETTER.
    05  CDT-CE5                       OCCURS 5 TIMES        PIC X(02).
03  CDT-CE7-LETTER.
    05  CDT-CE7                       OCCURS 4 TIMES        PIC X(01).
03  CDT-COND-CODES.
    05  CDT-COND-CODE                OCCURS 2 TIMES         PIC X(04).
    05  CDT-COND-DISC                OCCURS 2 TIMES         PIC X(92).
03  CDT-FORM-CODES          OCCURS 26 TIMES                 PIC X(11).
03  CDT-RETURN-ADDR.
    05  CDT-RETURN-STREET                                   PIC X(30).
    05  CDT-RETURN-CITY                                     PIC X(20).
    05  CDT-RETURN-STATE                                    PIC X(02).
    05  CDT-RETURN-ZIP                                      PIC X(09).
********* BACKGROUND INFORMATION TO CEMD ****************************************
03  CDT-ADD-INFO                                            PIC X.
03  CDT-CLMT-OCCUPATION                                     PIC X(30).
03  CDT-CLMT-COMPLAINTS                                     PIC X(50).
03  CDT-CLMT-OBSERVATION                                    PIC X(110).
03  CDT-NON-HOSP-DAT-FROM      OCCURS 2 TIMES.
    05  CDT-NON-HOSP-DT-FROM                                PIC 9(6).
03  CDT-NON-HOSP-DAT-TO        OCCURS 2 TIMES.
    05  CDT-NON-HOSP-DT-TO                                  PIC 9(6).
03  CDT-NON-HOSP-DIAGS          OCCU RS 2 TIMES.
    05  CDT-NHOSP-DIAGNOSIS                                 PIC X(20).
03  CDT-NON-HOSP-TREAT          OCCURS 2 TIMES.
    05  CDT-NHOSP-TREATMENT                                 PIC X(30).
03  CDT-NON-HOSP-EXAM           OCCURS 2 TIMES.
    05  CDT-NHOSP-EXAM-FIND                                 PIC X(30).
03  CDT-NON-HOSP-LAB            OCCURS 2 TIMES.
    05  CDT-NHOSP-LAB-FIND                                  PIC X(20).
03  CDT-HOSP-DAT-FROM           OCCURS 2 TIMES.
    05  CDT-HOSP-DT-FROM                                    PIC 9(6).
03  CDT-HOSP-DAT-TO              OCCURS 2 TIMES.
    05  CDT-HOSP-DT-TO                                      PIC 9(6).
03  CDT-HOSP-DIAGS               OCCURS 2 TIMES.
    05  CDT-HOSP-DIAG                                       PIC X(20).
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        03  CDT-HOSP-TREATMENT          OCCURS 2 TIMES.
            05  CDT-HOSP-TREAT                                  PIC X(30).
        03  CDT-OTHER-REMARKS.
            05  FILLER                                          PIC X(255).
            05  FILLER                                          PIC X(255).
            05  FILLER                                          PIC X(140).
********* THIRD PARTY REP/OTHER DATA DSS-4334 ***************************************
        03  CDT-REP-NAME                                        PIC X(34).
        03  CDT-REP-ADDR1                                       PIC X(30).
        03  CDT-REP-ADDR2                                       PIC X(30).
        03  CDT-REP-CITY                                        PIC X(20).
        03  CDT-REP-STATE                                       PIC X(02).
        03  CDT-REP-ZIP                                         PIC X(09).
        03  CDT-OTH-NAME                                        PIC X(34).
        03  CDT-OTH-ADDR1                                       PIC X(30).
        03  CDT-OTH-ADDR2                                       PIC X(30).
        03  CDT-OTH-CITY                                        PIC X(20).
        03  CDT-OTH-STATE                                       PIC X(02).
        03  CDT-OTH-ZIP                                         PIC X(09).
        03  CDT-ANAL-FNAME-INIT                                 PIC X.
        03  CDT-ANAL-LNAME                                      PIC X(20).
        03  CDT-ANAL-TITLE                                      PIC X(18).
        03  CDT-ANAL-UNIT-NAME                                  PIC X(07).
        03  CDT-ANAL-MOD                                        PIC X.
        03  CDT-ANAL-UNIT                                       PIC X(3).
        03  CDT-CASE-TITLE                                      PIC X(2).
        03  CDT-CENTURY.
            05  CDT-ORD-DATE-CC                                 PIC XX.
            05  CDT-CLAIMANT-DOB-CC                             PIC XX.
        03  CDT-SPECIAL-PHONE-NO                                PIC X(10).
        03  CDT-UNIT-FAX-NO                                     PIC 9(11).
        03  CDT-CANCEL-INFO.
            05  CDT-CANCEL                                      PIC X(6). “CANCEL”
            05  CDT-CANCEL-DATE                                 PIC X(8). “CCYYMMDD”
        03  CDT-SUPL-ORDER-TAG                                  PIC X(18).
    ********* OTHER MISC DATA  ***************************************
        03  CDT-SNO-FLAG                                        PIC X.
        03  FILLER                                              PIC X(197).
        03  FILLER                                              PIC X(255).
        03  FILLER                                              PIC X(197).
        03  CDT-END-REC                                         PIC X(003).
```

CE DATA TRANSFER DATA FIELDS

FIELDS	SOURCE	DESCRIPTION	SIZE	CE-7*	CE-5,5B*	CE-9	CE-2	4149*	4184*	4334
Phone No.	Staff File	Analyst's local phone #	Num [10]	x	x	x	x			
Provider	Prov. File	Specialist's name	Char [30]	x	x	x	x			
O&V No.	CE Rec.	Unique Order & Voucher #	Char [07]	x	x	x	x		x	
Order Date	CE Rec.	Date CE Order generated	Num [06]	x	x	x	x			x
Region	Staff File	Region Identifier	Num [01]	x	x	x	x	x	x	
MOD	Staff File	Module Identifier	Char [01]	x	x	x	x	x	x	
Unit	Staff File	Unit Identifier	Char [03]	x	x	x	x	x	x	
PIN	Staff File	Analyst's Pers. ID Number	Num [04]	x	x	x	x	x	x	
SSN	Case File	Claimant's Soc. Sec. No.	Char [09]	x	x	x	x	x	x	x
BIC	Case File	Claimant's BIC	Char [04]					x		
Task Number	Case File	CPL Task Number	Num [02]	x	x	x	x		x	x
Claimant Name	Case File	Claimant's name First Middle Initial Last	 Char [13] Char [01] Char [20]	 x x x	 x x x	 x x x	 x x x	 x x x	 x x x	
Claimant Address	Case File	Claimant's Address Address 1 Address 2 City State Zip	 Char [30] Char [30] Char [20] Char [02] Char [09]	 x x x x x	 x x x x x	 x x x x x	 x x x x x			
Payee ID	Prov. File	Provider's ID Number Primary Provider ID Secondary Provider ID (occurs maximum of 4 times)	 Char [09] Char [09]	 x x			 x x		 x x	
Provider Location	Prov. File	Provider Location Code Primary Provider Location Secondary Provider Location (occurs maximum of 4 times)	 Char [01] Char [01]	 x x			 x x		 x x	
Toll-free Phone	Reg'l Addr.	Region's Toll-Free Phone No.	Num [11]		x	x	x			x
Regional Address	Reg'l Addr.	Region's mailing address Street Address City State Zip	 Char [30] Char [20] Char [02] Char [09]			 x x x x	 x x x x			 x x x x
Specialist's Address	Prov. File	Provider's Service address Provider Name Address Line 1 Address Line 2 City State Zip	 Char [30] Char [30] Char [30] Char [20 Char [02] Char [09]		 x x x x x x	 x x x x x x	 x x x x x x			
Claimant Phone Number	Case File	Claimant's phone number	Num [10]	x		x				
DOB	Case File	Claimant's date of birth	Num [06]	x				x		
Other O&V #(s)	CE File	Secondary Order Numbers (occurs maximum of 4 times)	Char [07]	x						
Secondary Provider Address	Prov. File	Secondary Prov's Service Addr. (occurs a maximum of 4 times) Provider Name Address Line 1 Address Line 2 City State Zip	 Char [30] Char [30] Char [30] Char [20] Char [02] Char [09]		 x x x x x x	 x x x x x x	 x x x x x x			
Procedure Codes	Proc. File	Procedure Codes (occurs 12 times each O&V)	Char [06]	x						
Procedure Code Distinction	CE File	Procedure Code Distinction (occurs 12 times each O&V)	Char [01]	x						
Procedure Code Description	Proc. File	Procedure Fees (occurs 12 times each O&V)	Char [40]	x						

Special Paragraphs	Print File	Special paragraph requests CE-5 paragraphs (possible 5 occurrences CE-7 paragraphs (possible 4 occurrences	Char [0 2] Char [01]	x x						
Condition Code	Alleg. File	Condition Code (maximum of 2 occurrences)	Char [04]		x					
Condition Description	Alleg. File	Condition Code (maximum of 2 occurrences)	Char [92]		x					
Form Codes	Proc. File	Reporting Form Codes (26 occurrences)	Char [11]	x						
Case Title	Case File	SSA Title for Funding	Char [02]	x						
Return To Address	Reg'l Addr.	Regional address for Return Street Address City State Zip	 Char [30] Char [20] Char [02] Char [09]	 x x x x						
DDD-4149 BACKGROUND INFORMATION TO CEMD – DATA ELEMENTS										
Additional Information ? (Y/N)	Anal. Input	Indicates whether additional inf.	Char [01]					x		
Occupation	Anal. Input	Claimant's occupation	Char [30]					x		
Complaints	Anal. Input	Claimant's complaints	Char [30]					x		
Observations	Anal. Input	Interviewer's observations of claimant at SSA Office	Char [110]					x		
Non-Hospitalization From Date	Case File	Non-hospital treatment From Date (occurs twice)	Num [06]					x		
Non-Hospitalization To Date	Case File	Non-hospital treatment To Date (occurs twice)	Num [06]					x		
Diagnosis (non-hospital)	Case File	Diagnosis for non-hospital treatment (occurs twice)	Char [20]					x		
Treatment/Response (non-hospital)	Case File	Treatment & response for non-hospital treatment (occurs twice)	Char [30]					x		
Exam Findings (non- hosp.)	Case File	Exam findings for non-hospital treatment (occurs twice)	Char [30]					x		
Lab findings (non-hospital)	Case File	Lab findings for non-hospital treatment (occurs twice)	Char [20]					x		
Hospitalization From Date	Case File	Hospitalization From Date (occurs twice)	Num [06]					x		
Hospitalization To Date	Case File	Hospitalization From Date (occurs twice)	Num [06]					x		
Diagnosis (in hospital)	Case File	Hospitalization diagnosis (occurs twice)	Char [20]					x		
Treatment/Response (in hospital)	Case File	Hospitalization treatment/resp. (occurs twice)	Char [30]					x		
Other Remarks	Anal. Input	Free-format additional information (8 lines of 77 characters)	Char [650]					x		
DDD-4334 COVER LETTER TO THIRD PARTY REP/OTHER DATA ELEMENTS (One, but not both)										
Third Party Rep. Name	Case File	Third Party Rep's Name First Middle Initial Last	 Char [13] Char [01] Char [20]		 x x x	 x x x				 x x x
Third Party Rep Address	Case File	Third Party Rep's Address Address 1 Address 2 City State Zip	 Char [30] Char [30] Char [20] Char [02] Char [09]		 x x x x x	 x x x x x				 x x x x x
Other Party Name	Case File	Other Party's Name First Middle Initial Last	 Char [13] Char [02] Char [20]		 x x x	 x x x				 x x x

Other Party Address	Case File	Other Party's Address Address 1 Address 2 City State Zip	 Char [30] Char [30] Char [20] Char [02] Char [09]		 x x x x x	 x x x x x				 x x x x x
Analyst's Name	Staff File	First Initial Last	Char [01] Char [11]							x x
Analyst's Title	(Hard Code)	"Disability Analyst"	Char [18]							x
Analyst's MOD/Unit	Staff File	"Unit - "+MOD+Unit	Char [11]							x
Order Date – Century	CE Rec.	Century of Order Creation	Char [02]		x					
Claimant's DOB Century	Case File	Century of Claimant's DOB	Char [02]		x					
Specialist's Phone Number	Prov. File	Specialist's Phone Number	Char [10]		x					
Unit FAX Number	Reg'l Addr.	DDD Unit's FAX Number	Char [11]		x					
Cancel CE	CE Rec.	"CANCEL"	Char [06]							
Cancellation Date	CE Rec.	Date CE was cancelled	Char [08]							
Supplemental Order Tag	CE Rec	"SUPPLEMENTAL ORDER"	Char [18]							
SNO Flag	Case File	Type of delivery required for Blind	Char[01]							
Filler	(Hard Code)	Filler	Char [229]							
Filler	(Hard Code)	Filler	Char [255]							
Filler	(Hard Code)	Filler	Char [197]							
End of Record	(Hard Code)	End of Record	Char [03]							

SNO flag added 8/25/11 - PGR

***Forms #**	**Description**
CE-7	CE Order & Voucher
CE-5/5b	Appointment Letter
CE-9	Authorization to Release Inf. Letter
CE-2	Instructions to Secondary Provider
4149	Background Information to CEMD
4184	Inf. from Provider on Status of Appointment
4334	Claimant Letter Regarding Inf. Sent to Representative

Record Layout – Upload from Provider

```
*****************************************************************
***  WSMG4110                                  REVISED:  3/1/2005  ***
*****************************************************************
*** THIS PROC IS USED AS THE RECORD LAYOUT FOR THE CE DTPURN   ***
*** DATA FROM PROVIDERS FOR CE DATA TRANFER.                   ***
*** THE RECORD CONTAINS  200 CHARACTERS.                       ***
*****************************************************************
** LAST CHANGE                                                  **
**  DATE     INIT       FIELD ADDED/CHANGED                     **
** 07/10/98  RJM        CHANGE 3 LEVELS OF REPORT-BY PIC (6) TO **
**                        EXAMS-TESTS-COMP  PIC X               **
**                        FILLER            PIC X(5)            **
*****************************************************************

 01  DTP-RECORD.
     03  DTP-HEADER-INFO.
         05  DTP-PROVIDER-NO                        PIC X(10).
         05  DTP-OV-NUM                             PIC X(7).
         05  DTP-REGION                             PIC 9.
         05  DTP-MODULE                             PIC X.
         05  DTP-UNIT                               PIC XXX.
         05  DTP-PIN                                PIC 9999.
         05  DTP-CLAIM-SSN                          PIC X(9).
         05  DTP-CLAIM-BIC                          PIC X(4).
         05  DTP-TASK-NUMBER                        PIC 99.
     03  DTP-DSS-4184-1ST.
         05  DTP-APPT-DATE-1ST.
             07  DTP-APPT-YY-1ST                    PIC XX.
             07  DTP-APPT-MM-1ST                    PIC XX.
             07  DTP-APPT-DD-1ST                    PIC XX.
         05  DTP-APPT-TIME-1ST.
             07  DTP-APPT-HOUR-1ST                  PIC XX.
             07  DTP-APPT-MIN-1ST                   PIC XX.
         05  DTP-APPT-AM-PM-1ST                     PIC X.
         05  DTP-BY-PHONE-1ST                       PIC X.
         05  DTP-BY-LETTER-1ST                      PIC X.
         05  DTP-UNABLE-TO-CONTACT-1ST              PIC X.
         05  DTP-UNABLE-DAY-ONE-1ST                 PIC X(6).
         05  DTP-UNABLE-DAY-TWO-1ST                 PIC X(6).
         05  DTP-WILL-ATTEND-1ST                    PIC X.
         05  DTP-WILL-NOT-ATTEND-1ST                PIC X.
         05  DTP-WILL-NOT-ATTEND-REASON-1ST         PIC X.
         05  DTP-APPT-KEPT-1ST                      PIC X.
         05  DTP-EXAMS-TESTS-COMP-1ST               PIC X.
         05  FILLER                                 PIC X(5)
         05  DTP-APPT-NOT-KEPT-NO-CALL-1ST          PIC X.
         05  DTP-APPT-CANCELED-1ST                  PIC X.
         05  DTP-APPT-RESCHEDULED-1ST               PIC X.
     03  DTP-DSS-4184-2ND.
         05  DTP-APPT-DATE-2ND.
             07  DTP-APPT-YY-2ND                    PIC XX.
             07  DTP-APPT-MM-2ND                    PIC XX.
             07  DTP-APPT-DD-2ND                    PIC XX.
         05  DTP-APPT-TIME-2ND.
             07  DTP-APPT-HOUR-2ND                  PIC XX.
             07  DTP-APPT-MIN-2ND                   PIC XX.
         05  DTP-APPT-AM-PM-2ND                     PIC X.
         05  DTP-BY-PHONE-2ND                       PIC X.
         05  DTP-BY-LETTER-2ND                      PIC X.
         05  DTP-UNABLE-TO-CONTACT-2ND              PIC X.
```

THE FORMAT FOR DATES WITH PIC X (6) IS YYMDD

UNABLE-DAY-ONE 1ST
UNABLE-DAY-TWO-1ST
UNABLE-DAY-ONE-2ND
UNABLE-DAY-TWO-2ND

Record Layout – Upload from Provider (continued)

```
    05  DTP-UNABLE-DAY-ONE-2ND                PIC X(6).
    05  DTP-UNABLE-DAY-TWO-2ND                PIC X(6).
    05  DTP-WILL-ATTEND-2ND                   PIC X.
    05  DTP-WILL-NOT-ATTEND-2ND               PIC X.
    05  DTP-APPT-KEPT-2ND                     PIC X.
    05  DTP-EXAMS-TESTS-COMP-2ND                PIC X.
    05  FILLER                                PIC X(5).
    05  DTP-APPT-NOT-KEPT-NO-CALL-2ND         PIC X.
    05  DTP-APPT-CANCELED-2ND                 PIC X.
03  DTP-DSS-4184-3RD.
    05  DTP-APPT-APPROVED-3RD                 PIC X.
    05  DTP-APPT-DATE-3RD.
        07  DTP-APPT-YY-3RD                   PIC XX.
        07  DTP-APPT-MM-3RD                   PIC XX.
        07  DTP-APPT-DD-3RD                   PIC XX.
    05  DTP-APPT-TIME-3RD.
        07  DTP-APPT-HOUR-3RD                   PIC XX.
        07  DTP-APPT-MIN-3RD                  PIC XX.
    05  DTP-APPT-AM-PM-3RD                    PIC X.
    05  DTP-APPT-KEPT-3RD                     PIC X.
    05  DTP-EXAMS-TESTS-COMP-3RD                PIC X.
    05  FILLER                                PIC X(5).
    05  DTP-APPT-NOT-KEPT-3RD                 PIC X.
03  DTP-ACK-INFO.
    05  DTP-SEQ-NUM                           PIC X(8).
    05  DTP-ACK-FLAG                          PIC X.
    05  DTP-ACK-DATE                          PIC X(8).
03  FILLER                                    PIC X(46).
```

THE DATE FORMAT FOR PIC X (8) IS MMDDCCYY

The fields specified make up the complete 200 character Record Layout to be returned by transmission from the Provider to DDD. REQ'D ENTRY Fields must be completed for every return transmission; those checked as 'SPACE or ENTRY' must be returned as either spaces or updated entries, but maintaining the record layout in every case.

CE DATA TRANSFER DATA FIELDS				
FIELDS	**DESCRIPTION**	**SIZE**	**REQUIRED ENTRY**	**SPACE or ENTRY**
Payee ID	Provider's ID Number Primary Provider ID	Char [09]	X	
Provider Location	Provider Location Code Primary Provider Location	Char [01]	X	
O&V Number	Unique Order & Voucher Number	Char [07]	X	
Region	Region Ordering the CE	Num [01]	X	
MOD	Module Identifier	Char [01]	X	
Unit	Unit Identifier	Char [03]	X	
PIN	Analyst's Personal ID Number	Num [04]	X	
SSN	Claimant's Social Security Number	Num [09]	X	
BIC	Claimant's BIC	Char [04]	X	
Task	Task Number	Num [02]	X	
DATA FIELDS RETURNED BY PROVIDER				
CE-10 Information	Scheduled Appointment Date (3 occurrences)	Num [06]		YYMMDD
	Scheduled Appointment Time (3 occurrences)	Char [04]		9999
	Scheduled Time AM/PM (3 occurrences)	Char [01]		A/P/b
	Received Phone Reminder (2 occurrences)	Char [01]		Y/b
	Received Letter Reminder (2 occurrences)	Char [01]		Y/b
	Unable·to·Contact (2·occurrences)	Char·[01]		Y/b
	First·Contact·Date (2·occurrences) ·	Num·[06]		X
	Second·Contact·Date· (2·occurrences)	Num·[06]		X
	Will·Attend· (2·occurrences)·	Char·[01]		Y/b
	Will·Not·Attend (2·occurrences)	Char·[01]		Y/b
	Will·Not·Attend·Reason*	Char·[01]		X
	Claimant·Rescheduled	Char·[01]		X
	Appointment·Cancelled (2·occurrences)	Char·[01]		Y/b
	Claimant·Kept·Appt. (3·occurrences)	Char·[01] ·		Y/b
	Claimant·Did·Not·Keep·Appt. (3·occurrences)	Char·[01]		Y/b
	All·exams/tests·complete (3·occurrences)·	Char·[01]		Y/N/b
	3rd·Appt.·Approved·by**	Num·[01]		1/2
	Sequence·Number	Char·[08]		X
	Acknowledgement·Flag	Char·[01]		A/b
	Acknowledgement·Date	Num·[08]		CCYYMM
Filler	Filler	Char [61]	X	

***Will·Not·Attend·Reason**·valid·values·are:

Blank·or·0·-·Not·Applicable

1·-·Doctor·had·to·reschedule

2·-·Claimant·called·to·reschedule

3·-·Claimant·hospitalized

4·-·Mail·returned·from·Post·Office

5·-·Claimant·deceased

6·-·Other

7·-·Cancelled·by·Provider

****Third·Appointment·Approved·By**·valid·values·are:

1·-·Analyst

2·-·MRO

The·code·transmitted·by·the·Provider·will·be·translated·for·screen·display for·ACPS.

Instructions For Completion And Transmission of the Consultative Examination (CE) Appointment History Form, DDD-4184 (CE-10)

Introduction

The intent of these instructions is to provide the CE contractors and Volume Providers with the process to complete the DDD-4184 (CE-10) and when to return the record via CE data transfer. It is not intended to cover every situation that may occur. Should an unusual circumstance occur, please contact your Medical Relations Officer or Disability Analyst, whichever is appropriate.

General Instructions

1. Complete the header information for each DDD-4184 (CE-10) on the return record with the header information from the CE order record. This includes task, module, unit, PIN, etc.

2. All mandatory phone calls to the claimant [or applicant fining for the claimant or authorized representative for the claimant], which include the first appointment call and all reminder calls, must be documented to include claimant's intention to attend/not attend the appointment. The information needs to be converted to a text file prior to each transmission so that there is a cumulative record after each transmission.

   NOTE: This instruction is subject to modification based upon any changing Federal guidelines.

3. All appropriate boxes will be completed prior to each transmission so that there will be a cumulative record after each transmission.

4. Do not complete a box that results in a conflicting statement, e.g., in the first appointment section one should not check the box "By phone, with confirming letter mailed" if the first appointment was scheduled "by letter, no phone or unable to reach by phone" was the situation.

5. Any questions or unusual circumstances regarding completion and/or return of the record should be referred to your Medical Relations Officer or Disability Analyst, whichever is appropriate.

6. For those instances where two specialty examinations are ordered on one voucher and/or ancillary tests are ordered the field *"claimant kept appointment, all exams/tests completed (Y/N)"* will be used to provide status on whether or not all exams/tests were completed at the time of the scheduled appointment.

   For example: If there is a complete specialist exam and a psychiatric exam on one voucher, and the claimant keeps the psychiatric exam but leaves before the complete internal medicine exam, then the field will be completed to indicate appointment kept, all exams/tests completed *(No)*. The provider will proceed to schedule a second appointment. Also, if the claimant is scheduled for an orthopedic exam with two x-rays and the claimant is examined but leaves before the x-rays are taken, then the provider will complete the field indicating the appointment was kept, all exams/tests completed *(No)*. If the claimant fails to complete all exams/tests at the time of the second scheduled appointment, a third appointment should not be scheduled without Disability Analyst or MRO approval.

INSTRUCTIONS FOR COMPLETING FIRST, SECOND AND THIRD APPOINTMENT SECTIONS OF THE DDD-4184 (CE-10) FOLLOW: PLEASE REFER TO THE NUMBERED SAMPLE FORM (DDD-4184), ATTACHED.

A. First Appointment

- When the first appointment is scheduled, complete Boxes 1 & 2, e.g., scheduled for 6/25/98 at 11:00 A.M.
- Then complete either Box 3 or 4 depending on the method used to schedule the first appointment. The next step is to transmit the record.

B. First Appointment and Reminder Phone Call: Depending on the situation/response completes either Boxes 5, 6, 7; or Box 8; or Boxes 9 & 10.

- Complete Boxes 5, 6 and 7 when unable to contact claimant after two attempts at different times on different days.
- Complete Box 8 when claimant is contacted and will attend first appointment.
- Complete Boxes 9&10 when the claimant is contacted but will not attend first appointment and gives a reason. The provider enters appropriate code for Box 10. See attached list of codes. Usually, this will result in scheduling a second appointment. However, if the response is such that a second appointment is not possible, e.g., claimant moving out of state, then advises the claimant to contact DDD and transmit the record.

C. First Appointment Status: Depending on the situation complete either Boxes 11 & 12 or 13, or 14 or 15.

- If claimant kept first appointment and all exams/tests were completed check Box 11, enter "Y" for Box 12 and transmit the record.
- If claimant kept first appointment but all exams/tests were not completed, check Box 11, Enter "N" for Box 12, then proceed to second appointment section for completion.
- Complete Box 13 when claimant did not keep first appointment and did not call. Then proceed to second appointment section for completion.
- Complete Box 14 when claimant cancels the first appointment and will not or cannot reschedule appointment. Tell claimant to contact DDD and transmit the record.
- If you have checked Box 15 because the claimant rescheduled, then proceed to second appointment section for completion.

D. Second Appointment Section

- Complete Boxes 16 and 17, **AND**
- Complete either Box 18 or 19 depending on the method to schedule the second appointment. Then the next step is to transmit the record to notify DDD of the second appointment date.

E. Second Appointment Reminder Phone Call: Depending on the situation/response, complete either Boxes 20, 21, 22 or 23, or 24.

- Complete Boxes 20, 21, 22 when unable to contact claimant after two attempts at different times on different days.
- Complete Box 23 when claimant is contacted and will attend second appointment.
- Complete Box 24 if claimant is contacted to be reminded of second appointment date and will not attend, then tell claimant to contact DDD and transmit record to DDD.

F. Second Appointment Status: Depending on situation complete either Boxes 25 & 26 or 27, or 28.

- If claimant kept second appointment and all exams/tests completed, check Box 25, Enter "Y" in Box 26 and transmit the record.

- If claimant kept second appointment but all exams/tests were not completed, check Box 25, Enter "N" in Box 26, and transmit the record. Third appointments for exams/tests should not be scheduled automatically and must be approved by DDD.

- Complete Box 27 if claimant did not keep second appointment and did not call to cancel and transmit the record.
- Complete Box 28 if the claimant calls to cancel the second appointment. Tell the claimant to contact DDD and transmit the record.

G. Third Appointment Section: Complete Box 29, 30, 31 and depending on the situation 32 & 33 or 34. Third appointments for exams/tests should not be scheduled automatically and must be approved by DDD.

- Upon approval by DDD complete Boxes 29, 30&31 and transmits the record to DDD. Box 29 will be completed with appropriate code identifying whether analyst or MRO approved. If claimant kept third appointment and all exams/tests were completed, check Box 32, enter "Y" for Box 33 and transmit the record.

- If claimant kept third appointment but all exams/tests were not completed, check Box 32, enter "N" for Box 33 and transmit the record.

- Complete Box 34 when the third appointment is not kept. Transmit record and return all paperwork to DDD.

H. Contractor may also be required to generate an Office designated letter notifying the claimant that failure to keep their appointment may affect the decision on their case.

Attachment

*CE 10 "Will Not Attend Reason" Valid values are:

- Blank or 0 - Not Applicable
- 1 - Doctor had to reschedule
- 2 - Claimant called to reschedule
- 3 - Claimant hospitalized
- 4 - Mail returned from Post Office
- 5 - Claimant deceased
- 6 - Other
- 7 - Cancelled by Provider

**CE 10 "Third Appointment Approved By" valid values are:

- 1 - Analyst
- 2 - MRO

The code transmitted by the Provider will be translated for screen display in ACPS.

ANNOTATED DDD-4184

Revised 7/98
DDD-4184(formerly CE-10)

TO: Division of Disability Determinations TASK/MOD/UNIT/PIN

FROM: DATE:

RE: Claimant:_____ Phone: [ ] Yes
SSN: _____ [ ] No
O & V: _____

CE APPOINTMENT HISTORY

FIRST APPOINTMENT Scheduled for: __/_[1]/__ @ __[2]___

[3] by phone, with confirming letter mailed
[4] by letter (no phone or unable to reach by phone)
[ ] Unable to contact claimant after two attempts at different times on different days __/_[6]/__, __/_[7]/__
REMINDER PHONE CALL:
[5] unable to contact claimant after two attempts at different times on different days __/_[6]/__, __/_[7]/__
[8] claimant contacted, will attend
[9] claimant contacted, will not attend because _____10_____.

STATUS:
[11] claimant kept appointment, all exams/tests completed (Y/N) 12.
[13] claimant did not keep appointment, did not call.
[14] claimant cancelled and will not/cannot reschedule appointment now or in near future. Claimant told to contact DDD.
[15] claimant rescheduled.

SECOND APPOINTMENT Scheduled for: __/[16]/__ @ ___[17]_

[18] by phone, with confirming letter mailed
[19] by letter (no phone or unable to reach by phone)
REMINDER PHONE CALL:
[20] unable to contact claimant after two attempts at different times on different days __/[21]/__, __/[22]/__
[23] claimant contacted, will attend second appointment
[24] claimant contacted, will not attend second appointment. Claimant told to contact DDD.

STATUS:
[25] claimant kept second appointment, all exams/tests completed (Y/N) 26
[27] claimant did not keep second appointment, did not call
[28] claimant called to cancel second appointment. Claimant told to contact DDD.

THIRD APPOINTMENT APPROVED BY _____[29]_____ Scheduled for __/[30]/__@__[31]__

[32] third appointment kept, all exams/tests completed (Y/N) [33]_.
[34] third appointment not kept, all paperwork returned to DDD.

Revised 7/98
DDD-4184(formerly CE-10)

TO: Division of Disability Determinations TASK/MOD/UNIT/PIN

FROM: DATE:

RE: Claimant:_____ Phone: [ ] Yes
SSN: _____ [ ] No
O & V: _____

CE APPOINTMENT HISTORY

FIRST APPOINTMENT Scheduled for: __/__/__ @ _____

[ ] by phone, with confirming letter mailed
[ ] by letter (no phone or unable to reach by phone)
[ ] unable to contact claimant after two attempts at different times on different days __/__/__, __/__/__

REMINDER PHONE CALL:
[ ] unable to contact claimant after two attempts at different times on different days __/__/__, __/__/__
[ ] claimant contacted, will attend
[ ] claimant contacted, will not attend because _____.

STATUS:

[ ] claimant kept appointment, all exams/tests completed (Y/N) _.
[ ] claimant did not keep appointment, did not call.
[ ] claimant cancelled and will not/cannot reschedule appointment now or in near future. Claimant told to contact DDD.
[ ] claimant rescheduled.

SECOND APPOINTMENT Scheduled for: __/__/__ @ _____

[ ] by phone, with confirming letter mailed
[ ] by letter (no phone or unable to reach by phone)
REMINDER PHONE CALL:
[ ] unable to contact claimant after two attempts at different times on different days __/__/__, __/__/__
[ ] claimant contacted, will attend second appointment
[ ] claimant contacted, will not attend second appointment. Claimant told to contact DDD.

STATUS:

[ ] claimant kept second appointment, all exams/tests completed (Y/N) _.
[ ] claimant did not keep second appointment, did not call
[ ] claimant called to cancel second appointment. Claimant told to contact DDD.

THIRD APPOINTMENT APPROVED BY _____ Scheduled for __/__/__@_____

[ ] third appointment kept, all exams/tests completed (Y/N) _.
[ ] third appointment not kept, all paperwork returned to DDD.

CE 10 Data – Free Format

You may be required in certain situations to provide additional information regarding the efforts made in scheduling an appointment. That information should be typed up and scanned, then uploaded to the DDD web server. The naming convention of the scanned file should be:

```
CE Voucher Number          1 – 7
Text                       8 – 14   "_NOTES_"
Sequence Number           15 – 16 (i.e. "01", "02", "03" …)
Extension                 17 – 20   ".tif"
```

File format added 8/25/11-pgr

Sequence of Download and Return
CE Data Transfer Records

1. The Division of Disability Determinations (DDD) will place daily CE Orders in a Provider Directory on the DDD Web Server, with the following file name format:

   AB123456.TXT,

   where 'AB' is the 2-character designation of the provider and '123456' is the sequential numeric designation of the transfer file.

2. The Provider will download the file from the DDD Web Server. Each file will contain a 5000-character record for each CE Order being transmitted. The last record in the file will identify the number of records and also be included in the transferred record count.

3. New Orders: The Provider will return a 200-character return record for each new order, containing only the following data:

   - Provider Number through Task Number (Header Info.)
   - Sequence Number (unique)
   - Acknowledgment Flag (A)
   - Acknowledgment Date (CCYYMMDD)

   The Provider will upload the file to the DDD Web Server with the file name format:

   AB123456.ACK or .TXT

   where 'AB' is the same Provider designation as the download record and '123456' is the Provider's unique number of the returned record. The extension '.ACK' should be used if the return file contains ONLY Acknowledgment information as specified above. The '.TXT' extension should be used if scheduling or other status information is also included in the file.

4. CE-10 Updated Information: The Provider will return the same 200-character return record for each updated order, containing the following data:

   - Provider Number through Task Number (Header Info.)
   - Sequence Number (unique)
   - PLUS the cumulative CE-10 information for each order being reported, with the

following file name format:

AB123456.TXT

where 'AB' is the Provider's designator and '123456' is the Provider's unique number of the returned record.

Tiff naming convention:

AB123456_#.TIF - #1, thru many

PLEASE NOTE that **a unique sequence number** is required for **each** 200-character return record within the file uploaded to the DDD Web Server.

5. DDD will place an Acknowledgment file in the Provider's download directory on the DDD Web Server, containing the 200-character record sequence number and date received by DDD for each CE-10 record returned by the Provider, in the file name format **AB123456.ACK**. DDD **will not** acknowledge the Acknowledgment records uploaded by the Provider in this file.

6. DDD will place Tif images in the Provider's download directory on the DDD Web Server, containing CE background information. The file name format is XX-XXXXXXX-9999.TIF. The first two characters are a provider prefix, the third thru ninth characters are the Order and Voucher number and the last four characters identify a unique image. The same Order and Voucher number can have multiple images.

7. The provider should be prepared to deliver at the Division's request appointment and claimant letters in an unstructured format (.Tif). All Failure to cooperate letters should have the file format as follows:
    a. AB123456FTC_#.TIF where # is a sequential number.
8. The provider should be prepared to deliver at the Division's request reports and results in a structured data format (XML). These reports would be for exam results that are easily quantifiable and interpreted against POMS standards.

CE Data Transfer, Procedure File Layout

The Procedure Code/Fee File, which the CE Data Transfer Provider downloads from the CE Secure Server, is laid out per the following Record Layout. It will be necessary for translating the downloaded CE Orders and printing out the CE-7 (Order and Voucher), and for generating statements included in some of the other documents.

```
RECORD LAYOUT FOR THE PROCEDURE FILE

01 PROCEDURE-LINE-DATA-RECORD

   05  PROCEDURE-CODE                PIC X(6)
   05  PROCEDURE-CLASS               PIC XX
   05  REGION-1-FEE                  PIC 999V99
   05  REGION-2-FEE                  PIC 999V99
   05  REGION-3-FEE                  PIC 999V99
   05  REGION-4-FEE                  PIC 999V99
   05  PROCEDURE-TYPE                PIC X
   05  PROCEDURE-NAME                PIC X(40)
   05  PROCEDURE-DESCR-LIN1          PIC X(60)
   05  PROCEDURE-DESCR-LIN2          PIC X(60)
   05  PROCEDURE-DESCR-LIN3          PIC X(60)
   05  PROCEDURE-DESCR-LIN4          PIC X(60)
   05  PROCEDURE-DESCR-LIN5          PIC X(60)
   05  PROCEDURE-DESCR-LIN6          PIC X(60)
   05  PROCEDURE-DESCR-LIN7          PIC X(39)
   05  FILLER                        PIC X(21)
```

Document Trailer Record Layouts

REVISED 3/20/07

The following pages show the record layouts to be used for the trailer lines on CE Data Transfer documents created by the provider.

CE-5, CE-5B – Appointment Letter:

```
TRAILER LINE LAYOUT



FORMS: CE-5, CE-5B

   01 FT-LINE-2

   03 FT-SSN              PIC X(9).
   03 FILLER              PIC X VALUE "/".
   03 FT-BIC              PIC X(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-TASK-ID          PIC 99.
   03 FILLER              PIC X VALUE "/".
   03 FT-PIN               PIC 9(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-REGION            PIC 9.
   03 FILLER              PIC X VALUE "/".
   03 FT-MODULE            PIC X.
   03 FT-UNIT              PIC XXX.
   03 FILLER              PIC X VALUE "/".
   03 ADDRESSEE            PIC X(30).
   03 FILLER              PIC X VALUE "/".
   03 FT-FORM-NUMBER       PIC X(5).
   03 FT-CLM-OR-REP        PIC X(10).
   03 FILLER              PIC X VALUE "/".
   03 FT-CASE-TITLE        PIC X(2).
```

The CE-5, and the CE-5B must contain the following notice on the letter above the trailer.

YOU ARE EXPECTED TO MAKE AND KEEP THIS APPOINTMENT. IF YOU FAIL TO KEEP THIS APPOINTMENT, AND YOU DO NOT ADVISE US OF THE REASON YOU ARE UNABLE TO APPEAR FOR THE EXAMINATION, THE DECISION WILL BE MADE BASED ON THE INFORMATION IN YOUR CASE; AND IT MAY BE FOUND THAT YOU ARE NOT (OR NO LONGER) DISABLED OR BLIND.

,

CE-7 – CE Order and Voucher:

```
TRAILER LINE LAYOUT

FORMS: CE-7

   01 FT-LINE-2

   03 FT-SSN              PIC X(9).
   03 FILLER              PIC X VALUE "/".
   03 FT-BIC              PIC X(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-TASK-ID          PIC 99.
   03 FILLER              PIC X VALUE "/".
   03 FT-PIN              PIC 9(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-REGION           PIC 9.
   03 FILLER              PIC X VALUE "/".
   03 FT-MODULE           PIC X.
   03 FT-UNIT             PIC XXX.
   03 FILLER              PIC X VALUE "/".
   03 ADDRESSEE           PIC X(30).
   03 FILLER              PIC X VALUE "/".
   03 FT-FORM-NUMBER      PIC X(5).
   03 FILLER              PIC X VALUE "/".
   03 FT-CASE-TITLE       PIC X(2).
```

CE-9 – Authorization to Release Information Letter:

```
TRAILER LINE LAYOUT

FORMS: CE-9

   01 FT-LINE-2

   03 FT-SSN              PIC X(9).
   03 FILLER              PIC X VALUE "/".
   03 FT-BIC              PIC X(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-TASK-ID          PIC 99.
   03 FILLER              PIC X VALUE "/".
   03 FT-PIN               PIC 9(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-REGION            PIC 9.
   03 FILLER              PIC X VALUE "/".
   03 FT-MODULE            PIC X.
   03 FT-UNIT              PIC XXX.
   03 FILLER              PIC X VALUE "/".
   03 ADDRESSEE            PIC X(30).
   03 FILLER              PIC X VALUE "/".
   03 FT-FORM-NUMBER       PIC X(4).
   03 FT-CLM-OR-REP        PIC X(10).
   03 FILLER              PIC X VALUE "/".
   03 FT-CASE-TITLE        PIC X(2).
```

DDD- 4334 – Claimant Letter Regarding Information Sent to Representative:

```
TRAILER LINE LAYOUT

FORMS: DDD-4334

   01 FT-LINE-2

   03 FT-SSN              PIC X(9).
   03 FILLER              PIC X VALUE "/".
   03 FT-BIC              PIC X(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-TASK-ID          PIC 99.
   03 FILLER              PIC X VALUE "/".
   03 FT-PIN              PIC 9(4).
   03 FILLER              PIC X VALUE "/".
   03 FT-REGION           PIC 9.
   03 FILLER              PIC X VALUE "/".
   03 FT-MODULE           PIC X.
   03 FT-UNIT             PIC XXX.
   03 FILLER              PIC X VALUE "/".
   03 NAME                PIC X(30).
   03 FILLER              PIC X VALUE "/".
   03 FT-FORM-NUMBER      PIC X(8).
   03 PRIM-OR-FILE        PIC X(5).
   03 FILLER              PIC X VALUE "/".
   03 FT-CASE-TITLE       PIC X(2).
```

Instructions for Provider-Generated CE-7

- The CE-7 document generated by the Data Transfer Provider will include the procedure code and description for all procedures associated with the Order and Voucher Number, as specified in the downloaded Order record.

- If a procedure is deleted by the Provider (per agreement with the ordering analyst), a '**DEL**' notation should appear before the procedure description on the CE-7 generated by the Provider.

- If a procedure is added by the Provider (per agreement with the ordering analyst), an '**ADD**' notation should appear before the procedure description on the CE-7 generated by the Provider.

Combined Primary/Secondary CE Orders

- Individual CE records are created for the CE Data Transfer (primary) Provider and the Laboratory Provider the Data Transfer Provider has elected to use. These records contain the procedures associated with each provider.
- All pathology procedures to be performed by the laboratory provider will print on the CE-7 of the primary provider.
- The funds are encumbered for both providers, based on the CE records created from the association of the providers and procedures. Therefore even though the pathology procedures print on the CE-7 of the primary, the pathology procedures are encumbered for the secondary lab that performs the test(s).
- It is the CE Data Transfer Provider's responsibility to:
  - notify the designated lab by requisition form, the tests to be performed;
  - make changes to the CE-7 if tests are added or deleted;
  - includes the report from the lab with their reports, prior to returning them to the Disability Analyst at the regional DDD office.
- **A CE-7 will not be generated for a secondary provider unless non-pathology procedures are requested.**
- **All CE-7's generated will list the amount for each procedure.**
- **The amounts for the laboratory procedures will be the Medicaid fees.**

Note: Since all laboratory procedure codes are in the 80000 series, adds and deletes, as well as certified and cleared payment authorizations, can be directed to the appropriate O&V record, which will continue to be stored and paid separately.

Points of Impact to Contract CE Providers

1. If the Contract provider generates its own CE 7 form, it must be modified to include the laboratory information. This information will include the lab name, lab O&V number, lab provider number, procedure code(s), procedure description(s), and procedure amount(s).
2. The CE Contract provider must submit their reports and the laboratory reports together with the CE 7.

Claimant Letter Paragraphs
(CE-5, CE-5B)

Paragraph 01: This includes requests for reimbursement.

Paragraph 02: You will receive letters for more than one specialist examination (either enclosed or sent separately). Please make an appointment with each specialist.

Paragraph 03: We have arranged for you to be examined by a social worker and a psychiatrist. Please telephone the social worker promptly and make the earliest appointment possible. The social worker may want to visit you at home. The social worker, after meeting with you, will send a copy of his/her report to the psychiatrist and arrange for you to be examined. Do not telephone the psychiatrist directly unless you are advised to do so by the social worker. Please call us at the number in the heading with the date and time of each appointment.

Paragraph 04: The specialist has been advised to perform the examination in your home. Please call the specialist to arrange the appointment.

Paragraph 05: This notice replaces our letter of _____ in which we requested that you be examined by _____. We have found it necessary to advise this specialist that arrangements for your examination are cancelled. If you made an appointment with him/her please do not keep it. Instead, please contact the new specialist shown above.

Paragraph 06: The above request is made for the Administrative Law Judge, Office of Hearings and Appeals, who now has jurisdiction over your claim.

Paragraph 07: The attached request is made for the Appeals Council, Office of Hearings and Appeals, Washington D.C., which now has jurisdiction over your claim.

Paragraph 08: Although you were previously examined at our request, we now find that it is important for you to call the specialist named above, so that we may obtain additional information in connection with your Social Security disability claim. The specialist may refer you to another physician or laboratory, at our expense, for the tests we authorized.

Paragraph 09: Please bring someone with you to the examination who speaks both English and your own language.

Paragraph 10: We have made arrangements for you to be examined by your own doctor (named above). We will pay for the examination and any tests performed. Your doctor's function is to provide medical evidence, BUT NOT TO MAKE A DECISION OF DISABILITY. Please call the doctor and make the earliest appointment possible.

Paragraph 11: We have pre-arranged your appointment with the specialist for the date and time shown above. If for any reason, you find that you will not be able to keep your appointment, please call the specialist in advance to change your appointment. You must then call us at the number in the heading with the date and time of your new appointment.

Ordered by Analyst, up to 4 choices, or at Provider Selection, up to 5 choices

Voucher Paragraphs
(CE-7)

Paragraph 1: Please observe the above order requests that you conduct your examination in the claimant's home. This visit should be made only after an appointment is arranged. If examination in the home cannot be completed, please telephone this office: do not perform the examination in any other place without prior authorization.

Paragraph 2: Upon review of your recent report of examination, we have decided that additional services, shown on the attached order, are required. Please submit a supplementary report that specifies your current findings and integrates them with your previous report. A photocopy of your report is enclosed.

Paragraph 3: The claimant is also scheduled for a Psychiatric Social Survey. A copy of the social worker's report will be sent to you. PLEASE AWAIT THIS REPORT BEFORE EXAMINING THE CLAIMANT. If you are not contacted for an appointment 10 days after receipt of this letter, please call DDD.

Paragraph 4: The above order is issued pursuant to a request for the Administrative Law Judge, Office of Hearings and Appeals, who now has jurisdiction over this claim.

Paragraph 5: Please do not make an appointment with the claimant until you review the specifications on form CE-502 or CE-502.1 attached and receive the required reports.

Paragraph 6: We are aware that you previously examined this claimant at our request. The services shown on the attached order are needed so that we may ascertain the claimant's current medical condition. ( ) A photocopy of your report is enclosed.

Paragraph 7: The above order will authorize you to amend our original consultative examination request for the claimant. A voucher is attached for the performance of the additional services. Please see paragraph No. 3 on our cover letter (CE-2) regarding other specialists.

Please be sure to submit your own signed voucher, if you have not already done so, with the final report. ( ) A copy of your previously submitted report is enclosed.

Paragraph 8: This will authorize you to examine, on our behalf, your patient (named above) who has applied for Social Security Disability Insurance Benefits. This notice is to confirm prior arrangements concerning this examination made between you and our Medical Relations Officer Staff.

Ordered by Analyst, up to 3 choices; or at Provider Selection – up to 4 choices

Following are the correct mailing addresses of DDD's Regional Offices, for use on printed documents.

NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
Division of Disability Determinations

PC 1 – Manhattan/Brooklyn/Queens/Bronx

22 Cortlandt Street
New York, NY 100073107

PC 3 – Albany

P. O. Box 165
Albany, NY 122600165

PC 4 – Glendale/Endicott

2001 Perimeter Rd. East
PO Box 9009
Glendale Technology Park
Endicott, NY 137619009

PC 5 – Buffalo

Ellicott Square Building
P.O. Box 5030
Buffalo, NY 142055030

CE Data Transfer Supplementals
Provider Instructions

Supplemental CE Orders, Identification and Processing

- Supplementals will be included with CE Orders and CE Cancels sent via data transfer to the Secure Server (web site).

  https://dtp.otda.state.ny.us/secure/dddhtml/cedx.asp

- The Data Transfer Record for Supplementals will be the 5000 character record currently sent to Data Transfer Providers.

- The Header Information for the Supplemental will have the same Order and Voucher Number (CDT-OV-NUM) as the original Order & Voucher Number.

- The Secondary Order and Voucher Numbers (CDT-SEC-OV-NUM) will be the same Supplemental Order Numbers.

- The procedures to be performed will be the Secondary Procedures (CDT-SEC-PROC-CODE).

- The first Primary Provider Procedure Code in the O&V will be: "**5000SP SUPPLEMENTAL ORDER,"** which also identifies the order as a Supplemental Order. The procedure 5000 SP will have a dollar amount of $00.00.

- Following CDT-CANCEL-DATE in the 5000 character transfer record will be the new field, CDT-SUPL-ORDER-TAG. This field will be filled with the message,"SUPPLEMENTAL ORDER" for all CE Supplemental Orders.

- The Primary Provider is responsible for notifying the Supplemental Provider and generating the CE-7 (voucher) and an Authorization to Release Medical Information for the Supplemental Order.

CE Examination Requirements

The intent of these instructions is to provide the CE contractors with the process to send examination results for certain procedures to DDD via CE data transfer. These requirements will change as the process is refined and additional procedures are added.

Instructions

The Primary Provider is responsible for uploading examination and test results to the CE Data Transfer site in the format of an XML file specified in this document for the below CE Procedure Codes. These files must be uploaded to the Department as quickly as possible. At the Department's discretion, the contractor may be required to return findings on the specified ancillary tests by close of the next business day. At the Department's discretion other ancillary tests may be added to the list of tests requiring delivery to the CE Data Transfer site in XML format and may also require the contractor to return findings by close of the next business day. This requirement is in addition to the 20 day requirement for returning CE report images on all tests. At the Department's discretion, the examination report may also require delivery to the CE Data Transfer site in XML format.

Exam	Procedure Code(s)
Visual Fields	90005
Dopplers	93910 or 93911
Pulmonary Function Testing	94010 or 94060

File Name

[O&V].xml e.g. C080123.xml

Sample XML is included to document to data structures.

Top-Level Data

Attribute	Type	Len	Conditions
OrderVoucher	Alphanumeric	7	Mandatory
Procedure Code	Numeric	5	Mandatory

Additional elements are included in the transaction depending upon the particular procedure selected.

Visual Fields

Procedure Code = 90005

Attribute	Type	Conditions
Method	Numeric	R
Left Best Visual Acuity, uncorrected Snellen numerator	Numeric	**R**
Left Best Visual Acuity, uncorrected Snellen denominator	Numeric	**R**
Left Best Visual Acuity, corrected Snellen numerator	Numeric	**O**
Left Best Visual Acuity, corrected Snellen denominator	Numeric	**O**
Left 0 Meridian	Numeric	**R**
Left 45 Meridian	**Numeric**	**R**
Left 90 Meridian	**Numeric**	**R**
Left 135 Meridian	**Numeric**	**R**
Left 180 Meridian	**Numeric**	**R**
Left 225 Meridian	**Numeric**	**R**
Left 270 Meridian	**Numeric**	**R**
Left 315 Meridian	**Numeric**	**R**
Right Best Visual Acuity, uncorrected Snellen numerator	Numeric	**R**
Right Best Visual Acuity, uncorrected Snellen denominator	Numeric	**R**
Right Best Visual Acuity, corrected Snellen numerator	Numeric	**O**
Right Best Visual Acuity, corrected Snellen denominator	Numeric	**O**
Right 0 Meridian	**Numeric**	**R**
Right 45 Meridian	**Numeric**	**R**
Right 90 Meridian	**Numeric**	**R**
Right 135 Meridian	**Numeric**	**R**
Right 180 Meridian	**Numeric**	**R**
Right 225 Meridian	**Numeric**	**R**
Right 270 Meridian	**Numeric**	**R**
Right 315 Meridian	**Numeric**	**R**

Dopplers

Procedure Code = 93910 or 93911

Attribute	Type	Conditions
Right Brachial Systolic BP	Numeric	R
Left Brachial Systolic BP	Numeric	R
Right Dorsalis Pedis Pressure	Numeric	R
Right Dorsalis Pedis A/B Ratio	Numeric	R
Right Posterior Tibial Pressure	Numeric	R
Right Posterior Tibial A/B Ratio	Numeric	R
Left Dorsalis Pedis Pressure	Numeric	R
Left Dorsalis Pedis A/B Ratio	Numeric	R
Left Posterior Tibial Pressure	Numeric	R
Left Posterior Tibial A/B Ratio	Numeric	R
Right Dorsalis Pedis Immediate Post Exercise	Numeric	R
Right Posterior Tibial Immediate Post Exercise	Numeric	R
Right Dorsalis Pedis 10 Minutes Post Exercise	Numeric	R
Right Posterior Tibial 10 Minutes Post Exercise	Numeric	R
Left Dorsalis Pedis Immediate Post Exercise	Numeric	R
Left Posterior Tibial Immediate Post Exercise	Numeric	R
Left Dorsalis Pedis 10 Minutes Post Exercise	Numeric	R
Right Posterior Tibial 10 Minutes Post Exercise	Numeric	R
Right Great Toe Pressure	Numeric	C
Left Great Toe Pressure	Numeric	C

Pulmonary Function Testing

Procedure Code = 94010 or 94060

Attribute	Type	Measure	Conditions
Measured Height	Numeric	Inches	R
Measured Arm Span	Numeric	Inches	O
Predicted Total FVC	Numeric		R
Observed Pre Total FVC	Numeric		R
Observed Post Total FVC	Numeric		O
Predicted FEV1	Numeric		R
Observed Pre FEV1	Numeric		R
Observed Post FEV1	Numeric		O

Example XML


```
<OrderVoucher OrderVoucher="C080123">
       <Procedure Code="90005"
            method="1"
            leftBestVisualAcuityUncorrectedSnellenNumerator=""
            leftBestVisualAcuityUncorrectedSnellenDenominator=""
            leftBestVisualAcuityCorrectedSnellenNumerator=""
            leftBestVisualAcuityCorrectedSnellenDenominator=""
            left0Meridian=""
            left45Meridian=""
            left90Meridian=""
            left135Meridian=""
            left180Meridian=""
            left225Meridian=""
            left270Meridian=""
            left315Meridian=""
            rightBestVisualAcuityUncorrectedSnellenNumerator=""
            rightBestVisualAcuityUncorrectedSnellenDenominator=""
            rightBestVisualAcuityCorrectedSnellenNumerator=""
            rightBestVisualAcuityCorrectedSnellenDenominator=""
            right0Meridian=""
            right45Meridian=""
            right90Meridian=""
            right135Meridian=""
            right180Meridian=""
            right225Meridian=""
            right270Meridian=""
            right315Meridian="">
       </Procedure>
       <Procedure Code="93910"
            rightBrachialSystolicBP=""
            leftBrachialSystolicBP=""
            rightDorsalisPedisPressure=""
            rightDorsalisPedisABRatio=""
            rightPosteriorTibialPressure=""
            rightPosteriorTibialABRatio=”
            leftDorsalisPedisPressure=""
            leftDorsalisPedisABRatio=""
            leftPosteriorTibialPressure=""
            leftPosteriorTibialABRatio=""
            rightDorsalisPedisImmediatePostExercise=""
            rightPosteriorTibialImmediatePostExercise=""
            rightDorsalisPedis10MinutesPostExercise=""
            rightPosteriorTibial10MinutesPostExercise=""
            leftDorsalisPedisImmediatePostExercise=""
            leftPosteriorTibialImmediatePostExercise=""
            leftDorsalisPedis10MinutesPostExercise=""
            rightPosteriorTibial10MinutesPostExercise=""
            rightGreatToePressure=""
            leftGreatToePressure="">
       </Procedure>
       <Procedure Code="94010"
            measuredHeight=""
            measuredArmSpan=""
            predictedTotalFVC=""
            observedPreTotalFVC=""
            observedPostTotalFVC=""
            predictedFEV1=""
```

```
            observedPreFEV1=""
            observedPostFEV1=""
        </Procedure>
</OV>
```