1325.5 General

The field office has overall responsibility for developing medical evidence as part of the disability claim. While instructions and guidance are provided here, the use of good judgment is equally important. Thorough and prompt development will facilitate the determination of the claim.

1325.5.1 Use of Evidence

Medical evidence submitted to the Railroad Retirement Board (RRB) becomes the property of the RRB unless otherwise specified. It is placed permanently into the claim file established for that claim number along with all other claim material, award/adjustment forms and correspondence for that claim number.

Disability claims examiners use the medical evidence in making a disability determination. If a joint freeze determination is required, a Social Security Administration disability claims examiner will also examine the medical evidence.

1325.5.2 Age and Relevance of Medical Evidence

Only recent medical records relating to the applicant's claimed disability should be developed. Evidence is considered to be recent when treatment or examination was within the last 12 months. However, it may be necessary to develop older evidence to establish that a child's disability began before age 22, or that a widow(er)'s disability began within the prescribed period.

1325.5.3 Protection of Medical Evidence Under the Privacy Act

Medical evidence submitted to the RRB is protected from disclosure to third parties by the provisions of the Privacy Act. See FOM-I 130 for the conditions under the Privacy Act that allow disclosure. Because of the sensitivity of medical evidence, a strict interpretation of the Privacy Act must be applied before releasing evidence in file or even disclosing the existence of such evidence in file. However, medical records maintained by the physician who conducted an examination either at RRB expense/direction or the applicant's, are the property of that physician and may be disclosed by the physician at his discretion.

1325.5.4 Access to Medical Evidence Under the Freedom of Information Act

The right of an individual to gain access to information about him held by an agency that was established in the Freedom of Information Act (FOIA) extends to medical evidence. That is, an applicant or annuitant may examine or obtain copies of medical information about himself. However, a physician's warning that release of the information would be harmful to the person must be respected. See instructions in FOM-I 130.40.8 for handling requests for copies of medical evidence in RRB possession.

1325.10 Descriptions and Sources Of Medical Evidence

Medical evidence consists of reports and records from acceptable medical sources about the disability. This section lists possible sources for medical evidence and describes what the evidence from these sources should contain in order to facilitate the disability determination.

1325.10.1 Personal Physician Records

A. Description - Medical evidence from the applicant's personal physician which shows history, diagnosis, laboratory and clinical findings, treatment and response to treatment is most helpful in arriving at a proper disability determination. A statement or opinion that the applicant is disabled will not satisfy the requirement that he be disabled within the meaning of the Railroad Retirement Act or Social Security Act. However, the trend has been to give greater weight to the opinions of personal physicians who have treated a patient over a period of time.

Reports from personal physicians are acceptable in the following forms:

- Form G-250, Report of Physical Examination;
- Form G-250a, Medical Assessment of Residual Functional Capacity;

  NOTE: Form G-250a is ONLY used by Hearings Officers in the Bureau of Hearings and Appeals (BHA).

- Form G-260, Report of Seizure Disorder (if epilepsy is alleged);
- Narrative report on the physician's business stationery;
- Copies of the physician's patient records.

To be useful, the report should include the items listed in the paragraph above. It also should be noted that during appeals of disability denials, appellants often provide significantly more detailed personal physician reports than the reports from the same physicians submitted at initial application development. Obviously, it is important to get the best report possible the first time around.

B How to obtain - When it is established that a person intends to file an application for disability, he should be furnished one or more Form G-250 and, if a seizure disorder is alleged, Form G-260 with instructions to have it completed by his personal physician(s), making sure the physician(s) signs and dates the narrative sections. Field offices should not release Form G-250a unless specifically requested by a Hearings Officer in BHA. Form G-197, signed by the applicant/annuitant or authorized individual, shall also be released with Forms G-250 and G-260.

Field offices are encouraged to furnish Forms G-250 and G-260 before an application is filed, if possible. If the applicant can bring the completed and signed forms as well as any additional medical records with him when he files, the field office can better determine what additional evidence may be necessary and can begin the process of obtaining it sooner. However, do not refuse or delay an application for disability until the applicant furnishes personal physician records.

If the applicant needs assistance in securing personal physician records, the field office may send Forms G-250 and G-260 to the doctor. Even though assistance in obtaining this evidence may be given, the RRB bears no responsibility for charges by the personal physician in furnishing it.

Based on experience with the particular physician, pend the request for a reasonable period, not to exceed 20 days. If no response is received, release and image tracer Form RL-11c and notate Contact Log. Allow 10 days for a response to the tracer. If no response is received, the field office manager must decide whether additional tracing efforts are worthwhile. Document any further attempts at development; image any released letters and notate Contact Log.

If the field office manager decides to abandon further efforts to obtain the records, release a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if known, the personal E-mail inbox of the responsible Reconsideration Section (RECON) disability adjudicator if a review of an adverse initial determination was requested. (See FOM-I 1325.15.3)

1325.10.2 Records from Hospitals or Other Institutions

A. Description - Records from hospitals or other institutions, such as mental health facilities, sanitoriums, etc., are usually comprehensive in nature and can be enormously valuable. The most desirable hospital/institution record consists of a copy of the discharge summary or final report which includes history, clinical course, physical and laboratory findings, therapy and response. If such a report or summary is not available, a copy of admission history, physical findings, laboratory and x-ray findings, as well as diagnosis, should be obtained. The absence of specific values such as lab test results, blood pressure, etc., frequently necessitates a specialized examination that otherwise would not have been required.

B. How to obtain - Unless the applicant furnishes adequate records as described in A. above, the field office should request records directly from the hospital or institution. Form RL-11b should be used for requesting hospital or institution records for any disability applicant, including a disabled child. Release Form G-197, signed by the applicant/annuitant or authorized individual, with Form RL-11b. Medical evidence should be requested from the claimant's alleged onset of disability through the current date.

Based on experience with the particular hospital or institution, pend the request for a reasonable period, not to exceed 20 days. If no response is received, send and image tracer Form RL-11c and notate Contact Log. Allow 10 days for a response to the tracer. If no response is received, the field office manager must decide whether additional tracing efforts are worthwhile. Document any further attempts at development; image any released letters and notate Contact Log.

If the field office manager decides to abandon further efforts to obtain the records, release a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if known, the responsible RECON disability adjudicator if a review of an adverse initial determination was requested. (See FOM-I 1325.15.3).

There are provisions for the payment of hospital records if a bill is received. See FOM-I 1330.15.2.

1325.10.3 Employer Records

Many railroad and non-railroad employers, through their medical departments or affiliated hospital associations, furnish valuable medical evidence at no cost to the RRB. Railroad employers can also inform us whether the applicant was disqualified from service because of physical condition. This disqualification must be completed by the contact official designated for medical matters for a particular railroad employer.

The RRB should request medical from an employer:

1. At the time an initial disability application is filed to obtain medical records within the last 18 months (use Forms G-197 and RL-11D1); ~~and~~ or

2. The applicant claims disqualification from railroad or the employer is listed in FOM 1 13 Appendix A (use Form RL-11 and G-3EMP).

RL-11D1

Medical evidence should be requested from an applicant's railroad and nonrailroad employer by the field office with an RL-11D1, *Request for Medical Evidence from Employers*, letter to obtain any medical evidence of an employee's disability that they may have for the last 18 months. Form G-197, *Authorization to Disclose Information to the Railroad Retirement Board,* must be signed by the applicant or his/her authorized representative and attached to the RL-11D1 form.

When Form RL-11D1 has been outstanding for more than 30 days, DBD may initiate tracer action by releasing an email to the claims representative (with a cc to the Field Office's Group Mailbox) that released the form. **NOTE:** The DBD examiner will continue the sequential evaluation process while waiting for the results. The claims representative will trace with the employer using Form RL-11C, *Letter Tracing Original Request for Medical Records*. Document any further attempts at development; image any released letters and notate Contact Log.

If the field office manager decides to abandon further efforts to obtain the records, release a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if known, the personal E-mail inbox of the responsible Reconsideration Section (RECON) disability adjudicator if a review of an adverse initial determination was requested. (See FOM-I 1325.15.3)

G-3EMP

Medical evidence should be requested from an applicant's railroad employer by the field office with an RL-11, *Letter For G-3EMP Disqualification Request for Medical Evidence from Railroad Employers*, letter if:

a) the applicant claims disqualification by his/her employer due to his/her physical condition; or

b) the employer is listed in Appendix A of FOM-I-13.

Form G-197, *Authorization to Disclose Information to the Railroad Retirement Board,* must be signed by the applicant or his/her authorized representative and enclosed with the RL-11 and G-3EMP forms. The field office assumes in these cases that a specialized examination will not be necessary.

The RL-11 letter requests a railroad employer to return the completed Form G-3EMP to the field office. This arrangement applies to all railroad employers. Use the completed Form G-3EMP to determine what additional medical evidence may be required, and develop accordingly.

When Form G-3EMP has been outstanding for more than 30 days, DBD will initiate tracer action by sending an e-mail to the field office servicing the area in which the contact official is located; that office will contact the proper railroad official to expedite completion of Form G-3EMP. Notate Contact Log.

1325.10.4 Records from Other Agencies

Sometimes an employee, widow(er), or child applicant for benefits under the RRA has also applied for benefits with another agency. By obtaining copies of medical evidence developed by that agency, we may be able to make a disability determination quicker, at less cost and more accurately than otherwise.

A. Social Security Administration (SSA)

1. Description - If an employee, widow(er), or child applicant has filed at SSA for Title II (Disability Insurance Benefits;(DIB) or Title XVI (Supplemental Security Income; SSI) benefits based upon a disability, the medical evidence and disability decision may be obtained from SSA. Such evidence may be sufficient for a rating under the RRA. SSA has procedures for notifying RRB and sending copies of medical evidence when a rating is made on an employee whose earnings record is

earmarked for railroad work. Unless you know that SSA medical evidence is in RRB files, the field office should request copies directly from SSA.

When you request medical records from SSA, also request the applicant to have Form G-250 completed by the personal physician as a record of the current medical condition. As a matter of customer service, field offices should always provide assistance to applicants, when needed, for medical evidence from their own medical sources even if we request evidence from SSA in order to avoid delaying a disability rating in case SSA is unable to provide their evidence. If Form G-250 cannot be secured, release a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if known, the personal E-mail inbox of the responsible RECON disability adjudicator if a review of an adverse determination was requested. Do not schedule specialized examinations unless requested by DBD or RECON.

2. How to obtain - Release Form RR-5 to SSA's Great Lakes Programs Service Center either by regular mail or as email attachment (see DCM 11, RR-5 instructions); send a copy to DBD. No tracer action by the field office is required.

   When an applicant has applied for disability benefits at SSA, but hasn't been rated, you may be able to obtain copies of medical evidence from the state agency that makes disability determinations for SSA (usually titled something like Disability Determination Section of the Department of Human Resources for the applicant's state of domicile).

B. Department of Veterans Affairs

1. Description - In addition to obtaining medical evidence from VA hospitals where applicants may have been treated, medical evidence may be available from the VA regional office if the veteran is receiving VA disability benefits. Since the veteran may be receiving benefits based on a condition unrelated to the disabling condition, the evidence VA has may not be current. Judgment should be used to determine the usefulness of such evidence.

2. How to obtain - The field office should request copies of medical evidence by sending Form RL-11a to the VA hospital or regional office where the applicant was treated or examined. Note that the applicant or authorized individual must sign the enclosure Form G-197, authorizing the VA to release medical evidence to the RRB.

   Pend the request for a reasonable period not to exceed 30 days. If no response is received, send and image Form RL-11c to trace the request; notate Contact Log. Allow 15 days for a response to the tracer. If no response is received, the field office manager must decide whether

additional efforts are worthwhile. Document any further attempts at development; image any released letters and notate Contact Log.

If the field office manager decides to abandon further efforts to obtain VA records, release a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if known, the responsible RECON disability adjudicator if a review of an adverse initial determination was requested. (See FOM-I 1325.15.3)

C. Worker's Compensation/Public Disability Benefit/Public Service Pension

1. Description - Medical evidence should be requested from an agency that pays worker's compensation, a public disability benefit, or a public service pension based on disability, when the applicant has received or expects to receive such payment. However, evidence should be requested only if the agency is considered a "key" source. A key source would have records of treatment or examination of the employee since or shortly before the earliest possible disability onset date.

   A branch of the armed forces that is paying a military disability retirement benefit will probably not be a key source for medical evidence. The veteran will usually have more recent records at a VA facility. Request medical evidence from a service organization only if it is the sole source of evidence, and the condition on which the disability benefit is based began at or near the alleged disability onset date.

   Do not request medical evidence from the paying agency if the applicant has been rated disabled or denied a disability by SSA, because that evidence will probably be included in SSA's records.

2. How to obtain - Use Form RL-11d to request medical evidence. The applicant's or authorized individual's signature is required on Form G-197, as well as the claim number of the Worker's Compensation/public disability benefit or public service pension. Form G-214 (Worker's Compensation and Public Disability Benefit Questionnaire) requests the benefit claim number and the name and address of the agency paying benefits. Form G-208 (Public Service Pension Questionnaire) does not request that information. When a Form AA-17b applicant also completes Form G-208, add the public service pension claim number and the address of the agency paying benefits in the remarks section of Form G-208.

   Send the Form Letter RL-11d to the address shown on Forms G-214 or G-208. Send all requests for Federal civil service records to the following address for the Office of Personnel Management:

   Office of Personnel Management

Chief of Disability Claims Division
1900 E Street NW
Room 3468
Washington, DC 20415

If you do not receive a report after 30 days, use Form RL-11c to trace your request; notate Contact Log. If the evidence has not been received within 15 days of the tracer, the field office manager must decide whether additional efforts are worthwhile. Document further attempts at development; image any released letters and notate Contact Log.

If the field office manager decides to abandon further efforts to obtain the records, release a brief E-mail summarizing the actions taken and the reason for abandonment to the DBD Group Mailbox or, if known, the responsible RECON disability adjudicator if a review of an adverse initial determination was requested. (See FOM-I 1325.15.3)

D. Other Agency or Institution

1. Description - An applicant may be receiving other welfare type benefits based on disability. Medical evidence may be available from the paying agency. Usually agencies are willing to provide copies of medical evidence because benefits they pay will be reduced by benefits paid by RRB.

2. How to obtain - Form RL-11d can be used to request medical records from the agency paying benefits. The applicant or authorized individual must sign enclosure Form G-197, authorizing the release of medical data to the RRB. Pend the request for a reasonable period not to exceed 30 days. If no response is received, send Form RL-11c to trace the request; notate Contact Log. Allow 15 days for a response to the tracer. If no response is received, the field office manager must decide whether additional efforts are worthwhile. Document any further attempts at development; image any released letters and notate Contact Log.

   If the field office manager decides to abandon further efforts to obtain the records, release a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if know, the responsible RECON disability adjudicator if a review of an adverse initial determination was requested. (See FOM-I 1325.15.3)

1325.10.5 Evaluation of Existing Source Evidence

Available medical evidence should be evaluated for its adequacy for a proper disability determination; that is, it must be substantial in quality and quantity, and it must reflect the applicant's current condition. Quality and quantity should be judged based on the

information for the particular body system contained in FOM-I 1320, and on the requirements for the impairment as shown in FOM-I Article 13, Appendix B.

EXAMPLE: Congestive heart failure, an impairment of the cardiovascular system, should show congestion around the heart cavity such as edema or enlargement of the heart, which can only be detected in a chest x-ray. Appendix B shows that an EKG is also required to diagnose this disease. Therefore, recent existing source evidence must show that these two procedures have been performed and that the results indicate congestive heart disease. Furthermore, consideration must be given to the possibility that the applicant's condition has improved and that a current examination may be needed to reflect current condition.

Assistance in evaluating evidence on hand may be obtained by telephone from a disability claims examiner in the Disability Benefits Division (DBD). If the medical evidence from existing sources appears sufficient (FOM-I 1325.20.3), forward it to DBD per instructions in FOM-I 1325.20.6. A disability claims examiner will review the evidence and advise if any additional development is necessary.

When it appears that existing evidence will not be adequate, arrange for a specialized examination through QTC Medical Services, Inc.

1325.10.6 Specialized Medical Examinations

If the medical evidence obtained from the above sources does not appear sufficient for disability rating purposes, the field office will arrange for a specialized medical examination through QTC Medical Services, Inc. QTC will be responsible for obtaining the requested examinations and forwarding the examinations directly to DBD. DBD will be responsible for approving the examination and for vouchering payment.

The field office will utilize the Federal Management Integrated System (FMIS) to secure medical examinations through QTC

See FOM-I 1330.20 for instructions and guidance in arranging for specialized examination through QTC.

1325.15 Applicant's Responsibility

While the field office has overall responsibility for gathering medical evidence, the applicant is expected to submit or assist the field office in obtaining existing medical evidence in support of his claim for disability. It is also the applicant's responsibility to furnish information about his condition and treatment he has received.

1325.15.1 Railroad Retirement Board Regulations

Railroad Retirement Board (RRB) regulations state that the applicant or his representative is responsible for obtaining and submitting the evidence required to prove eligibility for, or right to continue to receive annuity payments. With regard to

medical evidence to support a disability claim, the applicant's responsibility is not absolute.

Unlike other types of evidence, medical evidence is not always easily obtainable nor is it inexpensive. Disabled persons are less likely to be able to help themselves. Therefore, the applicant's responsibility for medical evidence must be balanced with humaneness.

Furthermore, it is administratively to the RRB's advantage to be able to obtain reports in the form and content which fulfill the adjudicatory and other needs of the RRB. The decision making process is made more efficient and accurate by our ability to secure institutional records and examination reports directly from the provider.

In summary, the claimant must submit or notify the RRB of the existence of all evidence which relates to the claimed disability that may or may not support the applicant's claimed impairment(s), to the extent the claimant is aware of that evidence. The RRB will assist him when necessary in obtaining the required evidence. The applicant's responsibility also includes his cooperation with the field office in securing evidence.

1325.15.2 Evidence an Applicant Should Submit

It is reasonable to require the applicant to obtain and submit personal physician records if such records exist. By doing so, the applicant's responsibility is established and good faith is demonstrated, which gives the RRB a basis for efforts to develop additional evidence.

If an applicant has not seen a physician from whom relevant evidence can be obtained, he should not be refused the opportunity to file a disability claim. Non-medical factors will be used in such a case to determine if further development of medical evidence at RRB expense is warranted.

Assistance should be provided to an applicant who needs help in getting a report from his doctor. See FOM-I 1325.10.1.B.

Any other records or reports in the applicant's possession should be accepted. If he volunteers to obtain records from other sources, you may prefer to allow him to do so. Consideration must be given to the most expedient means of obtaining the kind of records we need without imposing too great a burden on the applicant.

1325.15.3 Abandonment for Lack of Cooperation

Development of medical evidence should not be abandoned for lack of cooperation from the applicant until the field office manager has determined that:

- The applicant has been contacted in person or by telephone;
- The importance of his cooperation to his claim has been explained;
- The lack of cooperation is willful as opposed to unintentional or uncontrollable; <u>AND</u>

- The applicant is not likely to cooperate further.

If the applicant cannot be contacted in person or by telephone, send a letter to his last known address advising that his claim is still pending and requires his cooperation; request that he contact the field office within 2 weeks. Abandon if no response is received in that time period.

When a case is abandoned, the field office manager should submit a report covering actions taken and the reason for abandonment to the DBD group mailbox or, if known, directly to the Reconsideration Section disability adjudicator if a review of an adverse initial determination was requested. The claim will be decided based on the information and evidence that has been developed.

1325.20 Field Office Responsibility

Field offices are responsible for fully developing claims for benefits under the RRA, including disability claims, so that these claims may be properly adjudicated by the Disability Benefits Division (DBD). The objective is to submit a complete package with sufficient supporting medical evidence as soon as possible.

1325.20.1 Assisting the Applicant

In addition to giving information and advice to the applicant, the field office must obtain certain information from him in order to help him pursue his claim. The applicant's trust and cooperation must be gained. You should explain the sequence of events, how decisions are made and when and how he will be notified of the disability determination. A field office is in the position to assure a cooperating applicant that the RRB is doing its part in developing and carefully considering his claim and to encourage a non-cooperating applicant. Once a determination is made, the applicant may come back to the field office for explanation or to request reconsideration or later to appeal.

NOTE 1: It is important to make the applicant aware of possible delays that can occur due to circumstances that arise during the disability determination process. For example, an applicant should be informed that medical procedures, such as surgery, which occur subsequent to the application for a disability annuity can require additional medical evaluation before a disability decision is made. In some instances this will require a three month waiting period and additional medical examinations to determine the effect the surgery had on the disabling condition.

NOTE 2: Disability applicants residing outside the United States pose special challenges for field offices and there is a possibility of significant delays as a result of obtaining required evidence. Consequently, field office personnel are encouraged to attempt to anticipate issues which may delay a disability rating.

Many applications from individuals residing outside the United States involve those residing in Canada or Mexico. When an application from a resident of Canada or Mexico is filed, field office personnel should routinely ask the applicant whether (s)he

lives within approximately 100 miles of the United States and, if so, if (s)he owns a valid passport and is able to travel to the United States if it is determined that a specialized examination and/or testing is needed. However, assure the applicant if a specialized examination and/or testing becomes necessary that reasonable attempts will be made to schedule it as close as possible to their residence. Regardless, notify DBD of the applicants' answers through APPLE (FOM-I 1581.11.4), Form G-626, Form G-230, or E-mail in all situations. It is also highly recommended that Contact Log be updated.

1325.20.2 Obtaining Medical Evidence Directly from the Source

FOM-I 1325.10 describes different types of medical evidence and shows which ones that the field office should generally obtain directly from the source of that evidence.

1325.20.3 Reviewing Evidence for Sufficiency

Throughout the disability development process the field offices have to review medical evidence for sufficiency in two respects:

- Does it represent the best evidence available from that source?
- Does the accumulation of medical evidence appear to provide enough evidence for a disability determination to be made?

If the evidence is not sufficient in either respect, then decisions must be made as to whether to re-request the needed evidence or what additional evidence must be obtained.

Medical evidence should also be reviewed for the following:

- Completeness of reports and forms;
- That the evidence pertains to the applicant;
- Reports are signed and dated;
- Applicant's name and claim number are shown on each item (not necessarily each page).

1325.20.4 Contracting for Specialized Examinations

When it is decided that all existing medical evidence that can be obtained does not provide sufficient evidence for a disability determination, the field office must arrange for specialized examinations to be conducted at RRB expense. Examiners from DBD are available to assist the field office in determining if and what kind of additional medical evidence should be developed. If there is any uncertainty, check with DBD before arranging for specialized examinations. See FOM-I 1330.20 for procedure about specialized examinations.

1325.20.5 Following-up, Tracing, Carrying Through

Several initiatives have been taken to speed up the development of medical evidence. Since the field office is no longer responsible for tracing, forwarding or submitting bills for consultative examinations, more energy can be directed at the development of treating source medical evidence and non-medical evidence. Therefore, the field office should adhere to the tracing requirement found in the Code of Federal Regulations (Section 220.45(b)).

While a disability claim is being developed, the application with all available evidence should be submitted to DBD as soon as it is taken. The field office should keep its file in its pending file with call-up dates while waiting for the outstanding evidence to assure that time is not wasted. Requests for evidence should be pended for up to 20 calendar days. If there is no response after 20 calendar days, send and image a tracer or second request and pend it for 10 calendar days. (See FOM-I 1325.10 for specific information regarding forms/letters and the type of evidence requested.) The tracer or second request will have more effect if it is also supported by a telephone call to the provider. Notate Contact Log. If a response is still not received in 10 calendar days (unless experience indicates that a longer period is advisable in a particular case), the field office manager must either decide that additional tracing efforts are worthwhile or abandon efforts to secure that piece of evidence. Document any further attempts at development; image any released letters and notate Contact Log. Refer to FOM-I 1325.15.3 for procedures when abandoning for lack of cooperation from the applicant.

It is the field office's obligation to carry a disability claim to completion. When the office has completed its development, when submitting the last piece of evidence, it should so indicate on the transmittal to DBD or the Reconsideration Section (RECON) (if the case is at that level of adjudication) that no further evidence will be submitted.

When the field office cannot complete its development and the case is abandoned, the field office manager shall send a brief E-mail summarizing the actions taken and reason for abandonment to the DBD Group Mailbox or, if known, the RECON disability adjudicator if a review of an adverse initial determination was requested.

1325.20.6 Transmittal of Disability Application and Medical Evidence

Procedures for submission of applications and medical evidence differ as to whether the application is for a monthly disability annuity or for a disability freeze in order to gain other benefits, such as early Medicare, O/M, early VDB, etc. However in all instances, all medical evidence being obtained, whether attached or to be submitted should be listed individually on the transmittal sheet (G-626 or G-230).

A. Application for monthly disability annuity

1. <u>Application</u> - An application for a monthly disability annuity should be submitted to DBD as soon as possible.

At the time the application is submitted, it is important to indicate on the transmittal (Form G-626) whether all medical evidence is attached or additional medical evidence is being developed. The transmittal should include a list of all medical evidence attached and all medical evidence to be submitted. If consultative examination(s) are scheduled through QTC Medical Services, Inc., the type(s) of examination(s) or examination(s) number should be noted in the "Remarks" section of the transmittal. In addition, when an order is made on FMIS a screen print of the information is automatically generated. This screen print should be included with the application package. If all evidence is attached, indicate in the "Remarks" section of the transmittal. Items of medical evidence being developed that are not shown in the check boxes as "To Be Submitted" should be listed in the "Remarks" section of the transmittal. If specialized examinations have been or will be scheduled, indicate which exams and the dates the exams were ordered through QTC Medical Services, Inc.

If the initial employee disability application is received from a third-party facilitator (*i.e. "Mr. Jones' Office Services"* or an attorney/law firm), please make a brief notation in the Remarks section of Application Express (APPLE) as an alert to the Disability Benefits Division (DBD) examiner. The notation should include the name of the third-party facilitator, as well as any known contact information such as their address/phone number. See FOM1 110.100.3 for further instructions.

2. Medical evidence - Submit all available medical evidence with the application. Each piece of medical evidence must be date stamped

Any additional medical evidence received should be date stamped and submitted to DBD under cover of Form G-26b. Be sure the employee's claim number is shown on the Form G-26b and each item of medical evidence attached. Also on the Form G-26b, indicate in "Remarks":

- What medical evidence is attached;
- What medical evidence is still being developed;
- Expected date outstanding evidence will be submitted;
- If specialized examinations were ordered through QTC Medical Services, Inc.

NOTE: If the medical evidence is being submitted to DBD by fax, it is not necessary to send copies of the medical evidence to headquarters. The faxed medical evidence is sufficient for the file kept in headquarters.

After initially pending the case for 20 calendar days, follow up on any additional medical evidence being developed at 10 calendar day intervals until the case is closed.

B. Application for disability freeze (DF) only.- When an application for a DF only is being developed from an annuitant on the rolls or from an applicant who is also filing an application separately for a monthly annuity not based on disability, it is not necessary for the application for DF only to reach DBD before the complete medical evidence package. Also, if medical evidence is being developed for a disabled child for inclusion in the O/M, hold the O/M application(s) until all development is completed. No action can be taken on the application until a determination is made with respect to the disability. The filing date of the application will protect any retroactivity.

Field offices should hold DF or O/M applications for alleged disabled children only until all evidence, medical and non-medical, is gathered and ready for submission. The application and supporting evidence should be submitted together under cover of the appropriate transmittal, Form G-230 or Form G-659a. The "Remarks" section of the transmittal should list all medical evidence being submitted. The "Remarks" section of the transmittal should be prominently marked in red with a statement such as "Application for Freeze Only," "Application for Medicare Only" or "Application for Inclusion of DAC in O/M," to indicate that this is not an application for a monthly annuity.

1325.20.7 Abandonment of Disability Development

No phase of disability development should be abandoned until the field office manager has determined that all avenues have been explored and further action would be unproductive. When the manager decides the case should be abandoned, submit a report to the DBD group mailbox or, if known, directly to the Reconsideration Section examiner covering development actions taken and reasons for abandonment. See FOM-I 1325.15.3 before abandoning a case for lack of cooperation from the applicant.

1325.25 Disability Benefits Division Responsibility

The Railroad Retirement Act (RRA) charges the Railroad Retirement Board (RRB) with responsibility to make decisions with regard to eligibility for benefits under the provisions of the RRA. RRB regulations and Board orders assign this responsibility to the Disability Benefits Division (DBD). In order to have complete and accurate case records to make disability determination decisions, the RRB will obtain and consider all evidence that may or may not support the applicant’s claimed impairment(s). For effective and efficient operations in carrying out this responsibility, the section is administratively organized into components with division of responsibility.

1325.25.1 Disability Benefits Division

DBD makes determinations as to whether the disability provisions of the RRA are met. Inherent in that responsibility is the decision whether evidence submitted is sufficient for a determination to be made. Therefore, disability claims examiners in the section will review medical evidence submitted by field offices for sufficiency. If the examiner decides that additional evidence is necessary, (s)he will send an E-mail to the field office requesting specific evidence, or the examiner may order a specialized examination through QTC Medical Services, Inc.

Disability claims examiners are available for advice and guidance to field offices. They also should be consulted when problems arise with assignments sent to field offices.

1325.30 Field Service Responsibility

Through Operations - Field Service, field offices may obtain guidance and assistance on procedural and policy matters. Interaction between field offices and the section will lead to improved procedures and policies, and will help identify training needs which the section should fulfill.