MEDICAL CONSULTANT'S REVIEW OF
CHILDHOOD DISABILITY EVALUATION FORM (SSA-538)

DDS _____ SSN _____ Name _____

Review of SSA-538 dated _____

The reviewing medical consultant completes this form for any case in which there is a signed Childhood Disability Evaluation Form (CDEF), Form SSA-538.

Use Parts I through III to record your agreement, disagreement or determination of insufficiency with the corresponding sections I through III of the CDEF. Use Part IV to explain in detail the evidentiary basis(es) for every disagreement or insufficiency you checked in Parts I through III. Use Part V to document your assessment of overall severity if you disagreed with the DDS's assessment (or DDS's disposition).

PART I – SUMMARY	**AGREE**	**DISAGREE**	**INCOMPLETE OR INADEQUATE**
A. Impairments	_____	_____	_____
B. Disposition	_____	_____	_____
C. Assessment of Functioning Throughout Sequential Evaluation			_____

PART II – FUNCTIONAL EQUIVALENCE

A. Domain Evaluations	**AGREE**	**DISAGREE**	**INCOMPLETE OR INADEQUATE**
1. Acquiring and Using Information	_____	_____	_____
2. Attending and Completing Tasks	_____	_____	_____
3. Interacting and Relating With Others	_____	_____	_____
4. Moving About and Manipulating Objects	_____	_____	_____
5. Caring for Yourself	_____	_____	_____
6. Health and Physical Well-Being	_____	_____	_____
B. Conclusion	_____	_____	_____

PART III – EXPLANATION OF FINDINGS	**AGREE**	**DISAGREE**	**INCOMPLETE OR INADEQUATE**
Explanation of Findings	_____	_____	_____

If you checked "AGREE" in every item in Parts I-III, DO NOT complete Part IV. Proceed to Part V.

PART IV - MCS NARRATIVE DISCUSSION

If you checked "DISAGREE" or "INCOMPLETE OR INADEQUATE" in ANY item in Parts I-III, complete this section as follows:

- Provide a complete and detailed narrative discussion of the evidentiary basis(es) for not agreeing with the DDS.
- Cite the specific evidence that supports your conclusion(s) that differ substantively from those of the DDS, or identify missing or incomplete evidence and fully explain why it is needed.

If you provide your comments on an SSA-416 Medical Note, please check here. ___

PART V - MCS REVIEWER'S DISPOSITION

Complete this section only if you DO NOT AGREE with the DDS's disposition in Part I B.

Your assessment of overall severity:

__ Not Severe

__ Meets Identify the listing which is met: _____

__ Medically Equals Identify the listing which is equaled: _____

__ Functionally Equals

__ Does Not Meet, Medically Equal, Functionally Equal

__ Duration Not Met

__ Other: _____

Medical Consultant's Signature | Review Component | MC Code | Date

See Revised Privacy Act Statement

PRIVACY AND PAPERWORK REDUCTION ACTS: The information requested on this form is authorized by the Social Security Act, Sections 205(a) and 1631(e)(A) and (B), and Title 20 CFR 416.989. Social Security needs the information on this form to make a determination about the child's continuing disability. Giving us information on this form is mandatory. Although the information you furnish on this form would almost never be used for any purpose other than making a determination about the child's continuing disability; such information may be disclosed by the Social Security Administration as follows: (1) to enable a third party or agency to assist Social Security in establishing rights to Social Security benefits for the child; (2) to comply with Federal Laws requiring the release of information from Social Security records (e.g., to the General Accounting Office and the Department of Veterans Affairs); and (3) to facilitate statistical research and such activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract to Social Security).

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

See Revised Paperwork Reduction Act Statement

Paperwork Reduction Act Statement: This information collection meets the clearance requirements of 44 U.S.C. 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions.

The following revised Privacy Act Statement will be inserted into the form at its next scheduled reprinting:

Privacy Act Statement

Collection and Use of Personal Information

Sections 205(a) and 1631(e)(A) and (B) of the Social Security Act, as amended, as well as Title 20 CFR 416.989, authorize us to collect this information. The information you provide will be used to determine a child's continuing disability.

The information you furnish on this form is voluntary. However, providing the information on this form is an obligation under the terms of your contract.

We rarely use the information you supply for any purpose other than for determining the continued disability of a child. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Medicare benefits and/or coverage;

2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);

3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state and local level; and

4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Medicare programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, state or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and our programs and systems, is available on-line at www.ssa.gov or at your local Social Security office.

The following revised PRA Statement will be inserted into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 12 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).** *You may send comments on our time estimate above to*: *SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.* ***Send only comments relating to our time estimate to this address, not the completed form.***