Name and Address Changes and Discrepancies

Q: What should be done if a driver presents to the Center requesting to have his/her name changed on their DOT certificate?

A: The response to this question contains several parts.

The driver must first obtain an updated driver’s license that reflects the name change and bring it with them to the Center.

A name change cannot be done in eScreen® with banked charts, as an existing physical can’t be updated. The DOT-certified provider could:

a) The provider could take a copy of the DOT physical, cross out the last name, write in the new one, initial it and fax it to eScreen®. eScreen® will remove the old physical and replace it with the new, altered physical.

b) The provider can also complete a new card manually using the information from the original card, back date it to match, sign it and then fax that to eScreen, and eScreen® will upload the new card.

The provider can update the name on the NRCME website by entering the information like it is new, but then clicking the box at the bottom that says “update to an existing entry.”

A driver is not personally able to update the name on their certificate with the NRCME.

Question: Does the address on a person’s driver’s license need to identically match their address on the DOT physical/card?

Answer: The driver’s address listed on the driver examination forms must be the driver’s current address, which may be different from the address on the driver’s license. The driver’s current address is used by FMCSA to contact the driver if situations warrant.

Seizures

Present guidelines state:

Any driver with a diagnosis of epilepsy and on anti-seizure medications cannot be certified.

A driver with a history of epilepsy, off seizure medication and seizure free for ten years can be certified.

Recently, the MAB (Medical Advisory Board) has stated that a driver who has been seizure free for eight years, on medications with no change or adjustment of dosage for two years, can be certified but must apply for a seizure waiver with the FMCSA.

This means under these circumstances, MedExpress can approve if everything else is okay, but the provider needs to mark on the long form that a seizure waiver must accompany the medical form. There is no seizure waiver packet on the FMCSA website. The driver must contact FMCSA medical directly.

Q: Can I get a waiver if I have had a single, unprovoked seizure?

A: Drivers who have had one unprovoked seizure by definition do not have epilepsy (2 or more unprovoked seizures). Drivers who are seizure-free and off anticonvulsant medication(s) for at least 5 years after a single unprovoked seizure can be certified. Earlier return-to-work may be considered for drivers with a normal EEG who have no epileptic-form activity and normal examination by a neurologist specializing in epilepsy.

Driver Deceptive/Lying

Q: What are the appropriate actions if you discover someone has been deceptive in their health history and/or their medications list/use?

A: If you find that the driver may have provided fraudulent information, the examiner should contact the driver and ask him to return for a new medical examination, discussing that you learned that he/she has a medical condition that was not disclosed. If the driver refuses to discuss, you can contact FMCSA Medical at 202-366-4001 or FMCSAMedical.dot.gov. You should include a copy of the Medical Examiner’s Report Form and details of the situation including how you learned of the fraud, the medical condition of concern and whether that issue might have led you to disqualify the driver.

Depending on the outcome of the investigation, the driver may be pulled off the road, fined or experience other disciplines. The examiner can update the National Registry by going to the 5850 and click update - and disqualify the driver if they wish.

Q: What can I do if a driver did not disclose potentially disqualifying information on the medical review section of the DOT exam?

A: The following response was recently posted on the UNC Occ. Med listserv:

Contact the driver and ask him/her to return for a new medical examination and tell them that you learned that he/she has a medical condition that was not disclosed.
If they refuse, the Medical Examiner’s Report Form that you completed, details of the story (e.g. how you learned of the fraud, etc.), what problem the driver has that was not disclosed and whether this problem would have disqualified him to Elaine Papp, Division Chief, Medical Programs, FMCSA.

The Division Chief will review the details and get back in touch with the medical examiner.

The medical examiner will need to be available to provide information to investigators.

The driver may be pulled off the road and may be fined or experience other disciplines.

The FMCSA will also notify the driver’s state licensing authority and require a new medical certificate with the complete information disclosed depending on what is learned during the investigation.

The medical examiner can update the national registry by going to the 5850 and click “update” and disqualify the driver if they wish.

Suspending a Physical/Additional Information

If a DOT exam needs to be suspended, please complete the exam fully, including the physical exam. That way the follow-up provider only needs to address the issue requiring the suspension. Providers can leave the second blood pressure reading slot open, if that is the concern, and put the lowest of the initial readings in the first slot.

When the exam is suspended, please document in the text box provided the reason for the suspension so the follow-up provider will know what to look for.

The eScreen® databases are state-wide but center-specific. A separate password is needed for each state. While most patients will return to the same center, but if a driver returns and was seen at a different Center, the provider will have to pull up the original Center once logged in to eScreen® to access the chart.

If a suspended chart can not be found or accessed, then create a new one. The suspended chart will become inactive in 30 days and off the system in 60 days.

Q: When do I suspend a DOT exam or do a shorter term certification? How do we charge for it?

A: Providers should complete a suspension in eScreen® when you would certify a person, but need further documentation such as test results, letter from a PCP/specialist or other readily obtainable information. The suspension is valid for 30 days, and the exam can be reopened with no additional charge to the driver. If a different Provider is working the day the driver comes back, a new chart will need to be created and signed-off by the new Provider. Please note that there is still no additional charge. A Provider can also suspend the chart for a driver whose blood pressure is high in the Center but usually normal at home and bring him/her back in a day or two for a recheck once he/she is well rested and off caffeine, etc.

Provider should complete a 3 month certification when there is a medical issue, such as elevated blood pressure (the most common reason), that requires treatment. It is best not to think of this as a “temporary” certification. It is a full certification, just for a shorter duration. It can only be done once and is not repeatable. When the driver returns, it is a new visit, new exam, new charge and the date of certification starts then, not the date of the previous visit. You can also consider this option for a driver who needs further testing, such as stress test or sleep study, that might not be obtainable in the 30 day suspension time frame.

eScreen DOT Physicals – Procedures When Additional Information Needed

Question: Can providers intercept drivers at the front window or triage and turn them away if the driver has any existing health issues that will need additional documentation from an outside source?

Answer: No, all patients should be triaged and evaluated by a DOT certified provider. At that point, the DOT follow-up form should be completed and sent with the driver. In the November center kits, there will be front office handouts to give to drivers before the triage process that list items that may be needed or conditions/medications that will not allow a provider to pass them.

Question: What happens if the driver comes back and the original DOT certified provider is not there that day?

Answer: Ideally, the driver should be asked to return on a day the original DOT certified provider will be there. There is a line under the “determination pending” where a date to return can be entered. If that is not possible, a new DOT certified provider can see the patient, but a new exam document needs to be created. The data from the initial exam can be transferred over manually and does not have to be repeated to save time. The driver will need to sign the new exam at the appropriate places again. All the history will need to be reviewed and signed off by the second DOT certified provider. If the second provider feels comfortable, the physical exam can be transferred over as well, or a focused exam can be repeated.

Question: Can a DOT certified provider sign off on an exam from a different center?

Answer: Yes, it is possible to open a “determination pending” exam started in a different center and complete it in a second center, as long as it is in the same state and therefore on the same database. However, the chart cannot be opened simultaneously in two centers, so it is not possible for the driver to be at the first center and the provider at the second center.
It has been brought to the EHS Department’s attention that providers are forgetting to complete DOT physicals with a “final determination.” It is of the utmost importance that providers complete the physical in its entirety to comply with federal regulation.

As a refresher, providers can review the eDOT Physical Provider Workflow linked here and found on the employee portal. The second page details instructions for “determination pending” physicals.

When marking a physical as determination pending, providers should follow these steps (click images to enlarge):

- At the “Note Certification Status for [Patient Name]” page on eScreen, providers should check the box for Medical Examiner Determination (Federal) and the box for Determination Pending. A menu will then appear for the provider to select the reason(s).

- Enter the date that they must return by (within 45 days) and sign with the ePad.

- Be sure to save and print two copies – one for the employee and one for the center. Complete the DOT Physical Follow-Up Form on DocuTAP and send with the employee.

When the employee returns to complete the physical, he/she must be seen by the same provider. The provider can pull up the employee’s DOT physical that is determination pending by clicking on the Follow-Up/Suspended tab and adding the employee to the waiting list.

From the waiting list, the provider can specify the reason that the DOT physical was marked as determination pending in the Amended Report section and check the box for whether or not the requirements are now met.

Q: If a DOT exam is suspended and the patient returns, for example, the patient’s blood pressure was high and now he/she is taking medication and blood pressure is controlled, do they go on the Athena/DocuTAP schedule again?

A: Yes, these return patients should be put on the schedule to keep a record of their visit even though they aren’t being charged for the visit.

1/15 email: I’m writing to ask that any time you have a DOT physical which is suspended that you make a note in the plan section of the Docutap progress note. Although we do not have to chart any exam findings it is much easier for a subsequent provider to find a clear explanation for the suspension if a brief note is made in Docutap.

Just a reminder that if you are performing a DOT physical and are unable to complete it because of needing additional documentation, you should suspend the exam in eScreen and note why it is being suspended. Do not put the patient back into the waiting room. You are not suspending their license when you hit suspend. You are only suspending the exam until you receive the necessary documentation.

Please note that there has been a recent addition to the FMCSA seizure guidelines (source: AMD conversation with FMCSAMedical@dot.gov).

DOT Physical Follow-up Form and final determination:

As medical providers, it is our obligation to establish whether a driver is capable of safely operating a Commercial Motor Vehicle (CMV). As such, a provider may need to request additional health information from PCPs and specialists following a Department of Transportation (DOT) physical. The DOT Physical Follow-up Form is a resource to help MedExpress providers obtain additional information from other healthcare providers to determine whether a driver qualifies for a Commercial Driver’s License (CDL). This form can also be found in DocuTAP for providers’ use.

When it is determined that additional information is needed from PCPs or specialists, the DOT physical should be marked “Determination Pending” within eScreen and the DOT Physical Follow-up Form completed and given to the patient. Instruct the patient to return with the form after seeing a PCP or specialist for completion of the physical. It is of the utmost importance that providers complete the physical in its entirety, regardless of the scenario, to comply with federal regulation. For the step-by-step process of completing a physical with a final determination, please refer to the recent MedExpress Provider Journal article below.

Centers also have access to DOT Driver Handouts to provide to the drivers when they present for a DOT physical. The handout includes any additional information that may be required depending on his or her medical history.

It has been brought to the EHS Department’s attention that providers are forgetting to complete DOT physicals with a “final determination.” It is of the utmost importance that providers complete the physical in its entirety to comply with federal regulation.

As a refresher, providers can review the eDOT Physical Provider Workflow linked here and found on the employee portal. The second page details instructions for “determination pending” physicals.

When marking a physical as determination pending, providers should follow these steps:

At the “Note Certification Status for [Patient Name]” page on eScreen, providers should check the box for Medical Examiner Determination (Federal) and the box for Determination Pending. A menu will then appear for the provider to select the reason(s).

Enter the date that they must return by (within 45 days) and sign with the ePad.

Be sure to save and print two copies – one for the employee and one for the center. Complete the DOT Physical Follow-Up Form on DocuTAP and send with the employee.
When the employee returns to complete the physical, he/she does not need to be seen by the same provider, however, the physical must be performed at the same center. If the new provider is comfortable, he/she can access and complete a determination pending ePhysical if it is still within the 45-day period.

If the new provider is not comfortable with finishing the original physical, he/she can also open a new ePhysical for the same donor, but must mark that “the donor was determination pending” in the comments. eScreen will then remove the original, determination pending ePhysical once they have received the new final determination.

The provider can pull up the employee’s original DOT physical by clicking on the Follow-Up/Suspended tab and adding the employee to the waiting list.

From the waiting list, the provider can specify the reason that the DOT physical was marked as determination pending in the Amended Report section and check the box for whether or not the requirements are now met.

Question: Do determination pending DOT physicals need to go on the schedule when they return to sign their physical?

Answer: Yes, the patient should be placed on the schedule again, as this visit usually requires review of the paperwork and discussion with the driver. However, they should not be billed for a follow-up visit.

Question: A driver that presented for a DOT physical was placed in a 45-day “determination pending” status with a provider’s request to review additional medical records. Later, the employer decided that we should no longer proceed with the physical. How should the provider complete the physical?

Answer: Whether the employer wants the outcome of the DOT physical or not, the provider must follow FMCSA procedures. If the driver returns within 45 days, the provider should amend the “determination pending” report. If the driver does not return within 45 days, the physical becomes incomplete and a provider should close out the physical with a “not qualified” determination.

State Registration

As a reminder, when a driver receives a DOT physical, that information must be registered with the federal government AND the driver’s resident state. It is the driver’s responsibility to follow-up with their state’s Department of Transportation for that state’s specific rules regarding registering completed DOT physicals/licenses.

For the courtesy and customer service of our patients, MedExpress staff members are asked to proactively remind drivers to follow-up with their state DOT following their physical.

“CDL” Box

Q: On the DOT medical certification card there is a box marked CDL. What does it mean and why is it there?

A: CDL stands for Commercial Driver’s License. These are distributed by each state’s DMV. A driver can only have a single license from a single state. It requires specialized training and skill testing as well as the medical exam.

The box should be checked on the medical certification card if he/she presently has a CDL or plans to get one in the near future.

A CDL is required if a driver will be operating a vehicle that has a manufacturer’s weight rating [GVWR] >26,000 pounds, normally Class B. Class A is needed if the vehicle has trailer units >10,000 pounds each. Class C if the vehicle is designed to carry >16 passengers or if it will be carrying hazardous materials.

Q: Should the CDL box on the medical certificate be checked based on the license at the time of the medical examination or on whether the driver is intending to apply for a CDL?

A: The provider can enter “yes” if the driver intends to get a CDL in the near future, i.e., attending trucking school, etc.

Carotid Endarterectomy (CEA)

Q: What is the waiting period to certify a driver who has undergone a carotid endarterectomy (CEA)?

A: If the driver has been asymptomatic, expert consensus is to wait three months to certify a drive who has undergone a CEA, much like other peripheral vascular procedures. In order to certify, it would also require a note from the surgeon authorizing return-to-duty and stabilization of anticoagulation levels. This guidance is not listed in the FMCSA medical handbook.

If the driver has had a symptomatic event such as TIA or stroke, then the waiting period is per the guidelines listed:

Waiting Period

Minimum — 1 year if not at risk for seizures (cerebellum or brainstem vascular lesions)

Minimum — 5 years if at risk for seizures (cortical or subcortical deficits)

Oxygen

Q: Can a driver on oxygen therapy be qualified to drive in Interstate commerce?
A: In most cases, the use of oxygen therapy while driving is disqualifying. There is the concern about equipment failure, risk of explosion and presence of significant underlying disease. The driver must be able to pass a Pulmonary Function Test [Source FMCSA FAQ’s page].

The FMCSA Medical Examiner’s Handbook recommends not certifying if the driver has hypoxemia at rest or chronic respiratory failure [page 125].

If the driver only uses oxygen at night, then clearance is needed by a pulmonary specialist along with verification of lack of hypoxia and hypercarbia on room air with ABG.

**Coding**

We recently issued a communication announcing changes to how self-pay Department of Transportation (DOT) physicals were to be coded within DocuTap. We sincerely apologize, but this change brought about unanticipated technical complications within DocuTap and will no longer be in effect.

During this change, many providers sent notification that they were unable to close charts as a result of the new 99455D code. At this time, providers are asked to please go back and close the charts they were unable to close with the 99455D code by using the 99455 code.

As a reminder, the following changes went into effect in regards to the coding of DOT physicals on Oct. 30:

- The 99455D code (used for self-pay DOT physicals) was removed from the system and is no longer available.
- The 99455 code is to be used for both pre-employment and self-pay DOT physicals once again.
- FOAs will continue to charge and collect $80.00 for pre-employment physicals and $95.00 for self-pay DOT physicals. Pricing will be manually adjusted on the back end within DocuTap to match the corresponding physical.
- Providers should go back and close all charts they were previously unable to close with the 99455D code by using the 99455 code.
- We apologize for any inconvenience and thank you for your support of these updates.

**Hearing-Impaired Driver/Non-English-Speaking/Audiometry**

Q: Would a driver who fails to meet the hearing standard under 49 CFR 391.41(b)(11) but who has obtained an exemption from that requirement be considered unqualified under the English language proficiency requirement in 49 CFR 391.11(b)(2) if the driver cannot communicate orally in English?

Guidance: No, if the hearing impaired driver with an exemption is capable of reading and writing in the English language. In that circumstance, the hearing impaired driver satisfies the English language requirement. The absence of an ability to speak in English is not an indication that the individual cannot read and write in English sufficiently enough to communicate with the general public, to understand highway traffic signals in the English language, to respond to official inquiries and to make entries on reports and records.


Question: Can a DOT driver be certified if he/she cannot speak English?

Answer: Yes. Based on recent updates to 49 CFR Part 391.11, English language proficiency is not factored into the medical determination. It is up to the employer to determine whether the driver can handle the full functions of the job, which includes reading traffic signs and communication with law enforcement and other officials.

MedExpress examiners must feel comfortable that they are receiving a full and accurate history from the driver, which may require the use of an interpreter or interpretation service. Our translation service vendor is Verbatim Solutions and can be reached at 1-877-457-6589. Please refer to the current Providing Meaningful Communication to Persons with Limited English Proficiency Policy found on SharePoint, which includes step-by-step instructions on how to connect to an interpreter on pages 4 - 5.

When connecting to an interpreter, center staff must provide a Department Code (the center’s finance/location code) in addition to our Access Code (6697). For your center’s location code, see the Location Segments tab on the Active P&L Accounts Spreadsheet found on SharePoint.

Please note that translation services are only used for DOT physicals, not drug screens. When performing a drug screen, the examiner must speak the same language as the donor in order to show the donor what is needed and how to complete the process.

Question: When performing a DOT physical, is audiometry testing required, or only if the whisper test is not passed?

Answer: An audiogram for a DOT physical is only required in the event of a failed whisper test. If an audiogram is performed, the Benson audiogram service must be selected in the DocuTAP Sx &Qs. We do charge extra for this service in addition to the DOT physical.
Question: Are we able to use a translator when performing a DOT physical?

Answer: Yes, a translator can be used when performing a DOT physical. The following are acceptable translators:

- A member of the MedExpress staff
- A manager or supervisor who presents with the driver
- The Verbatim Solutions interpreter services over the phone

If a translator is not present, the FOA will need to initiate the translation process to use Verbatim Solutions. Please click here for instructions.

The following are not acceptable translators:

- A friend or family member

In addition, a translator is not permitted for a DOT urine drug screening.

It is the employer’s responsibility to assess an employee’s communicative skills and is not part of the medical exam. At the bottom of page seven of the instructions for the FMCSA examination form, it states that proficiency in the English language is not factored into the medical determination.

However, providers do need to have adequate communication to feel comfortable that they are getting a thorough medical history in conjunction with the physical exam to make the determination.

School Bus Driver Physicals, Drivers Under 21, Intrastate

DOT Physicals for School Bus Drivers Not Always Required

When a patient presents to MedExpress for a state specific physical and they are a school bus driver, it may only be necessary to complete the physical form that they brought with them. A Department of Transportation (DOT) physical exam is not always required as some school bus drivers are exempt from the Federal Motor Carrier Safety Administration (FMCSA) regulations. Only perform a DOT exam if requested by the patient or the employer. We do not want to complete the exam and subsequent reporting if not necessary. If in doubt as to whether the patient needs to receive a DOT physical, have Center staff members contact the employer for clarification. (True in PA.)

When Do I Mark "Intrastate Only" No?

You mark the Medical Examiner’s Certificate "No" when a driver operates or intends to operate a commercial motor vehicle (CMV) in interstate commerce, even if the driver operates a vehicle that weighs less than 26,001 pounds and does not require a commercial driver’s license.

A driver operates in interstate commerce if he or she:

- Drives across a State line; or
- Carries freight that is originating or terminating outside the State.

When do I mark "Intrastate Only" Yes?

You mark it "Yes" if the driver does not operate or intend to operate a CMV in interstate commerce.

A driver operates only in intrastate commerce if he or she:

- Drives only in his or her State; and
- Carries freight that is originating and terminating inside the State.

Question: A 19-year-old patient presented for a DOT certification. The provider was not comfortable doing the exam because the guidelines say (under general qualifications for drivers 391.11) that you must be 21. Does the age restriction apply to the commercial driver’s license (CDL) only and not the DOT exam? Or does it apply to both?

Answer: Because the patient is under age 21, he/she can only be certified for intrastate. The state form will populate in eScreen instead of the federal form and the medical certificate will reflect that.

It is then up to the employer to make sure he/she is not transporting across state lines. Minimum age for intrastate is 18.

The CDL does not affect the medical certification that MedExpress providers complete. We follow the federal program run by Federal Motor Carrier Safety Administration (FMCSA). CDLs are done state by state and apply to drivers who will be operating commercial motor vehicles greater than 26,000 pounds, such as tractor trailers.

Registering with the NRCME

As a reminder to Providers who have recently passed the DOT certification exam, there is an additional step needed in order to finalize the certification process. After passing the National Registry of Certified Medical Examiners (NRCME) exam, each provider must enter their training information into the National Registry’s system in order to update their status within the Registry to “Certified.” Until this step is taken, the system cannot certify your account, and you will not be listed as a certified DOT provider with NRCME.

The following steps will guide you through this final step:

Go to the National Registry website at https://nationalregistry.fmcsa.dot.gov.

Click "Login" in the blue bar across the top of the screen.

Enter your username and password, and click "Login."
Select "View and Add Training Information" under "My Certification and Training" in the blue bar across the top of the screen.

Click "Add Training" and enter the following responses provided below in red:

Training Provider Name: Medpro

Group that Accredited Training Provider: AMA

When this information has been entered, click "Save Changes."

We appreciate the considerable effort you have devoted to this process and thank you for your immediate attention to this final task.

If you have additional questions regarding DOT exams and process, please email edotquestions@medexpress.com.

Amending Physicals

(Old) As a reminder, all requests for amended physicals through eScreen® must be sent to medsurveillance@escreen.com. When you do so, please remember to copy employerservices@medexpress.com per the process outlined in the eDOT Correction Workflow. It has come to attention that several Centers are using an incorrect fax number (918-489-5089) and should follow the process outlined in the workflow moving forward.

eDOT physical corrections

This change will allow providers to amend ePhysicals electronically, as well as access amended ePhysicals in eScreen123.

A few important items to note include:

When there is an amendment, the provider must be present to sign in.

The person amending the physical must have an NRCME license and will not have access to edit the information without these credentials.

If the patient is not present to sign the driver card, he/she must return to the same center to sign.

The unsigned copy of the driver card will be available in eScreen123 (Follow-up > Unsigned Documents).

Any clinical staff member with permission to access the Follow-up tab can have the patient sign electronically.

A preview button is now available to see all changes made.

This is only a preview – all changes must be saved by clicking Commit Changes.

Providers are not able to suspend an amendment.

If the provider is opted in, changes will be automatically reported to the NRCME.

If you have any questions about the ability to make a correction to a DOT physical electronically, please contact EHSOperations@MedExpress.com.

Smokers over 35: PFTs

Q: Do I have to do PFT/spirometry testing on a driver who is a smoker over the age of 35?

A: No. Even though it is strongly worded in the FMCSA Medical Examiner Handbook, it is still a recommendation and not a mandate. You should use your clinical judgment. If a driver is asymptomatic, it is unlikely a PFT will uncover a condition that will put the driver at risk for a sudden incapacitating event. However, because the guidelines are based on expert review, it would be prudent to document in eScreen that the driver is asymptomatic, and you do not feel testing is indicated.

Recommend not to certify if the driver has:

- Hypoxemia at rest
- Chronic respiratory failure
- History of continuing cough with cough syncope

Monitoring/Testing

Obvious difficulty breathing in a resting position is an indicator for additional pulmonary function tests. If the forced expiratory volume in the first second of expiration (FEV1) is less than 65% of predicted, arterial blood gas measurements should be evaluated.

NOTE: Smokers have a high incidence of COPD, yet individuals may have a significant reduction in lung function without symptoms. Spirometry should be performed in all smokers over the age of 35 years.


Q: Is a driver who is over age 35 and smokes required to have a PFT done?

A: No. It is still up to the discretion of the examining provider. A line on page 125 of the FMCSA's Medical Examiner's Handbook has raised concern among some providers regarding PFTs:

NOTE: Smokers have a high incidence of COPD, yet individuals may have a significant reduction in lung function without
symptoms. Spirometry should be performed in all smokers over the age of 35 years.

While this sounds very dogmatic, it is still a recommendation or guideline, not a mandate. The goal of ancillary testing is to identify those conditions that may cause a rapid or sudden incapacitation of the driver. The likelihood of PFT testing identifying such a condition in an asymptomatic individual is almost zero.

As the examining provider, if after a review of history, symptoms and any positive physical findings you feel that the driver needs a PFT study done that is perfectly appropriate. It should not be automatic just because the driver is a smoker.

**Blood Pressure Greater Than 140/90**

Q: Can a driver be certified with a blood pressure greater than 140/90?

A: Yes, but only in a very limited circumstance. A driver, who presents with a blood pressure greater than 140/90 but less than 160/100, can be certified if he does not carry the diagnosis of hypertension and is presently not on medication (newly diagnosed hypertension). This is considered Stage 1 hypertension and considered low risk. The FMCSA is presently setting its recommendations based on the JNC 6 report. The provider has the option of certifying the driver for 3 months or 1 year (page 68 of the FMCSA Medical Examiner Handbook).

If a driver has already received a 1 year certification for newly diagnosed hypertension, then he/she can only be certified for 3 months and requires evaluation and treatment by his/her personal physician. If he/she returns after 3 months and their blood pressure is greater than 140/90, then he/she cannot be certified.

**Eyes: Cataracts and Lasik and Color Vision**

Several MedExpress patients have reported having received Lasik corrective eye surgery to their Provider or Clinical Staff when receiving a Department of Transportation (DOT) physical exam. Please follow the process below within the eScreen® system if a patient reports having received Lasik and thus is not required to wear eye glasses or corrective lenses:

1. Within the eScreen® vision section, the RN/MA should mark “uncorrected.”
2. Record the vision information in the uncorrected section. As the patient isn’t required to wear glasses or contact lenses, it is not necessary to mark the vision as “corrected.”
3. This will ensure that the eScreen® system does not mark their vision as “corrected” on the card.

If a patient reports that they have received Lasik eye surgery and that information is entered into the patient’s surgical history, this in itself will not cause the corrective lenses box on the certification page to be checked. This occurs when the RN/MA marks “corrected” and enters the vision information in the corrected section.

Q: What do I do with a driver who has had cataract surgery with one implant for near vision and one implant for far vision? He/she cannot meet the 20/40 standard with the near vision eye.

A: He/she will need corrective lens in order to meet the standard in that eye and must wear the lens while driving. A vision waiver would be needed if the eye cannot be corrected to the 20/40 standard with lens.

**Question: When performing DOT physicals, can we use the color bars on the eye chart or are we supposed to use the Ishihara book to determine color blindness?**

**Answer:** For a DOT physical, use the color bars. Ishihara is not indicated and is often counterproductive. The stated requirements are only that the “applicant can recognize and distinguish among traffic control signals and devices showing red, green and amber colors.”

**Disqualifying Medications, History of Drug Abuse**

Q: What medications disqualify a CMV driver?

A: Methadone and anti-seizure medication prescribed for a seizure disorder are absolute disqualifiers. Suboxone was originally an automatic disqualifier, but over time and with input from the field, the FMCSA now “recommends” a driver be disqualified. However, the provider can approve with appropriate documentation from the prescribing physician. Documentation would need to include being on a stable dose, lack of side effects and ongoing negative drug screens.

Medications such as Neurontin for non-seizure indications are not automatic disqualifiers, although require review for side effects. Short acting narcotics and benzodiazepines can be disqualifying, but are not absolute if there are no side effects and are not taken within 8 hours of driving.

The Medical Examiner has two ways to determine if any medication a driver uses will adversely affect the safe operation of a CMV:

- Review each medication – prescription, non-prescription and supplement.
- Request a letter from the prescribing provider.

Source: FMCSA FAQ’s section
Q: Can a driver be DOT certified if taking Suboxone (buprenorphine/naloxone)?

A: Yes, but multiple considerations must be taken into account by the certifying provider, such as:

   Methadone is an automatic disqualifier, but Suboxone is not.*

   The dose should be stable and the driver free of side effects. This would most often be in a drug addiction program with close monitoring and often a tapering dose. A letter from the prescribing provider would be prudent for the record.**

   A driver on Suboxone as part of a pain management program would be more problematic. Pain management is a dynamic process and often involves short term opioids for breakthrough symptoms.**

   Use of narcotics, particularly short term use, has been associated with increased risk of MVA in multiple studies (source: [ACOEM Practice Guidelines: Opioids and Safety-Sensitive Work]).***

   However, “in the absence of signs and symptoms of impairment, there is no evidence that patients maintained on stable doses of COT [chronic opioid therapy] should be restricted from driving” (Source: 2009 guideline statement from the American Pain Society/American Academy of Pain Medicine).***

   It is ultimately up to the certifying provider to decide on certification based on their clinical judgment and comfort level.***

Sources:
*FMCSA
**unc.occmed.listserv
***ACOEM Practice Guidelines: Opioids and Safety-Sensitive Work

Question: If a patient presents for a Department of Transportation (DOT) physical but is currently involved in a drug rehabilitation program, is there an option to “pass” him or her for the physical?

Answer: Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result.

These are guidelines, not mandates, and in this case, it is dependent on the comfort level of the examiner. However, we recommend the examiner requests a letter from the SAB professional attesting to the driver’s participation and status in the program.

The examiner can order drug testing (or ask for drug test results) as part of the medical evaluation process. A shorter certification of six months would be practical, as these patients may have a short recidivism.

Note: We do not certify for Suboxone.

Question: An employee (John) came to a MedExpress center for an initial DOT physical and was approved to drive for one year. John had a workers’ compensation injury at a later date and went to XYZ Facility. John was diagnosed at that point with schizophrenia and was placed on medication.

The provider at XYZ Facility was not DOT-certified, but stated that John was well and able to drive. The employer contacted MedExpress because one of our providers performed the initial physical and is DOT-certified. The employer wants to ensure that their driver is approved to continue driving.
Answer: Given this new information, it is recommended that John is reevaluated for stability of this psychiatric condition before being cleared to continue driving.

John will also need to have the new medications evaluated for possible effects on his coordination and judgment. Many antipsychotic medications can cause drowsiness and it is not recommended that a person drive while taking them.

Question: If a patient presents for a DOT physical and is currently taking Suboxone®, can we pass the driver as long as he or she has a note from the prescribing physician?

Answer: No, we cannot. Per MedExpress medical leadership, drivers taking any form of transdermal or extended release narcotics, including Suboxone and methadone, should not be certified to drive a commercial vehicle. The potential effects on the driver, as well as the high risk of recidivism during narcotic addiction treatment, make these drugs a risk for impaired driving.

The handout linked below is shared with patients upon check-in for a DOT physical. Suboxone, methadone, and other narcotics are included under the “Other Medication” section. http://emailopen.com/publicfiles1/client_1083/files_cl1083_ca138102/6_EHS_2017_DOT_Driver_Handout.pdf

User accounts going inactive

Did you know that if a username in eScreen123® has not been used within 30 days, the computer automatically moves the username into an inactive state for security reasons?

MedExpress recommends the following to prevent your username from becoming inactive:

- Providers should login on a regular basis, at least once per month, even if they don’t have a DOT exam to keep the account active.

  If a Provider cannot login on the day of an exam, he/she should email employerservices@medexpress.com immediately, so the account can be activated as quickly as possible.

- Remember that each account is state specific, and the process needs to be done for each state.

If you have additional questions regarding DOT exams and process, please email edotquestions@medexpress.com.

Myocardial Infarction

Q: If a driver had a Myocardial Infarction (MI) followed by coronary artery bypass graft (CABG) several months ago, should he have an ETT (exercise tolerance test) as recommended in the MI guidelines but not in the CABG guidelines?

A: Medical examiners should follow the most current clinical guidelines; therefore after an MI, drivers should obtain an ejection fraction and ETT before returning to work, and because of the CABG keeping the driver off work 3 months (not 2 as for MI), to allow time for sternal wound healing.

Reporting (Old)

How Do I Submit Driver Exam Results?

- Go to the National Registry website: https://nationalregistry.fmcsa.dot.gov
- Logon to your National Registry account with your username and password
- Select "CMV Driver Exams" from the blue bar at the top of the screen
- Select "Submit CMV Driver Exam Results"
- Input driver information and exam data, then click "submit"

When you submit your driver exam results, you may select View/Print Medical Examiner’s Certificate to view or print a Medical Examiner’s Certificate.

How Do I Report No Exams in the Prior Month?

- Go to the National Registry website: https://nationalregistry.fmcsa.dot.gov
- Logon to your National Registry account with your username and password
- Select "CMV Driver Exams" from the blue bar at the top of the screen
- Select "Report No Exams to Submit"

How Do I Report Updates or Corrections to Submitted Exams?

(You must create a new exam record to report an update or a correction).

- Go to the National Registry website: https://nationalregistry.fmcsa.dot.gov
- Logon to your National Registry account with your username and password
- Select "CMV Driver Exams" from the blue bar at the top of the screen
- Select "Submit CMV Driver Exam Results"
- Input updated or corrected driver information and exam data
- Click "Submit"

When Must I Submit Exams or Report No Exams?

Submit driver exam results by the end of the month following the exam month. For example, exams performed in January, 2015 must be reported to FMCSA by February 28, 2015. Or, if you performed no exams during a month, report no exams to submit by the end of the following month. For example, if you performed no exams in January, 2015, you must report no exams to submit by February 28, 2015.
Commercial Driver Medical Exams - Updated Forms

It has been brought to our attention that the Federal Motor Carrier Safety Administration (FMCSA) has removed the Privacy Act statement on page one of the Medical Examination Report (MER) Form MCSA-5875.

In addition, a disclaimer statement has been added to both the MER MCSA-5875 and the Medical Examiner’s Certificate (MEC) MCSA-5876 forms.

Forms with the Privacy Act included that have revision dates of October, November and December 2015, and those with the Privacy Act but no revision date, are allowed to be used until existing stocks are depleted. Forms other than the MCSA-5875 and MCSA-5876 are not permissible by the FMCSA.

Please be aware that you cannot add company information or logos, add a form number, add a revision date or rearrange content on the forms. The only permissible changes to the forms are as follows:

MER Form:
- A bar code may be added for purposes of forms management, as long as it does not obscure any of the content.
- The instructions may be resized, as long as they are readable.
- The instructions can be made available to the driver and the medical examiner separately from the form.
- The form can be filed/stored without the instructions.
- The form can be printed in black and white.

MEC Form:
- The form can be reduced in size, as long as all of the content is readable.
- The form can be printed in black and white.

These forms are updated in eScreen. During downtime, you can access the exam form and certificate on the employee portal.

Following the changes listed above will ensure that physicals are not rejected and drivers are not delayed due to form and manner issues.

CVA/Stroke

Q: What are the FMCSA's guidelines for a driver who has had a stroke?

A: Embolic and Thrombotic Strokes

More than 3 million individuals have survived a stroke, and it is a major cause of long-term disability. Embolic and thrombotic cerebral infarctions are the most common forms of cardiovascular disease. Risk for complicating seizures is associated with the location of the lesions.

- Cerebellum and brainstem vascular lesions are not associated with an increased risk for seizures.
- Cortical and subcortical deficits are associated with an increased risk for seizures.
- Evaluation by a neurologist is necessary to confirm the area of involvement.

Drivers with embolic or thrombotic cerebral infarctions will have residual intellectual or physical impairments. Fatigue, prolonged work and stress may exaggerate the neurological residuals from a stroke. Most recovery from a stroke will occur within 1 year of the event.

The neurological examination should include assessment of:
- Cognitive abilities
- Judgment
- Attention
- Concentration
- Vision
- Physical strength and agility
- Reaction time
- Waiting Period
- Minimum — 1 year if not at risk for seizures (cerebellum or brainstem vascular lesions)
- Minimum — 5 years if at risk for seizures (cortical or subcortical deficits)

NOTE: If more than one waiting period applies (because of multiple conditions or other comorbid diseases), examine the driver for certification after the completion of the longest waiting period.

Decision

Maximum certification — 1 year

Recommend to certify if:

The driver with a history of stroke has:

- Completed the appropriate waiting period.
- Normal physical examination, neurological examination including neuro-ophthalmological evaluation, and neuropsychological testing.
- No neurological residuals or, if present, residuals of a severity that does not interfere with ability to operate a commercial motor vehicle.
- Clearance from a neurologist who understands the functions and demands of commercial driving.

Recommend not to certify if:

The driver:

- Has not completed the appropriate waiting period.
• Uses oral anticoagulant therapy because of the risks associated with excessive bleeding.
• Uses any other drug or combination of drugs that have potentially high rates of complications (e.g., depressing effects on the nervous system).
• Has residual intellectual or physical impairments that interfere with commercial driving.
• Does not have clearance from a neurologist who understands the functions and demands of commercial driving.

Monitoring/Testing
You may on a case-by-case basis obtain additional tests and/or consultation to adequately assess driver medical fitness for duty.

Follow-up
The driver should have an annual medical examination.

Source: FMCSA Medical Examiner’s Handbook.

Expiration Date
the submission of the driver’s examination results takes precedence over the initial examination that placed the driver in a determination pending status.

Please review the following scenario:
On 1/1/16, a medical examiner examined a driver and decided that he needed more information before determining whether or not the driver is medically qualified. On the MER, MCSA-5875 “Medical Examiner Determination,” the examiner enters 1/1/16 as the examination date. The examiner selects “determination pending” and specifies the reason.

On 1/15/16, the driver returns and the examiner evaluates the information received and/or performs an examination of the driver, if necessary. On the MER, MCSA-5875, the examiner selects the appropriate qualification determination. The examiner also selects “medical examination report amended” and specifies the specific amendments that are being made. The examiner signs and dates the MER, MCSA-5875 with the 1/15/16 date; this is the date that the examiner is amending the MER, MCSA-5875, the date in which the driver has returned to the examiner’s office.

If the examiner has made the determination that the driver is qualified, the “Medical Examiner’s Certificate Expiration Date” is calculated from the 1/15/16 date, the date that the examiner actually signs/issues the MEC, Form MCSA-5876.

Obstructive Sleep Apnea (OSA)/Sleep Studies
Question: In relation to the DOT Q & A on interpreting sleep study results, is there a way to help a patient assess his or her chances of having sleep apnea before seeing a sleep specialist?

Answer: The Division of Sleep Medicine at Harvard Medical School recommends the STOP-BANG self-assessment survey. If a driver’s BMI is greater than 35, it is recommended that the provider review the following questions during the exam. If the provider feels that obstructive sleep apnea (OSA) is likely based on the driver’s responses, additional testing is required for a diagnosis.

S: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?
T: Do you often feel tired, fatigued, or sleepy during the day?
O: Has anyone observed you not breathing during sleep?
P: Do you have or have you been treated for high blood pressure?

If the patient answers “yes” to two or more of these questions, the chances of OSA are very likely. The following four questions add an even higher predictive value to the STOP-BANG self-assessment.

B: Is your body mass index more than 35 kg/m2?
A: Is your age more than 50 years old?
N: Is your neck circumference greater than 40 cm?
G: Is your gender male?

If the patient answers “yes” to three or more of the eight STOP-BANG questions, the chances of OSA are very likely. Talking with a primary care physician or seeing a sleep specialist is highly recommended.

For more information, visit Harvard’s Division of Sleep Medicine website.

Source: Division of Sleep Medicine at Harvard Medical School

Closing out DOT physicals with expired pending determinations

MedExpress currently has over 750 Department of Transportation (DOT) physicals open in our system with expired pending determinations. Updating the statuses of these entries to “incomplete” is necessary so that they are reported to the National Registry of Certified Medical Examiners (NRCME).

Please follow the steps below in order to close out any expired physicals:

- Click on the Suspended Medical Services tab. This tab lists patients who were started on our ePhysical tool but not fully completed.
- Expired determination pending physicals must be given an updated status of incomplete and reported to the NRCME.
- The same provider (logged into the same center as the exam) needs to update the status by clicking on the patient’s name and completing the event.
- If the provider is no longer with MedExpress, the AMD or RMD can close out these expired pending determinations.

Certificate renewal denied, current still active

Question: If a patient presents for a DOT physical to renew their certification, but does not pass, what should we do to the current DOT certificate? The provider states that the patient should not be driving at all due to a condition until he sees a specialist. His current certificate does not expire for three more months.

Answer: The National Registry of Certified Medical Examiners (NRCME) will receive the failure notice, which will follow the driver if he is examined by another medical provider. The driver, however, is able to continue driving until his or her present certificate expires. There is no action that can be taken with the present certificate.

If the concern is great, the provider can report the situation to FMCSAMedical@dot.gov with an explanation of the issues and driver demographic information. It will be the Federal Motor Carrier Safety Administration’s (FMCSA) decision as to what action will be taken.