**Respiratory System Listings Undergo Changes**

SSA has issued revised listings for Respiratory System Disorders for adults and children (Listings 3.00 and 103.00). The new version of the listings can be found at 81 Fed. Reg. 37138 (June 9, 2016).

These listings are effective for cases filed or cases pending on or after October 7, 2016. This is the first comprehensive review of this listing since 1993, though minor changes have been made over the years. These changes were first proposed in 2013 (78 Fed. Reg. 7968, Feb.4, 2013) and SSA received 212 comments in response to them. In addition, SSA held an informal teleconference with the public in May 2013 focused on how the listings address cystic fibrosis (CF). In the Federal Register announcement of the final listing, SSA explains that the changes reflect program experience and advances in medical knowledge. A person’s medical history, physical examination findings, results of imaging and pulmonary function tests will be needed to assess the severity of a person’s respiratory disorder. The final listings include numerous changes from the previous listings and from the proposed listings; SSA accepted many of the recommendations made in comments to the proposed listings.

The changes rename the listing from Respiratory System to Respiratory Disorders and reorganize and revise the introductory section to match the “Question and Answer” structure of other recently revised listings.

The new listings include a lot of discussion of how some tests are administered and their results assessed. For example, in response to several comments, SSA will continue to require spirometry tracing to determine a person’s highest forced expiratory volume and forced vital capacity. Requiring tracing will ensure that the American Thoracic Society testing standards are met. However, documentation of equipment calibration will no longer be needed. The proposed changes had indicated that reliance on the professional who supervised the test without corresponding tracing would be appropriate. SSA notes that, by requiring tracing, they may encounter situations in which a treating source either cannot or will not provide the tracing. In those situations, the new listings state that the agency “may need to purchase consultative examinations.” Therefore, representatives should ensure that the appropriate spirometry tracing is included in the medical records so a consultative exam is not needed.

In addition, in response to several comments, SSA removed the echocardiography requirements from final listing 3.09 and from the list of examples of medical imaging techniques in final 3.00D3. Results from echocardiograms do not accurately reflect the presence of moderate pulmonary hypertension that causes marked functional limitations.

Other changes include a reduction in the number of hospitalizations in a 12 month period that are required to prove the severity of “any chronic respiratory disorder except cystic fibrosis.” The previous version of the listings required six hospitalizations but the new listings require three. This reflects recognition that many claimants with impairments such as asthma and bronchiectasis have limited access to health care. In listings that require a specific number of events within a 12-month period, the 12-month period must occur within the period being considered in connection with the
application or CDR. For individuals who cannot meet the hospitalization requirement, SSA reminds adjudicators that medical equivalence should be considered.

In response to many comments, SSA will consider treatment for cystic fibrosis (CF) that occur outside of the hospital. Physicians treat CF exacerbation in a variety of ways including therapies that do not require hospitalization. Listing 3.04G and 103.04G will still require 10 consecutive days of intravenous antibiotic treatment.

New text at 3.00P explains that sleep-related breathing disorders, which are characterized by interrupted breathing which disrupts normal sleep, will be evaluated under the listing in the affected body system. For example, chronic pulmonary hypertension (3.09), chronic heart failure (4.02) and disturbances in mood, cognition and behavior (12.02) could all be considered. This provides more specific guidance than the text previously at 3.00H.

SSA will continue to consider the combined effects of obesity with a respiratory disorder when determining if an individual has a severe or listing level respiratory disorder (3.00O), however, because obesity is not a “chronic respiratory disorder” the respiratory listings will not be considered if obesity is the person’s only impairment.

SSA specifically noted that, because the use of supplemental oxygen itself does not indicate a listing level impairment, this will not be its own listing. Final listing 3.00D2 and 103.00D2 explain that a person who uses supplementation oxygen will still need medical evidence to establish the severity of his or her respiratory disorder.

The new listings also increase from one to three years the amount of time that an individual who has received a lung transplant is considered disabled.

Subscribers to NOSSCR’s listing/grids manual have received two emails with these revised listings (one with the adult listings and one with the children’s listing). Be sure to follow the instructions and update your flash drive.