

## Social Security Ruling 19-4p: Evaluating Cases Involving Primary Headache Disorders (Titles II and XVI) (effective August 26, 2019)

- **Topics Addressed:**
  - Explains what primary headache disorders are, how the medical community diagnoses primary headache disorders, and provides the diagnostic criteria for four common types of primary headaches
  - Explains how SSA establishes that a person has a medically determinable impairment (MDI) of a primary headache disorder
  - Provides guidance on how SSA evaluates primary headache disorders in disability claims throughout the five-step sequential evaluation process, including medical equivalence at step three and residual functional capacity for steps four and five
- **Overview of the Ruling**
  - SSR 19-4p explains that primary headache disorders “are a collection of chronic headache illnesses characterized by repeated exacerbations of overactivity or dysfunction of pain-sensitive structures in the head...” and that they “are typically severe enough to require prescribed medication and sometimes warrant emergency department visits.”
    - The Ruling provides and defines examples of common primary headaches: migraines, tension-type headaches, and trigeminal autonomic cephalalgias.
  - The Ruling provides that, in the medical community, a primary headache disorder is a diagnosis of exclusion, diagnosed “only after excluding alternative medical and psychiatric causes of a person’s symptoms.” SSR 19-4p notes that a well-kept and documented “headache journal” is helpful to physicians and that laboratory tests and imaging scans may be conducted to rule out other medical conditions.
  - SSR 19-4p states that SSA establishes a primary headache disorder as a MDI by considering objective medical evidence from an acceptable medical source (AMS) but clarifies that only a primary headache disorder can be considered a MDI, not secondary headaches because “secondary headaches are symptoms of another underlying medical condition.”
    - The Ruling also makes clear that a diagnosis or statement of symptoms alone is not enough to establish the existence of a MDI, but sets forth the following combination of findings that, when reported by an AMS, SSA will consider when establishing a primary headache disorder as a MDI:
      - A diagnosis with documentation that the AMS “reviewed the person’s medical history, conducted a physical examination, and made the diagnosis of primary headache disorder only after excluding alternative medical and psychiatric causes of the person’s symptoms...” along with treatment notes consistent with the diagnosis;
      - An observation of a typical headache event and a detailed description of the event by an AMS, including co-occurring observable signs, or a third-party in the absence of direct observation by an AMS;
      - Laboratory test findings; and
      - Responses to treatment, such as medications.
  - The Ruling explains how a primary headache disorder may medically equal a listing, specifically listing 11.02 for epilepsy, at step three and that the adjudicator must consider and discuss the limiting effects and symptoms, such as photophobia causing difficulties with sustained attention and concentration, when assessing the person’s RFC at steps four and five.

## Social Security Ruling 19-3p: Requesting Reconsideration or Hearing by an Administrative Law Judge (Titles II and XVI) (effective August 14, 2019)

- **Topics Addressed:**
  - Clarifies that an appeal filed in paper or electronically using iAppeals, SSA’s electronic appeal option, satisfies the statutory and regulatory requirement that an appeal be filed “in writing”
  - Explains the similarities and differences between the two options available to claimants for appealing a medical determination that they are not disabled under the Social Security Act, namely the paper and electronic appeal options for requesting reconsideration or a hearing by an ALJ
  - Provides guidance to help claimants decide which appeal format to use when requesting review of an adverse medical determination
  - Reiterates that an appointed representative seeking direct payment of his or her fee has an affirmative duty to use iAppeals under 20 CFR §§ 404.1713, 404.1740, 416.1513, and 416.1540
- **Overview of the Ruling**
  - SSR 19-3p clarifies that, while use of iAppeals promotes SSA’s ability to efficiently and more quickly process claims, “it is the claimant’s choice whether to use the paper or electronic administrative appeals process.”
  - The Ruling explains the differences between the paper and electronic appeal options; specifically, the paper option, unlike the electronic appeal option, does not require claimants to submit all of the information necessary to process their appeals at the time of filing, such as the SSA-3441-BK “Disability Report – Appeal.”
    - As explained in SSR 19-3p, “If a claimant does not provide the information requested on the SSA-3441-BK at the time he or she files the appeal request, generally, [SSA] attempt[s] to contact the claimant in order to obtain the information before the DDS makes a determination or an ALJ makes a decision.”
    - While claimants who choose to use the electronic appeal option must provide all of the necessary information to process their appeals at the time their appeal is submitted, the Ruling explains that the iAppeals system was streamlined in 2015 by merging the questions on the standard appeal request forms and the disability report form, “so that all of the information needed to process an appeal is collected and submitted at the same time.”
      - Moreover, the Ruling sets forth the “several flexibilities” offered by iAppeals for claimants utilizing the electronic appeal option to request review: “permitting claimants to leave questions blank if they are not applicable; allowing claimants to indicate that they need additional time to collect specific evidence; and enabling claimants to partially complete an electronic appeal application, save it, and return to finish it later, so long as they return and submit the appeal within the regulatory appeal period.”
  - Regardless of the appeal format used, SSR 19-3p clarifies that claimants must still file their appeals within the 60-day deadline.

## [Social Security Ruling 19-2p](#): Evaluating Cases Involving Obesity (Titles II and XVI) (effective May 20, 2019)

- **Topics Addressed:**
  - Explains how SSA establishes that a person has a medically determinable impairment (MDI) of obesity
  - Provides guidance on how SSA evaluates obesity in disability claims throughout the five-step sequential evaluation process, including severity at step two, medical equivalence at step three, and residual functional capacity for steps four and five
  - Rescinds and replaces [SSR 02-1p](#)
- **Overview of the Ruling**
  - SSR 19-2p explains that SSA establishes obesity as a medically determinable impairment (MDI) based on “measured height and weight, measured waist size, and BMI measurements over time.” Specifically, a BMI of 30 or higher or “a waist size greater than 35 inches for women and greater than 40 inches for men...” will generally establish an MDI of obesity.
  - The Ruling clarifies, however, that no specific weight, BMI, or a medical source’s descriptive terms for levels of obesity (e.g. severe, extreme, morbid) establish that obesity is a severe impairment. Instead, SSA conducts “an individualized assessment of the effect of obesity on a person’s functioning when deciding whether the impairment is severe.”
  - SSR 19-2p sets forth specifics as to how SSA considers obesity when assessing a person’s RFC.
    - For example, the Ruling states that obesity “may contribute to limitation of the range of motion of the skeletal spine and extremities...” due to the increased stress of weight-bearing joints and “may also affect a person’s ability to manipulate objects, if there is adipose (fatty) tissue in the hands and fingers, or the ability to tolerate extreme heat, humidity, or hazards.”
    - SSR 19-2p then acknowledges that “[p]eople with an MDI of obesity may have limitations in the ability to sustain a function over time,” explaining that “fatigue may affect the person’s physical and mental ability to sustain work activity,” especially in cases involving obesity and sleep apnea.”
    - The Ruling also acknowledges that “[t]he combined effects of obesity with another impairment(s) may be greater than the effects of each of the impairments considered separately,” using obesity and arthritis as an example.

## [Social Security Ruling 19-1p](#): Effect of the Decision in *Lucia v. Securities and Exchange Commissioner (SEC)* on Cases Pending at the Appeals Council (Titles II and XVI) (effective March 15, 2019)

- **Topics Addressed:**
  - Explains how the Appeals Council will adjudicate cases pending before it that have challenged the validity of an ALJ's appointment in light of the Supreme Court's decision in *Lucia*
- **Overview of the Ruling**
  - SSR 19-1p explains that SSA is interpreting Appointments Clause challenges based on *Lucia* to be "a broad policy or procedural issue that may affect the general public interest," under 20 CFR §§ 404.970(a)(4) and 416.1470(a)(4), which warrants Appeals Council review.
    - As such, SSR 19-1p specifically states that the Appeals Council:  
"will process requests for review that include a timely administrative challenge to the ALJ's authority based on the Appointments Clause in the manner described below.  
The Appeals Council will grant the claimant's request for review in cases where the claimant: (1) Timely requests Appeals Council review of an ALJ's decision or dismissal issued before July 16, 2018; and (2) raises before us (either at the Appeals Council level, or previously had raised at the ALJ level) a challenge under the Appointments Clause to the authority of the ALJ who issued the decision or dismissal in the case."
  - The Ruling specifies that when granting review based on a *Lucia* challenge, an AAJ will vacate the hearing decision or dismissal and "conduct a new and independent review of the claims file and either" (1) remand the case to a different ALJ (one "other than the ALJ who issued the decision under review") or (2) issue a "new decision about the claim covering the period before the date of the ALJ's decision."
  - SSR 19-1p makes clear that "the Appeals Council will not presume the prior hearing decision was correct..." in its review, which means all cases granted review under the Ruling will be entitled to de novo review, either by a different ALJ or an AAJ at the Appeals Council.
  - The Ruling explains that when the Appeals Council grants review and issues its own decision, its decision will be based on the preponderance of the evidence.

## Social Security Ruling 18-3p: Failure to Follow Prescribed Treatment (Titles II and XVI) (effective October 29, 2018)

- **Topics Addressed:**
  - Provides guidance on how SSA applies its “failure to follow prescribed treatment” policy in disability and blindness claims
  - Sets forth the conditions for when SSA will make a determination as to whether a claimant has failed to follow prescribed treatment and explains what and how SSA will assess when making the determination
  - Clarifies that, while possibly helpful, SSA is not required to purchase a consultative examination (CE) or obtain testimony from a medical expert (ME) to determine whether prescribed treatment, if followed, would be expected to restore the claimant’s ability to perform SGA
  - Rescinds and replaces [SSR 82–59](#)
- **Overview of the Ruling**
  - Under the Act, an otherwise disabled or statutorily blind claimant will not be entitled to disability benefits if he or she “fails, without good cause, to follow prescribed treatment that [SSA] expect[s] would restore his or her ability to engage in substantial gainful activity (SGA).” SSR 18-3p explains that SSA will only determine whether a claimant has failed to follow prescribed treatment when all three of the following conditions exist:
    - “The individual would otherwise be entitled to benefits based on disability or eligible for blindness benefits under Titles II or XVI of the Act;
    - [SSA has] evidence that an individual’s own medical source(s) prescribed treatment for the medically determinable impairment(s) upon which the disability finding is based; and
    - [SSA has] evidence that the individual did not follow the prescribed treatment.”
  - The Ruling then states that when all three of the required conditions exist, SSA will make a failure to follow prescribed treatment determination by assessing “whether the prescribed treatment, if followed, would be expected to restore the individual’s ability to engage in SGA... [and] whether the individual has good cause for not following the prescribed treatment.”
    - SSR 18-3p explains that SSA can make either assessment first, but a determination on one assessment can be conclusive without consideration of the other (e.g. if SSA determines that the prescribed treatment, if followed, would not be expected to restore the claimant’s ability to perform SGA, then it is then unnecessary to assess whether the claimant has good cause; similarly, if SSA determines the claimant has good cause for not following the prescribed treatment, then it is unnecessary to assess whether the prescribed treatment, if followed, would be expected to restore the claimant’s ability to perform SGA).
  - SSR 18-3p sets forth some examples of acceptable good cause reasons for not following the prescribed treatment, including religion, cost, incapacity, medical disagreement among the claimant’s treating sources, intense fear of surgery, prior history of unsuccessful results, high risk of loss of life or limb, and risk of addiction to opioid medication, but clarifies that SSA “will not consider as good cause an individual’s allegation that he or she was unaware that his or her own medical source prescribed the treatment, unless the individual shows incapacity... Similarly, mere assertions or allegations about the effectiveness of the treatment are insufficient to meet the individual’s burden to show good cause for not following the prescribed treatment.”

## [Social Security Ruling 18-2p](#): Determining the Established Onset Date (EOD) in Blindness Claims (Titles II and XVI) (effective October 2, 2018)

- **Topics Addressed:**
  - Addresses how SSA determines the EOD in statutory blindness claims, with specific emphasis on the differences between disability and blindness claims under the Act
  - Explains the different considerations for claimants age 55 or older and performing SGA and claimants, of any age, seeking only SSI payments based on blindness and performing SGA
  - Rescinds and replaces [SSR 83-20](#) (together with SSR 18-1p)
- **Overview of the Ruling**
  - SSR 18-2p explains that “If a claimant applies for [disability insurance] benefits under Title II and meets the insured status requirements and the statutory definition of blindness, but continues to work (even at the SGA level), [SSA] may [still] establish a period of disability for him or her.”
    - The Ruling clarifies that, in this situation, SSA “freezes” the claimant’s earnings during that period and doesn’t use them to compute cash benefits, unless it is advantageous to the claimant, or for insured status purposes.
  - The Ruling clarifies that, for purposes of determining the EOD, if the claimant is performing SGA, but meets the insured status requirements and the statutory definition of blindness, SSA will establish up to two dates:
    - “First, [SSA] will establish a disability freeze date, which is the date the claimant first met the insured status requirements and the statutory definition of blindness. If the claimant later stops working or his or her work is no longer SGA, [SSA] will establish a second date called the ‘adjusted blind onset date’ (ABOD). The ABOD is the date the claimant stopped performing SGA and became entitled to monthly cash benefits under Title II of the Act, subject to a five-month waiting period,” which begins with the first full month that the claimant isn’t performing SGA.

## [Social Security Ruling 18-1p](#): Determining the Established Onset Date (EOD) in Disability Claims (Titles II and XVI) (effective October 2, 2018)

- **Topics Addressed:**
  - Addresses how SSA determines the EOD in disability claims, specifically in claims involving “traumatic, nontraumatic, and exacerbating and remitting impairments... [as well as] special considerations related to the EOD, such as work activity and previously adjudicated periods.”
  - Clarifies that an ALJ is not required to call upon a medical expert (ME) to assist with inferring the claimant’s EOD
  - Discusses the specific nonmedical requirements for different claim types, such as childhood disability benefits and SSI
  - Rescinds and replaces [SSR 83-20](#) (together with SSR 18-2p)
- **Overview of the Ruling**
  - SSR 18-1p explains that because entitlement to disability benefits/payments also depends on nonmedical requirements, “the EOD may be later than the date the claimant first met the definition of disability,” which, in some cases, means that claimants found to be disabled may never receive any monetary benefits and/or payments based on their disability.
  - The Ruling details how SSA determines when a claimant first met the statutory definition of disability for traumatic impairments and non-traumatic or exacerbating and remitting impairments: “For impairments that result from a traumatic injury or other traumatic event, [SSA] begin[s] with the date of the traumatic event, even if the claimant worked on that date... If the evidence of record supports a finding that the claimant met the statutory definition of disability on the date of the traumatic event or traumatic injury, [SSA] will use that date as the date that the claimant first met the statutory definition of disability.” In contrast, “When a claimant has a non-traumatic or exacerbating and remitting impairment(s)... [SSA] consider[s] whether [it] can find that the claimant first met the statutory definition of disability at the earliest date within the period under consideration, taking into account the date the claimant alleged that his or her disability began.” In doing so, SSR 18-01p explains that SSA reviews “the relevant evidence” and considers “the nature of the claimant’s impairment; the severity of the signs, symptoms, and laboratory findings; the longitudinal history and treatment course (or lack thereof); the length of the impairment’s exacerbations and remissions, if applicable; and any statement by the claimant about new or worsening signs, symptoms, and laboratory findings.”
  - SSR 18-1p explains that SSA may find the EOD to be in a previously adjudicated period if the rules for reopening apply, noting that the decision to reopen is at the discretion of the adjudicator.

## Social Security Ruling 17-4p: Responsibility for Developing Written Evidence (Titles II and XVI) (effective October 4, 2017)

- **Topics Addressed:**
  - Clarifies the responsibilities of both SSA and the claimant and his or her appointed representative “to develop evidence and other information in disability and blindness claims”
  - Describes the intersection between the “all evidence” rule, the 5-day rule, and the rules of conduct and standards of responsibility for representatives
  - Sets forth representatives’ affirmative duties with regard to providing written evidence
- **Overview of the Ruling**
  - SSR 17-4p explains that, in regards to the “all evidence” rule, SSA expects claimants and representatives “to exercise their reasonable good faith judgment about what ‘relates’ to their disability claims.” The Ruling then sets forth the 5-day rule requirements, specifically addressing the “inform” option: “To satisfy the claimant’s obligation under the regulations to ‘inform’ us about written evidence, he or she must provide information specific enough to identify the evidence (source, location, and dates of treatment) and show that the evidence relates to the individual’s medical condition, work activity, job history, medical treatment, or other issues relevant to whether or not the individual is disabled or blind...” In conjunction with the rules of conduct, SSR 17-4p explains that SSA expects all representatives to submit or inform about written evidence “as soon as they obtain or become aware of it.”
  - The Ruling clarifies that “it is only acceptable for a representative to inform us about evidence without submitting it if the representative shows that, despite good faith efforts, he or she could not obtain the evidence. Simply informing us of the existence of evidence without providing it or waiting until 5 days before a hearing to inform us about or provide evidence when it was otherwise available, may cause unreasonable delay to the processing of the claim, without good cause, and may be prejudicial to the fair and orderly conduct of our administrative proceedings. As such, this behavior could be found to violate our rules of conduct and could lead to sanction proceedings against the representative.”
  - SSR 17-4p provides examples of when SSA may refer a representative to OGC for possible violations:
    - “a representative informs us about written evidence but refuses, without good cause, to make good faith efforts to obtain and timely submit the evidence;
    - a representative informs us about evidence that relates to a claim instead of acting with reasonable promptness to help obtain and timely submit the evidence to us;
    - the representative waits until 5 days before a hearing to provide or inform us of evidence when the evidence was known to the representative or available to provide to us at an earlier date;
    - the clients of a particular representative have a pattern of informing us about written evidence instead of making good-faith efforts to obtain and timely submit the evidence; or
    - any other occasion when a representative’s actions with regard to the submission of evidence may violate our rules for representatives.”
  - The Ruling briefly discusses SSA’s duty to develop written evidence, explaining that it will make “every reasonable effort” to help obtain evidence when the claimant gives the agency permission to request the information. But, beyond the hearing level, the Appeals Council will only assist in obtaining additional evidence in very limited circumstances.

## [Social Security Ruling 17-3p](#): Evaluating Cases Involving Sickle Cell Disease (SCD) (Titles II and XVI) (effective September 15, 2017)

- **Topics Addressed:**
  - Provides basic background information about SCD and its variants and guidance on how to consider evidence regarding this impairment in a Q&A format
  - Clarifies that sickle cell trait is not a variant of SCD
  - Discusses the complications and symptoms of SCD
  - Explains how SSA adjudicators should evaluate SCD at various points of the adjudication process, including the adult and child hematological disorder listings and determining how this impairment may affect the residual functional capacity (RFC) finding for adults and the functional equivalence finding for children
- **Overview of the Ruling**
  - SSR 17-3p explains that SCD is “a type of hemolytic anemia and an inherited hematological disorder that affects the hemoglobin within a person’s red blood cells (RBC),” which has different variants that can indicate the severity of complications and the resulting functional limitations caused by the disease. The Ruling lays out the most common variants of SCD, describing how each occurs and its prevalence and severity.
  - The Ruling clarifies that sickle cell trait, which “occurs when a person inherits one sickle hemoglobin gene from one parent and a normal gene from the other parent,” is not a variant of SCD. Since people with sickle cell trait “rarely have signs and symptoms associated with SCD and usually do not need treatment,” SSR 17-3p makes clear that sickle cell trait alone is not an impairment and cannot be a basis for disability without “medical signs or laboratory findings of complications from sickle cell trait” that meet the duration requirement.
  - SSR 17-3p sets forth the common complications and symptoms of SCD, explaining that symptoms vary from person to person and can change over time, and then gives details of the most prevalent complications, including pain (vaso-occlusive) crisis, anemia, pulmonary complications, strokes and silent strokes, bacterial infections, and mental disorders.
  - The Ruling describes how SCD is evaluated under the hematological disorders listings:
    - Listings 7.05 and 107.05, Hemolytic anemias;
    - Listings 7.17 and 107.17, Hematological disorders treated by bone marrow or stem cell transplantation; and
    - Listing 7.18, Repeated complications of hematological disorders.
  - SSR 17-3p explains how SCD is evaluated when assessing an adult’s RFC, which is based on all the relevant evidence of record, including the effects of treatment. The Ruling provides examples, such as adults with SCD may have pain, fatigue, and shortness of breath that impact their ability to stand and walk and persons who experience repeated acute pain crises may have difficulty maintaining concentration to complete tasks and frequent absences from work.
  - The Ruling details how SCD is evaluated when assessing functional equivalence in child claims under each of the six domains of functioning.

## [Social Security Ruling 17-2p](#): Evidence Needed by Adjudicators at the Hearings and Appeals Council Levels of the Administrative Review Process to Make Findings About Medical Equivalence (Titles II and XVI) (effective March 27, 2017)

- **Topics Addressed:**
  - Provides guidance about how ALJs and the Appeals Council make findings about medical equivalence
  - Gives an overview of the five-step sequential evaluation process
  - Clarifies who is responsible for deciding whether a claimant’s impairment medically equals a listing at all levels of the administrative review process
  - Sets forth the standard for decisions based on medical equivalence
  - Describes how ALJs and the Appeals Council must articulate their medical equivalence findings in their decisions
  - Rescinds and replaces [SSR 96-6p](#)
- **Overview of the Ruling**
  - SSR 17-2p provides that ALJs and the Appeals Council must base medical equivalency on “the preponderance of the evidence in the record,” using one of the three methods to find medical equivalence as specified in 20 CFR §§ 404.1526 and 416.926.
  - The Ruling explains that in order to “demonstrate the required support of a finding that an individual is disabled based on medical equivalence at step 3, the record must contain one of the following:
    - A prior administrative medical finding from a medical consultant (MC) or psychological consultant (PC) from the initial or reconsideration adjudication levels supporting the medical equivalence finding, or
    - Medical expert (ME) evidence, which may include testimony or written responses to interrogatories, obtained at the hearings level supporting the medical equivalence finding, or
    - A report from the Appeals Council’s medical support staff supporting the medical equivalence finding.”
  - SSR 17-2p specifies that ALJs and the Appeals Council must provide a rationale for a medical equivalence finding that is sufficient for subsequent reviewers or courts to understand the basis of their decision, which generally entails identifying the specific listing involved, articulating how the record does not meet the listing criteria, and explaining instead how the record establishes an impairment of equivalent severity, including the medical expert or medical support staff evidence.

## [Social Security Ruling 17-1p](#): Reopening Based on Error on the Face of the Evidence—Effect of a Decision by the Supreme Court of the United States Finding a Law That We Applied To Be Unconstitutional (Titles II and XVI) (effective March 1, 2017)

- **Topics Addressed:**
  - Explains how SSA applies its reopening rules after it applied a Federal or State law to a benefits claim that was material to the determination or decision and the Supreme Court of the United States (SCOTUS) later determines that law to be unconstitutional
  - Discusses the rules of administrative finality that permit SSA to reopen and revise a determination or decision that is otherwise final in certain/limited circumstances
  - Clarifies that the reopening rules based on a “change of legal interpretation or administrative ruling upon which the determination or decision was made” under 20 CFR §§ 404.989(b) and 416.1489(b), which effectively prevent reopening, are not applicable in this situation
- **Overview of the Ruling**
  - SSR 17-1p explains that SSA may reopen a determination or decision based on an error on the face of the evidence when:
    - SSA made a determination or decision by applying a Federal or State law that SCOTUS later determines to be unconstitutional;
    - SSA finds that the application of that law was material to its determination or decision; and
    - SSA reopens and revises the determination or decision within the following timeframes:
      - Four years of the notice of the initial determination, for good cause, for Title II claims under 20 CFR §§ 404.988(b) and 404.989(a)(3);
      - Two years of the notice of the initial determination, for good cause, for Title XVI claims under 20 CFR §§ 416.1488(b) and 416.1489(a)(3); or
      - Any time for Title II claims if the determination or decision was fully or partially unfavorable under 20 CFR § 404.988(c)(8).
  - The Ruling clarifies that, in this specific situation, the rules governing reopening based on a “change of legal interpretation or administrative ruling upon which the determination or decision was made” under 20 CFR §§ 404.989(b) and 416.1489(b), which effectively prevent reopening, are not applicable here since those rules apply when a policy or legal precedent that SSA previously adhered to in adjudicating cases, which was correct and reasonable when made, is changed as a result of subsequent court decisions, etc.
  - SSR 17-1p distinguishes, however, that when SSA made a determination or decision by applying a Federal or State law that SCOTUS subsequently determines to be unconstitutional, “the application of that law would not have been correct and reasonable when made,” thus, the change in legal interpretation rules are not appropriate in this situation.

## [Social Security Ruling 16-4p](#): Using Genetic Test Results to Evaluate Disability (Titles II and XVI) (effective April 13, 2016)

- **Topics Addressed:**
  - Explains how SSA considers medical evidence containing the results of genetic tests
  - Provides guidance to adjudicators, including disability examiners and medical and psychological consultants, on how to consistently apply SSA policies in disability claims
  - Provides basic information about genetic testing in a Q&A format
  - Clarifies how SSA applies its policies when evaluating genetic test results found in the medical evidence of record (MER)
- **Overview of Ruling**
  - SSR 16-4p recognizes that genetic test results sometimes are a part of the objective medical evidence needed to establish the existence of a medically determinable impairment (MDI) and that they can also be of value at other points in the sequential evaluation process. The Ruling clarifies that SSA considers all medical evidence, including genetic test results, when evaluating a claim for disability benefits.
  - The Ruling defines genetic testing as “a type of medical test that identifies variations in genetic material,” that “uses laboratory methods to detect genetic variations associated with a disease, condition or genetic disorder.” For purposes of the Ruling, SSA considers tests that analyze *chromosomes*, *deoxyribonucleic acid (DNA)* or *ribonucleic acid (RNA)* for the purpose of identifying congenital genetic variations to be genetic tests.
  - SSR 16-4p explains that genetic tests are relevant to SSA because “scientific researchers are discovering an increasing number of associations between genetic variants and medical disorders.” Moreover, the results of such tests are more widely available and are now more commonplace within disability case files.
  - The Ruling provides that, with the sole exception of non-mosaic Down syndrome, genetic test results alone are not sufficient to make a disability determination or decision. A person may be found disabled based on meeting the criteria for non-mosaic Down syndrome in listing 10.06A and 110.06A, when this condition is documented by a karyotype report signed by a physician. However, the Ruling clarifies that in two other medical listings, listings 8.07A and 108.07A for xeroderma pigmentosum, SSA uses genetic test results as part of the criteria to evaluate whether a person’s impairment meets the listing.
  - SSR 16-4p explains that it will not order genetic testing in a consultative examination (CE) since they are not necessary to establish a finding of disability.
  - The Ruling also discusses how genetic test results are used and considered throughout the sequential evaluation process.

## [Social Security Ruling 16-3p](#): Evaluation of Symptoms in Disability Claims (Titles II and XVI) (effective March 28, 2016)

- **Topics Addressed:**
  - Eliminates the use of the term “credibility” from SSA sub-regulatory policy based on Administrative Conference of the United States (ACUS) recommendations and SSA adjudicative experience
  - Clarifies that subjective symptom evaluation is not an examination of an individual’s character
  - Instructs adjudicators to consider all of the evidence in an individual’s record when evaluating the intensity and persistence of symptoms after they find that the individual has a medically determinable impairment(s) that could reasonably be expected to produce those symptoms
  - Supersedes [SSR 96-7p](#)
- **Overview of Ruling**
  - SSR 16-3p rescinds SSR 96-7p, based on recommendations from the Administrative Conference of the United States (ACUS) regarding symptom evaluation and SSA’s adjudicative experience, so that the use of the term “credibility” is eliminated because the subjective symptom evaluation is not a character examination.
  - The Ruling defines a symptom “as the individual’s own description or statement of his or her physical or mental impairment(s).” SSR 16-3p clarifies that, per SSA regulations, an individual’s allegations of symptoms alone are not enough to establish the existence of a physical or mental impairment or disability.
  - SSR 16-3p provides the two-step symptom evaluation process: (1) whether there is an underlying medically determinable impairment (MDI) that could reasonably be expected to produce an individual’s symptoms and (2) the intensity and persistence of those symptoms as they impact an adult’s ability to work or a child’s ability to function. In regards to step one, the Ruling explains that there must be a MDI that could reasonably be expected to produce the alleged symptoms. In regards to step two, the Ruling states that SSA will not evaluate an individual’s symptoms without making every reasonable effort to obtain a complete medical history or based solely on objective medical evidence, unless the evidence supports a finding of disabled; instead, SSA will consider the objective medical evidence in conjunction with the other evidence (i.e. statements from the individual, medical sources, relatives, educational agencies, etc.) and the factors set forth in 20 CFR §§ 404.1529(c)(3) and 416.929(c)(3).
  - The Ruling explains that the consistency of an individual’s statements regarding his or her symptoms and attempts to seek medical treatment for symptoms and to follow treatment once prescribed will also be considered.
  - SSR 16-3p discusses how symptoms evaluation will be used in the sequential evaluation process to determine whether an adult is disabled, explicitly stating that single, conclusory statements are not sufficient when evaluating an individual’s symptoms.
  - The Ruling also explains that while symptoms are not considered at step one, they are pertinent to all of the remaining steps and gives details as to how symptom evaluation is relevant at each step.

## [Social Security Ruling 16-2p](#): Evaluation of Claims Involving the Issue of Similar Fault in the Providing of Evidence (Titles II and XVI) (effective March 14, 2016)

- **Topics Addressed:**
  - Explains the rules that govern the evaluation and adjudication of claims when there is reason to believe similar fault was involved in the providing of evidence in support of the claim
  - Provides the standard used to assess similar fault
  - Explains that a finding of similar fault does not constitute complete adjudicative action in any claim
  - Instructs adjudicators at all levels on how to make similar fault determinations
  - Provides guidelines for the notices of decision that involve a finding of similar fault and disregarding evidence
  - Defines key terms related to fraud and similar fault
  - Rescinds and replaces [SSR 00-2p](#)
- **Overview of Ruling**
  - SSR 16-2p explains that similar fault is involved when “an incorrect or incomplete statement that is material to the determination is knowingly made or information that is material to the determination is knowingly concealed.”
  - The Ruling provides that SSA applies a preponderance of the evidence standard in assessing similar fault.
  - SSR 16-2p explains that an individual can still be found entitled to or eligible for benefits despite the fact that some evidence in the case record has been disregarded based on similar fault.
  - The Ruling instructs adjudicators at all levels to:
    - Consider all evidence in the case record before determining whether specific evidence may be disregarded
    - Apply the preponderance of the evidence standard
    - Fully document the record with the evidence that was the basis for the finding that, based on a preponderance of the evidence, there is reason to believe that similar fault was involved in providing the evidence that is being disregarded
  - SSR 16-2p gives guidelines for the notes of determination or decision that involve a finding of similar fault and disregarding evidence:
    - The applicable Act provisions must be explained
    - The evidence being disregarded must be identified
    - The evidence that supports a finding to disregard evidence must be discussed
    - A re-determination or decision based on the remaining evidence must be provided
    - Standard appeal language must be included
  - The Ruling also gives specific definitions of fraud, similar fault, material, knowingly and preponderance of the evidence.

## [Social Security Ruling 16-1p](#): Fraud and Similar Fault Redeterminations Under Sections 205(u) and 1631(e)(7) of the Social Security Act (Titles II and XVI) (effective March 14, 2016)

- **Topics Addressed:**
  - Explains the process SSA uses to re-determine an individual's entitlement to or eligibility for benefits when there is reason to believe that fraud or similar fault was involved in that individual's application for benefits
  - Specifies that, in re-determining a case, SSA will only consider evidence that was provided absent fraud or similar fault
  - Clarifies that SSA will not waive an assessed overpayment if it finds that the individual is at fault in causing the overpayment
  - Discusses appeal options if an individual disagrees with a re-determination denying benefits
  - Defines key terms related to fraud and similar fault
- **Overview of Ruling**
  - SSR 16-1p explains that under §§ 205(u) and 1631(e)(7) of the Social Security Act, SSA must immediately re-determine an individual's entitlement to monthly insurance benefits under title II or eligibility for benefits under title XVI if there is reason to believe that fraud or similar fault was involved in the application for benefits.
  - The Ruling specifies that, when re-determining a case, SSA must disregard any evidence if there is reason to believe that fraud or similar fault was involved in providing that evidence; thus, SSA will only consider evidence that was provided absent fraud or similar fault.
  - SSR 16-1p clarifies that, after re-determination, if SSA finds that the remaining evidence does not support entitlement or eligibility, SSA may terminate such entitlement or eligibility and treat benefits paid as overpayments. The Ruling explains that while a waiver of the overpayment may be requested, SSA will not waive an assessed overpayment if they find that the individual is at fault in causing the overpayment.
  - The Ruling discusses that fault will be assessed by considering all "pertinent circumstances," including the individual's age and intelligence, and any physical, mental, educational or linguistic limitations.
  - SSR 16-1p sets forth the appeal rights for an individual who disagrees with the re-determination denying benefits as well as the option to file a new application for benefits concurrently with an appeal.
  - The Ruling gives specific definitions of fraud, similar fault, material, knowingly and preponderance of the evidence.

## [Social Security Ruling 15-1](#): Evaluating Cases Involving Interstitial Cystitis (IC) (Titles II and XVI) (effective March 18, 2015)

- **Topics Addressed:**
  - Defines interstitial cystitis (IC)
  - Explains that IC can be a medically determinable impairment (MDI)
  - Addresses how IC should be documented
  - Rescinds and replaces [SSR 02-2p](#)
- **Overview of Ruling**
  - In Section I of SSR 15-1p, SSA describes interstitial cystitis (IC) as “a complex genitourinary disorder involving recurring pain or discomfort in the bladder and pelvic region.” Some medical providers and organizations, including the American Urological Association, consider the disease synonymous with “painful bladder syndrome” and “bladder pain syndrome.” According to the SSR, although it uses the term IC, it is designed to address all three disorders. IC is diagnosed in part by ruling out other disorders with similar symptoms. Tests used to perform this rule-out diagnosis include urinalysis, urine culture, cystoscopy, biopsy of the bladder wall and urethra, distention of the bladder under anesthesia, and culture of prostate secretions. Treatment is generally for the purpose of symptom control and may not work for everyone.
  - The Ruling explains that IC can be a medically determinable impairment (MDI) and describes how adjudicators should evaluate it. The SSR lists specific signs and findings that establish the disease as a MDI, despite noting that “there are some signs and findings that could indicate IC, but there are no specific signs or findings that are universally accepted.”
  - The Ruling also addresses how IC should be documented, especially since its symptoms often wax and wane over time. Evidence from medical sources who are not considered “acceptable medical sources” may be considered along with evidence provided by third parties.

## [Social Security Ruling 14-3p](#): Evaluating Endocrine Disorders Other Than Diabetes Mellitus (Titles II and XVI) (effective June 2, 2014)

- **Topics Addressed:**
  - Discusses the evaluation of endocrine disorders other than diabetes mellitus
  - Provides the promised guidance after elimination of endocrine disorder listings
  - Discusses the potential relevance of endocrine disorders in the context of various other listings
- **Overview of Ruling**
  - SSR 14-3p notes that in 2011, the listing for endocrine disorders were removed as they were deemed to be obsolete. The Ruling supplies guidance that was promised at that time regarding the proper evaluation of these disorders.
  - SSR 14-3p explains that either too much or too little of a hormone from an endocrine gland can cause an endocrine disorder, resulting in myriad complications. The Ruling addresses disorders of the pituitary, thyroid, parathyroid and adrenal glands, as well as notes pancreatic and gonadal disorders. The Ruling identifies symptoms, signs and treatment for each type of condition.
  - In discussing the evaluation of these disorders during the sequential evaluation process, SSR 14-3p notes that the effects of various endocrine gland disorders are relevant to the assessment of whether a listing is met or equaled and provides 8 examples for adults and 9 for children of when this occurs. However, the Ruling makes clear that endocrine disorders themselves are no longer listed impairments for adults or children, apart from the diabetes mellitus listing for children under age 6 (addressed in SSR 14-2p).
  - SSR 14-3p also acknowledges that an endocrine disorder, alone or in combination with other impairments, may affect a child's functioning in any and/or all of the 6 domains.

## Social Security Ruling 14-2p: Evaluating Diabetes Mellitus (Titles II and XVI) (effective June 2, 2014)

- **Topics Addressed:**
  - Discusses Type 1 and Type 2 diabetes mellitus (DM) and related functional impact
  - Acknowledges potential for significant interaction between DM and other conditions, including obesity
  - Recognizes that DM may directly meet a listing for children under age 6 and may equal a listing for children over age 6 and adults
- **Overview of Ruling**
  - SSR 14-2p informs adjudicators about the potential effects of diabetes mellitus (DM), defining it as “a chronic condition characterized by high blood glucose levels that result from the body’s inability to produce or use insulin.” The Ruling categorizes the two major types of DM, Type 1 and Type 2, previously characterized as insulin-dependent DM and non-insulin-dependent DM. SSR 14-2p discusses the symptoms and complications of DM, along with related conditions such as obesity, that can interact with the disease and cause more severe problems in combination than each acting alone.
  - The Ruling explains that while DM is not itself a listed impairment for adults or children age 6 or older, it may meet or equal another listing. There is listing 109.08, a DM listing for children under age 6 who require daily insulin. Such children are presumed not to have “developed adequate cognitive capacity for recognizing and responding to their hypoglycemia symptoms; that is, they have *hypoglycemia unawareness*.” Due to this lack of awareness and the life-threatening conditions that can result, these children need near-constant visual contact from parents or caregivers. Children age 6 or older are evaluated on a case-by-case basis to ascertain whether they have developed awareness of their hypoglycemia symptoms.
  - SSR 14-2p also discusses how DM, alone or in combination with other impairments, may affect a child’s functioning in any and/or all of the 6 domains.

## [Social Security Ruling 14-1p](#): Evaluating Cases Involving Chronic Fatigue Syndrome (CFS) (Titles II and XVI) (effective April 3, 2014)

- **Topics Addressed:**
  - Clarifies policies for evaluation of Chronic Fatigue Syndrome (CFS)
  - Recognizes that CFS can be the basis for disability
  - Rescinds and replaces [SSR 99-2p](#)
- **Overview of Ruling**
  - Like SSR 99-2p before it, SSR 14-1p recognizes that CFS may be a disabling impairment. The Ruling sets forth the specific medical signs that can help establish the existence of CFS as a medically determinable impairment (MDI). SSR 14-1p adopts the Centers for Disease Control and Prevention (CDC) definition of CFS, which defines the condition as a “systemic disorder consisting of a complex of symptoms that may vary in frequency, duration, and severity” which is characterized in part by “prolonged fatigue lasting 6 months or more, resulting in a substantial reduction in previous levels of occupational, educational, social, or personal activities.” It is diagnosed “only after alternative medical and psychiatric causes of chronic fatiguing illness have been excluded.”
  - SSR 14-1p also notes the “considerable overlap” between the symptoms present in CFS and fibromyalgia, explaining that “people with CFS who also have tender points have an MDI,” but SSA “may still find that a person with CFS has an MDI if he or she does not have the specified number of tender points to establish fibromyalgia.”

## [Social Security Ruling 13-3p](#): Appeal of an Initial Medical Disability Cessation Determination or Decision (Title II) (effective February 21, 2013)

- **Topics Addressed:**
  - Announces adoption of the holding in *Difford v. Secretary of Health and Human Services*, 910 F.2d 1316 (6th Cir. 1990), as SSA’s nationwide policy for cessation determinations
  - Explains that the adjudicator reviewing a cessation decision will decide disability through the date of the adjudicator’s decision, including the date of the Appeals Council’s action when it grants review and issues a decision.
  - Provides that a timely request to review a cessation decision constitutes a protective filing allowing disability to be determined through the date of the final determination or decision on appeal
  - Describes adjudicators’ responsibilities in making and explaining cessation decisions
  - Rescinds [AR 92-2\(6\)](#) as obsolete
- **Overview of Ruling**
  - Through SSR 13-3p, SSA adopts the holding in *Difford v. Secretary of Health and Human Services*, 910 F.2d 1316 (6th Cir. 1990), as its nationwide policy regarding administrative review of cessation determinations in response to timely requests. Previously, *Difford’s* holding was applied only within the 6<sup>th</sup> Circuit through AR 92-2(6), which is now rendered obsolete.
  - The Ruling explains that § 223(f) of the Social Security Act, which provides the standard of review for determining whether an individual’s disability has medically ceased, states that a benefits recipient may be determined to be no longer entitled to benefits based on cessation when, in addition to satisfaction of other criteria, “the individual is *now* able to engage in substantial gainful activity” (emphasis added). Further, “any determination under this section shall be made on the basis of all the evidence available in the individual’s case file, including new evidence concerning the individual’s prior or *current* condition” (emphasis added). SSR 13-3p explains that since the enactment of these provisions, SSA has “interpreted the words ‘now’ and ‘current’ in that section of the Act to mean that, generally, when deciding the appeal of a medical cessation, an adjudicator would consider what the beneficiary’s condition was at the time of the initial cessation determination,” and not at the time of the later review of the determination, such as that conducted by an ALJ or the Appeals Council. In the event of apparent worsening after the date of the initial cessation determination in title II cases, a new application for benefits would be solicited.
  - SSR 13-3p, however, adopts the opinion in which the court interpreted the references to “now” and “current” to require consideration of whether the beneficiary was disabled at any time through the date of the adjudicator’s final determination or decision, including the date of the Appeals Council’s action when it grants review and issues a decision. Nevertheless, the Appeals Council will not consider evidence unrelated to the period on or before the ALJ’s decision in the context of deciding whether to grant a request for review.
  - The Ruling also provides that a timely request to review a cessation decision constitutes a protective filing and eliminates the need for a new application with regard to the period through the final decision.

## [Social Security Ruling 13-2p](#): Evaluating Cases Involving Drug Addiction and Alcoholism (DAA) (Titles II and XVI) (effective March 22, 2013)

- **Topics Addressed:**
  - Consolidates information from multiple sources to explain SSA's policy regarding drug addiction and alcoholism (DAA)
  - Addresses 15 specific topics in Q&A format
  - Defines DAA
  - Explains how the presence and materiality of DAA is determined
  - Discusses various scenarios and complications that arise in DAA cases
  - Outlines the specific findings that decisions raising DAA issues must contain
  - Rescinds and replaces [SSR 82-60](#)
- **Overview of Ruling**
  - SSR 13-2p aims to provide a statement of current SSA policy regarding drug addiction and alcoholism (DAA) by bringing together information from a variety of sources, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association, regulatory provisions and the HALLEX.
  - The Ruling covers topic including how DAA is determined, when DAA is considered material, what evidence is needed, how periods of abstinence are considered, whether failure to follow prescribed treatment can be an issue and what explanations decisions involving DAA issues must contain.
  - SSR 13-2p defines DAA generally as "substance use disorders," with the exception of nicotine use disorders. According to the Ruling, "substance use disorders" is defined as "maladaptive patterns of substance use that lead to clinically significant impairment or distress," per the latest edition of the DSM.

## [Social Security Ruling 13-1p](#): Agency Processes For Addressing Allegations of Unfairness, Prejudice, Partiality, Bias, Misconduct, or Discrimination by Administrative Law Judges (ALJs) (Titles II and XVI) (effective February 28, 2013)

- **Topics Addressed:**
  - Clarifies SSA's three processes for handling allegations of ALJ unfairness, prejudice, partiality, bias, misconduct and discrimination
- **Overview of Ruling**
  - SSR 13-1p describes the three separate processes SSA has for addressing allegations of unfairness, prejudice, partiality, bias, misconduct, or discrimination by an ALJ.
    - First, a party may ask for review by the Appeals Council when an ALJ refuses to withdraw despite the party's objection. Relying solely on information in the administrative record, the Appeals Council will apply the abuse of discretion standard and may provide a new decision on the claim or remand for further proceedings.
    - Second, the Division of Quality Service addresses both referrals from the Appeals Council and complaints made by parties. This entity determines whether to take private action in relation to the ALJ, such as counseling, training, mentoring or discipline.
    - Third, a party may file a discrimination complaint by using Form SSA-437-BK or submitting an equivalent letter. The discrimination complaint must be filed within 180 days, absent good cause for untimeliness.
  - The Ruling explains that these three processes operate independently and all three may be pursued and occur simultaneously.

## Social Security Ruling 12-2p: Evaluation of Fibromyalgia (Titles II and XVI) (effective July 25, 2012)

- **Topics Addressed:**
  - Provides a definition of fibromyalgia
  - Details the process for determining whether fibromyalgia is a medically determinable impairment (MDI)
  - Discusses the evaluation of fibromyalgia within the context of the sequential evaluation process
  - Acknowledges the need to consider the variable nature of the condition
  - Recognizes that fibromyalgia may medically equal a listing
  - Cautions that application of the Medical-Vocational Guidelines (GRIDs) may be precluded by the effects of fibromyalgia
- **Overview of Ruling**
  - SSR 12-2p defines fibromyalgia as “a complex medical condition characterized primarily by widespread pain in the joints, muscles, tendons, or nearby soft tissues that has persisted for at least 3 months.”
  - The Ruling explains that, as with other medically determinable impairments (MDIs), the existence of fibromyalgia is shown through evidence from acceptable medical sources. There must be documentation that a physician reviewed the claimant’s medical history and conducted a physical examination. According to SSR 12-2p, in order for an adjudicator to determine that the claimant has fibromyalgia, three prerequisites must be met: (1) a physician has diagnosed fibromyalgia, (2) a physician has provided the evidence described by either (a) the 1990 American College of Rheumatology (ACR) Criteria for the Classification of Fibromyalgia or (b) the 2010 ACR Preliminary Diagnostic Criteria, and (3) the diagnosis is “not inconsistent” with the other evidence in the record.
  - SSR 12-2p provides that if the evidence is insufficient to support a finding regarding the duration requirement, SSA will follow its usual policies for developing additional evidence, such as re-contacting sources or ordering a consultative examination (CE). However, the Ruling notes that SSA “will not purchase a CE solely to determine if a person has [fibromyalgia] in addition to another [medically determinable impairment] that could account for his or her symptoms.” In discussing the importance (although not the essentialness) of the CE’s access to longitudinal information, SSR 12-2p acknowledges that “the symptoms and signs of [fibromyalgia] may vary in severity over time and may even be absent on some days.”
  - The Ruling clarifies that, once fibromyalgia is determined to be present, information from sources other than acceptable medical sources may be used to evaluate its severity and functional effects. But the credibility of the claimant’s statements about his or her own symptoms is still evaluated pursuant to SSA regulations and SSR 96-7p.
  - SSR 12-2p observes that while fibromyalgia itself is not a listed impairment, adjudicators must consider whether it medically equals a listing, such as listing 14.09D. In regards to the RFC findings, the Ruling again stresses the importance of considering “a longitudinal record whenever possible because the symptoms of [fibromyalgia] can wax and wane so that a person may have ‘bad days and good days.’”
  - The Ruling also cautions adjudicators, in regards to step 5, about the potential for claimants with fibromyalgia to have both exertional and non-exertional limitations that may preclude application of the GRIDs.

[Social Security Ruling 12-1p](#): Determining whether work performed in self-employment by persons who are blind is substantial gainful activity and treatment of income resulting from the Randolph-Sheppard Act and similar programs (Title II) (effective September 21, 2012)

- **Topics Addressed:**
  - Discusses the treatment of self-employment activity by blind persons
  - Explains that the test for SGA in the context of blind persons involves a two-part test
  - Clarifies that countability of income received under the Randolph-Sheppard Act
- **Overview of Ruling**
  - SSR 12-1p clarifies how work activity by blind, self-employed persons is evaluated for SGA determinations. The Ruling explains that, to be engaged in SGA, a blind person must both receive a substantial income from the business and have rendered significant services to the business. Thus, if the countable income exceeds the applicable SGA guideline for blind persons, it must then be determined whether that person has rendered significant services to the business.
  - The Ruling also provides “the income that blind self-employed vendors receive under the Randolph-Sheppard Act (and similar State programs) from vending machines that are located on the same property, but are not serviced, operated, or maintained by the blind vendor, is not a measure of a blind vendor's own productivity.” Therefore, since it does not represent the actual value of any part of the blind vendor’s work activity, it is not considered in the SGA determination.

## [Social Security Ruling 11-2p](#): Documenting and Evaluating Disability in Young Adults (Titles II and XVI) (effective September 12, 2011)

- **Topics Addressed:**
  - Discusses considerations used in evaluating disability claims of young adults
  - Explains that evidence from medical sources, other than acceptable medical sources, can be of value when determining the severity of an impairment in young adults
  - Specifies that information from school programs is often important in the claims of young adults
  - Discusses the evaluation of a young adult's community experiences and extra help and accommodations received by a young adult
  - Clarifies the rule to be applied for determining insured status for young adult claimants
  - Addresses scenarios involving military service by young adult claimants
  - Provides guidance for utilizing the GRIDs in cases involving young adults
  - Discusses the situation in which the young adult claimant was previously found to be disabled under the child standard
  - Discusses continued benefits for young adults who participate in vocational rehabilitation programs
- **Overview of Ruling**
  - SSR 11-2p discusses multiple aspects of the adjudication of disability claims for young adults, defined as an individual between age 18 and approximately age 25.
  - The Ruling notes that, while the same definition of disability applies to young adults as it does for other adults, the evidence SSA considers for "disability determinations for young adults is generally the same as, or similar to, the evidence [it] considers for making disability determinations for older adolescents under title XVI."
  - SSR 11-2p contains many reminders of existing law and policy, as well as many practical examples intended to illustrate the application of the law and policy to cases involving young adult claimants.

## [Social Security Ruling 11-1p](#): Procedures for Handling Requests to File Subsequent Applications for Disability Benefits (Titles II and XVI) (effective July 28, 2011)

- **Topics Addressed:**
  - Announces SSA’s revised procedure under which it will no longer process a subsequent disability claim if the claimant already has a claim under the same title and of the same type pending in the administrative review process
  - Explains how the Appeals Council will treat additional evidence submitted by a claimant who has a claim pending before it
  - Indicates the circumstances under which a new application will be processed despite the existence of another pending application
- **Overview of Ruling**
  - SSR 11-1p explains that, under SSA’s new procedure, a claimant must choose between pursuing administrative review of a claim and filing a new under the same title and of the same type, with limited exception.
  - The Ruling clarifies, however, that it does not affect claimants wishing to file a subsequent application once the prior claim is on appeal in federal court.
  - SSR 11-1p further explains that new applications will ordinarily no longer be accepted while a “prior disability claim is pending administrative review,” but that a claimant can still provide SSA “with evidence that is relevant to [a] pending claim, in accordance with [its] existing regulations and procedures.” When a claimant submits evidence to the Appeals Council that is relevant only to the period after an ALJ decision, the Appeals Council will return the evidence to the claimant. *See* 20 CFR §§ 404.976(b) and 416.1476(b). However, according to the Ruling, if the evidence “shows a new critical or disabling condition,” and the claimant informs SSA that he or she desires “to file a new claim based on this evidence, the Appeals Council may permit” the filing of “a new disability claim before it completes its actions on [the claimant’s] request for review of the pending claim.”

## [Social Security Ruling 09-8p](#): Determining Childhood Disability – The Functional Equivalence Domain of “Health and Physical Well-Being” (Title XVI) (effective March 19, 2009)

- **Topics Addressed:**
  - Defines the domain of “health and physical well-being”
  - Explains the difference between this domain and “moving about and manipulating objects”
  - Discusses the effects of limitations in this domain on other domains
  - Provides examples of typical functioning in this domain
- **Overview of Ruling**
  - SSR 09-8p defines the domain of “health and physical well-being” as the “cumulative physical effects of physical and mental impairments and their associated treatments on a child’s health and functioning.” Unlike the other five domains, the Ruling clarifies that this domain does *not* address typical development and functioning, but, instead, “addresses how such things as recurrent illness, the side effects of medication, and the need for ongoing treatment affect a child’s body; that is the child’s health and sense of physical well-being.”
  - The Ruling explains that some physical effects considered in this domain can result directly from physical and mental impairments, the consequences of treatment such as medications or therapies the child receives.
  - SSR 09-8p also recognizes that “the cumulative physical effects of a child’s physical or mental impairment(s) can vary in kind and intensity, and can affect each child differently.”
  - The Ruling discusses the difference between the domains of “health and physical well-being” and “moving about and manipulating objects,” explaining that in this domain, SSA considers the “cumulative physical effects of physical and mental impairments and their associated treatments or therapies,” which were not addressed in the domain of “moving about and manipulating objects.”
  - SSR 09-8p gives examples of some of the limitations considered in this domain, clarifying that these “are not the only limitations in this domain, nor do they necessarily described a ‘marked’ or an ‘extreme’ limitation,” noting that the examples “may or may not described limitations depending on the expected level of functioning for a given child’s age.”

## [Social Security Ruling 09-7p](#): Determining Childhood Disability – The Functional Equivalence Domain of “Caring for Yourself” (Title XVI) (effective March 19, 2009)

- **Topics Addressed:**
  - Defines the domain of “caring for yourself”
  - Explains the difference between the domains of “caring for yourself” and “interacting and relating with others”
  - Explains that a child is not fully responsible for failing to follow prescribed treatment
  - Discusses the effects of limitations in this domain on other domains
  - Provides examples of typical functioning and limited functioning in this domain
- **Overview of Ruling**
  - SSR 09-7p defines the domain of “caring for yourself” as the “child’s ability to maintain a healthy *emotional* and *physical* state,” including how well the child gets his or her physical and emotional wants and needs met in appropriate ways; how the child copes with stress and changes in his or her environment; and whether the child takes care of his or her own health, possessions, and living area. According to the Ruling, the focus of this domain is “how well a child relates to *self* by maintaining a healthy emotional and physical state in ways that are age-appropriate and in comparison to other same-age children who do not have impairments.”
  - The Ruling recognizes that both physical and mental impairments, medication or other treatment can affect a child’s ability to care for himself or herself and cites several examples, such as a child who is prescribed medication that causes weight gain frequently fails or refuses to take it because of embarrassment about his weight, thereby endangering his health. Additionally, children whose mental and physical impairments affect their ability to meet their emotional wants and needs may react in inappropriate ways.
  - SSR 09-7p also discusses the difference between the domains of “caring for yourself” and “interacting and relating with others.”

## [Social Security Ruling 09-6p](#): Determining Childhood Disability – The Functional Equivalence Domain of “Moving About and Manipulating Objects” (Title XVI) (effective March 19, 2009)

- **Topics Addressed:**
  - Defines the domain of “moving about and manipulating objects”
  - Explains the difference between the domains of “moving about and manipulating objects” and “health and physical well-being”
  - Discusses the effects of limitations in this domain on other domains
  - Provides examples of typical functioning in this domain
- **Overview of Ruling**
  - SSR 09-6p defines the domain of “moving about and manipulating objects” as “the physical ability to move one’s body from one place to another and to move and manipulate things.” The Ruling further recognizes that these activities “may require gross and fine motor skills or a combination of both.”
  - The Ruling acknowledges that both physical and mental impairments can affect a child’s ability to move and manipulate objects and cites several examples. A child with a benign brain tumor may have difficulty with balance; a child with rheumatoid arthritis may have difficulty writing; and a child with a developmental coordination disorder may be clumsy and have slow eye-hand coordination.
  - SSR 09-6p specifies that some medications can affect a child in this domain, such as antidepressant medications that cause hand tremors interfering with motor skills.
  - The Ruling also discusses the difference between this domain and “health and physical well-being,” explaining that children with limitations in “moving about and manipulating objects” may also have limitations in other domains. For example, pain may cause limitations in several domains.

## [Social Security Ruling 09-5p](#): Determining Childhood Disability – The Functional Equivalence Domain of “Interacting and Relating with Others” (Title XVI) (effective March 19, 2009)

- **Topics Addressed:**
  - Defines the domain of “interacting and relating with others”
  - Discusses the role of communication in this domain
  - Explains the difference between the domains of “interacting and relating with others” and “caring for yourself”
  - Explains effects of limitations in this domain on other domains
  - Provides examples of typical functioning in this domain
- **Overview of Ruling**
  - SSR 09-5p defines the domain of “interacting and relating with others” as a child’s ability to “initiate and respond to exchanges with other people and to form and sustain relationships with family members, friends and others.” This includes “all aspects of social interaction with individuals and groups at home, at school and in the community.”
  - The Ruling explains that important aspects of this domain include the child’s response to persons in authority, compliance with rules and regard for others’ possessions. Additionally, because communication is essential in order to interact and relate to others, this domain considers the “speech and language skills children need to speak intelligibly and to understand and use the language of their community.”
  - SSR 09-5p recognizes that both physical and mental impairments can affect a child’s ability to interact with others and cites several examples. A child with a hearing impairment or repaired cleft palate may have speech that is difficult to understand; a child with ADHD may antagonize others by impulsively cutting in line; a child with a physical abnormality who uses adaptive equipment may have difficulty making friends; a child with an anxiety disorder may be extremely uncomfortable around other children; and a child with an autism spectrum disorder may have limited emotional and social responses to others.

## [Social Security Ruling 09-4p](#): Determining Childhood Disability – The Functional Equivalence Domain of “Attending and Completing Tasks” (Title XVI) (effective March 20, 2009)

- **Topics Addressed:**
  - Defines the domain of “attending and completing tasks”
  - Discusses the effects of limitations in this domains on other domains
  - Provides examples of typical functioning and limited functioning in this domain
- **Overview of Ruling**
  - SSR 09-4p defines the domain of “attending and completing tasks” as how well a child is able to focus and maintain attention and how well the child begins, carries through, and finishes activities or tasks, including the “child’s alertness and ability to focus on an activity or task despite distractions, and perform tasks at an appropriate pace.”
  - The Ruling explains that this domain also considers the child’s “ability to change focus after completing a task and to avoid impulsive thinking and acting” as well as the child’s “ability to organize, plan ahead, prioritize competing tasks and manage time.”
  - SSR 09-4p contains examples of typical functioning and limited functioning in this domain.

## [Social Security Ruling 09-3p](#): Determining Childhood Disability – The Functional Equivalence Domain of “Acquiring and Using Information” (Title XVI) (effective March 19, 2009)

- **Topics Addressed:**
  - Defines the domain of “acquiring and using information”
  - Explains that preschool and school records are an important source of information in this domain
  - Discusses the effects of limitations in this domain on other domains
  - Provides examples of typical functioning in this domain
- **Overview of Ruling**
  - SSR 09-3p defines the domain of “acquiring and using information” as how well a child acquires or learns information, and how well the child uses the information he or she has learned.
  - The Ruling explains that children acquire and use information “at all ages for many different purposes” and that “this domain considers more than just assessments of cognitive ability as measured by intelligence tests, academic achievement instruments, or grades in school.”
  - SSR 09-3p clarifies that children with limitations in this domain may also have limitations in other domains. For example, mental impairments that impact a child’s ability to learn may also affect the child’s ability to complete tasks; a child with a language impairment may have limitations in both acquiring and using information as well as interacting and relating with others; and a child with a physical impairment that impact the child’s ability to move about may also have limitations in acquiring and using information.
  - The Ruling also explains that SSA evaluate the effects of the child’s impairments, including the effects of medication or other treatment and therapies, in all relevant domains.
  - SSR 09-3p contains examples of typical functioning and limited functioning in this domain based on a child’s age.

## [Social Security Ruling 09-2p](#): Determining Childhood Disability – Documenting a Child's Impairment-Related Limitations (Title XVI) (effective March 20, 2009)

- **Topics Addressed:**
  - Discusses the evidence needed to document a child's impairments and related limitations for children's SSI benefits
  - Explains the need to obtain school records and early intervention records
  - Clarifies that sources of information about a child's functioning comes from both medical and non-medical sources
  - Stresses the importance of knowing the "standard of comparison" used by medical sources
  - Explains the duty to resolve material inconsistencies in the evidence
- **Overview of Ruling**
  - SSR 09-2p discusses the evidence needed to document a child's impairment and related limitations, the sources of evidence, how SSA considers evidence from early intervention and school programs, how inconsistencies in the evidence are addressed and other issues related to the development of evidence regarding functioning.
  - The Ruling also discusses how evidence from non-medical sources is considered.
  - SSR 09-2p notes in particular that in situations in which there is insufficient evidence, including when a material inconsistency exists that cannot be resolved based on consideration of all the other relevant evidence in the record, the adjudicator should "try to complete the record by requesting additional or clarifying information."

## [Social Security Ruling 09-1p](#): Determining Childhood Disability Under the Functional Equivalence Rule — The “Whole Child” Approach (Title XVI) (effective March 19, 2009)

- **Topics Addressed:**
  - Outlines the sequential evaluation process for SSI childhood disability claims
  - Describes functional equivalence – the “whole child” approach
  - Explains that a claimant’s limitations must be considered in each of the 6 domains of functioning
  - Explains the need for “longitudinal” evaluation, with consideration of the impact of a claimant’s ability to function over time
  - Specifies that strengths may not be used to “negate” limitations
- **Overview of Ruling**
  - SSR 09-1p explains that a child who applies for SSI is disabled if the child has not engaged in substantial gainful activity and has a medically determinable physical or mental impairment, which results in marked and severe functional limitations. *See* 20 CFR § 416.906. Therefore, the child’s impairments must either “*meet or medically equal* a listing in the Listing of Impairments, or *functionally equal* the listings (also referred to as “functional equivalence.” *See* 20 CFR § 416.924 and 416.926(a).
  - The Ruling specifies that an impairment is “functionally equivalent” to a listed impairment if it results in “marked” limitations in two of the domains of functioning or an “extreme” limitation in one of the domains. *See* 20 CFR § 416.926(a).
  - SSR 09-1p explains that SSA uses the following six domains, which are “broad areas of functioning intended to capture all of what a child can and cannot do:”
    - Acquiring and using information
    - Attending and completing tasks
    - Interacting and relating with others
    - Moving about and manipulating objects
    - Caring for yourself
    - Health and physical well-being
  - The Ruling also states that SSA does not require adjudicators to discuss all of the considerations in this SSR in their determinations and decisions. Instead, SSA only requires that adjudicators provide sufficient detail so that any subsequent reviewers can understand how they made their findings.