

Cardiovascular Impairment under SSA

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About 40% of cardiovascular (CV) patients who submits claims for disability determination to the Social Security Administration (SSA) are approved or allowed. Physicians play a vital role in the disability determination process under SSA, particularly in evaluating the patient's impairment. This article deals with the disability determination of CV patients, which is based on two criteria. First, whether the patient has a **medically determinable CV impairment** which has lasted or can be expected to last for a **continuous period of not less than twelve months or is expected to result in death**. Second, whether the patient is **unable to engage in any substantial gainful activity** due to the CV disorder. The first criterion, the subject of this article, is determined on the basis of medically acceptable clinical and laboratory diagnostic techniques. The second criterion is determined on the basis of laws and SSA criteria.

As with all patients, fundamental to evaluation of CV impairment are adequate documentation in the medical records of symptoms, physical findings, appropriate testing, treatment, prognosis and how the disorder impacts the patient's ability to function, i.e. functional **cardiac** classification (e.g. NY Heart Association Classification). The medical records must include the longitudinal history of the cardiac impairments and be sufficient and current. There is a requirement for documenting persisting or continuing C-V symptoms and signs despite a regimen of prescribed medical treatment.

List of Cardiovascular Impairments

Under SSA, cardiovascular impairment is viewed as a consequence of one or more of the following: (1) Ventricular dysfunction or chronic heart failure; (2) Angina pectoris due to myocardial ischemia or infarction; (3) Syncope, or near syncope, due to inadequate cerebral perfusion; and (4) Cyanotic heart disease. SSA provides a "listing" of common CV disorders or impairments that are severe enough to prevent a patient from engaging in gainful activity. If the listing is met, the patient would qualify for disability benefits. The following represent some of the CV disorders which meet the "listing":

1. Heart transplant patients qualify for disability benefits for one year post-transplant, after which the cardiac impairment is reevaluated.

2. Chronic heart failure (CHF) patients with symptoms, signs and test results indicating objective cardiac decompensation, systolic or diastolic dysfunction, with ejection fraction of 30% or less, and inability to perform an exercise tolerance test (ETT) at 5 METS or less, qualify.
3. Ischemic heart disease patients qualify if their activities of daily living are very seriously limited, because of persistent angina pectoris due to myocardial ischemia, despite a regimen of treatment, with an abnormal ETT, or three separate episodes of acute coronary syndrome in 12 consecutive months, or angiographic evidence of significant coronary artery or bypass stenoses (>50-70%).
4. Patients qualify if they have syncope, or pre-syncope attacks, due to recurrent cardiac dysrhythmia, not related to reversible causes (e.g. drugs or electrolyte imbalance), uncontrolled by treatment, documented by Holter or other monitoring, and coincident with syncopal episodes.
5. Patients qualify if they have symptomatic congenital heart disease, with cyanosis at rest or on exertion, or with pulmonary hypertension (pulmonary artery systolic pressure equal to 70+ % of systemic systolic BP).
6. Certain patients with symptomatic vascular aneurysms or symptomatic chronic venous insufficiency may qualify.
7. Patients with peripheral artery disease qualify if they have intermittent claudication and one of the following abnormal findings: resting ABI (ankle-brachial index) is 0.5 or less; exercise ABI decreases by 50% or more; resting toe systolic pressure is less than 30 mm Hg, or Toe/Brachial systolic pressure ratio is less than 0.40.

If a patient does not have an impairment that meets the list, consideration is made of the combined effects of two or more impairments which might “equal” or approximate a listing. And, where the patient’s impairments neither meet nor equal any listing, a determination is made by comparing the vocational factors (age, education and work experience) to the claimant’s remaining residual functional capacity to perform work related tasks. Therefore, it behooves practicing physicians to know about the availability of the above help to patients.

* This article represents solely the view points of the author. SSA is not the author of this article, and the author is not representing SSA.

Reference: <http://www.ssa.gov/disability/professionals/bluebook/Entire-Publication1-2005.pdf>