

ParaReg Headnotes

1300-1399 Disability

Disability

- 1300-1 Disability may be verified through signed statement from SSA (50167(a)(1)(B))
- 1300-2 Disability determinations by other private or public groups not binding on SSA (POMS DI 24515.011)
- 1301-1 Federal nondisability determinations supersede previous state agency determinations awarding Medicaid benefits only in final decisions by SSA; 42 CFR 435.541(b) held invalid (*Disabled Rights Union v. Kizer*; *Declaratory Judgment, DRU v. Kizer*)
- 1301-2 State must follow final SSA decision which occurs after review process is complete (42 USC 1396 (a)(v)(i); 20 CFR 416.1400)
- 1301-3 A Title II or SSI/SSP decision becomes final when no further appeals can be filed (ACWDL 97-28)
- 1301-4 Social Security Administration disability decision binding for 12 months, exceptions 42 CFR 435.541
- 1302-1 Disability may be verified in accordance with procedures established by DAPD, formerly DED (50167(a)(1)(D); ACWDL 97-54)
- 1302-2 Requirements for notices denying MN disability (ACWDL 86-52; *Visser v. Kizer*)
- 1302-3 Effect of prior determination by ALJ on subsequent determinations (AR 97-4(9); *Chavez v. Bowen*; POMS DI 32720.005, .010)
- 1302-4 Dismissal of hearing if request filed more than 90 days after adequate notice is sent (MPP 22-009.1, 22-001(c)(5), 22-021.1, 22-054.32)
- 1302-5 Mentally incapacitated person who was unrepresented at time of discontinuance from SSA disability is entitled to review discontinuance even when filing is more than 15 years late (*Udd v. Massanari*; SSR 91-5p)
- 1303-1 It is the responsibility of the applicant to prove his/her disability (20 CFR 416.912)
- 1303-2 If the applicant does not provide evidence regarding disability, a decision will be made on available information (20 CFR 416.916)
- 1303-3 If applicant does not have good reason for failing to attend consultative examination, he/she is subject to a determination of no disability (20 CFR 416.918)
- 1303-4 Duty to follow prescribed treatment (20 CFR 416.930)
- 1303-5 Losing weight is not equivalent to taking pills or following prescriptions. Losing weight in the past does not show obesity is remediable (*Hammock v. Bowen*; *Dodrill v. Shalala*)
- 1303-6 Evaluation of whether or not the individual is following prescribed treatment, particularly regarding obesity (SSR 00-03p; POMS DI 24570.001B.)
- 1304-1 ALJ has duty to develop record, even if claimant represented (*Brown v. Heckler*; *Smolen v. Chater*)
- 1304-1A ALJ has heightened duty to develop record fully when claimant may be mentally ill (*Tonapetyan v. Halter*)

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- 1304-2 ALJ must give clear reasons for rejecting pain testimony (*Varney v. Secretary*)
- 1304-3 ALJ cannot reject treating physician's opinions unless there are clear and convincing reasons to do so (*Montijo v. Secretary of HHS*)
- 1304-4 ALJ is entitled to draw logical inferences (*Sample v. Schweiker*)
- 1304-5 ALJ erred in drawing vocational conclusions without testimony or evidence from VE (*Burkhart v. Bowen*)
- 1304-6 ALJ erred in determining claimant could do past work when the ALJ failed to find claimant's impairment did not meet or equal a listing (*Fanning v. Bowen*)
- 1304-7 ALJ should rely on treating physician, not consultant (*Sprague v. Bowen, Murray v. Heckler*)
- 1304-8 ALJ must accept treating physician's opinion in the absence of clear and convincing reasons to reject it (*Davis v. Heckler; Lester v. Chater; Magallanes v. Bowen; Morgan v. Commissioner*)
- 1304-9 Duties of adjudicator when evaluating pain and other symptoms (POMS DI 24515.066B.; SSR 96-7p)
- 1304-10 Rejection of pain testimony based on lack of medications, testimony, medical experts, no job loss from pain (*Drouin v. Sullivan*)
- 1304-11 Pain testimony, when it can be rejected (*Stewart v. Sullivan, Fair v. Bowen*)
- 1304-12 Only issues before the federal ALJ are those not previously resolved in the applicant's favor, or when the ALJ notifies the applicant that he/she has rejected the favorable finding (20 CFR 416.1446(a))
- 1304-13 Federal ALJ must give great weight to VA determination of disability (*McCartey v. Massanari*)
- 1304-14 What the Title XVI disability decision must contain (SSR 86-8)
- 1305-2 Duty to assist claimants (POMS DI 22501.003B.)
- 1308-1 Glossary of terms, med-voc evaluation (POMS DI 25001.001)
- 1308-1A Approaching advanced age is 50-54 (POMS CI 25001.001B.1)
- 1308-1B Advanced age is 55 or over (POMS DI 25001.001B.1)
- 1308-1C Approaching retirement age is 60-64 (POMS DI 25001.001B.1)
- 1308-1D Younger individual is under 50 (POMS DI 25001.001B.1)
- 1308-1E Arduous work defined (POMS DI 25001.001B.2)
- 1308-1G Illiteracy, inability to communicate in English as part of education (POMS DI 25001.001B.7)
- 1308-1H Limited education as part of education (POMS DI 25001.001B.7)
- 1308-1I Marginal education as part of education (POMS DI 25001.001B.7)
- 1308-1J Environmental conditions, limitations and how they erode occupational base (POMS DI 25001.001B.8, 9; 25015.020B.7; SSR 96-9p)
- 1308-1K Feeling and fingering and how they erode occupational base (POMS DI 25001.001B.14, 15; 25020.005; 25015.020B.7; SSR 96-9p)
- 1308-1L Full range of work defined (POMS DI 25001.001B.18)
- 1308-1M Heavy work defined (POMS DI 25001.001B.20)
- 1308-1N Light work defined (POMS DI 25001.001B.23)
- 1308-1O Medium work defined (POMS DI 25001.001B.26)
- 1308-1P Relevant work period defined (POMS DI 25001.001B.37)
- 1308-1Q Sedentary work defined (POMS DI 25001.001B.39)

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- 1308-1R Semiskilled work defined (POMS DI 25001.001B.40)
- 1308-1X Glossary of term from SSR (SSR 83-10)
- 1308-2 GAF in psychological cases (DSM NR, p.32)
- 1308-3 Alcohol dependence (Merck Manual, Chapter 65, 137)
- 1308-4 Physical limitations and their effects on ranges of work, operating policy (POMS DI 25020.005A)
- 1308-4A How use of cane affects range of possible work (POMS DI 25020.005, 25015.020B.7; SSR 96-9p)
- 1308-4B The effect of climbing and balancing on work (POMS DI 25020.005, 25001.000B.3)
- 1308-4C The effect of loss of use of an upper extremity (POMS DI 25020.005)
- 1308-5 Nonexertional and exertional limitations compared (20 CFR 416.969)
- 1308-6 Signs and laboratory findings distinguished from symptoms (POMS DI 24501.020A and B)
- 1308-7 "Acceptable sources" and "other sources" (20 CFR 416.913(a), (e))
- 1308-8 What medical reports include (20 CFR 416.913(b))
- 1308-9 "Treating source" distinguished from "consulting source" (POMS DI 22505.001B.)
- 1308-10 Definition of source of record (POMS DI 22505.001B.)
- 1310-1 Sequential evaluation process (SSR 86-8)
- 1310-2 Only issues before the federal ALJ are those not previously resolved in the applicant's favor, or when the ALJ notifies the applicant that he/she has rejected the favorable finding (20 CFR 416.1446(a))
- 1310-3 Person with earned income under 250% of FPL may qualify for Medi-Cal as disabled person even if income exceeds SGA limit (ACWDL 02-40)

Sequential Evaluation

- 1311-1 Eligibility for Medi-Cal for severely impaired working individuals (Social Security Act, Title XVI, 1619(b); ACWDL 97-27)
- 1311-2 If performing SGA, then not disabled (20 CFR 416.920)
- 1311-2A Person with earned income under 250% of FPL may qualify for Medi-Cal as disabled person even if income exceeds SGA limit (ACWDL 02-40)
- 1311-3 SGA is both substantial and gainful (20 CFR 416.972)
- 1311-4 Basis for determining whether earnings are SGA (POMS-DI 10505.001A.)
- 1311-5 Dollar amounts that equal SGA \$830 as of 1/05, \$860 as of 1/06, and \$900 as of 1/07 (20 CFR 416.974(b); ACWDL 04-40; 05-42, 06-34; MEPM 22C-2.1)
- 1311-5A No dollar limit for Title XVI blind individuals for SGA purposes, only for Title II people (POMS DI 24001.025.B.3)
- 1311-5B SGA rules do not apply to certain legally blind persons, disabled Medi-Cal beneficiaries who return to work and 250% program applicants (ACWDL 04-40)
- 1311-6 SGA presumed if earnings over statutory minimum, but presumption is rebuttable (*Keys v. Sullivan*; *Katz v. Secretary of HHS*)

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- 1311-7 Determination of whether the self-employed person is engaging in SGA (20 CFR 416.975(a))
- 1311-8 Unsuccessful work attempt does not show ability to do SGA (20 CFR 416.974(a) and 416.975(a); POMS DI 10505.001C.)
- 1311-9 In determining whether illegal activity is SGA, the activity must involve significant mental or physical activity and be the kind of work done for pay or profit (SSR 94-1c; *Dotson v. Shalala*)
- 1311-10 Illegal activity is not SGA when it involves a minimal amount of time and does not require significant mental or physical exertion (*Corrao v. Shalala*)
- 1311-11 SGA occurs when claimant earns more than \$500 monthly by selling heroin or working as a prostitute (*Hart v. Sullivan*; *Speaks v. Secretary of HHS*)
- 1312-1 When impairments are severe v. nonsevere, general (POMS DI 22001.015)
- 1312-2 Evaluation of medical impairments that are not severe (POMS DI 24505.005)
- 1312-3 Duration of disability, including concurrent or combined impairments (POMS DI 25505.001)
- 1312-4 Duration of disability (POMS-DI 25505.010)
- 1312-5 Method of projecting the RFC 12 months from onset (POMS-DI 24510.020B.)
- 1312-6 Symptoms require objective medical signs and findings; evaluation of pain (20 CFR 416.929)
- 1313-1 Federal ALJ must obtain medical expert's opinion re: equivalency (SSR 96-6p; POMS DI 24515.013C.1)
- 1313-2 ALJ erred in determining claimant could do past work when the ALJ failed to find claimant's impairment did not meet or equal a listing (*Fanning v. Bowen*)
- 1313-3 Disability for unskilled workers who performed arduous work for 35 years (20 CFR 416.962; POMS DI 25010.001B.1)
- 1313-4 Disability for severely impaired, no PRW, age 55 plus, limited education or less (POMS DI 24510.006B.2)
- 1313-5 Inability to obtain a suitable prosthesis means that applicant satisfies Listing 1.10 (*Gamble v. Chater*)
- 1313-6 Evaluate B criteria for psychiatric listings based on combined mental and physical impairments (*Lester v. Chater*)
- 1313-7 Medical equivalence must be based on medical evidence only (20 CFR 416.926.(a)-(d))
- 1314-1 Less than full range of sedentary work (20 CFR Part 404, Subpart P, App. 2, 201.00(h); *Gonzales v. Secretary*)
- 1314-2 Younger individuals who are sedentary or less than sedentary may be considered disabled (20 CFR Part 404, Subpart P, App. 2, 201.00(h))
- 1314-3 Less than sedentary finding does not automatically establish disability finding, but adjudicator must give examples of jobs claimant can do (SSR 96-9p; POMS DI 25015.020B.3)
- 1314-4 Effect of exertional limitations on less than sedentary individuals (POMS DI 25015.020B.6.; SSR 96-9p)
- 1314-5 Effects of nonexertional impairments, excluding mental limitations, on less than sedentary individuals (POMS DI 25015.020B.7; SSR 96-9p)

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- 1314-6 Effects of mental limitations on unskilled sedentary work (POMS DI 25020.010A.3; SSR 96-9p)
- 1314-7 Lack of bilateral manual dexterity reduces RFC to less than sedentary (Fife v. Heckler)
- 1314-8 Effect of environmental limitations on ability to work (POMS DI 25020.015)
- 1314-9 Criteria in Ruling used to determine RFC (SSR 96-8p, 96-9p; POMS DI 25015.020A.)
- 1314-10 How use of cane affects range of possible work (POMS DI 25020.005, 25015.020B.7; SSR 96-9p)
- 1314-11 The effect of climbing and balancing on work (POMS DI 25020.005, 25001.000B.3)
- 1314-12 Environmental conditions, limitations and how they erode occupational base (POMS DI 25001.001B.8, 9; 25015.020B.7; SSR 96-9p)
- 1314-13 Feeling and fingering and how they erode occupational base (POMS DI 25001.001B.14, 15; 25020.005; 25015.020B.7; SSR 96-9p)
- 1315-1 Court holds that claimant is disabled once his age increases based on prior ALJ's RFC (*Chavez v. Bowen*)
- 1315-2 Age in borderline situations (*Russell v. Bowen*; *Colvin v. Heckler*)
- 1315-3 Age as a vocational factor (POMS DI 25015.005A.)
- 1315-3A Approaching advanced age is 50-54 (POMS CI 25001.001B.1)
- 1315-3B Advanced age is 55 or over (POMS DI 25001.001B.1)
- 1315-3C Approaching retirement age is 60-64 (POMS DI 25001.001B.1)
- 1315-3D Younger individual is under 50 (POMS DI 25001.001B.1)
- 1315-4 Education as a vocational factor (POMS DI 25015.010A.)
- 1315-4A Illiteracy, inability to communicate in English as part of education (POMS DI 25001.001B.7)
- 1315-4B Limited education as part of education (POMS DI 25001.001B.7)
- 1315-4C Marginal education as part of education (POMS DI 25001.001B.7)
- 1316-1 Transferability of skills (POMS DI 25020.015A.3)
- 1316-2 Transferable skills do not include innate aptitudes or learned skills (*Renner v. Heckler*)
- 1316-3 For purposes of GRID determinations, person with skilled or semi-skilled work history, and no transferable skills, should be treated as having an unskilled work history (*Silveira and Vargas v. Apfel*)
- 1316-4 Skills as a vocational factor (POMS DI 25015.015A.)
- 1316-5 Determining skill level of PRW (POMS DI 25015.015B.)
- 1316-6 Training as a vocational factor (POMS DI 25015.015A.)
- 1316-7 SSR guidance on transferability (SSR 82-4)
- 1317-1 Person who can do past relevant work not disabled (20 CFR 416.961)
- 1317-2 Individuals are considered capable of work if jobs exist in the region where they live or in the national economy (20 CFR 416.966)
- 1317-3 Ability to perform past work in foreign country requires disability denial, even if work of that kind does not exist in U.S. (SSR 82-40; *Quang Van Han v. Bowen*)
- 1317-4 Work experience as a vocational factor (POMS DI 25015.015A.)
- 1318-1 Evaluation of speech (SSR 82-57; POMS DI 24515.015)

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- 1318-2 Noise restrictions (POMS DI 24510.050)
- 1318-3 Evaluation of hearing ability (20 CFR, Part 404, Subpart P, Appendix 1, Section 2.00(B)(1))
- 1318-4 Effects of nonexertional impairments, excluding mental limitations, on less than sedentary individuals (POMS DI 25015.020B.7; SSR 96-9p)
- 1318-4A Visual limitations and impairments and their effect on work (POMS DI 25015.020B.7, 25020.005; SSR 96-9p)
- 1318-5 Nonexertional and exertional limitations compared (20 CFR 416.969)
- 1318-6 Alternate sitting and standing (POMS-DI 25020.005; SSR 83-12)
- 1318-7 Alternate sitting and standing puts case outside the Grids (*Gallant v. Heckler*)
- 1318-8 Person unable to walk, stand or sit for one hour without pain cannot do most jobs in national economy (*Gallant v. Heckler*, *Delgado v. Heckler*)
- 1318-9 Claimant who cannot return to past work and who has significant nonexertional limitations requires VE to deny claim (*Burkhart v. Bowen*)
- 1318-9A When claimant could not perform prolonged carrying, forceful pushing and pulling, or work at or above the shoulder level, it was inappropriate for the ALJ to rely on the Grids (*Bruton v. Massanari*)
- 1318-10 Side effects of medication (*Varney v. Secretary*)
- 1318-11 Guidance when exertional capacity falls between two rules (SSR 83-12)
- 1319-1 ALJ must give clear reasons for rejecting pain testimony (*Varney v. Secretary*)
- 1319-2 Guidelines for assessing pain, fatigue, nervousness (POMS DI 24515.066A.; SSR 96-7p)
- 1319-3 Using daily activity information, medication, treatment to assess pain (POMS DI 24515.066A. and B.; SSR 96-7p)
- 1319-4 Duties of adjudicator when evaluating pain and other symptoms (POMS DI 24515.066B.; SSR 96-7p)
- 1319-5 Medical evidence of pain required, but not medical findings of severity (*Bunnell v. Sullivan*)
- 1319-6 Rejection of pain testimony based on lack of medications, testimony, medical experts, no job loss from pain (*Drouin v. Sullivan*)
- 1319-7 Pain is highly idiosyncratic (*Howard v. Heckler*)
- 1319-8 Pain testimony, when it can be rejected (*Stewart v. Sullivan*, *Fair v. Bowen*)
- 1320-1 Medical opinions and opinions from other sources (POMS DI 24515.002A.)
- 1320-2 Weight to be given to treating source's opinion (POMS DI 24515.003A.)
- 1320-3 State agency medical opinions may sometimes be given more weight than that of treating physicians (20 CFR 416.927(f); SSR 96-6p; POMS DI 24515.003, 24515.013B.)
- 1320-4 ALJ cannot reject treating physician's opinions unless there are clear and convincing reasons to do so (*Montijo v. Secretary of HHS*)
- 1320-5 ALJ should rely on treating physician, not consultant (*Sprague v. Bowen*, *Murray v. Heckler*)
- 1320-6 ALJ must accept treating physician's opinion in the absence of clear and convincing reasons to reject it (*Davis v. Heckler*; *Lester v. Chater*; *Magallanes v. Bowen*; *Morgan v. Commissioner*)

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- 1320-7 Evaluating medical source opinions on meeting or equaling a listing, RFC assessments, whether a person is disabled (SSR 96-5p; POMS DI 24515.009B.)
- 1320-8 Acceptable medical and other sources (20 CFR 416.913(a), (e))
- 1320-9 Federal ALJ must give great weight to VA determination of disability (*McCartey v. Massanari*)
- 1321-1 Consultation of sources or VEs; effect of VE's evidence and right of claimant to review VE reports or testimony (POMS DI 25015.020B.8)
- 1321-2 Claimant who cannot return to past work and who has significant nonexertional limitations requires VE to deny claim (*Burkhart v. Bowen*)
- 1321-3 Hypothetical to VE that does not reflect all claimant's limitations cannot support a finding (*Delorme v. Sullivan*; *Matthews v. Shalala*; *Light v. Social Security Administration*)
- 1321-4 ALJ erred in drawing vocational conclusions without testimony or evidence from VE (*Burkhart v. Bowen*)
- 1321-5 Ability to do other work (SSR 83-12)
- 1321-6 Ruling on combination of exertional/nonexertional components (SSR 83-14)
- 1322-1 SSI/SSP is a PA program, and retroactive coverage may be available for one year prior to request month (50148, 50078; ACWDL 95-81)
- 1322-2 Onset dates, nontraumatic origin (POMS DI 25501.015)
- 1322-2A Onset dates per Ruling (SSR 83-20)
- 1322-3 Onset, earlier than medical exams (*Villa v. Heckler*)
- 1323-1 Medical improvement (20 CFR 416.994)
- 1323-2 Continuing disability review generally after 3 years unless shorter or longer diary set (20 CFR 416.990; POMS DI 26525.001 and .005)
- 1323-3 Effect of deletion of Listing 9.09 on ongoing claims (SSR 00-3p; POMS DI 24570.001B.)

Listing of Impairments

- 1331-1 1.00 Musculoskeletal System
- 1331-3 1.02 Major dysfunction of a joint(s) (due to any cause)
- 1331-4 1.03 Reconstructive surgery or surgical arthrodesis of a major weight-bearing joint
- 1331-5 1.04 Disorders of the spine
- 1331-6 1.05 Amputation (due to any cause)
- 1331-7 1.06 Fracture of the femur, tibia, pelvis, or one or more of the tarsal bones
- 1331-8 1.07 Fracture of an upper extremity
- 1331-9 1.08 Soft tissue injury (e.g., burns)
- 1331-12 1.10 Amputation of one lower extremity (at or above the tarsal region)
- 1331-13 1.11 Fracture of the femur, tibia, tarsal bone of pelvis
- 1331-14 1.12 Fracture of an upper extremity
- 1331-15 1.13 Soft tissue injuries of an upper or lower extremity
- 1331-16 Inability to obtain a suitable prosthesis means that applicant satisfies Listing 1.10 (*Gamble v. Chater*)

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- 1331-17 AR on availability of prosthesis when lower extremity above tarsal region is amputated (AR 97-2(9); POMS DI 52703.001B.)
- 1331-18 Loss of use of an upper extremity (SSR 83-12)
- 1332-1 2.00 Special Senses and Speech
- 1332-3 2.02 Impairment of central visual acuity
- 1332-4 2.03 Contraction of peripheral visual fields in the better eye
- 1332-5 2.04 Loss of visual efficiency
- 1332-6 2.05 Complete homonymous hemianopsia (with or without macular sparing)
- 1332-7 2.06 Total bilateral ophthalmoplegia
- 1332-8 2.07 Disturbances of labyrinthine-vestibular function (including Meniere's disease)
- 1332-9 2.08 Hearing impairments
- 1332-10 2.09 Organic loss of speech
- 1332-11 Evaluation of hearing ability (20 CFR, Part 404, Subpart P, Appendix 1, Section 2.00(B)(1))
- 1332-12 Evaluation of speech (SSR 82-57; POMS DI 24515.015)
- 1333-1 3.00 Respiratory System
- 1333-3 3.02 Chronic Pulmonary Insufficiency
- 1333-4 3.03 Asthma
- 1333-5 3.04 Cystic fibrosis
- 1333-7 3.06 Pneumoconiosis
- 1333-8 3.07 Bronchiectasis
- 1333-9 3.08 Mycobacterial, mycotic, and other chronic persistent infections of the lungs
- 1333-10 3.09 Cor pulmonale secondary to chronic pulmonary vascular hypertension
- 1333-11 3.10 Sleep-related breathing disorders
- 1334-1 4.00 Cardiovascular System
- 1334-2 4.02 Chronic heart failure
- 1334-3 4.03 Hypertensive cardiovascular disease
- 1334-4 4.04 Ischemic heart disease
- 1334-5 4.05 Recurrent arrhythmias
- 1334-6 4.06 Symptomatic congenital heart disease
- 1334-7 4.07 Valvular heart disease or other stenotic defects, or valvular regurgitation
- 1334-8 4.08 Cardiomyopathies
- 1334-9 4.09 Cardiac transplantation
- 1334-10 4.10 Aneurysm of aorta or major branches
- 1334-11 4.11 Chronic venous insufficiency
- 1334-12 4.12 Peripheral arterial disease
- 1335-1 5.00 Digestive System
- 1335-2 5.02 Recurrent upper gastrointestinal hemorrhage from undetermined cause
- 1335-3 5.03 Stricture, stenosis, or obstruction of the esophagus (demonstrated by X-ray or endoscopy)
- 1335-4 5.04 Peptic ulcer disease (demonstrated by X-ray or endoscopy)
- 1335-5 5.05 Chronic liver disease (e.g., portal, postnecrotic, or biliary cirrhosis; chronic active Hepatitis; Wilson's disease)

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- 1335-6 5.06 Chronic ulcerative or granulomatous colitis (demonstrated endoscopy, barium enema, biopsy, or operative findings)
- 1335-7 5.07 Regional enteritis (demonstrated by operative findings, barium studies, biopsy, or endoscopy)
- 1335-8 5.08 Weight loss due to any persisting gastrointestinal disorder
- 1336-1 6.00 Genito-Urinary System
- 1336-2 6.02 Impairment of renal function
- 1336-6 6.06 Nephrotic syndrome, with significant anasarca, persistent for at least 3 months despite prescribed therapy
- 1337-1 7.00 Hemic and Lymphatic System
- 1337-2 7.02 Chronic anemia
- 1337-5 7.05 Sickle cell disease or one of its variants
- 1337-6 7.06 Chronic thrombocytopenia
- 1337-7 7.07 Hereditary telangiectasia
- 1337-8 7.08 Coagulation defects
- 1337-9 7.09 Polycythemia vera
- 1337-10 7.10 Myelofibrosis
- 1337-11 7.11 Acute leukemia
- 1337-12 7.12 Chronic leukemia
- 1337-13 7.13 Lymphomas
- 1337-14 7.14 Macroglobulinemia or heavy chain disease
- 1337-15 7.15 Chronic granulocytopenia
- 1337-16 7.16 Myeloma
- 1337-17 7.17 Aplastic anemias or hematologic malignancies
- 1338-1 8.00 Skin
- 1338-2 8.02 Exfoliative dermatitis, ichthyosis, ichthyosiform erythroderma
- 1338-3 8.03 Pemphigus, erythema multiforme bullosum, bullous pemphigoid, dermatitis herpetiformis
- 1338-4 8.04 Deep mycotic infections
- 1338-5 8.05 Psoriasis, atopic dermatitis, dyshidrosis
- 1338-6 8.06 Hidradenitis suppurative, acne conglobata
- 1339-1 9.00 Endocrine System
- 1339-2 9.02 Thyroid Disorders
- 1339-3 9.03 Hyperparathyroidism
- 1339-4 9.04 Hypoparathyroidism
- 1339-5 9.05 Neurohypophyseal insufficiency
- 1339-6 9.06 Hyperfunction of the adrenal cortex
- 1339-8 9.08 Diabetes mellitus
- 1339-9A How obesity is evaluated (SSR 00-3p; POMS DI 24570.001)
- 1339-9B Obesity Listing 9.09, deleted 10/25/99, cannot be used to decide claims pending on that date (SSR 00-3p; POMS DI 24570.001B.(10))
- 1339-9C Evaluation of whether or not the individual is following prescribed treatment, particularly regarding obesity (SSR 00-03p; POMS DI 24570.001B.)
- 1339-9D Effect of deletion of Listing 9.09 on ongoing claims (SSR 00-3p; POMS DI 24570.001B.)

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- 1339-10 Losing weight is not equivalent to taking pills or following prescriptions. Losing weight in the past does not show obesity is remediable (*Hammock v. Bowen; Dodrill v. Shalala*)
- 1340-1 10.00 Multiple Body Systems
- 1340-2 10.01 Category Impairments/Multiple Body Systems
- 1340-3 10.06 Down syndrome
- 1341-1 11.00 Neurological
- 1341-2 11.02 Epilepsy--major motor seizures (grand mal or psychomotor)
- 1341-3 11.03 Epilepsy--minor motor seizures (petit mal, psychomotor, or focal)
- 1341-4 11.04 Central nervous system vascular accident
- 1341-5 11.05 Brain tumors
- 1341-6 11.06 Parkinsonian syndrome
- 1341-7 11.07 Cerebral palsy
- 1341-8 11.08 Spinal cord or nerve root lesions
- 1341-9 11.09 Multiple sclerosis
- 1341-10 11.10 Amyotrophic lateral sclerosis
- 1341-11 11.11 Anterior poliomyelitis
- 1341-12 11.12 Myasthenia gravis
- 1341-13 11.13 Muscular dystrophy
- 1341-14 11.14 Peripheral neuropathies
- 1341-15 11.15 Tabes dorsalis
- 1341-16 11.16 Subacute combined cord degeneration (pernicious anemia)
- 1341-17 11.17 Degenerative disease not elsewhere such as Huntington's chorea, Friedreich's ataxia, and spino-cerebellar degeneration
- 1341-18 11.18 Cerebral trauma
- 1341-19 11.19 Syringomyelia
- 1342-1 12.00 Mental Disorders
- 1342-2 12.02 Organic Mental Disorders
- 1342-3 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
- 1342-4 12.04 Affective Disorders
- 1342-5 12.05 Mental Retardation
- 1342-6 12.06 Anxiety Related Disorders
- 1342-7 12.07 Somatoform Disorders
- 1342-8 12.08 Personality Disorders
- 1342-9 12.09 Substance Addiction Disorders
- 1342-10 12.10 Autistic disorder and other pervasive developmental disorders
- 1342-11 RFC necessary if mental impairment does not meet listing (20 CFR 416.920(c)(3))
- 1342-12 Evaluate B criteria for psychiatric listings based on combined mental and physical impairments (*Lester v. Chater*)
- 1342-13 Effects of mental limitations on unskilled sedentary work (POMS DI 25020.010A.3; SSR 96-9p)
- 1342-14 RFC in mental impairment cases (20 CFR 416.920a(c)(3); POMS DI 25020.010)
- 1342-15 Interpretation of Listing 12.03(C) (*Esselstrom v. Chater*)

ParaReg Headnotes

1300-1399 Disability

- 1342-16 Lack of treatment for mental complaints does not establish that claimant does not have a disabling medical condition (*Regennitter v. Commissioner*)
- 1342-17 Sedentary individual with mental limitations or restrictions (SSR 96-9p; POMS DI 25015.020B.)
- 1342-18 Lay evidence may be used in SSI determinations to establish medical equivalence under Listing 12.04B. (*Schneider v. Commissioner*)
- 1343-1 13.00 Neoplastic Diseases--Malignant
- 1343-2 13.02 Head and neck
- 1343-3 13.03 Sarcoma of skin
- 1343-4 13.04 Sarcoma of soft parts
- 1343-5 13.05 Malignant melanoma
- 1343-6 13.06 Lymph nodes
- 1343-7 13.07 Salivary glands
- 1343-8 13.08 Thyroid gland
- 1343-9 13.09 Breast
- 1343-10 13.10 Skeletal system (exclusive of the jaw)
- 1343-11 13.11 Mandible, maxilla, orbit, or temporal fossa
- 1343-12 13.12 Brain or spinal cord
- 1343-13 13.13 Lungs
- 1343-14 13.14 Pleura or mediastinum
- 1343-15 13.15 Abdomen
- 1343-16 13.16 Esophagus or stomach
- 1343-17 13.17 Small intestine
- 1343-18 13.18 Large intestine
- 1343-19 13.19 Liver or gallbladder
- 1343-20 13.20 Pancreas
- 1343-21 13.21 Kidneys, adrenal glands, or ureters--carcinoma
- 1343-22 13.22 Urinary bladder--carcinoma
- 1343-23 13.23 Prostate gland
- 1343-24 13.24 Testicles
- 1343-25 13.25 Uterus
- 1343-26 13.26 Ovaries
- 1343-27 13.27 Leukemia
- 1343-28 13.28 Uterine (Fallopian) tubes--carcinoma or sarcoma
- 1343-29 13.29 Penis--carcinoma with metastases to regional lymph nodes
- 1343-30 13.30 Vulval--carcinoma, with distant metastases
- 1344-1 14.00 Immune System
- 1344-2 14.02 Systemic lupus erythematosus
- 1344-3 14.03 Systemic vasculitis
- 1344-4 14.04 Systemic sclerosis and scleroderma
- 1344-5 14.05 Polymyositis or dermatomyositis
- 1344-6 14.06 Undifferentiated connective tissue disorder
- 1344-7 14.07 Immunoglobulin deficiency syndromes or deficiencies of cell-mediated immunity, excepting HIV infection
- 1344-9 Definitions, Symptomatic and Asymptomatic HIV infections (POMS DI 24595.015)

ParaReg Headnotes

1300-1399 Disability

- 1344-10 Evaluation of HIV infection (POMS DI 24525)
- 1344-11 HIV conditions which equal listings (SSR 91-8p)
- 1344-12 Special evaluation for women with HIV infection (POMS DI 24525.015)
- 1344-13 Chronic fatigue syndrome has no diagnostic criteria, and no specific treatment (POMS DI 24575.005)
- 1344-14 Case criteria for chronic fatigue syndrome (Directions in Psychiatry, Vol. 12, Section 15)
- 1344-15 Ruling on CFS, which sets policy but is not a Listing (SSR 99-2p; POMS DI 24515.075B.)
- 1344-16 14.08 Human immunodeficiency virus (HIV) infection
- 1345-1 Evaluation of alcoholism (POMS DI 24515.045)
- 1345-2 Determining whether DAA affects eligibility for disability benefits (PL 104-121, 105; POMS DI 90070.050A.-C.)
- 1345-3 When DAA is "material" to a finding of disability (POMS DI 90070.050D.3)
- 1345-4 Alcoholism not per se disabling, but it can constitute a disability if it is uncontrollable (*Clem v. Sullivan*; *Cooper v. Bowen*; *Brown v. Heckler*)
- 1345-5 Alcohol dependence (*Merck Manual*, Chapter 65, 137)
- 1345-6 Federal ALJ must go through five-step disability evaluation process before determining whether drug or alcohol use is relevant to the disability determination (*Bustamante v. Massanari*; 20 CFR 416.935)