

Social Security Disability Benefits for People Living with Multiple Sclerosis

A GUIDE FOR PROFESSIONALS



**National
Multiple Sclerosis
Society**

Purpose of this Guidebook

If you have patients with multiple sclerosis who have become too disabled to seek or maintain gainful employment, they could be eligible for Social Security disability benefits.

This resource book

includes a brief summary of the application process, template letters to SSA, a Disability Evaluation Checklist, a Summary of SSA Criteria for Evaluating MS, and a glossary. It is designed to facilitate discussion with your patient about the process and help document their eligibility.

The National Multiple Sclerosis Society recommends that people living with MS work closely with their healthcare professional(s) to provide evidence of their disability when applying for Social Security disability benefits. The more engaged health professionals are in the process, the more likely that the applicants will be approved for benefits they deserve. Even individuals with MS who are able to continue working could benefit from preliminary discussions about disability benefits.

A similar resource and several application worksheets are available for patient use at www.nationalMSSociety.org/SSDI. If you have additional questions, contact the National MS Society at 1-800-344-4867. Or contact SSA at 1-800-772-1213 or online at www.ssa.gov/disability.

Appeal Delay Can be Long for People with MS

It will be important to help your patient file a thorough and well-documented application the first time and avoid the lengthy appeals process. This resource book can help.

Sometimes people can have two or three denials before acceptance. Others might give up after numerous attempts.

Table of Contents

How SSA Considers Multiple Sclerosis	3
When SSA Might Request Information from You	4
What SSA will Need from You	4
When Your Patient Might Come to You	7
What Your Patient will Need from You	7
Social Security Disability Benefits Programs	8

Appendices

A. Disability Evaluation Checklist	10
B. Summary of SSA Criteria for Evaluating Impairments Caused by Multiple Sclerosis	15
C. Glossary of Terms	20
D. Physician's Medical Source Statement (template letter)	25
E. Psychologist's Medical Source Statement (template letter)	27

How SSA Considers Multiple Sclerosis

The Social Security Administration (SSA) has identified multiple sclerosis as a chronic condition or “impairment” that could cause disability severe enough to prevent a person from working and therefore could qualify him or her for disability benefits through **Social Security Disability Insurance (SSDI)** or **Supplemental Security Income (SSI)**.

The SSA has established criteria in four specific areas of functioning to determine whether an individual’s MS-related impairments are severe enough to qualify him or her as “disabled.” To support a person’s application for disability benefits, healthcare professional(s) should provide the SSA with medical evidence of the individual’s condition.

Your medical evidence should refer directly to the criteria in these four areas:

- Disorganization of motor function
- Visual impairment
- Mental impairment
- Fatigue

Use the **Disability Evaluation Checklist** in this guide to facilitate a doctor-patient discussion of MS-specific disability criteria and the Social Security disability application process. Use the **Summary of SSA Criteria for Evaluating Impairments Caused by Multiple Sclerosis** to evaluate the individual’s condition and document their medical evidence in support of the criteria.

If an individual does not meet the criteria in at least one of the four areas, SSA will assess the applicant’s “residual functional capacity” (RFC). That means SSA will look at all of the evidence that is submitted and determine what the person with MS can still do — despite any limitations caused by MS and related symptoms, such as pain and fatigue. The RFC procedure can be daunting and is SSA’s effort to

determine how much someone can perform various physical activities and cognitive exercises, and how a person can tolerate certain environmental conditions.

When SSA Might Request Information from You

The **Disability Determination Service (DDS)** is a state agency in charge of making the SSA medical decision as to whether the applicant is entitled to SSDI benefits. Its decision is based on the information you provide and the patient's application — which means that your medical evidence and documentation could mean the difference between approval and denial.

At this point, DDS submits its decision to SSA and SSA makes its disability and benefits determination.

What SSA will Need from You

An effective SSDI application will benefit from a few vital pieces of information from you. The SSA could ask you for:

1. Medical Records

- Provide your patient's records, relevant case notes, and other medical evidence that fully documents your patient's condition(s). Include all

Working with SSA Can Help Avoid an Appeal

Your prompt response to SSA requests for information can help ensure speedy processing of your patient's claim.

The appeals process is long and complex — it can take years in many cases. A person who is unemployed could be without income or insurance coverage during this process. Filing a proper application the first time can save you and your patient the aggravation of an appeal.

documents and resources that support their MS diagnosis and show how MS-related impairments result in your patient's inability to work and impact major life activities.

- Use the **Disability Evaluation Checklist** to help organize your patient's medical records and review the criteria with your patient. A complete record will increase your patient's chances of receiving benefits.
- Document all medical conditions. If your patient does not meet the disability criteria under any one of the four impairments recognized by SSA, he or she might still be eligible due to the combined effects of several MS-related impairments. Or he or she might become eligible in the future.
- Include all mental health records. Mental health professionals might be reluctant to release records, but mental impairments are common and often overlooked reasons why a patient cannot work. If you are a treating psychologist or psychiatrist, consider writing a detailed summary evaluating the patient's mental health condition as it relates to his or her capacity to work.

2. Medical Source Statement (MSS)

When applying for SSDI, a patient's medical records should be accompanied by a medical source statement (or MSS) in the form of a letter from his or her licensed medical practitioner. Your letter should describe the conditions and their impact on the individual's ability to be gainfully employed and to perform major life activities.

Refer to the **Four Criteria under the SSA's MS Listing of Impairments** and try to use some of this language in describing the individual's condition:

- Disorganization of motor function
- Visual impairment
- Mental impairment
- Fatigue

The use of this language will help eliminate any ambiguities when SSA reviews the letter. You can use the **examples of the Medical Source Statement letters provided here** as a guide. Your MSS should be a thorough and persuasive letter to SSA that describes ALL the following:

- The patient's MS diagnosis.
- The onset and progression of the MS and related disabilities.
- The severity of the disabilities caused by MS.
- The medical treatments the patient is receiving and has received for MS and related impairments.
- How medical treatments affect his or her impairments and related negative side effects.
- Proof that, despite these treatments, the person's disability is permanent or will last at least 12 months.
- Evidence that the patient has become more sick or disabled due to their MS over time.
- Evidence that the person cannot work at any job due to MS-related impairments.

Send the MSS letter and the medical records together to the DDS representative.

3. Consultative Examination (CE)

In some cases (e.g., insufficient or conflicting evidence in the claimant's medical records), SSA Disability Determination Service (DDS) or other adjudicator might order a follow-up (medical or psychological) exam called a **Consultative Examination**. SSA might ask you to perform the CE, or they might ask the patient to visit another healthcare provider for the exam. Providing thorough and complete information on the individual's condition and records at the outset is the best way to avoid the need for a CE.

When Your Patient Might Come to You

The National MS Society advises any person who is considering applying for Social Security disability benefits to discuss the application process with his or her healthcare professional(s) and begin gathering the necessary medical records and relevant documentation. **The applicant will need your help to provide a medical history and evidence of disability.** Medical evidence is critical to proving to SSA that the individual has a disability and is unable to work.

What Your Patient Will Need from You

In applying for Social Security disability benefits, a person living with MS will rely on you and other healthcare professionals for medical evidence of his or her disability. **The person might request the following:**

- A complete copy of his or her official medical records.
- A Medical Source Statement (MSS) letter for SSA detailing the condition(s) and impairments that prevent him or her from working.
- Your review of any medical information that he or she might have compiled independently.

To assist your patient through the SSDI process, you might want to:

- Suggest that your patient schedule an appointment with you or your staff to discuss the application process for SSDI benefits and review the criteria for each of the identified impairments.
- Designate someone in your office to be the patient's point-of-contact for accumulating appropriate evidence.

- Encourage your patient to maintain a symptom diary for several weeks, detailing the frequency, severity, and duration of each symptom, as well as its impact on his or her impairments and ability to work. The diary will assist your efforts to document these factors.
- Encourage your patient to keep a file of copies of all relevant documentation, medical records, and other information related to the application process.

Social Security Disability Benefit Programs

Social Security Disability Insurance (SSDI)

SSDI is a federal insurance program. It is not a welfare program, because individuals pay into the system through taxes withheld from their paycheck. SSDI provides cash benefits to replace some of the income that a person living with MS might no longer earn due to disability. It can give people living with MS the resources they need to remain active and involved in their community.

SSDI vs. SSI

While SSDI and SSI provide different benefits, **the Social Security Administration uses the same disability determination process for both.** Your patient can even qualify for both at the same time.

To be eligible for SSDI benefits, a person living with MS must:

- Have worked and paid enough Social Security taxes (FICA).
- Have a severe disability that is caused by disease or injury severe enough to prevent them from *working at any job*.

- Have a severe disability that is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 12 months.

For more information on SSDI, visit: www.ssa.gov/dibplan.

Supplemental Security Income (SSI)

SSI is an SSA program similar to SSDI, but it provides cash benefits to assist people who are very poor, elderly, blind, and/or disabled who have limited means.

To be eligible for SSI benefits, an individual must:

- Have a severe disability that is caused by disease or injury severe enough to prevent them from *working at any job*.
- Have a severe disability that is expected to result in death or has lasted, or is expected to last, for a continuous period of at least 12 months.
- Have limited income and assets low enough to meet certain thresholds.

Unlike SSDI, an individual does not need a work history to qualify, but must have very little or no income and resources.

For more information on SSI, visit: www.ssa.gov/ssi.

APPENDIX A: Disability Evaluation Checklist for Patients with Multiple Sclerosis (11.09)

Use this checklist to facilitate doctor-patient discussion of MS-specific disability criteria and the SSDI application process. The numbers in parentheses refer to specific sections in the SSA criteria for evaluating disability (*Blue Book*). Space is provided for you to document the date(s) and findings of relevant examinations and/or tests.



Disorganization of motor function (11.04B and 11.00C)

Symptoms:

Neurologic exam:

Date: _____

Relevant findings:

Additional tests, if any:

Date(s): _____

Relevant findings:

AND/OR

Visual Impairment (2.02, 2.03, and 2.04)

- Visual acuity (2.02)** — The remaining visual acuity for distance of the better eye with best correction based on the Snellen test chart measurement.
- Field of vision (2.03)** — Impairment of peripheral vision.
- Visual efficiency (2.04)** — The visual efficiency of the better eye after best correction is 20 percent or less.

Symptoms:

Neurologic exam:

Date: _____

Relevant findings:

Additional tests, if any:

Date(s): _____

Relevant findings:

AND/OR

Mental impairment (12.01)

Requires the following:

- Documentation of medically determinable impairment(s).
- Consideration of the degree of limitation such impairment(s) may impose on individual's ability to work.
- Consideration of whether these limitations have lasted or are expected to last for a continuous period of at least 12 months.
- The requisite level of severity is met with the following findings:

A. Demonstration of a loss of specific cognitive abilities and the medically documented persistence of **at least one of the following**:

- Disorientation to time and place.
- Memory impairment — short, intermediate, or long-term.
- Perceptual or thinking disturbances.
- Change in personality.
- Disturbance in mood.
- Emotional lability.
- Loss of measured intellectual ability (*at least 15 IQ points*) from pre-morbid levels or overall impairment index clearly within severely impaired range.

B. Resulting in **at least two (2)** of the following:

- Marked restriction of activities of daily living.
- Marked difficulties in maintaining social functioning.
- Marked difficulties in maintaining concentration, persistence, or pace.
- Repeated episodes of decompensation.

Symptoms:

Neurologic exam:

Date: _____

Relevant findings:

Neuropsychological and/or psychiatric exam:

Date: _____

Relevant findings:

AND/OR

Significant, reproducible fatigue of motor function (11.09)

Requires the following:

- Documentation of diagnosis of multiple sclerosis.
- A description of fatigue considered to be characteristic of multiple sclerosis (e.g., "A subjective lack of physical and/or mental energy that is perceived by the individual or caregiver to interfere with usual and desired activities").
- Evidence that the system has actually become fatigued (taking into account the degree of exercise and the severity of the resulting muscle weakness).

Symptoms:

Neurologic exam:

Date: _____

Relevant findings:

Additional tests, if any:

Date(s): _____

Relevant findings:

¹ Multiple Sclerosis Council for Clinical Practice Guidelines. *Fatigue and Multiple Sclerosis: Evidence Based Management Strategies for Fatigue in Multiple Sclerosis*, 1998.

APPENDIX B:

Summary of SSA Criteria for Evaluating Impairments Caused by Multiple Sclerosis

Disability Evaluation under Social Security (Blue Book)
SSA Publication No. 64-039 (January 2003)

www.ssa.gov/disability/professionals/bluebook

The major criteria for evaluating impairment caused by multiple sclerosis are discussed in Listing 11.09 of the *Blue Book*. A person with a confirmed and documented diagnosis of multiple sclerosis who meets the criteria in *any of the following four areas* (motor function, visual impairment, mental impairment, fatigue) qualifies as *disabled*. Any letter or form completed by a physician or psychologist in support of a person's disability claim should, if possible, refer specifically (including section number) to one or more of these areas of function:

I. Disorganization of motor function as described in sections 11.04B and 11.00C:

11.04B — *Significant and persistent disorganization of motor function in two extremities, resulting in sustained disturbance of gross and dexterous movements, or gait and station.*

11.00C — *Persistent disorganization of motor function in the form of paresis or paralysis, tremor or other involuntary movements, ataxia and sensory disturbances (any or all of which may be due to cerebral, cerebellar, brain stem, spinal cord, or peripheral nerve dysfunction) which occur singly or in various combinations, frequently provides the sole or partial basis for decision in cases of neurological impairment. The assessment of impairment depends on the degree of interference with locomotion and or interference with the use of fingers, hands and arms.*

II. Visual or mental impairment as described under the criteria in 2.02, 2.03, and 2.04:

Sensory abnormalities may occur, particularly involving central visual acuity. The decrease in visual acuity may occur after brief attempts at activity involving near vision, such as reading. This decrease in visual acuity may not persist when the specific activity is terminated, as with rest, but is predictably reproduced with resumption of the activity. The impairment of central visual acuity in these cases should be evaluated under the criteria in Listing 2.02, taking into account the fact that the decrease in visual acuity will wax and wane.

Clarification of the evidence regarding central nervous system dysfunction responsible for the symptoms may require supporting technical evidence of functional impairment such as evoked response tests during exercise.

2.02 — *Visual acuity* — A loss of visual acuity may be caused by impaired distant vision or near vision, or both. However, for you to meet the level of severity described in 2.02 and 2.04, only the remaining visual acuity for distance of the better eye with best correction based on the Snellen test chart measurement may be used. Correction obtained by special visual aids (e.g. contact lenses) will be considered if the individual has the ability to wear such aids.

2.03 — *Field of vision* — Impairment of peripheral vision may result if there is contraction of the visual fields. The contraction may be either symmetrical or irregular. The extent of the remaining peripheral visual field will be determined by usual perimetric methods at a distance of 330mm under illumination of not less than 7-foot candles. For the phakic eye (the eye with a lens), a 3mm white disc target will be used, and for the aphakic eye (the eye without a lens), a 6mm white disc target will be used. In neither instance should corrective spectacle lenses be worn during the examination but if they have been used, this fact must be stated.

Measurements obtained on comparable perimetric devices may be used; this does not include the use of tangent screen measurements. For measurements obtained using the Goldmann perimeter, the object size designation III and the illumination designation 4 should be used for the phakic eye, and the object size designation IV and illumination designation 4 for the aphakic eye. Field measurements must be accompanied by notated field charts, a description of the type and size of the target and the test distance. Tangent screen visual fields are not acceptable as a measurement of peripheral field loss. Where the loss is predominantly in the lower visual fields, a system such as the weighted grid scale for perimetric fields as described by B. Esterman (see *Grid for Scoring Visual Fields, II. Perimeter, Archives of Ophthalmology, 79:400, 1968*) may be used for determining whether the visual field loss is comparable to that described in Table 2.

2.04 — *Loss of visual efficiency* — The visual efficiency of the better eye after best correction is 20 percent or less. (The percent of remaining visual efficiency is equal to the product of the percent of remaining visual acuity efficiency and the percent of remaining visual field efficiency.)

III. Mental Impairment as described under the criteria in 12.02:

The evaluation of disability on the basis of mental disorders requires documentation of a medically determinable impairment(s), consideration of the degree of limitation such impairment(s) may impose on the individual's ability to work, and consideration of whether these limitations have lasted or are expected to last for a continuous period of at least 12 months.

12.02 — *Organic mental disorders* — Psychological or behavioral abnormalities associated with a dysfunction of the brain. History and physical examination or laboratory tests demonstrate the presence of a specific organic factor judged to be etiologically

related to the abnormal mental state and loss of previously acquired functional abilities.

The required level of severity for these disorders is met when the requirements in both A and B are satisfied.

A. Demonstration of a loss of specific cognitive abilities or affective changes and the medically documented persistence of at least one of the following:

1. Disorientation to time and place; or
2. Memory impairment, either short-term (inability to learn new information), intermediate, or long-term (inability to remember information that was known sometime in the past); or
3. Perceptual or thinking disturbances (e.g. hallucinations, delusions);
or
4. Change in personality; or
5. Disturbance in mood; or
6. Emotional lability (e.g., explosive temper outbursts, sudden crying, etc.) and impairment in impulse control; or
7. Loss of measured intellectual ability of at least 15 I.Q. points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., Luria-Nebraska, Halstead-Reitan, etc;

AND

B. Resulting in at least two of the following:

1. Marked restriction of activities of daily living; or
2. Marked difficulties in maintaining social functioning; or
3. Marked difficulties in maintaining concentration, persistence, or
pace; or
4. Repeated episodes of decompensation, each of extended duration

IV. Fatigue as described under the criteria in 11.09C:

Significant, reproducible fatigue of motor function with substantial muscle weakness on repetitive activity, demonstrated on physical examination, resulting from neurological dysfunction in areas of the central nervous system known to be pathologically involved by the multiple sclerosis process.

Use of the criteria in 11.09C is dependent upon (1) documenting a diagnosis of multiple sclerosis, (2) obtaining a description of fatigue considered to be characteristic of multiple sclerosis, and (3) obtaining evidence that the system has actually become fatigued. The evaluation of the magnitude of the impairment must consider the degree of exercise and the severity of the resulting muscle weakness.

The criteria in 11.09C deal with motor abnormalities that occur on activity.

If the disorganization of motor function is present at rest, paragraph A must be used, taking into account any further increase in muscle weakness resulting from activity.

APPENDIX C: Glossary of Terms

Activities of Daily Living (ADL): Normal day-to-day household activities such as walking, transferring, bathing, going to the bathroom, eating, dressing, etc.

Administrative Law Judge (ALJ): A federal judge who makes administrative legal decisions. This is the person who hears the case at the second level of appeal for initial claims.

Appeal: A process by which a claimant who is dissatisfied with his or her disability determination can contest it. All decision notices clearly state the rights of appeal available to the claimant and include telephone numbers to call for information.

Claimant: Applicants who apply for disability are referred to as claimants by the Social Security Administration (SSA) and the Disability Determination Service (DDS).

Claims Representative: The federal employee at the local Social Security Administration field office who takes the disability application and determines whether all administrative requirements have been met.

Consultative Examination (CE): A medical or psychological examination ordered by the Disability Determination Service (DDS) or another adjudicator due to insufficient or conflicting evidence in the claimant's medical records. A CE might include specialty exams or laboratory tests.

Continuing Disability Review (CDR): A review that the Social Security Administration (SSA) conducts from time to time to determine whether an individual who has previously qualified for disability benefits continues to be disabled.

Disability: The inability to engage in any **substantial gainful activity (SGA)** due to any medically determinable physical or mental impairment. The impairment must be expected to result in death or have lasted, or be expected to last, for a continuous period of at least 12 months. A person must not only be unable to do his or her previous work, *but also be unable to engage in any other kind of work that exists in the national economy considering his or her medical condition, age, education, and work experience.* However, the worker’s medical impairment(s) must be the primary reason for his or her inability to engage in SGA.

Disability Determination Services (DDS): The state agency authorized by the Social Security Administration (SSA) to make the medical determination regarding whether or not a claimant is disabled according to SSA regulations and standards.

Disability Examiner: The state employee who is a member of a team (with a medical doctor, licensed psychologist, or other medical professional) that makes the medical determination as to whether a claimant meets the Social Security Administration (SSA) standard for disability.

Field Office: The local Social Security Administration office. The Claims Representative works at this office.

Impairment: A physical or mental condition that can be proven by medically acceptable evidence — medical signs, symptoms, and laboratory findings. Impairment can never be proven only by symptoms.

Initial Claim: A claim that is based on a new application, regardless of the level of appeal. This is contrasted with a “continuing disability review” (CDR).

Listings: SSA’s list of impairments (with specific severity criteria) that are so severe that SSA disability status is assumed or expected. The

Listings describe, for each major body system, impairments that are considered severe enough to prevent a person from doing any substantial gainful activity. If an individual has an impairment on this Listing that meets the criteria shown — or several symptoms that equal in severity to an impairment on this list — then the individual is considered disabled. *Note: MS is a chronic illness that is included as an impairment in the Listings. However, simply having a diagnosis of MS is not sufficient to meet the requirements for disability. Individuals with MS also must meet or exceed certain criteria in one or more of the specified functional areas.*

Medical Source Statement (MSS): The opinion of a licensed medical practitioner that describes what, if any, limitations the claimant’s impairments impose on his or her ability to perform work or major life activities; or, stated positively, what the claimant is able to do despite his or her impairments. For example, “My patient is able to stand and walk a total of three hours out of an eight-hour day, sit a total of three hours out of an eight-hour day, and carry five pounds occasionally.”

Residual Functional Capacity (RFC): What an individual can still do physically and mentally in a work setting despite his or her medical impairments. When a person has a severe medical impairment(s) that does not meet or equal the requirements of a Listing, SSA must go on to consider whether the person meets the complete definition of disability. First, SSA considers whether the person has the RFC to do work that he or she has done in the past 15 years. If the person does, he or she is not disabled. If the person does not, SSA considers whether he or she can do other work, considering the person’s RFC and his or her age, education, and work experience. At this last step, it is harder for younger people to qualify as disabled than for older people. Likewise, it is harder for people with useful skills and advanced education to qualify than for people with no useful skills and less education.

Social Security Disability Insurance (SSDI): A federal insurance program that provides cash assistance for individuals who have worked under Social Security long enough to have “insured status” and who are disabled. SSDI also includes disability benefits and other kinds of benefits for some family members of individuals who are insured and who have died, retired, or become disabled. Most individuals who qualify for SSDI also qualify for Medicare after they have been entitled to benefits for two years. For more information, visit: www.socialsecurity.gov/disability.

Substantial Gainful Activity (SGA): A measurement of work and wages. If you are working and engaging in SGA when you apply for benefits you cannot be found disabled. (If you already qualify for benefits, you might be able to return to work without losing benefits, at least for a time. See: www.socialsecurity.gov/work.)

In 2010, for an individual who is not blind, the SGA wages amount to \$1,000 per month. If an individual has wages \$1,000/month or more, he or she is deemed capable of performing SGA and SSA will deny the application (by law, this amount is \$1,640 for someone who is statutorily blind). SSA does not always count all of a person’s wages when they determine whether wages are above the SGA level. For example, SSA will deduct the cost of impairment-related work expenses before determining whether a person is earning at least \$1,000 in a month. (Examples of impairment-related work expenses that people with MS might have include assistance traveling to and from work, assistance at work with personal functions, or assistance with work-related functions.)

Supplemental Security Income (SSI): Supplemental Security Income (SSI) is a cash benefit for people who are elderly, blind, and/or disabled and who have very limited income and assets. Unlike Social Security Disability Insurance (SSDI), individuals do not need to have any work history to qualify for SSI assistance. While SSI and SSDI provide different benefits, SSA uses the same definition

of disability for adults and the same medical requirements in their disability determination process for both SSI and SSDI. In many (but not all) states, individuals who qualify for SSI also qualify for Medicaid. For more information or to start the application process, the person should call SSA or visit: www.socialsecurity.gov/notices/supplemental-security-income.

Treating Source: A treating source is any doctor or medical professional who has or had an ongoing treatment relationship with the patient. For example, the doctor a person sees regularly for examinations and treatment of MS symptoms is a treating source. Under SSA's rules, a doctor who treated a person once in the hospital is not considered a treating source.

APPENDIX D: Sample Physician-to-SSA Letter

This sample letter is designed as a guide to help you draft a *personalized* medical report documenting physical impairment.

[Doctor's Name] [Street Address] [City, ST ZIP] [DATE]

[Recipient Name] [Title] [Company Name] [Street Address] [City, ST ZIP]

Re: [Patient Name; Date of Birth; SSN]

To Whom It May Concern:

My patient [NAME] has [MS diagnosis and relevant condition] that is severe. [HE or SHE] is limited in daily activities and is unable to work on a sustained basis. My findings have been confirmed through physical examination, medical history, magnetic resonance imaging, and standard neurological examination, including evaluations of strength, spasticity, coordination, gait, sensation, vision, and mental status. [NAME's] symptoms include [FULL LIST OF SYMPTOMS AND ANY ASSISTANCE DEVICES].

- Describe the severity of the MS diagnosis, onset of symptoms, the course and nature of the condition, and side effects of treatment over time. Reference medical evidence.
- Include details of all impairments related to MS, the progression and severity of impairments and any related symptom(s), and all other conditions, **making specific reference to the SSA criteria for evaluating impairment.**
- Reference medical records you are submitting to SSA, but don't duplicate the information here. Include clinical and laboratory

findings and a detailed information on the claimant's ability to function. Describe the medical history, specific tests used, lab results, and relevant clinical findings. Include that the individual is compliant with prescribed medical treatments.

- Detail how physical, visual, and cognitive impairments impact the person's ability to participate in daily activities and work on a sustained basis. Reference restrictions on sitting, standing, walking, extremity use, concentration, memory, persistence, or pace.
- Always report fatigue and its limited impact. Because fatigue is difficult to measure objectively, provide any supporting evidence you have.

[INCLUDE QUALIFICATIONS AND EXPERIENCE TREATING MS HERE]

In my opinion, [NAME] is unable to resume any type of gainful employment due to physical impairment. MS is a progressive neurological disorder, and while disability can be delayed with treatment, there is not a cure. My expectation is that [NAME] will see a continued decline in function over time.

Sincerely,

APPENDIX E: Sample Psychologist-to-SSA Letter

This sample letter is designed as a guide to help you draft a *personalized* medical report documenting mental impairment.

[Psychologist's Name] [Street Address] [City, ST ZIP] [DATE]

[Recipient Name] [Title] [Company Name] [Street Address] [City, ST ZIP]

Re: [Patient Name; Date of Birth; SSN]

To Whom It May Concern:

My patient [NAME] has [MS diagnosis and relevant condition] that is severe. The neurological problems caused by the MS have been documented elsewhere by [his/her] physician. [HE or SHE] is limited in daily activities and is unable to work on a sustained basis. I have interviewed [NAME] and administered a battery of standardized neuropsychological tests, including [FULL LIST OF TESTS, DATA, AND RESULTS]. [NAME] has at least two specified impairments, including: (PROVIDE EXAMPLES)

- Loss of previously acquired functional abilities.
- Memory impairment (reference memory tests).
- Loss of intellectual ability (reference education and occupation history, test scores, and change in IQ).
- Marked restrictions of activities of daily living and sustained work (reference function affected, such as sitting, standing, walking, or using extremities).

- Marked difficulties in maintaining concentration, memory, persistence, or pace.

[NAME] has an Organic Mental Disorder that is a direct result of brain damage caused by MS.

- Include details of all mental impairments related to MS, the progression and severity of symptoms, and all other related conditions. Reference medical evidence and standardized neuropsychological tests.
- Detail how mental impairment impacts the person's ability to participate in daily activities and work on a sustained basis. Reference medical evidence and standardized neuropsychological tests.
- Detail all MS-related impairments, the progression and severity of impairments and related symptom(s), and all other conditions, **making specific reference to the SSA criteria for evaluating impairment** (such as Sections 11.09B, 12.02A, and 12.02B).

[INCLUDE QUALIFICATIONS AND EXPERIENCE TREATING MS HERE]

In my opinion, [NAME] is unable to resume any type of gainful employment due to mental impairment. MS is a progressive neurological disorder, and while disability can be delayed with treatment, there is not a cure. My expectation is that [NAME] will see a continued decline in function over time.

Sincerely,

MS STOPS PEOPLE FROM MOVING.

**WE EXIST
TO MAKE SURE
IT DOESN'T.**

JOIN THE MOVEMENT
nationalMSsociety.org



**National
Multiple Sclerosis
Society**