

Evaluation Report

The Social Security Administration's
Listing of Impairments

OIG

Office of the Inspector General
SOCIAL SECURITY ADMINISTRATION

MEMORANDUM

Date: September 23, 2015 Refer To:

To: The Commissioner

From: Inspector General

Subject: The Social Security Administration's Listing of Impairments (A-01-15-50022)

The attached final report presents the results of the Office of Audit's review. The objective was to assess the Social Security Administration's efforts to update the Listing of Impairments used to determine whether a person is disabled.

If you wish to discuss the final report, please call me or have your staff contact Steven L. Schaeffer, Assistant Inspector General for Audit, at (410) 965-9700.



Patrick P. O'Carroll, Jr.

Attachment

The Social Security Administration's Listing of Impairments

A-01-15-50022



September 2015

Office of Audit Report Summary

Objective

To assess the Social Security Administration's (SSA) efforts to update the Listing of Impairments (Listings) used to determine whether a person is disabled.

Background

SSA has a 5-step sequential process for evaluating disability for adults. This process generally follows the definition of disability in the *Social Security Act* and the regulations. SSA uses the Listings to evaluate disability claims under the Disability Insurance and Supplemental Security Income programs. The Listings for each body system describe impairments that SSA considers severe enough to prevent an adult from doing any gainful activity or to cause marked and severe functional limitations in a child younger than 18-years-old.

The Listings help ensure that disability determinations are medically sound, claimants receive equal treatment based on specific criteria, and disabled individuals can be readily identified and awarded benefits, if appropriate. At step 3 of the disability process, all disability claims are screened against the Listings to identify individuals who clearly meet the definition of disability.

The Listings are organized by major body system. Altogether, SSA has over 100 listed impairments.

Findings

SSA has made progress in updating its Listings, but, because of the time it takes to develop policy, address comments, and publish regulations, some Listings have not been updated in many years and do not reflect recent medical and technological advances. Also, the use of the Listings has declined over the years. Therefore, the Listings may no longer be as effective a screening tool at step 3 of the disability adjudication process. For example, the American Psychiatric Association revised the manual used to diagnose and classify mental disorders, which it published in May 2013. However, SSA had not updated the mental medical listing since August 1985.

As of August 2015, of the 15 body systems,

- 3 were last updated between 1985 and 1993 (more than 20 years ago), but SSA expected the final revisions to be complete in 2016;
- 5 were last updated between 2002 and 2008 (between 6 and 13 years ago), but SSA is working on revisions; and
- 7 were last updated between 2009 and 2015 (within the last 5 years).

Recommendation

By the end of Fiscal Year 2020, ensure all Listings updates are less than 5-years-old and continue updating them as needed to reflect medical and technological advances.

SSA agreed with the recommendation.

TABLE OF CONTENTS

Objective	1
Background	1
Results of Review	2
Prior OIG and GAO Reviews of the Listings	4
Process to Update the Listings	5
Agency Accountability for Updating the Listings	7
Conclusion	8
Recommendation	8
Agency Comments.....	8
Appendix A – Social Security Administration’s Process for Evaluating Disability	A-1
Appendix B – Prior Reports Related to the Listing of Impairments	B-1
Appendix C – Scope and Methodology	C-1
Appendix D – Agency Comments.....	D-1
Appendix E – Major Contributors.....	E-1

ABBREVIATIONS

ANPRM	Advance Notice of Proposed Rulemaking
C.F.R.	Code of Federal Regulations
FY	Fiscal Year
GAO	Government Accountability Office
NARA	National Archives and Records Administration
NPRM	Notice of Proposed Rulemaking
OMB	Office of Management and Budget
POMS	Program Operations Manual System
SGA	Substantial Gainful Activity
SSA	Social Security Administration
U.S.C.	United States Code
USPSTF	U.S. Preventive Services Task Force

OBJECTIVE

Our objective was to assess the Social Security Administration's (SSA) efforts to update the Listing of Impairments (Listings) used to determine whether a person is disabled.

BACKGROUND

SSA has a 5-step sequential process for evaluating disability for adults. The process generally follows the definition of disability in the *Social Security Act* and the regulations. At step 3 of the process, SSA uses the Listings to evaluate disability claims under the Disability Insurance and Supplemental Security Income programs. The listing for each body system describes impairments that SSA considers severe enough to prevent an adult from doing any gainful activity or to cause marked and severe functional limitations in a child younger than 18-years-old. Most of the listed impairments are permanent or are expected to result in death; however, some include a specific statement of duration. For all others, the evidence must show the impairment has lasted, or can be expected to last, for a continuous period of at least 12 months.¹ See Appendix A for information about SSA's process for evaluating disability claims.

The Listings is organized by major body system—14 for adults (Part A) and 15 for children (Part B),² although adult criteria can be applied to children if the disease processes have a similar effect on adults and children (see Table 1). Altogether, SSA has over 100 listed impairments.

Table 1: Listings for Adults and Children

Part A Medical Listings – Adults	Part B Medical Listings – Children
N/A	100.00 Growth Disorders and Weight Loss in Children
1.00 Musculoskeletal System	101.00 Musculoskeletal System
2.00 Special Sense and Speech	102.00 Special Senses and Speech
3.00 Respiratory System	103.00 Respiratory System
4.00 Cardiovascular System	104.00 Cardiovascular System
5.00 Digestive System	105.00 Digestive System
6.00 Genitourinary Impairments	106.00 Genitourinary Impairments
7.00 Hematological Disorders	107.00 Hematological Disorders
8.00 Skin Disorders	108.00 Skin Disorders
9.00 Endocrine System	109.00 Endocrine System
10.00 Congenital Disorders that Affect Multiple Body Systems	110.00 Congenital Disorders that Affect Multiple Body Systems
11.00 Neurological	111.00 Neurological
12.00 Mental Disorders	112.00 Mental Disorders
13.00 Malignant Neoplastic Diseases	113.00 Malignant Neoplastic Diseases
14.00 Immune System Disorders	114.00 Immune System Disorders

¹ SSA, POMS, DI 34001.001 (September 21, 2000).

² SSA revises both adult and childhood Listings at the same time.

The Listings help ensure disability determinations are medically sound, claimants' allegations receive nationally consistent evaluations based on specific criteria, and disabled individuals can be readily identified and awarded benefits if appropriate.³ All disability claims are screened against the Listings at step 3 in the disability adjudication process to identify individuals who clearly meet the definition of disability. If the claim is not allowed based solely on the medical evidence, the Agency makes a disability determination based on the claimant's remaining functional abilities, age, education, and vocational history.⁴ Quick identification of cases that meet SSA's disability criteria allows the Agency to decide eligibility at the earliest point in the adjudication process. As shown in Appendix A, in 1994, about 65 percent of initial allowances was based on the Listings. This declined to 50 percent in 2008 and 45 percent in 2013.

SSA revises the Listings using the Federal rulemaking process. When the Agency is in the preliminary stages of rulemaking, it may publish an Advance Notice of Proposed Rulemaking (ANPRM) in the Federal Register⁵ to obtain more information.⁶ The ANPRM is a formal invitation to participate in shaping the proposed rule and starts the notice and comment process. The Agency publishes the proposed rule, or Notice of Proposed Rulemaking (NPRM), which is the official document that announces and explains the Agency's plan to accomplish a goal, in the Federal Register. The Agency publishes the NPRM to notify the public and give them an opportunity to provide comments. SSA then issues the final rule in the Federal Register, which includes the Agency's responses to public comments provided under the NPRM.

To conduct this review, we researched issues related to the Listings in the *Social Security Act*; SSA's regulations, policies, and procedures; the Federal Register; and prior Office of the Inspector General (OIG) and Government Accountability Office (GAO) reports. We also interviewed SSA officials to obtain information to determine the status of updates to the Listings. See Appendix C for additional information on our scope and methodology.

RESULTS OF REVIEW

SSA has made progress in updating its Listings, but the Agency has not updated some Listings in many years, and some Listings do not reflect recent medical and technological advances. Also, the use of the Listings has declined over the years. Therefore, the Listings may not be as effective a screening tool at step 3 of the disability adjudication process as it was in the past. For example, it took the American Psychiatric Association 14 years to revise the manual used to

³ SSA, POMS, DI 22001.020 (April 1, 2011).

⁴ 20 C.F.R. §§ 404.1520(a)(4) and 416.920(a)(4).

⁵ The *Federal Register* (the daily newspaper of the Government) is published every business day by the National Archives and Records Administration (NARA).

⁶ In cases where the Agency wants to solicit more information about a Listing before it starts the revision process, it can publish an ANPRM. The ANPRM process is not as lengthy as the NPRM process and allows SSA to obtain comments and work them in to the NPRM.

diagnose and classify mental disorders, which it published in May 2013.⁷ However, the Agency has not updated the mental medical listing since August 1985.

As of August 2015, of the 15 body systems (detailed in Table 2),

- 3 were last updated between 1985 and 1993 (more than 20 years ago), but SSA expects the final revisions to be complete in 2016;
- 5 were last updated between 2002 and 2008 (between 6 and 13 years ago), but SSA is working on revisions; and
- 7 were last updated between 2009 and 2015 (within the last 5 years).

Table 2: Status of the Listings by Body System

Listing	Effective Date of Last Revision	Years Since Last Revision (as of 2015)	Status from SSA as of August 2015 and Projected Publication Date for Updates
Mental	8/28/1985	29	NPRM issued 8/19/10 to revise listing. Projected publication date is spring 2016.
Neurological	1/6/1986	29	NPRM issued 2/25/14 to revise listing. Projected publication date is spring 2016.
Respiratory	10/7/1993	21	NPRM issued 2/4/13 to revise listing. Projected publication date is summer 2016.
Musculoskeletal	2/19/2002	13	Projected NPRM in spring 2016.
Skin	7/9/2004	10	ANPRM issued 11/10/09 to revise this listing. Projected NPRM publication date is spring 2016.
Cardiovascular	4/13/2006	9	ANPRM issued 4/16/08 to revise this listing. Projected NPRM is summer 2016.
Digestive	12/18/2007	7	ANPRM issued 12/12/07. Projected NPRM is spring 2016.
Immune System	6/16/2008	6	NPRM was published to revise the HIV portion of this listing on 2/26/14. Projected publication is spring 2016.
Special Senses	Hearing Loss	4	ANPRM issued 8/30/13.
	Vision	2	
	Speech and Language	N/A	ANPRM issued 4/13/05 and 2/6/12. Projected publication is fall 2016.
Endocrine (such as diabetes and thyroid disorders)	6/7/2011	3	

⁷ American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, May 2013.

Listing	Effective Date of Last Revision	Years Since Last Revision (as of 2015)	Status from SSA as of August 2015 and Projected Publication Date for Updates
Congenital Disorders that Affect Multiple Body Systems (such as Down Syndrome)	4/5/2013	2	
Genitourinary	12/9/2014	0	
Hematological	5/18/2015	0	
Growth Disorders and Weight Loss in Children	6/12/2015	0	
Cancer (malignant neoplastic diseases)	7/20/2015	0	

Prior OIG and GAO Reviews of the Listings

Despite prior OIG and GAO reports that concluded the Listings needed to be updated, SSA was still struggling to keep the Listings current. Examples follow.

- In March 2009, we concluded SSA had made progress in updating the Listings and had plans to keep them current. At that time, we recommended SSA update all Listings over 5-years-old and continue monitoring the Listings to ensure it reflects medical and technological advances.⁸
- In March 2012,⁹ GAO reported that SSA was moving away from comprehensive revisions to body systems and toward a more targeted approach to help ensure timely, periodic updates to Listings. At that time, GAO also reported, that SSA was taking steps to increase the timeliness and accuracy of decisions. For example, SSA sought recommendations from the Institute of Medicine and acted on some of them, such as creating a standing committee to provide advice on updating the Listings. However, SSA continued to face challenges keeping the Listings current. SSA told GAO that a lack of staff and expertise, along with the regulatory process' complexity and unpredictability, made it challenging to maintain its schedule of periodic updates for all Listings.

See Appendix B for more information on the prior OIG and GAO reports.

⁸ SSA OIG, *The Social Security Administration's Listing of Impairments* (A-01-08-18023), March 2009.

⁹ GAO, *Modernizing SSA Disability Programs, Preliminary Observations on Updates of Medical and Occupational Criteria* (GAO-12-511T), March 2012.

Process to Update the Listings

SSA goes through a lengthy process to update the Listings. The Agency must monitor changes in medical diagnoses, screening, and treatment, which can take years. For example, the U.S. Preventive Services Task Force (USPSTF)¹⁰ reviewed medical journals and studies for 7 years to publish its 2009 report on breast cancer screening,¹¹ 9 years for its 2011 report on prostate cancer screening,¹² and 13 years for its 2013 report on lung cancer screening.¹³

On average, it can take SSA 15 to 18 months to update and publish an updated medical listing. However, this could take longer depending on the number and type of comments the Agency receives on a listing from the public, the Office of Management and Budget (OMB), and SSA. Revised Listings must be published in the Federal Register, first as an NPRM and then as a Final Rule.

Once SSA decides to update a medical listing, the internal process to create the NPRM takes longer than 90 days. This includes time to work with the Office of Regulations and Reports Clearance to draft the NPRM, circulate it for comments, analyze comments, revise the NPRM, and obtain additional reviews and sign-offs. Next, SSA must obtain OMB's permission to send the NPRM to it for review. The OMB review takes up to 90 days. Once any necessary changes and sign-offs are completed, the NPRM is sent to the Office of the Federal Register, NARA for publication in the Federal Register. Stakeholders have 60 days to comment on the NPRM.

¹⁰ The USPSTF is an independent, volunteer panel of national experts in preventive and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

(<http://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf>)

¹¹ USPSTF, *Screening for Breast Cancer: Systematic Evidence Review Update for the U.S. Preventive Services Task Force*, Evidence Syntheses, No. 74 (November 2009).

¹² USPSTF, *Prostate-Specific Antigen-Based Screening for Prostate Cancer, Evidence Syntheses*, No. 90 (October 2011).

¹³ USPSTF, *Screening for Lung Cancer: Systematic Review to Update the U.S. Preventive Services Task Force Recommendation, Evidence Syntheses*, No. 105 (July 2013).

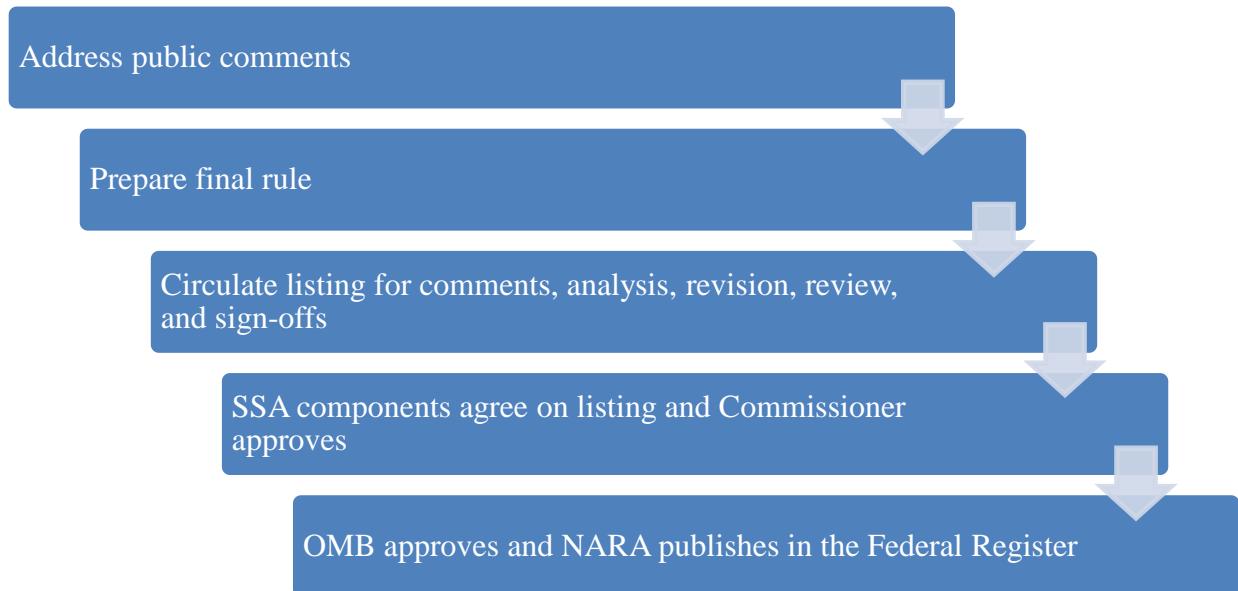
Figure 1: NPRM Process



After the 60-day comment period, SSA starts the process to publish the Final Rule. First, SSA needs to consider and address public comments, which could take 5 to 8 weeks depending on the number of comments the Agency receives from stakeholders. However, addressing the comments could take much longer depending on the complexity of the issue and whether comments from stakeholders contradict one another. For example, SSA's Office of General Counsel determines whether there are any legal issues as the Agency updates and addresses comments on the listing. If there are substantive comments, the Agency must spend time reworking the updates to address them. Additionally, SSA components have a chance to review the proposed changes and provide comments that must also be addressed. SSA's Offices of the Chief Actuary and Budget also review the proposed changes to the Listings for the costs and savings. Once the final changes have been incorporated, the Agency prepares a cost-benefit analysis, which—according to SSA—can take 2 to 4 months.

For example, the mental medical listing represents the most used body system, and any proposed changes are usually controversial. SSA issued an NPRM in August 2010, and it had to address many public comments while considering changes in technology and medicine. SSA's Office of Disability Policy addressed public comments and circulated the draft to other SSA components for review. According to SSA, these revisions were contentious, and the Office of Disability Policy received and addressed substantive comments then circulated a revised draft for comments. SSA needs to reach consensus among its various components. With all these issues, it has taken the Agency over 5 years to move the mental medical listing update from the NPRM to the final revision. SSA projects that the mental medical listing will be finalized in spring 2016 (as shown in Table 2).

Figure 2: Final Rule Process



Agency Accountability for Updating the Listings

SSA included updating the Listings as a performance measure in its Annual Performance Plans. However, the goal measured how many Listings updates the Agency published—without prioritizing which Listings were the oldest or most needed updating. In the Fiscal Year (FY) 2016 Annual Performance Plan, SSA removed the performance measure for updating the Listings but added information about its plans.

The medical Listing of Impairments (Listings) is one of the most effective tools used to make disability decisions. The Listings allow us to find a claimant disabled when his or her impairment meets specified medical criteria, without the need to consider age, education, or work experience. The Listings improve the consistency and accuracy of our decisions throughout all levels of the disability process.

In FY 2014, we published four rules for public comment, one final rule, and three Social Security Rulings in an effort to update and revise medical policy. In FY 2015, we plan to develop and submit eight final rules, two Social Security Rulings, and targeted updates for the medical listings for publication in the Federal Register.¹⁴

As shown in Table 2, the Agency finalized the malignant neoplastic diseases, hematological, and growth disorders and weight loss in children Listings in 2015. Also, SSA plans to issue final rules for the mental, neurological, respiratory, immune, and special senses (speech and language)

¹⁴ SSA, *Annual Performance Report 2014-2016*, p. 78.

body systems in 2016. If SSA meets this goal, the majority of the Listings¹⁵ will be less than 5-years-old.

In the past, SSA had reported to OIG and GAO that it had plans to keep the Listings current. However, in prior reviews, OIG and GAO found the Agency did not achieve its stated plans for updating the Listings (see Appendix B). Although the Office of Disability Policy is responsible for updating the Listings, the process is complex and involves many Agency components. For example, SSA informed us it formed a workgroup with representatives from many components to address internal comments on the proposed mental Listings update and reach consensus on proposed changes. If SSA does *not* publish the final Listings updates as planned by 2016, it should consider appointing a single accountable executive to oversee the process.¹⁶

CONCLUSION

SSA has made progress in updating its Listings, but, because of the length of time it takes to address comments and publish regulations, some Listings have not been updated in many years and do not reflect recent medical and technological advances. Also, the use of the Listings has declined over the years. Therefore, the Listings may not be as effective a screening tool at step 3 of the disability adjudication process as it was in the past. However, the Agency expects to have all Listings that have not been updated in over 20 years updated in 2016.

RECOMMENDATION

By the end of FY 2020, ensure all Listings updates are less than 5-years-old and continue updating them as needed to reflect medical and technological advances.

AGENCY COMMENTS

SSA agreed with the recommendation; see Appendix D.

The signature is handwritten in black ink, appearing to read "Steven L Schaeffer".

Steven L Schaeffer
Assistant Inspector General for Audit

¹⁵ SSA projects it will issue NPRMs for the musculoskeletal, skin, cardiovascular, and digestive Listings in 2016. Therefore, these four Listings will be finalized sometime after 2016.

¹⁶ A single accountable executive has centralized project authority and is responsible for ensuring project progress and efficient issue resolution. For example, SSA appointed a Chief Program Officer in 2014 to oversee the development of its Disability Case Processing System.

APPENDICES

Appendix A – SOCIAL SECURITY ADMINISTRATION’S PROCESS FOR EVALUATING DISABILITY

The Social Security Administration (SSA) has a 5-step sequential process for evaluating disability for adults, which generally follows the definition of disability in the *Social Security Act* and the regulations (Figure A–1). An individual is considered to be disabled under SSA’s regulations if he/she is unable to engage in substantial gainful activity (SGA)¹ by reason of a medically determinable physical or mental impairment that can be expected to result in death or has lasted, or can be expected to last, for a continuous period of not less than 12 months.²

At step 1 in the process, SSA considers whether the claimant is still working. If the claimant is not performing SGA, the claim is sent for a medical determination of disability. When the claim is initially developed, the adjudicator concurrently requests all the evidence needed for consideration at steps 2 through 5 of the sequential evaluation process.³

At step 2, SSA determines whether the claimant’s condition is severe.⁴ If a claimant has a medically determinable severe impairment, the Agency applies step 3 and looks to the Listings. If the severity of the impairment meets or medically equals a specific listing, the individual is determined to be disabled.

If the individual’s impairment does not meet or medically equal a listing, the Agency looks to steps 4 and 5. At step 4, the Agency determines whether the claimant can perform past relevant work, considering his/her residual functional capacity⁵ and the physical and mental demands of the work he/she did. If the claimant can perform past relevant work, the claim is denied. If the claimant cannot perform past relevant work, at step 5, the Agency determines whether the

¹ 20 C.F.R. §§ 404.1572 and 416.972. SGA means the performance of significant physical and/or mental activities in work for pay or profit, or in work of a type generally performed for pay or profit. As of 2015, “countable earnings” of employees indicate SGA and “countable income” of the self-employed is “substantial” if the amount averages more than \$1,090 per month for non-blind individuals or \$1,820 for blind individuals. SSA, POMS, DI 10501.015 (October 24, 2014).

² *Social Security Act* § 223(d)(1)(A), 42 U.S.C. § 423(d)(1)(A), and § 1614(a)(3)(A), 42 U.S.C. § 1382c(a)(3)(A). See also 20 C.F.R. §§ 404.1520 and 416.920.

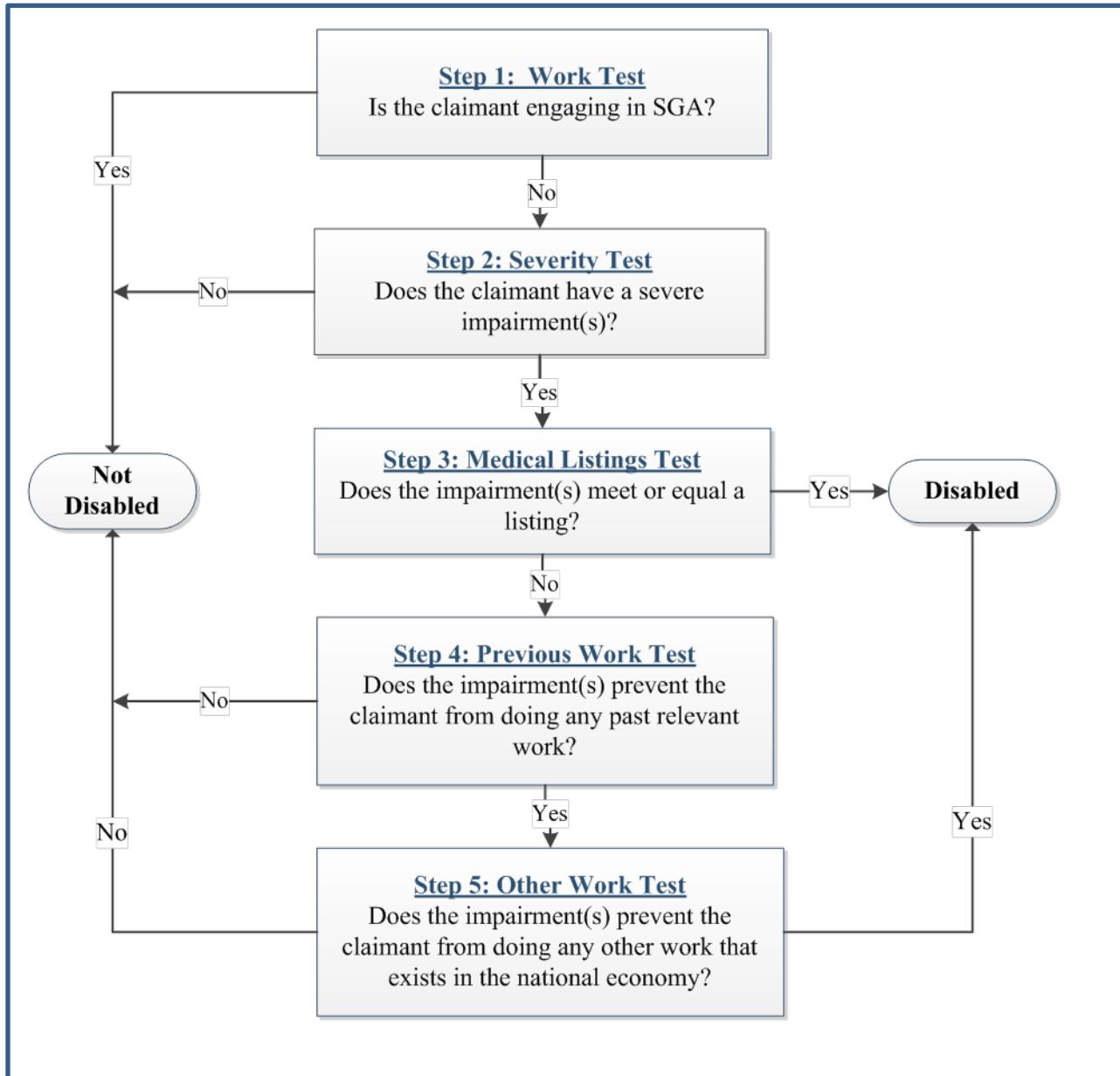
³ If the claimant disagrees with the Agency’s initial disability determination, he/she can file an appeal within 60 days from the date of notice of the determination. In most cases, there are four levels of appeal, including (1) reconsideration by the disability determination services, (2) hearing by an administrative law judge, (3) review by the Appeals Council, and (4) review by the Federal Courts.

⁴ 20 C.F.R. §§ 404.1521 and 416.921. An impairment or combination of impairments is not severe if it does not significantly limit an individual’s physical or mental ability to do basic work activities.

⁵ 20 C.F.R. §§ 404.1545 and 416.945. An individual’s impairment(s), and any related symptoms, such as pain, may cause physical and mental limitations that affect what he or she can do in a work setting. The residual functional capacity is the most the individual can still do despite these limitations. SSA assesses the residual functional capacity based on all relevant evidence in the case record.

claimant can perform any other work, considering his/her residual functional capacity, age, education, and past work experience. If the claimant cannot perform any other work, SSA finds him/her disabled.⁶

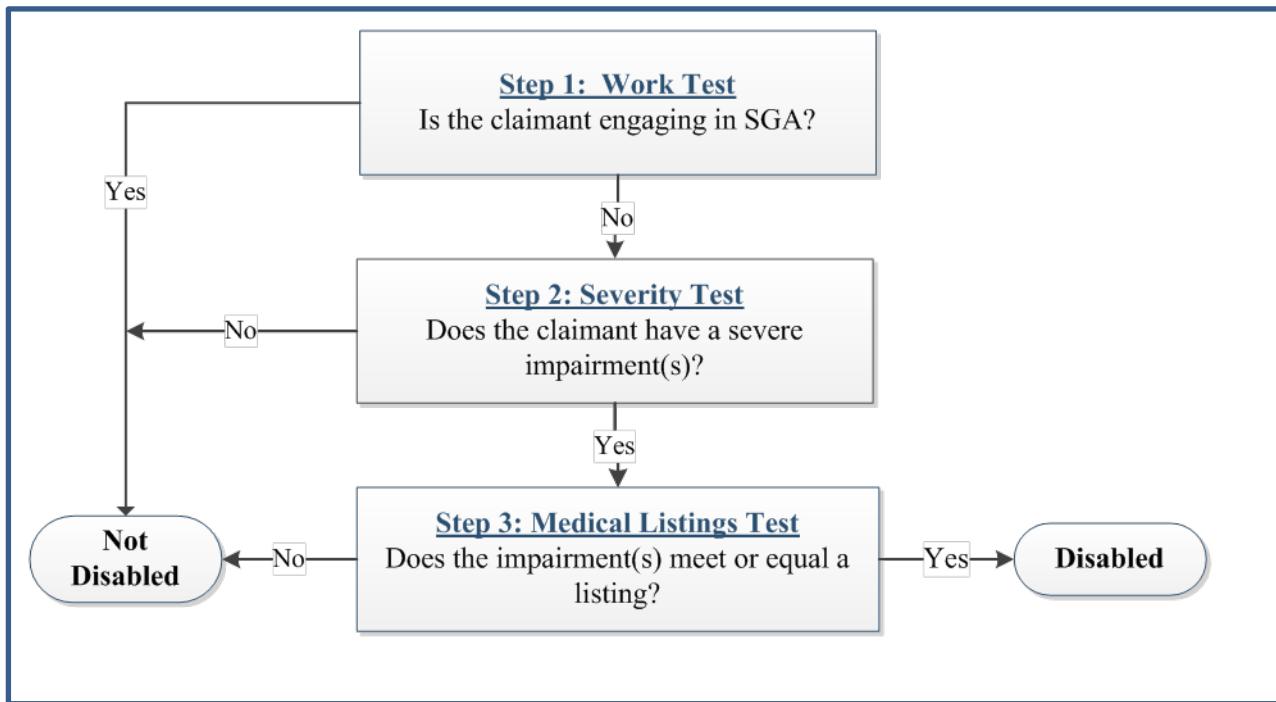
Figure A–1: SSA’s 5-Step Sequential Evaluation for Determining Disability for Adults



⁶ SSA has another sequential process for evaluating whether a disabled beneficiary’s disability continues, which includes a step for considering the Listings. 20 C.F.R. §§ 404.1594(f) and 416.994(b)(5).

As shown in Figure A–2, SSA has a similar sequential process with three steps for evaluating disability for children.⁷ Steps 1 and 2 are the same as for adults. At step 3 for children, SSA determines whether the impairment(s) meets or medically equals a listing or functionally equals the Listings.

Figure A–2: SSA’s 3-Step Sequential Evaluation for Determining Disability for Children



About 65 percent of initial allowances was based on the Listings in 1994. This declined to 50 percent in 2008 and 45 percent in 2013. Figure A–3 shows the initial adult allowances due to the Listings from 1994 through 2013. Table A–1 shows the initial adult allowances by body system in 1994, 2004, and 2013.⁸

⁷ 20 C.F.R. § 416.924.

⁸ SSA’s Office of Disability Policy provided the data in Figure A–3 and Table A–1 in April 2015.

Figure A–3: Initial Adult Allowances 1994 through 2013

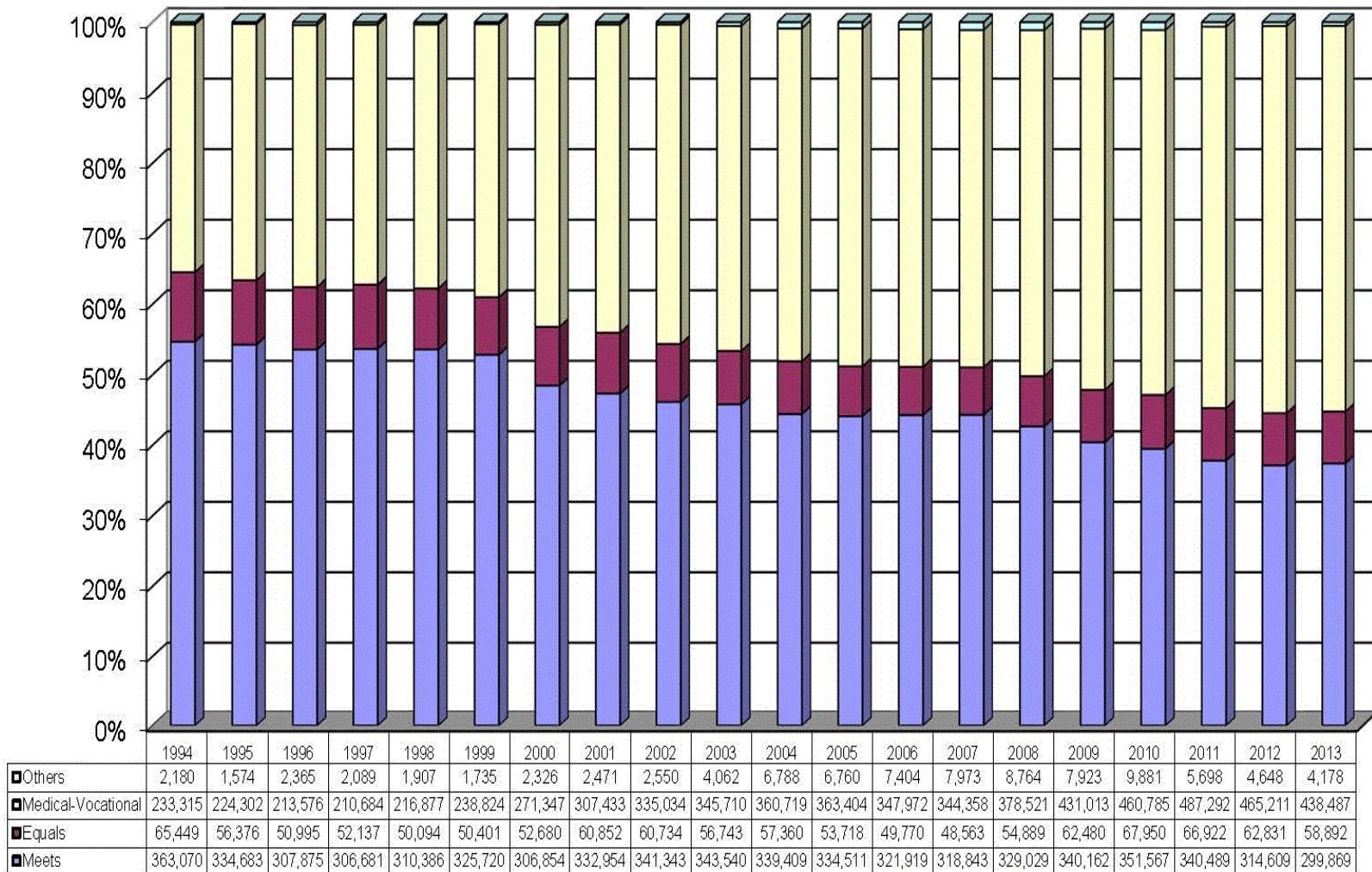


Table A–1: Initial Adult Allowances by Body System in 1994, 2004, and 2013

Body System	1994				2004				2013			
	Meets	Equals	Medical-Vocational	Others	Meets	Equals	Medical-Vocational	Others	Meets	Equals	Medical-Vocational	Others
Musculoskeletal	12,706	4,435	67,389	174	10,041	5,618	133,465	403	11,544	8,294	200,513	833
Special Senses and Speech	20,632	1,265	2,664	117	22,029	1,445	2,945	560	18,176	1,842	3,437	213
Respiratory	18,577	5,115	7,351	30	17,357	5,745	13,188	97	12,554	5,878	19,439	135
Cardiovascular	18,146	8,129	32,210	67	9,768	6,004	43,702	119	8,050	5,551	46,957	241
Digestive	5,764	2,878	2,080	10	7,909	3,839	5,371	43	7,251	3,842	8,382	59
Genitourinary Impairments	12,812	1,436	827	15	17,059	1,378	2,009	75	17,801	1,345	3,183	34
Hematological Disorders	4,746	1,418	882	9	5,639	1,573	1,374	69	1,300	492	908	38
Skin Disorders	374	207	373	1	532	224	548	13	1,553	725	953	6
Endocrine	19,217	6,895	9,226	48	1,561	1,124	15,113	73	836	834	10,006	100
Congenital Disorders that Affect Multiple Body Systems	857	445	373	15	1,103	271	186	23	1,525	292	31	19
Neurological	38,167	6,970	16,658	163	42,176	7,987	25,165	501	38,276	9,007	35,783	294
Mental Disorders	131,349	9,468	82,460	995	131,840	6,566	99,112	4,437	86,812	5,868	79,831	1,967
Malignant Neoplastic Diseases	55,815	9,951	2,996	19	61,211	11,654	5,207	31	84,179	10,608	8,880	65
Immune System Disorders	23,251	6,407	5,349	25	10,437	3,262	8,656	140	6,656	2,157	10,092	87
Total	362,413	65,019	230,838	1,688	338,662	56,690	356,041	6,584	296,513	56,735	428,395	4,091

As shown in Table A–1, the percentage of claims allowed under a listing has decreased over the years in many body systems. For example, the number of initial adult claims allowed by meeting or equaling a mental disorders listing was 140,817 (about 63 percent) in 1994, 138,406 (about 57 percent) in 2004, and 92,680 (about 53 percent) in 2013. Likewise, the number of initial adult claims allowed by meeting or equaling a musculoskeletal listing was 17,141 (about 20 percent) in 1994, 15,659 (about 11 percent) in 2004, and 19,838 (about 9 percent) in 2013.

Appendix B – PRIOR REPORTS RELATED TO THE LISTING OF IMPAIRMENTS

The Office of the Inspector General and Government Accountability Office (GAO) have issued several reports related to the Social Security Administration's (SSA) Listing of Impairments.

In August 2000, we issued our report on the *Status of the Social Security Administration's Updates to the Medical Listings* (A-01-99-21009). In this report, we stated that SSA had not updated some Listings in over 10 years. We also found that the Mental Disorders body system, which accounted for the highest percentage of new disability awards, had not had a comprehensive revision since 1985. We recommended that SSA establish a performance measure for its initiative to update the Listings, with a specific timetable for each of the planned phases. While SSA agreed to keep a focus on updating the Listings, the Agency did not believe it should be accomplished by establishing a performance measure.

In August 2002, GAO issued a report titled, *SSA and VA Disability Programs, Re-Examination of Disability Criteria Needed to Help Ensure Program Integrity* (GAO-02-597). GAO found the time SSA took to revise the medical criteria could undermine the purpose of an update, the updates had not fully captured the benefits *afforded* by advances in treatment, and SSA had not incorporated labor market changes. GAO recommended that SSA use its annual performance plan to delineate strategies for, and progress in, periodically updating the Listings and that SSA study and report to Congress the effect that a comprehensive consideration of medical treatment and assistive technologies would have on SSA disability programs' eligibility criteria and benefit package.

In January 2003, GAO issued a report on *High Risk Series, An Update* (GAO-03-119). GAO found that SSA's disability assessments of eligibility did not always reflect recent medical and technological advances and their impact on medical conditions that affect the ability to work. By using outdated information, the Agency risked overcompensating some individuals while undercompensating or denying compensation entirely to others.

In January 2007, GAO issued a report on *High Risk Series, An Update* (GAO-07-310). GAO found that SSA's disability program was based on definitions and concepts that originated over 50 years before, despite scientific advances that reduced the severity of some medical conditions and allowed individuals to live with greater independence and function in work settings. Although SSA had made some progress toward improving its disability program, significant challenges remained.

In December 2007, GAO issued a report on *Social Security Disability, Better Planning, Management, and Evaluation Could Help Address Backlogs* (GAO-08-40). This report discussed the hearings backlog reduction plan, which focused on updating SSA's medical eligibility criteria, expediting cases for which eligibility was more clear-cut, improving the electronic processing system, and focusing heavily on clearing the backlog at the hearings level through a number of targeted actions. SSA's Commissioner informed GAO that as part of the effort to expedite cases, the Listings would be updated so disability categories are better defined.

In May 2008, GAO issued a report on *Federal Disability Programs, More Strategic Coordination Could Help Overcome Challenges to Needed Transformation* (GAO-08-635). GAO found that SSA had implemented a new process for updating its eligibility criteria, using an outreach-based model to update the Listings and incorporate feedback from multiple parties, including medical experts and disability examiners. GAO also found that SSA changed 7 of its 14 body systems to reflect medical advances. SSA officials informed GAO that the Agency expected to finish updating the remaining seven body systems by mid-2010.

In March 2009, we issued our report on *The Social Security Administration's Listing of Impairments* (A-01-08-18023). In this report, we stated that SSA had made progress in updating its Listings, but some Listings had not been updated in many years and did not reflect recent medical and technological advances. We recommended that SSA update all Listings over 5-years-old and continue monitoring the Listings to ensure they reflect medical and technological advances. The Agency agreed with the recommendations.

In March 2012, GAO published testimony, *Modernizing SSA Disability Programs, Preliminary Observations on Updates of Medical and Occupational Criteria* (GAO-12-511T). In this testimony, GAO stated that SSA was moving away from comprehensive revisions to body systems and toward a more targeted approach to help ensure timely, periodic updates to body system Listings. GAO reported as of the date of the testimony, SSA had completed comprehensive revisions to 8 of the 14 body systems and was reviewing them to determine whether, and which, targeted revisions were appropriate. In 2010 the SSA Commissioner set a 5-year cycle time for updating Listings for each body system, replacing the Agency's prior practice of setting expiration dates for Listings that ranged from 3 to 8 years and then frequently extending them. To further increase the timeliness and accuracy of decisions, SSA sought recommendations from the Institute of Medicine and acted on some of them, such as creating a standing committee to provide advice on updating the Listings. However, SSA continued to face challenges keeping the Listings current. SSA told GAO that a lack of staff and expertise, along with the complexity and unpredictability of the regulatory process, have made it challenging to maintain its schedule of periodic updates for all Listings.

Appendix C – SCOPE AND METHODOLOGY

To accomplish our objective, we:

- Researched the *Social Security Act* and Social Security Administration's (SSA) regulations, policies, and procedures related to the Listing of Impairments (Listings).
- Researched the Federal Register to identify updates to the Listings.
- Researched prior Office of the Inspector General and Government Accountability Office reports related to the Listings.
- Interviewed SSA officials and staff to obtain information on the status of the Listings.

We performed our review from March through May 2015 in Boston, Massachusetts. The entity reviewed was the Office of Disability Policy under the Deputy Commissioner for Retirement and Disability Policy. We conducted our review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

Appendix D– AGENCY COMMENTS



SOCIAL SECURITY

MEMORANDUM

Date: August 24, 2015 Refer To: S1J-3

To: Patrick P. O’Carroll, Jr.
Inspector General

From: Frank Cristaudo
Executive Counselor to the Commissioner

Subject: Office of the Inspector General Draft Evaluation Report, “The Social Security Administration’s Listing of Impairments” (A-01-15-50022)--INFORMATION

Thank you for the opportunity to review the draft report. Please see our attached comments.

Please let me know if we can be of further assistance. You may direct staff inquiries to Gary S. Hatcher at (410) 965-0680.

Attachment

**COMMENTS ON THE OFFICE OF THE INSPECTOR GENERAL DRAFT
EVALUATION REPORT, "THE SOCIAL SECURITY ADMINISTRATION'S LISTING
OF IMPAIRMENTS (A-01-15-50022)**

General Comments

We take our responsibility to ensure our Listings remain current with technology and medicine seriously. Our Listings cover 15 different body systems, addressing impairments for both adults and children. As noted in this audit report, we currently have a few body systems with major revisions in process, including mental, respiratory, and neurological. To keep pace with changes in our operating environment, during the interim time between listings revisions we provide refresher training to adjudicators that include information on advancements in medical technology or standards of medical care that affect how we document and evaluate impairments. We also issue policy clarifications and publish Social Security Rulings about specific disorders to reflect our adjudicative experience in applying the current listings. Our focus is to ensure our Listings remain current with technology and medicine, and we execute the rule making process diligently in order to maintain the currency of the Listings. If the documentation requirements, treatment, and criteria that would affect the Listing have changed significantly, we initiate the necessary revisions.

Recommendation

By the end of Fiscal Year (FY) 2020, ensure all Listings updates are less than 5-years-old and continue updating them as needed to reflect medical and technological advances.

Response

We agree. We will ensure that all Listings are updated no later than FY 2020. In addition, we are pursuing a strategy to make targeted Listing revisions based on technological and medical advances.

Appendix E – MAJOR CONTRIBUTORS

Judith Oliveira, Director, Boston Audit Division

Phillip Hanvy, Audit Manager

Katie Greenwood, Senior Auditor

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