Revisions to Rules Regarding the Evaluation of Medical Evidence
Policy Guide
Social Security Administration

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**Effect of a Claim’s Filing Date on Policies – Side-by-Side Chart**

- A claim’s filing date is relevant only for the following definitions and policies:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Claim filed before 3/27/17</th>
<th>Claim filed on or after 3/27/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMS</td>
<td>Does not include APRNs, PAs, or audiologists.</td>
<td>Includes APRNs, PAs, and audiologists.</td>
</tr>
<tr>
<td>Medical opinion definition</td>
<td>See page 8. Includes diagnosis, prognosis, and statements about symptoms</td>
<td>See page 5. Does not include diagnosis, prognosis, and statements about symptoms.</td>
</tr>
<tr>
<td>Other medical evidence definition</td>
<td>Does not include diagnosis, prognosis, and statements about symptoms.</td>
<td>Includes diagnosis, prognosis, and statements about symptoms.</td>
</tr>
<tr>
<td>How to consider and provide written analysis about medical opinions and prior administrative medical findings</td>
<td>See pages 8 and 9.</td>
<td>See pages 10 and 11.</td>
</tr>
<tr>
<td>Statements on issues reserved to the Commissioner</td>
<td>Written analysis may be required. See page 6.</td>
<td>No written analysis. See page 6.</td>
</tr>
<tr>
<td>Decisions by other governmental agencies and nongovernmental entities</td>
<td>Written analysis about the decision itself may be required. See page 7.</td>
<td>No written analysis about the decision itself. See page 7.</td>
</tr>
</tbody>
</table>

- See [DI 24503.050 Determining the Filing Date for Evaluating Evidence](#)
Acceptable Medical Sources (AMS)

- Status as an AMS is relevant for only a few policies:
  - We need objective medical evidence from an AMS to establish the existence of a medically determinable impairment (MDI) at step 2 of the sequential evaluation process
  - Listings
    - A few Listings require additional evidence from an AMS: otologic and audiometric testing for hearing loss, cystic fibrosis, hematological disorders, non-mosaic Down syndrome, genetic photosensitivity disorders, and catastrophic congenital disorder (child claim only)
    - A few Listings often have additional evidence from an AMS: testing for visual disorders, chronic kidney disease on dialysis, and amyotrophic lateral sclerosis (ALS)
  - For claims filed before 3/27/17: Only an AMS can be a treating source, whose medical opinion may get controlling weight
- For all claims, the AMS list includes licensed:
  - Physicians (medical or osteopathic doctors)
  - Psychologists (at the independent practice level)
  - School psychologists (for impairments of intellectual disability, learning disabilities, and borderline intellectual functioning only)
    - May have alternative titles and certification instead of licensure
  - Optometrists (for impairments of visual disorders, or measurement of visual acuity and visual fields only)
  - Podiatrists (for impairments of the foot, or foot and ankle only)
  - Speech-language pathologists (for speech or language impairments only)
    - May have certification instead of licensure
- For claims filed on or after 3/27/17, the AMS list also includes licensed:
  - Advanced Practice Registered Nurses (APRN) (for impairments within the licensed scope of practice)
    - May have alternative titles, such as Advanced Practice Nurse (APN) or Advanced Practice Registered Nurses (APRN)
    - Includes:
      - Certified Nurse Midwife (CNM)
      - Nurse Practitioner (NP)
      - Certified Registered Nurse Anesthetist (CRNA)
      - Clinical Nurse Specialist (CNS)
  - Audiologists (for impairments of hearing loss, auditory processing disorders, and balance disorders within the licensed scope of practice only)
  - Physician Assistants (for impairments within the licensed scope of practice)
- See
  - 20 CFR 404.1502, 404.1521, Part 404 Subpart P Appendix 1, 416.902, and 416.921
  - DI 22505.003 Evidence from an Acceptable Medical Source (AMS)
Establishing the existence of an MDI at step 2

- We need objective medical evidence from an AMS to establish the existence of an medically determinable impairment (MDI) at step 2 of the sequential evaluation process
  - Objective medical evidence means: “signs, laboratory findings, or both”
  - We do not establish an MDI based on an individual’s statement of symptoms, a diagnosis, or a medical opinion
- Definitions
  - **Signs**: one or more anatomical, physiological, or psychological abnormalities that can be observed, apart from your statements (symptoms). Signs must be shown by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically demonstrable phenomena that indicate specific psychological abnormalities, e.g., abnormalities of behavior, mood, thought, memory, orientation, development, or perception, and must also be shown by observable facts that can be medically described and evaluated.
  - **Laboratory findings**: one or more anatomical, physiological, or psychological phenomena that can be shown by the use of medically acceptable laboratory diagnostic techniques. Diagnostic techniques include chemical tests (such as blood tests), electrophysiological studies (such as electrocardiograms and electroencephalograms), medical imaging (such as X-rays), and psychological tests.
- See
  - 20 CFR 404.1502, 404.1521, 416.902, and 416.921
  - 24501.020 Establishing a Medically Determinable Impairment (MDI)
### New Categories of Evidence

Each piece of evidence fits into one category of evidence

<table>
<thead>
<tr>
<th>Category of Evidence</th>
<th>Source</th>
<th>Summary of Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective medical evidence</td>
<td>Medical sources</td>
<td>Signs, laboratory findings, or both</td>
</tr>
</tbody>
</table>
| Medical opinion            | Medical sources         | **For claims filed on or after 3/27/17**: A statement about what an individual can still do despite his or her impairment(s) and whether the individual has one or more impairment-related limitations or restrictions in one or more specified abilities:  
  - **Adult claims**: (FOCUS ON RESIDUAL FUNCTIONAL CAPACITY (RFC))  
    - ability to perform physical demands of work activities,  
    - ability to perform mental demands of work activities,  
    - ability to perform other demands of work (using senses), and  
    - ability to adapt to environmental conditions.  
  - **T16 child claims**: abilities in the 6 domains of functioning  
    **For claims filed before 3/27/17**: see the definition on page 8 |
| Other medical evidence     | Medical sources         | All other evidence from medical sources that is not objective medical evidence or a medical opinion |
| Evidence from nonmedical sources | Nonmedical sources   | All evidence from nonmedical sources                                                   |
| Prior administrative medical finding | Medical Consultants (MC) and Psychological Consultants (PC) | A finding, other than the ultimate determination about whether the individual is disabled, about a medical issue made by an MC or PC at a prior administrative level in the current claim |

**See:**
- 20 CFR 404.1513 and 416.913
- POMS DI 24503.005 Categories of Evidence
Issues Reserved to the Commissioner

- Statements on issues reserved to the Commissioner are inherently neither valuable nor persuasive to us.
- For claims filed on or after March 27, 2017, we will not provide any written analysis about how we consider this evidence.
- Consider the context of the statement.
- These are the issues reserved to the Commissioner:
  - A statement that a claimant is or is not disabled, blind, able to work, or able to perform regular or continuing work.
  - A statement about whether or not a claimant has a severe impairment.
  - A statement about whether or not an impairment(s) meets the duration requirement.
  - A statement about whether or not an impairment(s) meets or medically equals any listing in the Listing of Impairments.
  - In title 16 child claims, a statement about whether or not an impairment(s) functionally equals the listings.
  - A statement about what a claimant’s RFC is that uses our programmatic terms about the functional exertional levels instead of descriptions about the claimant’s functional abilities and limitations.
  - A statement about whether or not a claimant’s RFC prevents him or her from doing past relevant work.
  - A statement that a claimant does or does not meet the requirements of a medical-vocational rule.
  - A statement about whether an individual’s disability continues or ends when we conduct a continuing disability review.

- See:
  - 20 CFR 404.1520b(c), 404.1527(d), 416.920b(c), 416.927(d)
  - DI 24503.040 Evaluating Statements on Issues Reserved to the Commissioner.
Other Governmental Agency and Nongovernmental Entity Decisions

- Other governmental agencies and nongovernmental entities make decisions about disability, blindness, employability, Medicaid, workers’ compensation, and other benefits for their programs using their own rules.
- They are inherently neither valuable nor persuasive to us.
- For claims filed on or after 3/27/17, we will not provide any written analysis about how we consider this evidence.
- We may provide written analysis about how we consider the underlying evidence supporting that agency’s or entity’s decision that we receive.
- We will not adopt a VA disability rating as our own determination.
- See:
  - 20 CFR 404.1504, 404.1520b(c), 416.904, and 416.920b(c).
  - DI 24503.045 Evaluating Decisions by Other Government Agencies and Nongovernment Entities.
Medical opinions and prior administrative medical findings: Claims filed before 3/27/17: Policies

- We should “weigh” each
  - Controlling weight: we will give a treating source’s medical opinion controlling weight only when it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence in the case record
  - Treating source: an AMS who has provided a claimant with medical treatment or evaluation and who has had an ongoing treatment relationship not for purposes of adjudication (abbreviated)
  - Medical opinion: a statement from an AMS that reflect judgments about the nature and severity of impairment(s), including symptoms, diagnosis and prognosis, what a claimant can still do despite impairment(s), and physical or mental restrictions.

- There are 6 factors to consider (see page 9)

- Articulation requirements
  - Prior administrative medical findings: ODAR adjudicators must always include explanation
  - Medical opinions:
    - If giving controlling weight, then we must include an explanation for that medical opinion
    - If not giving controlling weight, then we must include an explanation for all medical opinions from AMSs
  - Opinions from medical sources who are not AMSs and from nonmedical sources: we generally should explain the weight given to these opinions or otherwise ensure the discussion of evidence allows a reader to follow our reasoning if the opinion could affect the outcome. We must discuss these opinions when we give them more weight than AMS medical opinions.

- See:
  - 20 CFR 404.1527 and 416.927
  - DI 24503.035 Evaluating and Required Written Analysis about Opinions – Claims filed before March 27, 2017
Medical opinions and prior administrative medical findings: Claims filed before 3/27/17: Factors to consider

- **Examining relationship:** Generally, we give more weight to the medical opinion of a source who has examined a claimant

- **Treatment relationship:**
  - Generally, we give more weight to medical opinions from treating sources
  - Consider
    - Length of the treatment relationship and frequency of examination
    - Nature of the treatment relationship and extent of the treatment relationship

- **Supportability:**
  - The more a medical source presents relevant evidence to support a medical opinion, particularly objective medical evidence, the more weight we will give that medical opinion.
  - The better an explanation a source provides for a medical opinion, the more weight we will give that medical opinion.

- **Consistency:** Generally, the more consistent a medical opinion is with the record as a whole, the more weight we will give to that medical opinion.

- **Specialization:** Generally, we give more weight to the medical opinion of a specialist about medical issues related to his or her area of specialty than to the medical opinion of a source who is not a specialist.

- **Other factors:** Consider any other factors which tend to support or contradict the medical opinion
  - Amount of understanding of our disability programs and their evidentiary requirements
  - The extent to which a medical source is familiar with the other information in a case record

- See:
  - 20 CFR [404.1527](#) and [416.927](#)
  - DI 24503.035 Evaluating and Required Written Analysis about Opinions – Claims filed before March 27, 2017
Medical opinions and prior administrative medical findings: Claims filed on or after 3/27/17: Policies

- Consider the persuasiveness of the quality of the evidence
- Do not assign any “weight”
- There is a new definition of “medical opinion” focusing on functional abilities and limitations (see page 4)
- There are 5 factors to consider (see page 11)
- Most important factors are supportability and consistency

Articulation requirements
- We must include an explanation about how persuasive we find all medical opinions from all medical sources and all prior administrative medical findings
- We may include an explanation about all of a medical source’s medical opinions together
- We must include an explanation about the supportability and consistency factors
- Remaining 3 factors
  - We must discuss when two or more medical opinions or prior administrative medical findings about the same issue are both equally well-supported and consistent but are not exactly the same
  - It is discretionary whether to discuss them in other situations

See:
- 20 CFR 404.1502, 404.1520c, 416.902, and 416.920c
- DI 24503.025 Evaluating Medical Opinions and Prior Administrative Medical Findings - Claims Filed on or after March 27, 2017
- DI 24503.030 Required Written Analysis about Medical Opinions and Prior Administrative Medical Findings - Claims Filed on or after March 27, 2017
Medical opinions and prior administrative medical findings: Claims filed on or after 3/27/17: Factors to consider

- **Supportability:** The more relevant the objective medical evidence and supporting explanations presented by a medical source are to support his or her medical opinion(s) or prior administrative medical finding(s), the more persuasive they will be.

- **Consistency:** The more consistent a medical opinion(s) or prior administrative medical finding(s) is with the evidence from other medical sources and nonmedical sources in the claim, the more persuasive they will be.

- **Relationship with the claimant:** This factor combines consideration of these five issues:
  - **Length of the treatment relationship:** The length of time a medical source has treated a claimant may help demonstrate whether the medical source has a longitudinal understanding of the claimant’s impairment(s).
  - **Frequency of examinations:** The frequency of a claimant’s visits with the medical source may help demonstrate whether the medical source has a longitudinal understanding of the claimant’s impairment(s).
  - **Purpose of the treatment relationship:** The purpose for treatment a claimant received from the medical source may help demonstrate the level of knowledge the medical source has of the claimant’s impairment(s).
  - **Extent of the treatment relationship:** The kinds and extent of examinations and testing the medical source has performed or ordered from specialists or independent laboratories may help demonstrate the level of knowledge the medical source has of a claimant’s impairment(s).
  - **Examining relationship:** A medical source may have a better understanding of a claimant’s impairment(s) if he or she examines the claimant than if the medical source only reviews evidence in the folder.

- **Specialization:** The medical opinion or prior administrative medical finding of a medical source who has received advanced education and training to become a specialist may be more persuasive about medical issues related to his or her area of specialty than the medical opinion or prior administrative medical finding of a medical source who is not a specialist in the relevant area of specialty.

- **Other factors:** We will consider other factors that tend to support or contradict a medical opinion or prior administrative medical finding. This includes, but is not limited to, evidence showing a medical source has familiarity with the other evidence in the claim or an understanding of our disability program’s policies and evidentiary requirements. When we consider a medical source’s familiarity with the other evidence in a claim, we will also consider whether new evidence we receive after the medical source made his or her medical opinion or prior administrative medical finding makes the medical opinion or prior administrative medical finding more or less persuasive.

- See:
  - 20 CFR 404.1520c and 416.920c
  - DI 24503.025 Evaluating Medical Opinions and Prior Administrative Medical Findings - Claims Filed on or after March 27, 2017
Medical and Psychological Consultants

- **Medical consultants**: Licensed physicians only
- **Psychological consultants**: Licensed psychiatrists or qualified psychologists
  - To be qualified, a psychologist must:
    - (1) Be licensed or certified as a psychologist at the independent practice level of psychology by the State in which he or she practices; AND
    - (2) Either
      - (i) Possess a doctorate degree in psychology from a program in clinical psychology of an educational institution accredited by an organization recognized by the Council on Post-Secondary Accreditation; OR
      - (ii) Be listed in a national register of health service providers in psychology which the Commissioner of Social Security deems appropriate (Note: there is no such list in use currently); AND
    - (3) Possess 2 years of supervised clinical experience as a psychologist in health service, at least 1 year of which is post-master’s degree.

- **Initial and reconsideration claims involving physical impairments**
  - We must make every reasonable effort to ensure that a licensed physician has completed the medical portion of the case review and any applicable residual functional capacity (RFC) assessment
  - Both allowances and denials

- **Initial and reconsideration claims involving mental impairments**
  - We must make every reasonable effort to ensure that a qualified psychiatrist or psychologist has completed the medical portion of the case review and any applicable residual functional capacity (RFC) assessment.
  - Both allowances and denials

- See:
  - 20 CFR 404.1616 and 416.1016
  - DI 24501.001 The Disability Determination Services (DDS) Disability Examiner (DE), Medical Consultant (MC), and Psychological Consultant (PC) Team, and the Role of the Medical Advisor (MA)
Changes to Listings

- Special Senses and Speech (2.00 and 102.00)
  - Otologic examination can now be performed by an audiologist
  - Audiometric testing can now be performed by, or under the direct supervision of, a licensed audiologist
- Cross-reference updates and wording revisions to match new terminology
- See: 20 CFR Part 404 Subpart P Appendix 1
Social Security Rulings (SSR)
On March 27, 2017, SSA:

- Rescinded four SSRs:
  - SSR 96-2p: Giving Controlling Weight to Treating Source Medical Opinions
  - SSR 96-5p: Medical Source Opinions on Issues Reserved to the Commissioner
  - SSR 96-6p: Consideration of Administrative Findings of Fact by State Agency Medical and Psychological Consultants and Other Program Physicians and Psychologists at the Administrative Law Judge and Appeals Council Levels of Administrative Review; Medical Equivalence
  - SSR 06-03p: Considering Opinions and Other Evidence from Sources Who Are Not “Acceptable Medical Sources” in Disability Claims; Considering Decisions on Disability by Other Governmental and Nongovernmental Agencies

- Published SSR 17-2p: Titles II and XVI: Evidence Needed by Adjudicators at the Hearings and Appeals Council Levels of the Administrative Review Process to Make Findings about Medical Equivalence