

# Understanding the evaluation process for cardiac conditions and SSDI benefits

**Cardiovascular conditions rank third among the most common conditions** cited for Social Security Disability Insurance (SSDI) applications, behind disorders of the musculoskeletal system and connective tissue. Of the total workers with disabilities receiving SSDI benefits in 2022, diseases of the circulatory system, which includes cardiovascular conditions, accounted for 11% of the benefits awarded. As we wrap up **February and American Heart Month**, we will look closer at four primary heart-related conditions that make up cardiovascular disease and how disability examiners commonly assess claims related to these conditions.



## SOCIAL SECURITY RULINGS AND SSDI CLAIM ADJUDICATION

Social Security uses **SSDI regulations** and **Social Security Rulings (SSRs)** to evaluate SSDI claims and determine if an individual's medical condition is severe enough to prevent them from working for at least one year or is expected to result in death. Social Security Rulings are defined as a *"series of precedential decisions relating to the programs administered by SSA and are published under the authority of the Commissioner of Social Security."*

Published in the Notices section of the Federal Register, these rulings are considered public records and may be based on decisions made at any level of SSA's claim review process. Social Security Rulings are often used as precedents for comparison when evaluating SSDI cases citing similar conditions.

## CARDIOMYOPATHY

Cardiomyopathy, or **heart muscle disease**, affects the ability of the heart to properly pump blood to the rest of the body. Between 1-in-200 and 1-in-300 adults may have cardiomyopathy, and unfortunately, it is typically undiagnosed. High blood pressure, viral infections, abuse of cocaine or alcohol, coronary artery disease, end-stage kidney disease, systemic lupus, or simply a genetic inheritance can all lead to developing cardiomyopathy.

Medical documentation must be provided to support an SSDI claim citing a cardiomyopathy diagnosis. Documentation should include a history of the condition, physical examinations, laboratory studies, and any prescribed treatment and response that is critical to demonstrating the severity and duration of the condition. It is also important to have what is known as a "longitudinal clinical record" with no less than three months of observations and treatment documented in case the medical evidence does not suffice. When medical evidence is unavailable as the cardiomyopathy is undiagnosed or treated, existing medical evidence may point to a comorbid condition that meets a Social Security listing.

Despite its prevalence, Social Security no longer recognizes cardiomyopathy as a separate impairment, so individuals must apply for disability under the listings for congestive heart failure (Listing 4.02), ischemic (coronary) heart disease (Listing 4.04), or arrhythmia (Listing 4.05).

## CORONARY ARTERY DISEASE

Coronary Artery Disease, known by the medical term **Atherosclerosis Heart Disease of Native Coronary Artery without Angina Pectoris**, is the most common type of heart disease and the leading cause of death in the United States.

Known as a hardening of the arteries, symptoms of coronary artery disease typically include chest discomfort or pain brought on by physical effort or emotion/stress triggers, shortness of breath, or, eventually, a heart attack. In addition, atypical angina can cause symptoms of pain or discomfort felt in places other than the chest, such as the left arm, neck, jaw(s), upper abdomen, and back.

A diagnosis is typically determined by conducting a variety of tests, including:

- Blood test
- Electrocardiogram (ECG or EKG)
- Exercise stress test
- Echocardiogram
- Doppler ultrasound
- Ankle-brachial index (ABI)
- Cardiac catheterization and angiogram
- Coronary calcium scan
- Other imaging tests (MRA or PET)

Coronary artery disease is found in the Blue Book under Listing 4.04 for ischemic heart disease. The diagnosis must include at least one of the below items for the SSA to adequately evaluate the potential for a disability:

- An abnormal exercise tolerance test,
- Three separate ischemic episodes (loss of blood flow) requiring angioplasty or bypass surgery over a 12-month period,
- Angiographic or other imaging showing 50-70% narrowing of a non-bypassed coronary artery and severe limitations in activities of daily living,
- Heart transplant (Listing 4.09),
- Aorta or Major Branch Aneurysm (Listing 4.10),
- Recurrent Heart Arrhythmias (Listing 4.05), or
- A physician medical source statement (MSS), which is considered the most helpful.

[Click here](#) to learn more about how Social Security evaluates claims related to coronary artery disease.

## ATRIAL FIBRILLATION

Atrial Fibrillation, otherwise known as **A-fib**, is an irregular heartbeat – or arrhythmia – that affects the blood flow within the heart. While it only affects about 1 - 1.5% of the population, it is on the rise and considered a potential epidemic. Currently, an estimated 25% of all ischemic strokes after age 40 are caused by A-fib. With atrial fibrillation comes a heightened risk for serious issues such as blood clots, stroke, heart failure, dementia, and even death.

For A-fib to meet the criteria of Social Security's Listing for Recurrent Arrhythmias (4.05), there must be a documented loss of consciousness or altered consciousness on three separate occasions over 12 months despite compliance with treatment. The arrhythmia would also need to be unrelated to reversible causes. Finally, an ECG or other medical testing must document the relationship between the arrhythmia and loss of consciousness.

To be ruled a disabling condition by the SSA, thorough evidence needs to be provided, including:

- The A-fib onset date,
- Documentation of any events that may have caused the A-fib, such as heart attack or major illness,
- Physical examination results,
- Cardiology records, including cardiac test results, laboratory results, and operative reports, and
- Hospital records, including emergency room visits, for A-fib systems or related complications.

Medical symptoms must be objectively identified, including shortness of breath, dizziness or fainting, decreased mobility, decreased tolerance for stress, fatigue, muscle weakness, and fluid retention in arms, legs, ankles, or feet. Additionally, a supporting medical source statement should be included if available.

[Click here](#) to learn more about how the SSA evaluates claims related to atrial fibrillation.

## CORONARY HEART DISEASE

Coronary Heart Disease, otherwise known as **Atherosclerotic Heart Disease or Atherosclerotic Vascular Disease**, occurs when the blood to the heart is restricted. The restriction can happen not just in the arteries leading to the heart but also to the brain or kidneys and those in the arms and legs. Surprisingly, the arteries can begin to have plaque buildup as early as childhood and will worsen over time. Typically, risk factors include unhealthy cholesterol levels, lifestyle habits, and genetics.

Unfortunately, many people have no symptoms of coronary heart disease, so it can go undiagnosed until symptoms appear or the heart goes into cardiac arrest. A diagnosis can be confirmed by running several key tests, including a coronary angiography, an ECG or EKG, a stress echocardiogram, and a stress thallium test.

Once the diagnosis of coronary heart disease is confirmed, evidence will need to be provided to Social Security to meet the criteria as a disabling condition. Evidence should include:

- An abnormal exercise tolerance test,
- Loss of blood flow requiring angioplasty or bypass surgery over a 12-month period,
- Angiographic or other imaging showing 50% or 70% narrowing of a non-bypassed coronary artery and serious limitations in activities of daily living, and
- A physical medical source statement from a supporting physician.

Like cardiomyopathy, Social Security does not recognize coronary heart disease with its own listing. After detailing the diagnosis, individuals would look to be approved under the listing for ischemic (coronary) heart disease (Listing 4.04).

[Click here](#) to learn more about how Social Security evaluates claims citing cardiovascular conditions.