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# Disability Programs



## Medical/Professional Relations

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### Disability Evaluation Under Social Security

(Blue Book- September 2008)

This edition of Disability Evaluation Under Social Security, (also known as the Blue Book), has been specially prepared to provide physicians and other health professionals with an understanding of the disability programs administered by the Social Security Administration. It explains how each program works, and the kinds of information a health professional can furnish to help ensure sound and prompt decisions on disability claims.

[Adult Listings \(Part A\)](#)

[Childhood Listings \(Part B\)](#)

The Adult and Childhood Listings of Impairments are included in this publication. These listings are just part of how we decide if someone is disabled. We also consider past work experience, severity of medical conditions, age, education, and work skills.

[General Information](#)

This electronic version replaces the June 2006 and prior editions of Disability Evaluation Under Social Security.

[Evidentiary Requirements](#)

[Listing of Impairments \(overview\)](#)

SSA Pub. No. 64-039  
ICN 468600  
September 2008

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### Our Disability Determination Process

Most Social Security disability claims are initially processed through a network of local Social Security Administration (SSA) field offices and State agencies (usually called Disability Determination Services or DDSs). Subsequent appeals of unfavorable determinations may be decided in a DDS or by an administrative law judge in SSA's Office of Disability Adjudication and Review.

Social Security representatives in the field offices usually obtain applications for disability benefits in person, by telephone, by mail, or [by filing online](#). The application and related forms ask for a description of the claimant's impairment (s), treatment sources, and other information that relates to the alleged disability. (The "claimant" is the person who is requesting disability benefits.)

The field office is responsible for verifying non-medical eligibility requirements, which may include age, employment, marital status, or Social Security coverage information. The field office then sends the case to a DDS for evaluation of disability.

The DDSs, which are fully funded by the Federal Government, are State agencies responsible for developing medical evidence and rendering the initial determination on whether or not a claimant is disabled or blind under the law.

Usually, the DDS tries to obtain evidence from the claimant's own medical sources first. If that evidence is unavailable or insufficient to make a determination, the DDS will arrange for a consultative examination (CE) to obtain the additional information needed. The claimant's treating source is the preferred source for the CE, but the DDS may obtain the CE from an independent source. After completing its development of the evidence, trained staff at the DDS makes the initial disability determination.

Then, the DDS returns the case to the field office for appropriate action. If the DDS found that the claimant is disabled, SSA completes any outstanding non-disability development, computes the benefit amount, and begins paying benefits. If the claimant was found not to be disabled, the file is kept in the field office in case the claimant decides to appeal the determination.

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Last reviewed or modified Wednesday Feb 09, 2011