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Disability Programs



Medical/Professional Relations

Disability Evaluation Under Social Security

(Blue Book- September 2008)

109.00 Endocrine System - Childhood

[Adult Listings \(Part A\)](#)[Childhood Listings \(Part B\)](#)[General Information](#)[Evidentiary Requirements](#)[Listing of Impairments \(overview\)](#)

Section

109.00 Endocrine System

109.01

[Category of Impairments, Endocrin](#)

A. *Cause of disability.* Disability is caused by a disturbance in the regulation of the secretion or metabolism of one or more hormones which are not adequately controlled by therapy. Such disturbances or abnormalities usually respond to treatment. To constitute a listed impairment these must be shown to have persisted or be expected to persist despite prescribed therapy for a continuous period of at least 12 months.

109.02

[Thyroid Disorders](#)

109.03

[Hyperparathyroidism](#)

109.04

[Hypoparathyroidism or Pseudohypoparathyroidism](#)

B. *Growth.* Normal growth is usually a sensitive indicator of health as well as of adequate therapy in children. Impairment of growth may be disabling in itself or may be an indicator of a severe disorder involving the endocrine system or other body systems. Where involvement of other organ systems has occurred as a result of a primary endocrine disorder, these impairments should be evaluated according to the criteria under the appropriate sections.

109.05

[Diabetes insipidus, documented by pathologic hypertonic saline or deprivation test](#)

C. *Documentation.* Description of characteristic history, physical findings, and diagnostic laboratory data must be included. Results of laboratory tests will be considered abnormal if outside the normal range or greater than two standard deviations from the mean of the testing laboratory. Reports in the file should contain the information provided by the testing laboratory as to their normal values for that test.

109.06

[Hyperfunction of the Adrenal Cortex \(Primary or Secondary\)](#)

109.07

[Adrenal cortical insufficiency, \(as documented in 109.00C and E\)](#)

D. *Hyperfunction of the adrenal cortex.* Evidence of growth retardation must be documented as described in 100.00. Elevated blood or urinary free cortisol levels are not acceptable in lieu of urinary 17-hydroxycorticosteroid excretion for the diagnosis of adrenal cortical hyperfunction.

109.08

[Juvenile Diabetes Mellitus \(as documented in 109.00C\) requiring parenteral insulin](#)

E. *Adrenal cortical insufficiency.* Documentation must include persistent low plasma cortisol or low urinary 17-hydroxycorticosteroids or 17-ketogenic steroids

109.09
[Iatrogenic](#)
[hypercorticotid state](#)

and evidence of unresponsiveness to ACTH stimulation.

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109.10
[Pituitary Dwarfism](#)
 (With documented
[growth hormone](#)
[deficiency\)](#)

109.01 Category of Impairments, Endocrine

109.02 *Thyroid Disorders*

109.11
[Adrenogenital](#)
[Syndrome](#)

A. Hyperthyroidism (as documented in 109.00C above). With clinical manifestations despite prescribed therapy, and one of the following:

109.12
[Hypoglycemia](#)

1. Elevated serum thyroxine (T_4) and either elevated free T_4 or resin T_3 uptake; or

109.13
[Gonadal](#)
[Dysgenesis](#)
 (Turner's
[Syndrome](#)),
[chromosomally](#)
[proven](#)

2. Elevated thyroid uptake of radioiodine; or

3. Elevated serum triiodothyronine (T_3).

B. Hypothyroidism. With one of the following, despite prescribed therapy:

1. IQ of 70 or less; or

2. Growth impairment as described under the criteria in 100.02 A and B; or

3. Precocious puberty.

109.03 *Hyperparathyroidism (as documented in 109.00C). With:*

A. Repeated elevated total or ionized serum calcium; or

B. Elevated serum parathyroid hormone.

109.04 *Hypoparathyroidism or Pseudohypoparathyroidism. With:*

A. Severe recurrent tetany or convulsions which are unresponsive to prescribed therapy; or

B. Growth retardation as described under the criteria in 100.02A and B.

109.05 *Diabetes insipidus, documented by pathologic hypertonic saline or water deprivation test. And one of the following:*

A. Intracranial space-occupying lesion, before or after surgery; or

B. Unresponsiveness to Pitressin; or

C. Growth retardation as described under the criteria in 100.02A and B; or

D. Unresponsive hypothalamic thirst center, with chronic or recurrent hypernatremia; or

E. Decreased visual fields attributable to a pituitary lesion.

109.06 Hyperfunction of the Adrenal Cortex (Primary or Secondary). With:

A. Elevated urinary 17-hydroxycorticosteroids (or 17-ketogenic steroids) as documented in 109.00C and D; and

B. Unresponsiveness to low-dose dexamethasone suppression.

109.07 Adrenal cortical insufficiency, (as documented in 109.00C and E) with recent, recurrent episodes of circulatory collapse.

109.08 Juvenile Diabetes Mellitus (as documented in 109.00C) requiring parenteral insulin. And one of the following, despite prescribed therapy:

A. Recent, recurrent hospitalizations with acidosis; or

B. Recent, recurrent episodes of hypoglycemia; or

C. Growth retardation as described under the criteria in 100.02.A or B; or

D. Impaired renal function as described under the criteria in 106.00ff.

109.09 Iatrogenic hypercorticotoid state. With chronic glucocorticoid therapy resulting in one of the following:

A. Osteoporosis; or

B. Growth retardation as described under the criteria in 100.02A or B; or

C. Diabetes mellitus as described under the criteria in 109.08; or

D. Myopathy as described under the criteria in 111.06; or

E. Emotional disorder as described under the criteria in 112.00ff.

109.10 Pituitary Dwarfism (With documented growth hormone deficiency). And growth impairment as described under the criteria in 100.02B.

109.11 Adrenogenital Syndrome. With:

A. Recent, recurrent salt-losing episodes despite prescribed therapy; or

B. Inadequate replacement therapy manifested by accelerated bone age and virilization; or

C. Growth impairment as described under the criteria in 100.02A or B.

109.12 Hypoglycemia (as documented in 109.00C. With recent, recurrent hypoglycemic episodes producing convulsion or coma).

109.13 Gonadal Dysgenesis (Turner's Syndrome), chromosomally proven. Evaluate the resulting impairment under the criteria for the appropriate body system.

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