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# Disability Programs



## Medical/Professional Relations

### Disability Evaluation Under Social Security (Blue Book- September 2008)

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#### 111.00 Neurological - Childhood

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#### Section

#### 111.00 Neurological

##### **111.01**

[Category of Impairments, Neurological](#)

A. *Convulsive epilepsy* must be substantiated by at least one detailed description of a typical seizure. Report of recent documentation should include a neurological examination with frequency of episodes and any associated phenomena substantiated.

##### **111.02**

[Major motor seizure disorder](#)

Young children may have convulsions in association with febrile illnesses. Proper use of 111.02 and 111.03 requires that epilepsy be established. Although this does not exclude consideration of seizures occurring during febrile illnesses, it does require documentation of seizures during nonfebrile periods.

##### **111.03**

[Nonconvulsive Epilepsy](#)

There is an expected delay in control of epilepsy when treatment is started, particularly when changes in the treatment regimen are necessary. Therefore, an epileptic disorder should not be considered to meet the requirements of 111.02 or 111.03 unless it is shown that convulsive episodes have persisted more than three months after prescribed therapy began.

##### **111.05**

[Brain tumors](#)

##### **111.06**

[Motor dysfunction \(Due to any neurological disorder\)](#)

B. *Nonconvulsive epilepsy*. Classical petit mal seizures must be documented by characteristic EEG pattern, plus information as to age at onset and frequency of clinical seizures. Myoclonic seizures, whether of the typical infantile or Lennox-gastaut variety after infancy, must also be documented by the characteristic EEG pattern plus information as to age at onset and frequency of seizures.

##### **111.07**

[Cerebral Palsy](#)

##### **111.08**

[Meningomyelocele \(and related disorders\)](#)

##### **111.09**

[Communication impairment associated with documented neurological disorder](#)

C. *Motor dysfunction*. As described in 111.06, motor dysfunction may be due to any neurological disorder. It may be due to static or progressive conditions involving any area of the nervous system and producing any type of neurological impairment. This may include weakness, spasticity, lack of coordination, ataxia, tremor, athetosis, or sensory loss. Documentation of motor dysfunction must include neurologic findings and description of type of neurologic abnormality (e.g., spasticity, weakness), as well as a description of the child's functional impairment (i.e., what the child is

unable to do because of the abnormality). Where a diagnosis has been made, evidence should be included for substantiation of the diagnosis (e.g., blood chemistries and muscle biopsy reports), wherever applicable.

*D. Impairment of communication.* The documentation should include a description of a recent comprehensive evaluation including all areas of affective and effective communication, performed by a qualified professional.

### **111.01 Category of Impairments, Neurological**

#### **111.02 Major motor seizure disorder**

*A. Convulsive epilepsy.* In a child with an established diagnosis of epilepsy, the occurrence of more than one major motor seizure per month despite at least three months of prescribed treatment. With:

1. Daytime episodes (loss of consciousness and convulsive seizures); or
2. Nocturnal episodes manifesting residuals which interfere with activity during the day.

*B. Convulsive epilepsy syndrome.* In a child with an established diagnosis of epilepsy, the occurrence of at least one major motor seizure in the year prior to application despite at least three months of prescribed treatment. And one of the following:

1. IQ of 70 or less; or
2. Significant interference with communication due to speech, hearing, or visual defect; or
3. Significant mental disorder; or
4. Where significant adverse effects of medication interfere with major daily activities.

**111.03 Nonconvulsive epilepsy.** In a child with an established seizure disorder, the occurrence of more than one minor motor seizure per week, with alteration of awareness or loss of consciousness, despite at least 3 months of prescribed treatment.

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**111.05 Benign brain tumors** Evaluate under 111.02,

111.03, 111.06, 111.09 or the criteria of the affected body system.

**111.06 Motor dysfunction (Due to any neurological disorder)** Persistent disorganization or deficit of motor function for age involving two extremities, which (despite prescribed therapy) interferes with age-appropriate major daily activities and results in disruption of:

- A. Fine and gross movements; or
- B. Gait and station.

**111.07 Cerebral palsy** with:

- A. Motor dysfunction meeting the requirements of 101.02 or 111.06; or
- B. Less severe motor dysfunction (but more than slight) and one of the following:
  - 1. IQ of 70 or less; or
  - 2. Seizure disorder, with at least one major motor seizure in the year prior to application; or
  - 3. Significant interference with communication due to speech, hearing, or visual defect; or
  - 4. Significant emotional disorder.

**111.08 Meningomyelocele (and related disorders).** With one of the following despite prescribed treatment:

- A. Motor dysfunction meeting the requirements of 101.02 or 111.06; or
- B. Less severe motor dysfunction (but more than slight), and:
  - 1. Urinary or fecal incontinence when inappropriate for age; or
  - 2. IQ of 70 or less; or
- C. Four extremity involvement; or
- D. Noncompensated hydrocephalus producing interference with mental or motor developmental progression.

**111.09 Communication impairment associated with documented neurological disorder.** And one of the following:

A. Documented speech deficit which significantly affects the clarity and content of the speech; or

B. Documented comprehension deficit resulting in ineffective verbal communication for age; or

C. Impairment of hearing as described under the criteria in 102.08.

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