

The Social Security Disability Insurance (SSDI) Ultimate Resource Guide - 2025

Learn About the SSDI Program: Eligibility Criteria, Compensation Amounts, Application Process & How to Appeal Denied SSDI Applications

Learn all about Social Security Disability Insurance (SSDI), Definitions, Eligibility and Application Process



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Introduction

Bringing up the topic of disability is not something many of us discuss. But sometimes it is worthwhile to learn as chances of developing a disability may be higher than you think. Studies show that an American worker has one in four probabilities of developing some sort of disability before they reach their full retirement age. In other words, there is a chance your coworkers or yourself could face such an event. This can be why opening up conversations about disability can be essential. Today, we can get you started.

Think of Social Security Disability Insurance (SSDI) as a crucial safety net. It is there to support you when an injury or health issue gets in the way of your work. But here's the twist. Getting through the SSDI application process can feel like a complicated puzzle which takes time and stress if not approached correctly. Surprisingly, even though a significant number of applicants apply for it each year, about 65% of the first attempts get turned down by the Social Security Administration (SSA).

Without the correct information the whole process can be confusing, mainly because of all the legal jargon and rules. With all that is happening with work, doing deep research on SSDI details might not be something you have time for when you need the right help.

For precisely this reason, we have gathered up all the crucial information and wrote this easy-to-follow guide. Let's make understanding disability and SSDI benefits not just stress free but actually beneficial. We can help you get your rights and save your precious time.

What is SSDI?

Social Security Disability Insurance (SSDI) pays monthly payments to workers who are unable to work due to a serious disease or impairment that is likely to continue at least a year or cause death within a year. The federal government funds Social Security Disability Insurance Benefits, which are overseen by the United States Social Security Administration (SSA). If you've worked sufficiently and have a physical condition that prevents you from working for at least 12 months or is predicted to kill you, Social Security will pay disability payments to you and your qualified family members.

Disability Statistics:

- According to the CDC, 26% of Americans face occasional work challenges due to disabilities.

SSDI Basics:

- SSDI provides monthly benefits to those unable to work due to specific illnesses or medical conditions.
- Administered by the Social Security Administration, SSDI was established under Title XVI of the Social Security Act.

Funding and Eligibility:

- SSDI benefits are funded through FICA payroll taxes, visible on individual Social Security statements.
- Eligibility requires a sufficient number of work credits and being under the age of 65.

Compensation Calculation:

- SSDI compensation is determined by "covered earnings," the amounts on which Social Security taxes were paid before the disability.

Qualification Requirements:

- To qualify, one must earn insurance through the program by paying FICA taxes for a specified number of years.
- Meeting the Social Security Administration's disability standards is essential.
- Credits are earned by paying into Social Security for 20 of the last 40 fiscal quarters, equivalent to working for 5 of the last 10 years before stopping work.

How Much Do SSDI Benefits Pay Monthly?

The maximum monthly SSDI benefit for 2025 is set at \$4,018, although this figure is atypical, with most individuals receiving less. For instance, the anticipated average SSDI benefit in 2024 is \$1,486 per month. SSDI payments remain consistent across all states, devoid of regional variations.

Should you receive disability payments from other sources, such as worker's compensation or state disability benefits, these may impact your SSDI payment, requiring disclosure to the SSA.

The SSA employs a complex method for computing SSDI benefits once it deems an individual disabled. The monthly SSDI benefit amount is determined by both the [Average Indexed Monthly Earnings \(AIME\)](#) and the [Primary Insurance Amount \(PIA\)](#). AIME, derived from earnings and Social Security tax contributions (FICA), is used to calculate PIA, and the sum of PIA amounts constitutes your monthly SSDI benefits payments. Given the uniqueness of each person's average earnings, their SSDI monthly payment is distinctly tailored.

AIME represents the average taxable income accrued throughout one's career. However, computing AIME involves more than simply summing up annual earnings and dividing by the number of working years. To calculate an injured worker's benefits, the Social Security Administration adjusts wages using indexing, accommodating changes in general wage levels over an individual's job years.

Social Security considers only the highest 35 years of earned income when calculating benefits. For those with careers exceeding 35 years, the years with lower income are excluded. Conversely, if the work span is under 35 years, the SSA incorporates zeros in its computation for the missing years. For instance, if you worked for 20 years before applying for SSDI, the remaining 15 years would register as zeros in your income. This distinction is crucial, as workers with shorter careers may receive less Social Security income compared to those with lengthier careers.

PIA is calculated by breaking down your AIME into three different brackets. The cut-off amount in each of these brackets generally increases every year. To calculate your PIA amount in 2023, you will consider the below PIA brackets and calculations.

- 90% of the first slice (your first \$1,115 of AIME) PLUS
- 32% of your AIME over \$1,115 and through \$6,721, PLUS
- 15% of your AIME over \$6,721

To give an example, if SSA determined your AIME (average indexed monthly earnings) to be \$6000, Then the formula will be implied as:

90% of the first \$1,115, which is \$1,003.50

+

32% of \$4,885 (Your AIME \$6,000 – the \$1,115 from the first bracket) is \$1,563.20

+

15% of the third bracket isn't applicable in this situation as the AIME is under \$6,721

As per this example, your monthly SSDI benefits should be the sum of the three brackets above.

$\$1,003.50 + \$1,563.20 = \$2,566.70$

Disability payments from private sources, such as private pensions or insurance benefits, have no impact on your Social Security Disability Insurance (SSDI) benefits. However, workers' compensation and certain public disability benefits may potentially reduce your SSDI benefits.

Public disability payments from federal, state, or local governments for non-job-related disabling medical conditions, such as civil service disability benefits, state temporary disability benefits, and certain government retirement benefits, can affect your Social Security benefits. If you receive workers' compensation or other public disability benefits in addition to SSDI benefits, the combined total cannot exceed 80% of your average current earnings before becoming disabled.

However, specific public benefits do not influence your SSDI benefits. If you receive SSDI benefits along with Veterans Administration benefits, state and local government benefits (provided Social Security taxes were deducted from your earnings), or Supplemental Security Income (SSI), your SSDI benefit remains unaffected.

To determine any reduction, the total of your monthly SSDI benefits (including family members' benefits) is combined with your workers' compensation or other public disability payment. If this total exceeds 80% of your average current earnings, the excess amount is deducted from your Social Security benefit. For example: before you became disabled, your average earnings were \$4,000 a month. You, your spouse, and your two children would be eligible to receive a total of \$2,200 a month in Social Security disability benefits. You also receive \$2,000 a month from workers' compensation. Because the total amount of benefits you would receive (\$4,200) is more than 80% (\$3,200) of your average current earnings (\$4,000), your family's Social Security benefits will be reduced by \$1,000 (\$4,200 – \$3,200). 3 (over) Your Social Security benefit will be reduced until the month you reach your full retirement age or the month your other benefits stop, whichever comes first.

If you receive a lump-sum workers' compensation or other disability payment, it may impact the Social Security benefits you and your family receive. Promptly informing the SSA about any lump-sum disability payment is essential.

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SSDI also considers unearned income, which encompasses various sources such as workers' compensation, retirement benefits, pensions, veterans' benefits, unemployment, household expenses paid by others, inheritance payments, life insurance, child support, income from investments, union benefits, alimony, and income from rental properties.

The SSA assesses eligibility for benefits based on evaluating various forms of unearned income.

These may include the following:

- Workers' compensation
- Retirement benefits
- Pensions
- Veterans' benefits
- Unemployment
- Household expenses paid by others for you
- Inheritance payments
- Life insurance
- Child Support
- Income from investments
- Union benefits
- Alimony
- Income from rental properties

While some of these unearned income sources may impact your eligibility for Social Security Disability Insurance (SSDI) benefits, others may not. With puzzling criteria in mind, we recommend support from companies like ours that have the knowledge and experience to provide you with the best outcome for your situation.

Now that we understand information regarding SSDI, let's explore the qualifications and eligibility for the individual.

Who Qualifies/Eligible for SSDI?

To qualify for SSDI benefits, the initial criterion to consider is having a significant health condition that limits the ability to engage in substantial gainful activity (SGA), making it challenging to sustain employment. SSDI places a strong emphasis on assisting individuals facing substantial barriers to employment due to health challenges, thoroughly analyzing health criteria.

To be eligible for Social Security Disability Insurance (SSDI) benefits, certain conditions must be met, including:

- Having a work history that includes jobs covered by Social Security.
- Possessing a medical condition that aligns with Social Security's stringent definition of disability.

Upon approval, monthly benefits are disbursed to individuals unable to work for one year or more due to a disability. Typically, there is a five-month waiting period, with the first payment provided on the sixth full month after establishing the onset date of the disability. Depending on the case, benefits can be retroactively received up to twelve months before applying, provided the individual had a disability during that period and meets all other requirements. These benefits generally continue until the individual resumes regular work. During the transition back to employment, benefits and healthcare coverage, known as work incentives, are offered. If SSDI benefits are received upon reaching full retirement age, the disability benefits automatically convert to retirement benefits, with the amount remaining unchanged.

As the duration of disability is pivotal for payment considerations, SSDI defines disability as an individual's inability to participate in substantial gainful activity (SGA) due to medically identifiable physical or mental impairments. This condition must persist for a consecutive period of at least 12 months or be anticipated to lead to death.

What Medical Conditions Qualify for SSDI Benefits?

The following sections describe the medical standards used to evaluate disabilities for people who are 18 years of age and older, as well as, where relevant, for children under the age of 18 whose problems are similar to those that affect adults and younger people. We'll look at a few of the common impairments that are relevant to the Social Security SSDI Disability Evaluation in this section.

Nonetheless, the following is a list of qualifying impairments:

- Musculoskeletal Disorders – Osteoporosis, Paralysis, Rheumatoid Arthritis, Ruptured Disc, Scoliosis, Carpal tunnel, Degenerative disc, Fibromyalgia, Muscular Dystrophy, and other similar conditions qualify under this category.
- Special Senses and Speech – Loss of speech, Hearing loss, dizziness, Partial sight, impaired vision, and other similar conditions qualify under this category.
- Respiratory Disorders – Asthma, cystic fibrosis, bronchitis, respiratory failure, chronic pulmonary hypertension, and other similar conditions qualify under this category.
- Cardiovascular System – Heart transplant, Heart failure, Ischemic Heart disease, Congenital heart disease, Peripheral arterial disease, and other similar conditions qualify under this category.
- Digestive Disorders – Chronic liver disease, Liver transplantation, Inflammatory bowel disease, Intestinal hemorrhaging, Crohn's, Colitis, Bowel Incontinence, and other similar conditions qualify under this category.
- Genitourinary Disorders – Chronic kidney disease, impaired kidney function, Nephrotic syndrome, and other similar conditions qualify under this category.
- Hematological Disorders – Chronic Anemia, Sickle Cell, Hemophilia, Aplastic Anemia, and other similar conditions qualify under this category.
- Skin Disorders – Dermatitis, Severe burns, Genetic photosensitivity, Bullous Disease, and other similar conditions qualify under this category.
- Endocrine Disorders – Diabetes, Obesity, Pancreatitis, Reactive Hypoglycemia, Thyroid Gland Disorders, and other similar conditions qualify under this category.
- Congenital Disorders – that Affect Multiple Body Systems like Perinatal infection, Tay-Sachs, Metabolic disorders, Dysmorphic syndromes, and other similar conditions qualify under this category.
- Neurological Disorders – Alzheimer's, Huntington's Disease, Epilepsy, Dementia, Multiple Sclerosis (MS), Parkinson's, and other similar conditions qualify under this category.
- Mental Disorders – Schizophrenia, anxiety disorders, major depression Post-traumatic stress disorder (PTSD) Obsessive-compulsive disorder (OCD) Borderline personality disorder (PTSD), and other similar conditions qualify under this category.
- Cancer (Malignant Neoplastic Diseases) – Lymphoma, Leukemia, Melanoma, Breast cancer, Prostate cancer, Sarcoma, Lung cancer, and other similar conditions qualify under this category.
- Immune System Disorders – Inflammatory Arthritis · Inflammatory Bowel Disease · Rheumatoid Arthritis · HIV and AIDS and other similar conditions qualify under this category.

You can find more detailed information for each impairment [here](#).

Musculoskeletal Disorders - Adult

Disorders affecting musculoskeletal functioning, including those of the skeletal spine and extremities, are assessed under these listings. Musculoskeletal disorders involve deformities, amputations, or abnormalities in bones, joints, tendons, ligaments, muscles, or other soft tissues.

In the evaluation of soft tissue injuries, including burns, or abnormalities under continuing surgical management, the SSA medical team assesses their impact on various parts of the body, such as the face and skull. They also evaluate spinal curvatures affecting musculoskeletal functioning.

SSA Evaluation of Musculoskeletal Disorder:

- **General Evidence:** Objective medical evidence from an acceptable medical source is necessary to establish the presence of a medically determinable musculoskeletal disorder. Additionally, evidence from both medical and nonmedical sources is needed to assess the severity and duration of the disorder.
- **Physical Examination Reports:** Detailed descriptions of orthopedic, neurologic, or other objective clinical findings relevant to the specific musculoskeletal disorder are essential in the report(s) of the physical examination conducted by a medical source. These findings should be based on direct observations during the examination.
- **Imaging and Other Diagnostic Tests:** Medical imaging techniques must adhere to current medical knowledge and clinical practices to support the assessment of the disorder. Findings should persist or be expected to persist for at least 12 continuous months.
- **Operative Reports:** Submission of the operative report is necessary in cases where surgical procedures have been undergone. This report should detail surgical findings and any associated medical complications.
- **Effects of Treatment:** The impact of treatment on musculoskeletal functioning is evaluated over a sufficient duration to ascertain its effects on current and future functioning. Response to treatment is assessed based on medication administration, therapy, and any associated complications.
- **Assistive Devices:** Wearable, hand-held, or seated aids require evidence supporting their necessity for a continuous period exceeding 12 months. Evidence should outline any limitations in upper or lower extremity functioning and the specific circumstances warranting device usage.
- **Longitudinal Evidence:** A longitudinal medical record is necessary to evaluate the severity and duration of a musculoskeletal disorder. All required criteria must be present simultaneously or within proximity of time to satisfy the severity level needed to meet the listing. Assessment of the effect of surgery or physical therapy may be deferred until a sufficient period has passed to allow proper consideration of future functioning based on treatment response.

SSA Criteria for Evaluating Different Types of Musculoskeletal Disorder

- Disorders of the Skeletal Spine Resulting in Compromise of a Nerve Root(s)
- Symptoms consistent with nerve root compromise
- Neurological signs during physical examination or diagnostic tests
- Findings on imaging consistent with nerve root compromise
- Impairment-related physical limitation lasting at least 12 months
- Lumbar Spinal Stenosis Resulting in Compromise of the Cauda Equina
- Symptoms of neurological compromise
- Nonradicular neurological signs
- Findings on imaging or in operative reports consistent with cauda equina compromise
- Impairment-related physical limitation lasting at least 12 months
- Reconstructive Surgery or Surgical Arthrodesis of a Major Weight-Bearing Joint
- History of surgery or arthrodesis
- Impairment-related physical limitation lasting at least 12 months
- Medical need for assistive devices

Abnormality of a Major Joint(s) in any Extremity

- Chronic joint pain or stiffness
- Abnormal motion or immobility of the affected joint(s)
- Anatomical abnormality noted on examination or imaging
- Impairment-related physical limitation lasting at least 12 months

Pathologic Fractures Due to Any Cause

- Pathologic fractures occurring on three separate occasions within 12 months
- Impairment-related physical limitation lasting at least 12 months
- Medical need for assistive devices

Amputation Due to Any Cause

- Amputation of both upper extremities, hemipelvectomy, hip disarticulation, or specific combinations of upper and lower extremity amputations
- Impairment-related physical limitation lasting at least 12 months
- Medical need for assistive devices or documentation of inability to use remaining extremities

Soft Tissue Injury or Abnormality Under Continuing Surgical Management

- Evidence of ongoing surgical management for at least 12 months

Non-healing or Complex Fracture of Certain Bones

- Lack of solid union evident on imaging and clinically
- Impairment-related physical limitation lasting at least 12 months
- Medical need for assistive devices

Non-healing or Complex Fracture of an Upper Extremity

- Nonunion or complex fracture under continuing surgical management
- Inability to complete work-related activities involving fine and gross movements lasting at least 12 months

Endocrine Disorders - Adult

An endocrine disorder refers to a medical condition characterized by a hormonal imbalance, which can arise from abnormal functioning of endocrine glands, leading to either excessive (hyperfunction) or insufficient (hypofunction) hormone production. These disorders can result in various complications throughout the body. The major glands of the endocrine system include the pituitary, thyroid, parathyroid, adrenal, and pancreas.

SSA Criteria for Evaluating Different Types of Endocrine Disorders

- The evaluation of endocrine disorders involves assessing impairments resulting from these disorders under the listings for other body systems. Each gland's disorders have specific effects and associated conditions that are evaluated under relevant listings:
- **Pituitary Gland Disorders:**
- Pituitary gland disorders can disrupt hormone production and normal functioning in other endocrine glands and many body systems. The effects vary depending on the hormones involved. For instance, pituitary hypofunction affecting water and electrolyte balance, leading to diabetes insipidus, results in the evaluation of recurrent dehydration under 6.00.
- **Thyroid Gland Disorders:**
- Thyroid gland disorders influence the sympathetic nervous system and normal metabolism. Thyroid-related changes in blood pressure, heart rate, weight loss, and cognitive function are evaluated under relevant listings.
- **Parathyroid Gland Disorders:**
- Parathyroid gland disorders affect calcium levels in bone, blood, nerves, muscle, and other tissues. Associated conditions such as osteoporosis, hypercalcemia, or hypocalcemia are assessed under relevant listings.
- **Adrenal Gland Disorders:**
- Adrenal gland disorders impact bone calcium levels, blood pressure, metabolism, and mental status. Conditions such as adrenal-related osteoporosis, hypertension, or mood disorders are evaluated under relevant listings.
- **Diabetes Mellitus and Pancreatic Gland Disorders:**
- Diabetes mellitus and pancreatic gland disorders disrupt hormone production, notably insulin, vital for metabolism and digestion. They manifest in two main types: type 1, characterized by insufficient insulin production, and type 2, where cells resist insulin's effects. While both types can be managed, some individuals face challenges like hypoglycemia unawareness or inadequate treatment.
- A) Hyperglycemia, a common consequence of diabetes, leads to acute complications like diabetic ketoacidosis and long-term issues affecting various body systems.
- Diabetic ketoacidosis (DKA) is a severe complication resulting from insulin deficiency, requiring hospital treatment to correct dehydration and electrolyte imbalances. Recurrent episodes may stem from mood or eating disorders, leading to further complications.
- Chronic hyperglycemia disrupts nerve and blood vessel functioning, contributing to various long-term diabetic complications across multiple body systems.
- B) Hypoglycemia, characterized by low blood glucose levels, poses risks such as seizures or altered mental status, especially in individuals with diabetes.
- C) Evaluation of endocrine disorders without meeting specific criteria in other body systems considers the individual's capacity for substantial gainful activity.

Mental Disorders - Adult

The listings for mental disorders categorize conditions into 11 sections: neurocognitive disorders; schizophrenia spectrum and other psychotic disorders; depressive, bipolar, and related disorders; intellectual disorder; anxiety and obsessive-compulsive disorders; somatic symptom and related disorders; personality and impulse-control disorders; autism spectrum disorder; neurodevelopmental disorders; eating disorders; and trauma- and stressor-related disorders.

1. Neurocognitive disorders signify a significant decline in cognitive functioning, encompassing memory, executive functions, visual-spatial abilities, language, perception, insight, judgment, and adherence to social norms. Examples include major neurocognitive disorder, Alzheimer's dementia, vascular dementia, and cognitive impairment resulting from medical conditions or substance use. Notably, this category excludes disorders assessed under intellectual disorder, autism spectrum disorder, and neurodevelopmental disorders.
2. Schizophrenia spectrum and other psychotic disorders are marked by delusions, hallucinations, disorganized speech, or behavior, resulting in a significant decline in functioning. Symptoms include social withdrawal, flattened affect, poverty of thought, and odd beliefs. Disorders in this category include schizophrenia, schizoaffective disorder, delusional disorder, and psychotic disorder due to medical conditions.
3. Depressive, bipolar, and related disorders are marked by mood disturbances such as depression, mania, or hypomania, leading to a significant decline in functioning. Symptoms include feelings of hopelessness, changes in appetite or sleep, energy fluctuations, and psychomotor abnormalities. Disorders in this category include bipolar disorders (I or II), major depressive disorder, cyclothymic disorder, and persistent depressive disorder (dysthymia), among others.
4. The intellectual disorder is characterized by significantly below-average intellectual functioning, deficits in adaptive skills, and onset before age 22. Signs include poor conceptual, social, or practical skills. This category encompasses conditions described as intellectual disability or intellectual developmental disorder, excluding disorders assessed under neurocognitive disorders, autism spectrum disorder, or neurodevelopmental disorders.
5. Anxiety and obsessive-compulsive disorders are characterized by excessive anxiety, fear, or avoidance behaviors, leading to a significant decline in functioning. Symptoms include restlessness, difficulty concentrating, muscle tension, and panic attacks. Disorders in this category include social anxiety disorder, panic disorder, generalized anxiety disorder, agoraphobia, and obsessive-compulsive disorder. Notably, this category excludes disorders assessed under trauma- and stressor-related disorders.
6. Somatic symptoms and related disorders are characterized by physical symptoms or deficits that cannot be fully explained by medical conditions, other mental disorders, substances, or cultural practices. Symptoms may include pain, gastrointestinal issues, fatigue, and excessive health anxiety. Disorders in this category include somatic symptom disorder, illness anxiety disorder, and conversion disorder.
7. Personality and impulse-control disorders are characterized by enduring, inflexible patterns of behavior, typically emerging in adolescence or young adulthood. Symptoms include distrust, social detachment, hypersensitivity, and intense, impulsive anger. Disorders in this category include paranoid, schizoid, schizotypal, borderline, avoidant, dependent, and obsessive-compulsive personality disorders, as well as intermittent explosive disorder.
8. Autism spectrum disorder is characterized by deficits in social interaction, communication skills, and repetitive behaviors, often with developmental stagnation or loss of acquired skills. Symptoms include cognitive unevenness, sensory sensitivities, and behavioral challenges such as hyperactivity or impulsivity. Examples include autism spectrum disorder with or without accompanying intellectual or language impairment, excluding disorders assessed under neurocognitive disorders, intellectual disorders, and neurodevelopmental disorders.



1. Neurodevelopmental disorders are characterized by onset during childhood or adolescence, though sometimes diagnosed later. Symptoms include cognitive processing abnormalities, attention deficits, impulsivity, and motor difficulties. Specific symptoms of tic disorders include sudden, rapid, recurrent motor movements or vocalizations.
2. Eating disorders are characterized by disturbances in eating behavior and preoccupation with body weight and shape. Symptoms include energy consumption restriction, binge eating episodes, mood disturbances, and physical complications. Examples include anorexia nervosa, bulimia nervosa, binge-eating disorder, and avoidant/restrictive food disorder.
3. Trauma- and stressor-related disorders are characterized by exposure to traumatic events and subsequent psychological effects on functioning. Symptoms include distressing memories, avoidance, diminished interest, and persistent negative emotions. Examples include posttraumatic stress disorder and other specified trauma- and stressor-related disorders. This category excludes disorders assessed under anxiety and obsessive-compulsive disorders, as well as cognitive impairments resulting from neurological disorders, evaluated under neurocognitive disorders.

To Evaluate Mental Disorders, SSA Requires Specific Evidence:

To evaluate their mental disorder, objective medical evidence from an acceptable medical source establishing its existence is required. The severity of the disorder and its impact on their work capacity are assessed. The evidence needed varies based on individual circumstances, including medical and nonmedical sources.

From medical sources, all relevant information is considered:

- Reported symptoms
- Medical, psychiatric, and psychological history
- Results of examinations, interviews, rating scales, or other clinical findings
- Psychological testing, imaging, or laboratory results
- Diagnosis
- Medication details, including dosage and effects
- Therapy details, including frequency and benefits
- Side effects limiting functionality
- Clinical course, including treatment changes and effectiveness
- Observations of their functioning
- Information about sensory, motor, or speech abnormalities, or cultural background affecting evaluation
- Expected duration of symptoms and their impact on current and future functioning.

Evidence from Individuals and Institutions:

In assessing their mental disorder and daily functioning, all relevant evidence provided by the individual and individuals who know them is considered. This includes information about symptoms, daily functioning, and medical treatment. Input from third parties may be sought, with their consent required. This evidence may come from various sources such as family, caregivers, friends, teachers, or community support workers, and its consistency with medical evidence is evaluated.

Educational and Vocational Records:

For individuals who have attended school or participated in vocational training or work-related programs, information from relevant sources is sought to understand how their mental disorder impacts their functioning. This may include Individualized Education Programs (IEPs), evaluations, work evaluations, and modifications to work duties or schedules.

Importance of Longitudinal Evidence:

Longitudinal medical evidence provides valuable insights into how individuals function over time and helps assess variations in their functioning levels. This evidence is requested when available, but in its absence, reliance is placed on current objective medical evidence and other relevant sources to evaluate their mental disorder.

Functioning in Different Situations:

Recognition is given to the fact that individuals may function differently in unfamiliar or supportive situations compared to regular employment settings. Therefore, the assessment considers how independently and effectively individuals can complete tasks on a sustained basis, taking into account reports from various sources.

Rating the Limitations of Your Areas of Mental Functioning

In evaluating a mental disorder, all relevant medical and non-medical evidence is used to assess symptoms, reported limitations, and necessary support. The severity of the disorder may be described, but terms like “mild” or “moderate” don’t always align with the degree of limitation in daily functioning.

Daily functioning in areas like understanding, concentration, engagement, and frustration management is crucial for both home and work settings. Difficulty in any of these areas at home may indicate similar challenges in a work environment. However, functioning at home doesn’t automatically imply the same level of functioning at work, given different demands and stressors.

The overall effect of limitations reflects how a mental disorder interferes with functioning independently, appropriately, effectively, and consistently. The level of support and structure required also influences the degree of limitation assessed.

In evaluating specific areas of mental functioning, the greatest degree of limitation in any part of the area determines the overall rating. For tasks related to work, the ability to understand, concentrate, persist, maintain pace, and adapt is essential. Limitations in any of these aspects can hinder task completion.

When rating limitations, the whole area of mental functioning is considered, rather than individual parts. Marked limitation in multiple parts of the same area doesn’t satisfy the requirement for marked limitation in two different areas.

Assessing Mental Disorders Beyond Listings: Evaluation Guidelines

In cases where a severe mental disorder doesn’t meet specific listing criteria, the Social Security Administration evaluates if there are impairments qualifying under other body system listings. Secondary impairments stemming from the mental disorder are also considered. If no listing is met, the residual functional capacity for work is assessed, factoring in all mental and physical limitations. Medication side effects and other factors affecting capacity are taken into account. This evaluation process follows sequential steps outlined in Social Security regulations to determine continued disability status.

Neurological - Adult

The SSA assesses epilepsy, amyotrophic lateral sclerosis, coma or persistent vegetative state (PVS), and various neurological disorders affecting motor function, bulbar and neuromuscular function, and communication. This evaluation encompasses conditions like early-onset Alzheimer’s disease, which may present both physical and mental limitations. For disorders causing primarily mental impairment or co-occurring mental conditions not directly caused by neurological disorders, evaluation falls under the mental disorders body system.

To Evaluate Mental Disorders, SSA Requires Specific Evidence:

To assess the impact of a neurological disorder, both medical and non-medical evidence are required. Medical evidence should encompass your medical history, examination findings, relevant laboratory tests, and imaging results, such as x-rays, CT scan, MRI, or EEG. These findings must align with established medical practices. Additionally, descriptions of prescribed treatments and their effectiveness are considered. Non-medical evidence, including your statements and those of others regarding impairments, restrictions, daily activities, or work efforts, are also important. Efforts are made to obtain existing laboratory and imaging results, but tests that are complex, risky, invasive, or costly are not routinely purchased.

Considering Adherence to Prescribed Treatment in Neurological Disorders

In neurological disorders such as epilepsy, Parkinsonian syndrome, and myasthenia gravis, adherence to prescribed treatment is considered. In specific listings, it is required that limitations persist despite following prescribed treatment. This entails adhering to medication or treatment procedures as directed by a physician for a continuous three-month period, yet the impairment persists in meeting the other listing requirements. Treatment may be administered at a healthcare facility, even if you do not consistently see the same physician during each visit.

Disorganization of motor function in neurological disorders refers to the interference with movement in at least two extremities due to the disorder. This includes the lower extremities or the upper extremities, such as fingers, hands, arms, and shoulders. Most listings in this category, except for specific conditions, outline criteria for extreme limitation in:

- Standing up from a seated position.
- Balancing while standing or walking.
- Using the upper extremities independently.

Extreme limitation entails the inability to perform these activities without assistance. This assessment depends on the degree of interference with these functions. The inability to stand up from a seated position means needing assistance or an assistive device to stand upright. Similarly, the inability to maintain balance or use the upper extremities refers to significant limitations in performing fine and gross motor movements necessary for work-related tasks.

Common Neurological Disorders:

- Epilepsy
- Vascular insult to the brain
- Benign brain tumors
- Parkinsonian syndrome
- Cerebral palsy
- Spinal cord disorders
- Multiple sclerosis
- Amyotrophic lateral sclerosis (ALS)
- Post-polio syndrome
- Myasthenia gravis
- Muscular dystrophy
- Peripheral neuropathy
- Neurodegenerative disorders of the central nervous system, such as Huntington's disease, Friedreich's ataxia, and spinocerebellar degeneration
- Traumatic brain injury
- Coma or persistent vegetative state
- Motor neuron disorders other than ALS

How Can You Apply for SSDI?

To initiate the [application process for disability benefits](#), you can opt to submit your application [online](#). If you encounter challenges with the online application, an alternative is to apply by contacting the toll-free number 1-800-772-1213 during service hours from 8:00 a.m. to 7:00 p.m.

For individuals who are deaf or hard of hearing, there is a dedicated toll-free “TTY” number, 1-800-325-0778, accessible from 8:00 a.m. to 7:00 p.m. on Monday through Friday.

The process of proving your disability and determining eligibility involves the following steps:

- Step 1: Assessing your current work status.
- Step 2: Evaluate the severity of your condition.
- Step 3: Checking if your condition is listed as a qualifying disability.
- Step 4: Determining if you can reasonably perform your previous work.
- Step 5: Assessing if you can perform any other type of work.

When applying for Social Security Disability benefits, you will need the following information:

- Birth certificate or alternative proof of birth.
- Proof of U.S. citizenship or lawful alien status if not born in the United States.
- U.S. military discharge papers if there was military service before 1968.
- W-2 form(s) and/or self-employment tax returns for the last year.
- An Adult Disability Report detailing your illnesses, injuries, or conditions and your work history.
- Medical evidence already in your possession, including medical records, doctors’ reports, and recent test results.
- Award letters, pay stubs, settlement agreements, or other proof of any temporary or permanent workers’ compensation-type benefits received.

For a smoother SSDI application process, consider utilizing the [SSDI Checklist, a disability application starter kit](#). Additionally, explore ways to expedite the application process.

SSA Appeals Process

From 2010 to 2019, the Social Security Administration approved just [31% of SSDI applications on average](#), so don’t worry you are not alone. If your disability benefits application was refused, you may [file an appeal](#). There are four stages of appeals with Social Security, as explained below. Your appeal must be lodged in writing and within 60 days after receiving the decision letter. If you miss this date, you will need to submit a “good cause for late filing” request to the SSA. We recommend hiring a professional to help you with your appeal and reconsideration following a refusal.

SSDI Appeal Levels:-

Request Reconsideration:

- Initiate the [SSDI appeal process](#) by requesting reconsideration of your case.

Hearing with a Judge:

- If the reconsideration does not result in approval, you can request a hearing with an administrative law judge.

File Federal District Court Action:

- If the judge’s decision is unfavorable, the next step is to file a federal district court action.

Review of Hearing Decision:

- After the hearing, there is an option for a review of the decision made during the hearing process.

Why are Most Applicants Declined?

As you become acquainted with the submission process and benefits details, it's essential to be aware of potential reasons for denial, a situation no one wishes to encounter. The uncertainty surrounding application outcomes can be stressful, but understanding common denial factors can help mitigate these challenges.

Insufficient Medical Evidence:

One prevalent reason for SSDI denials is insufficient medical evidence. This arises when there is a disagreement between the applicant and the SSA concerning meeting disability criteria. In such cases, the importance of robust medical records cannot be overstated. Clear documentation not only identifies the disability but also illustrates how the conditions hinder the ability to work. Insufficient records, lack of diagnosis, or missing doctor's notes detailing specific work-limiting conditions can jeopardize SSDI claims. Consistent medical care documentation, discussions with specialists about the impact of the disability on work life, and doctors' notes excusing or limiting work are crucial in strengthening SSDI applications.

Submitting Multiple Applications Instead of Appealing:

Another common reason for denials occurs when individuals submit multiple applications instead of appealing a rejection. If the SSA determines that an applicant was previously denied benefits based on a similar application, there is a potential risk of encountering another denial. To navigate this, we strongly advise individuals to initiate the appeal process before considering a new application. The appeal process consists of multiple stages, offering opportunities to rectify or enhance the initial submission.

At the initial level, known as reconsideration, applicants can request the SSA to re-evaluate their application. Administrative judges may then review the case, potentially leading to more favorable results. The appeal process also involves requesting a review from the SSA's Appeals Council and, if necessary, filing an action with the federal district court. Engaging in these stages with the assistance of knowledgeable specialists, like ours, is highly recommended to ensure the correct submission of the application.

Exceeding Income Threshold (Substantial Gainful Activity – SGA):

For applicants earning above the specified threshold considered "substantial gainful activity" (SGA), SSDI claims may face denial. The SSA is generally unlikely to approve benefits if monthly earnings surpass \$1,470 (in 2023). Additionally, the SSA may find that an applicant can perform alternative work and engage in SGA despite severe health conditions. SSA maintains a list of predefined severe medical conditions, but some cases may not neatly align. In such instances, the SSA must assess the comparability of the person's condition to those on the list.

Work Credits and Eligibility:

Apart from meeting disability criteria, sufficient recent work history is crucial for SSDI eligibility. Work credits, earned based on yearly wages or self-employment income with paid taxes, determine eligibility. Typically, a person needs 40 credits, with 20 earned in the last decade (5 years of the last 10 years before stopping work). The required number of work credits varies with the age at which the individual became disabled. Insufficient work credits can lead to SSDI claim denial, even if the disability criteria are met. Younger applicants may require a lower number of work credits. Understanding this balance is vital for a successful SSDI application.

What Other Benefits Can I Get With SSDI?

Social Security Disability Insurance (SSDI) isn't the only benefit available if you have a disability. While receiving SSDI, you may also qualify for other benefits, including:

- Medical Insurance
- Benefits for Disabled
- Children
- Tax Benefits
- Return To Work Benefits
- Survivor Benefits
- SNAP
- Family Benefits
- Disability Benefits from
 - Private Insurers
 - Workers Compensation
 - Disability Benefits

Conclusion

Congratulations on reaching this point in the SSDI guide. By now, we hope you feel well-informed and comfortable with the SSDI submission process. It's normal to feel overwhelmed at this stage, given the intricate legal inspections by the SSA and the importance of securing your rights to SSDI benefits without unnecessary delays. While legal representation is not mandatory for applying for Social Security disability benefits, it is highly advisable. The SSA operates under complex guidelines and procedures, requiring careful navigation.

If you need guidance and a specialist to assist you step by step, we are here to help. Our expertise in disability benefits ensures that your applications are personally overseen, providing you with a stress-free experience. You can reach us through our contact page on our website ssdibenefitsgroup.com or by calling us at +1 (844) 421-1939. We are available for calls from Monday to Friday, or we can schedule a phone call with you once you've provided information online under "Request a Free Assessment."

For additional questions, please refer to the [following FAQ](#), addressing common queries from our applicants.

At SSDI Benefits Group, our mission is to assist and secure your entitlement to benefit rights. We recognize and acknowledge the countless days of hard work and tax payments you've contributed. Our team of specialists is dedicated to providing personalized support throughout every stage of the SSDI benefit application process, ensuring you receive the assistance you deserve. To get started, you can submit your information on our website for a free assessment. For further assistance, feel free to call us at +1 (844) 421-1939. We are available Monday to Friday, with exceptions on seasonal holidays.

Disclaimer: This guide provides general information only. For authoritative details on Social Security disability programs, refer to the [Social Security Act](#), related regulations, rulings, and case law.

For a free, no-obligation assessment call toll free: +1 844-421-1939 or [request an assessment](#) on our site.



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