

Medicaid Disability Manual

3. Medical Considerations

- a. Medically Determinable Impairment (MDI) - To qualify as disabled, an individual is required to have a medically determinable impairment established by an acceptable medical source. This is a physical or mental impairment which results from anatomical, physiological or psychological abnormalities that are demonstrable by medically acceptable clinical and laboratory diagnostic techniques. Medical evidence consists of signs, laboratory findings, or both as defined below.
 - (1) **Signs** – One or more anatomical, physiological, or psychological abnormalities which can be observed apart from the A/R's statements (description of symptoms). Signs must be demonstrated by medically acceptable clinical diagnostic techniques. Psychiatric signs are medically determinable phenomena that indicate specific psychological abnormalities (eg. abnormalities of behavior, mood, thought, memory, orientation, development, or perception). Psychiatric signs must be shown by observable facts that can be medically described and evaluated. Symptoms (the claimants own description of his or her physical or mental impairments) **cannot establish the existence of an MDI.**
 - (2) **Laboratory findings-** One or more anatomical, physiological, or psychological phenomena that can be shown by the use of medically acceptable laboratory diagnostic techniques. Diagnostic techniques include chemical tests (such as blood tests), electrophysiological studies (such as electrocardiograms, electroencephalograms), medical imaging (such as X-rays), and psychological tests.
- b. Listing of Impairments in Appendix I - The Listing of Impairments describes, for each of the major body systems, impairments which may prevent an individual from doing substantial gainful activity. A listing gives specific medical findings which are required to establish or confirm the existence of and extent of impairment. The medical findings consist of signs, symptoms and laboratory findings. To "meet a listing", the A/R must have the diagnosis of a listed impairment and the specific medical findings provided in the listing for that impairment. The Listing of Impairments consists of two parts - Part A, which applies to individuals age 18 years and over and Part B which applies to individuals under the age of 18. The medical criteria in Part A may also be applied in evaluating impairments in individuals under age 18 if the disease processes have a similar effect on adults and younger persons. In evaluating disability for an individual under age 18, Part B will be used first. If the medical criteria in Part B do not apply, then the medical criteria in Part A will be used.
- c. Multiple Impairments - If an individual has multiple impairments, none of which individually meets or equals a listed impairment, the combined effect of the impairments must be evaluated to determine the impact on the individual's physical or mental capacity to engage in substantial gainful activity. The combined impact of all impairments must be considered throughout the disability determination

Medicaid Disability Manual

process.

Two or more unrelated impairments shall not be combined to meet the 12-month duration test in an initial determination. If an individual has an impairment and then develops another unrelated impairment, and the two impairments in combination would last 12 months, but neither one by itself is expected to last for 12 months, the individual shall be found not disabled.

When an individual has two or more concurrent impairments which, when considered in combination, constitute a disability according to criteria set forth in this manual, a determination shall be made as to whether the combined effect can be expected to last for 12 months. If one or more of the impairments improves or is expected to improve within 12 months so that the combined effect of the remaining impairment(s) no longer meets the criteria for disability, the individual shall be found not disabled.

- d. Medical Equivalence - An individual's impairment(s) is medically equivalent to a listed impairment in the Listing of Impairments if it is at least equal in severity and duration to the criteria of any listed impairment. Medical equivalence may be found in three ways:

If the individual has an impairment that is described in the Listing of Impairments but the impairment does not exhibit one or more of the findings specified in the particular listing, or it exhibits all of the findings, but one or more of the findings is not as severe as specified in the particular listing, the impairment will be found to medically equal that listing if there are other findings related to the impairment that are at least of equal medical significance to the required criteria.

If the individual has an impairment that is not described in the Listing of Impairments, the medical findings will be compared with those of a closely analogous listed impairment. If the findings are at least of equal medical significance to those of a listed impairment, the impairment will be found to medically equal the analogous listing.

If the individual has a combination of impairments, no one of which meets a listing described in the Listing of Impairments, the medical findings will be compared with those for a closely analogous listed impairment. If the findings related to the impairments are at least of equal medical significance to those of a listed impairment, the combination of impairments will be found to medically equal that listing.

- e. Evaluating Medical Opinions

(1) Every reasonable effort must be made to obtain the medical evidence necessary to evaluate an A/R's disability from his or her medical sources (that is, the A/R's own physicians or psychologists, hospitals or clinics where he/she has been treated or evaluated, etc.) before obtaining medical evidence from another source on a consultative basis. The definition of a medical opinion focuses on functional abilities and limitations.

(2) For claims filed on or after March 27, 2017, controlling weight is not given

Medicaid Disability Manual

for any medical opinion. The focus is more on the content of medical opinions and less on weighing treating relationships against each other. This approach is more consistent with current healthcare practice.

- (3) It is necessary to articulate consideration of medical opinions from all medical sources regardless of whether the medical source is an acceptable medical source (AMS).
 - (a) A discussion of the factors of supportability and consistency are the most important factors.
 - (b) The more consistent a medical opinion or prior administrative medical finding is with the evidence from other medical sources and nonmedical sources in the claim, the more persuasive the medical opinion or prior administrative medical finding. This includes whether the evidence from other medical sources conflicts with medical evidence from other medical sources and whether it contains an internal conflict with evidence from the same medical source.
 - (c) The appropriate level of articulation will depend on the unique circumstances of each claim. A written analysis will be performed to explain how medical opinions are considered from any medical source from whom an individual chooses to receive evaluation, examination, or treatment regardless of whether the medical source is an AMS.

The manner in which a decision should be made, once all of the medical evidence is reviewed, is discussed in Section D.3.g.

- f. Consultative Examination (Department Regulation 360-5.5)
 - (1) The local agency must purchase an examination for an A/R who does not have a current treating source, or whose treating source is unwilling or unable to provide required medical evidence. If the A/R's medical source(s) cannot or will not provide sufficient medical evidence to allow the reviewer to make a disability determination, the A/R may be required to have one or more physical or mental examinations or tests. The type of medical provider should be appropriate for the type of examination or test required. Some reasons why the Disability Review Team may need more medical evidence are:
 - (a) The additional evidence needed is not in the records of the A/R's medical sources;
 - (b) The evidence that may have been available from the A/R's treating or other medical sources cannot be obtained for reasons beyond the A/R's or district's control, such as lack of cooperation on the part of a medical source;
 - (c) Necessary technical or specialized medical evidence is not available from the A/R's medical sources;
 - (d) A conflict, inconsistency, ambiguity, or insufficiency in the evidence must be resolved, and such conflict(s) cannot be resolved by recontacting the