§ 416.920a Evaluation of mental impairments.

(a) General. The steps outlined in §416.920 and 416.924 apply to the evaluation of physical and mental impairments. In addition, when we evaluate the severity of mental impairments for adults (persons age 18 and over) and in persons under age 18 when Part A of the Listing of Impairments is used, we must follow a special technique at each level in the administrative review process. We describe this special technique in paragraphs (b) through (e) of this section. Using this technique helps us:

(1) Identify the need for additional evidence to determine impairment severity;
(2) Consider and evaluate functional consequences of the mental disorder(s) relevant to your ability to work; and
(3) Organize and present our findings in a clear, concise, and consistent manner.

(b) Use of the technique. (1) Under the special technique, we must first evaluate your pertinent symptoms, signs, and laboratory findings to determine whether you have a medically determinable mental impairment(s). See §416.908 for more information about what is needed to show a medically determinable impairment. If we determine that you have a medically determinable mental impairment(s), we must specify the symptoms, signs, and laboratory findings that substantiate the presence of the impairment(s) and document our findings in accordance with paragraph (e) of this section.

(2) We must then rate the degree of functional limitation resulting from the impairment(s) in accordance with paragraph (c) of this section and record our findings as set out in paragraph (e) of this section.

(c) Rating the degree of functional limitation. (1) Assessment of functional limitations is a complex and highly individualized process that requires us to consider multiple issues and all relevant evidence to obtain a longitudinal picture of your overall degree of functional limitation. We will consider all relevant and available clinical signs and laboratory findings, the effects of your symptoms, and how your functioning may be affected by factors including, but not limited to, chronic mental disorders, structured settings, medication, and other treatment.

(2) We will rate the degree of your functional limitation based on the extent to which your impairment(s)
interferes with your ability to function independently, appropriately, effectively, and on a sustained basis. Thus, we will consider such factors as the quality and level of your overall functional performance, any episodic limitations, the amount of supervision or assistance you require, and the settings in which you are able to function. See 12.00C through 12.00H of the Listing of Impairments in appendix 1 to subpart P of part 404 of this chapter for more information about the factors we consider when we rate the degree of your functional limitation.

(3) We have identified four broad functional areas in which we will rate the degree of your functional limitation: Activities of daily living; social functioning; concentration, persistence, or pace; and episodes of decompensation. See 12.00C of the Listing of Impairments.

(4) When we rate the degree of limitation in the first three functional areas (activities of daily living; social functioning; concentration, persistence, or pace), we will use the following five-point scale: None, mild, moderate, marked, and extreme. When we rate the degree of limitation in the fourth functional area (episodes of decompensation), we will use the following four-point scale: None, one or two, three, four or more. The last point on each scale represents a degree of limitation that is incompatible with the ability to do any gainful activity.

(d) Use of the technique to evaluate mental impairments. After we rate the degree of functional limitation resulting from your impairment(s), we will determine the severity of your mental impairment(s).

(1) If we rate the degree of your limitation in the first three functional areas as “none” or “mild” and “none” in the fourth area, we will generally conclude that your impairment(s) is not severe, unless the evidence otherwise indicates that there is more than a minimal limitation in your ability to do basic work activities (see §416.921).

(2) If your mental impairment(s) is severe, we must then determine if it meets or is equivalent in severity to a listed mental disorder. We do this by comparing the medical findings about your impairment(s) and the rating of the degree of functional limitation to the criteria of the appropriate listed mental disorder. We will record the presence or absence of the criteria and the rating of the degree of functional limitation on a standard document at the initial and reconsideration levels of the administrative review process. We will record the presence or absence of the criteria and the rating of the degree of functional limitation in the decision at the administrative law judge hearing and Appeals Council levels (in cases in which the Appeals Council issues a decision), and in the decision at the Federal reviewing official, administrative law judge, and the Decision Review Board levels in claims adjudicated under the procedures in part 405 of this chapter. See paragraph (e) of this section.

(3) If we find that you have a severe mental impairment(s) that neither meets nor is equivalent in severity to any listing, we will then assess your residual functional capacity.

(e) Documenting application of the technique. At the initial and reconsideration levels of the administrative review process, we will complete a standard document to record how we applied the technique. At the administrative law judge hearing and Appeals Council levels (in cases in which the Appeals Council issues a decision), and at the Federal reviewing official, administrative law judge, and the Decision Review Board levels in claims adjudicated under the procedures in part 405 of this chapter, we will document application of the technique in the decision.

(1) At the initial and reconsideration levels, except in cases in which a disability hearing officer makes the reconsideration determination, our medical or psychological consultant has overall responsibility for assessing medical severity. At the initial level in claims adjudicated under the procedures in part 405 of this chapter, a medical or psychological expert (as defined in §405.5 of this chapter) has overall responsibility for assessing medical severity. The State agency disability examiner may assist in preparing the standard document. However, our medical or psychological consultant (or the medical or psychological expert (as defined in §405.5 of this chapter)) in claims
adjudicated under the procedures in part 405 of this chapter) must review
and sign the document to attest that it is complete and that he or she is re-
sponsible for its content, including the findings of fact and any discussion of
supporting evidence. When a disability hearing officer makes a reconsider-
ation determination, the determination must document application of the
technique, incorporating the disability hearing officer’s pertinent findings and
conclusions based on this technique.

(2) At the administrative law judge hearing and Appeals Council levels, and
at the Federal reviewing official, administrative law judge and the Deci-
sion Review Board levels in claims adjudicated under the procedures in part
405 of this chapter, the written decision must incorporate the pertinent find-
ings and conclusions based on the technique. The decision must show the sig-
nificant history, including examination and laboratory findings, and the
functional limitations that were con-
sidered in reaching a conclusion about
the severity of the mental impair-
ment(s). The decision must include a
specific finding as to the degree of lim-
itation in each of the functional areas
described in paragraph (c) of this sec-
tion.

(3) Except in cases adjudicated under
the procedures in part 405 of this chapter, if the administrative law judge re-
quires the services of a medical expert
to assist in applying the technique but
such services are unavailable, the ad-
ministrative law judge may return the
case to the State agency or the appro-
priate Federal component, using the
rules in §416.1441 of this part, for com-
pletion of the standard document. If, af-
after reviewing the case file and com-
pleting the standard document, the
State agency or Federal component
concludes that a determination favor-
able to you is warranted, it will process
the case using the rules found in
§416.1441(d) or (e) of this part. If, af-
after reviewing the case file and com-
pleting the standard document, the
State agency or Federal component
concludes that a determination favorable
to you is not warranted, it will send
the completed standard document and the
case to the administrative law judge for further proceedings and a de-
cision.

§416.921 What we mean by a not se-
vere impairment(s) in an adult.

(a) Non-severe impairment(s). An im-
pairment or combination of impair-
ments is not severe if it does not sig-
nificantly limit your physical or men-
tal ability to do basic work activities.

(b) Basic work activities. When we talk
about basic work activities, we mean
the abilities and aptitudes necessary to
do most jobs. Examples of these in-
clude—

(1) Physical functions such as walk-
ing, standing, sitting, lifting, pushing,
pulling, reaching, carrying, or han-
dling;
(2) Capacities for seeing, hearing, and
speaking;
(3) Understanding, carrying out, and
remembering simple instructions;
(4) Use of judgment;
(5) Responding appropriately to su-
pervision, co-workers and usual work
situations; and
(6) Dealing with changes in a routine
work setting.

§416.922 When you have two or more
unrelated impairments—initial
claims.

(a) Unrelated severe impairments. We
cannot combine two or more unrelated
severe impairments to meet the 12-
month duration test. If you have a se-
vere impairment(s) and then develop
another unrelated severe impair-
ment(s) but neither one is expected to
last for 12 months, we cannot find you
disabled, even though the two impair-
ments in combination last for 12
months.

(b) Concurrent impairments. If you
have two or more concurrent impair-
ments which, when considered in com-
bination, are severe, we must also de-
termine whether the combined effect of
your impairments can be expected to
continue to be severe for 12 months. If
one or more of your impairments im-
proves or is expected to improve within
12 months, so that the combined effect