**Template Letters | Social Security Disability Insurance**

*The following helpful information was obtained from William Leach, Staff Attorney with ACCESS Program and referenced here with his permission. A sample letter requesting full disability is on the next page.*

Pulmonary Arterial Hypertension is a disease that will qualify for SSD if disease criteria are met.

PAH patients can qualify by one of two methods.

Method One:

* Documentation of mean PAP > 40 mm Hg
* Statement such as “clinical evidence of irreversible cor pulmonale secondary to chronic pulmonary vascular hypertension documenting right ventricular overload and right heart failure.”

Method Two: Documentation of arterial hypoxemia.

* Simultaneously determined blood gas values of PO2 and PCO2 measured while at rest (breathing room air, awake and sitting or standing) in a clinically stable condition on at least two occasions, three or more weeks apart within a 6-month period. The values that are considered disabling vary according to the elevation of the test site.

SSA medical reviewers look for specific language in the clinical record. The SSD letter has incorporated the information and language into the template. The regulations in which the listings are described can be found by going to the following links:

<https://www.ssa.gov/disability/professionals/bluebook/3.00-Respiratory-Adult.htm>

<https://www.socialsecurity.gov/disability/professionals/bluebook/4.00-Cardiovascular-Adult.htm>

Additionally, SSA medical reviewers look in the patient’s medical record/physician dictation for:

* A statement such as “clinical evidence of irreversible cor pulmonale secondary to chronic pulmonary vascular hypertension documenting right ventricular overload and right heart failure.”
* Calculated mean pulmonary artery pressure as this is the only value referenced in SSA regulations.
* Exercise-induced PAH needs to have a description of what specific exercise produced the elevated pressure to help clarify that this was **not** a six-minute walk, but repetitions of lifting weights or whatever was used.
* Documentation of patient’s complaints and ability to function in some detail.

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***This letter is only an example.*** *Please edit the letter to suit your needs and replace* ***[bold]*** *sections with the appropriate information.*

**[PH CENTER LETTERHEAD]**

**[TODAY’S DATE]**

Re: **[PATIENT NAME, DOB]**

To Whom It May Concern:

**[PATIENT NAME]** is a patient under my care for treatment of a chronic condition called Pulmonary Arterial Hypertension. I am recommending full disability for **[PATIENT NAME]** due to clinical evidence of irreversible cor pulmonale secondary to chronic pulmonary vascular hypertension documenting right ventricular overload and right heart failure. The following summarizes pertinent medical information to support this recommendation.

**1) [DIAGNOSIS]**

**2) [EXPLAIN RESULTS OF RIGHT HEART CATHETERIZATION (TO MEET SSD CRITERIA PATIENT MUST HAVE A MEAN PA PRESSURE >40 MM HG)]**

**3) [NYHA FUNCTIONAL CLASS]**

**4) [DESCRIBE ALL RELEVANT PATIENT SYMPTOMS/COMPLAINTS/PROBLEMS AND ABILITY TO FUNCTION.]**

**5) [LIST CURRENT MEDICAL THERAPY]**

**6) [DETAIL A FULL DESCRIPTION OF ANY THERAPIES SUCH AS PROSTACYCLIN AND ITS METHOD OF DELIVERY AS SSA MEDICAL PERSONNEL ARE NOT FAMILIAR WITH THESE THERAPIES AND DO NOT UNDERSTAND HOW THEY AFFECT A PATIENT’S LIFESTYLE.]**

The above medical information demonstrates that **[PATIENT NAME]** meets disability listing

**[INSERT/CHOOSE APPROPRIATE LISTINGS]:**

*3.09A - Mean pulmonary artery pressure greater than 40 mm Hg and 3.00G - Chronic cor pulmonale and pulmonary vascular disease.*

 *3.09B – Arterial hypoxemia and 3.02C2 – Chronic impairment of gas exchange due to clinically documented pulmonary disease.*

 *4.02 - Chronic heart failure*

Despite compliance with medical therapy, a sustained level of symptom relief has not been achieved. All of **[PATIENT NAME]** energy is consumed with trying to manage the medical therapy, disease-imposed activity restrictions, and **[HIS/HER]**own mental and physical health needs.

Pulmonary Arterial Hypertension is a chronic, progressive disease for which there is no cure. I am recommending full disability for **[PATIENT NAME]** as **[HE/SHE]** meets the medical criteria.

Your prompt review and approval for full social security disability would be greatly appreciated. If you require additional information, please contact **[CONTACT INFORMATION]**.

Sincerely,

**[PHYSICIAN NAME], [DATE]**

**[SIGNATURE]**

**[PRINT NAME]**

**[ADDRESS]**

**[PHONE NUMBER] [FAX NUMBER]**