

**Listing Form 11.09 Multiple Sclerosis**

Medical Provider: \_\_\_\_\_  
  *Printed Name*    *Signature*

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient SS#: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Provider: Please indicate whether your patient's condition meets the following criteria by initialing the space provided.

A diagnosis of MS with one of the following (A, B1, B2, or C must be met):

- \_\_\_\_\_ A. Persistent disorganization of motor function in two extremities, such as paresis or paralysis, tremor, involuntary movements, ataxia, and sensory disturbances (caused by cerebral, cerebellar, brain stem, spinal cord, or peripheral nerve dysfunction). The symptoms may occur alone or a combination. *This assessment is based on the extent of the interference with your patient's locomotion or use of his or her hands, fingers, and arms.*

**OR**

- \_\_\_\_\_ B.1. A visual impairment that meets one of the following criteria:
  - \_\_\_\_\_ 1. **Loss of Visual Acuity:** Remaining vision in the better eye after best correction is 20/200 or less.
  - \_\_\_\_\_ 2. **Contraction of the visual field in the better eye**, with one of the following:
    - \_\_\_\_\_ The widest diameter subtending an angle around the point of fixation no greater than 20 degrees
    - \_\_\_\_\_ A mean deviation of -22 or worse, determined by automated static threshold perimetry, OR
    - \_\_\_\_\_ A visual field efficiency of 20% or less as determined by kinetic perimetry.
  - \_\_\_\_\_ 3. **Loss of visual efficiency.** Visual efficiency of the better eye of 20% or less after best correction.

**OR**

\_\_\_\_\_ B.2. A mental impairment that meets either #1 and #2 of the following criteria or just #3:

\_\_\_\_\_ 1. Loss of cognitive abilities or affective changes and the medically documented persistence of at least one of the following:

\_\_\_ disorientation to time and place

\_\_\_ short or long-term memory impairment

\_\_\_ perceptual or thinking disturbances

\_\_\_ personality changes

\_\_\_ mood disturbances

\_\_\_ emotional lability, OR

\_\_\_ a loss of at least 15 I.Q. points from premorbid levels or an overall impairment index that falls clearly within in the impaired range of medically accepted neurological testing parameters.

**AND**

\_\_\_\_\_ 2. Resulting in at least two of the following:

\_\_\_ marked restriction of activities of daily living

\_\_\_ marked difficulties in maintaining social functioning

\_\_\_ marked difficulties in maintaining concentration, persistence, or pace, AND/OR

\_\_\_ repeated episodes of decompensation, each of extended duration.

**OR**

\_\_\_\_\_ 3. A medically documented history of an ongoing organic mental disorder that has lasted at least two years and has caused more than a minimal limitation on your patient's ability to do basic work activities. There must currently be some lessening of symptoms with medication or therapy *and* one of the following:

\_\_\_\_ repeated episodes of decompensation, each of extended duration

\_\_\_\_ residual disease process that has caused such marginal adjustment that even minimal increases in mental demands or changes in the environment would likely cause your patient to decompensate,  
OR

\_\_\_\_ a current history of one or more years of being unable to function outside a highly supportive living arrangement, *with* an indication that your patient is in continued need of the living arrangement.

**OR**

\_\_\_\_\_ C. Significant, reproducible fatigue of motor function with substantial muscle weakness on repetitive activity, shown on physical examination, that results from neurological dysfunction in areas of the central nervous system known to be pathologically involved by the multiple sclerosis process.

*\*\*Claimant: You must ensure that you obtain the necessary copies of medical records, imaging studies reports, prescriptions for assistive walking devices, etc. to submit to the SSA along with this form.*