Listing Form 5.05 Liver Disease/Liver Failure

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

A diagnosis of *chronic liver disease* with:

_____ A. Hemorrhage from esophageal, gastric, or ectopic varices, or from portal hypertensive gastropathy, confirmed by endoscopy, x-ray, or other appropriate medically acceptable imaging that resulted in hemodynamic instability, and that required hospitalization for a transfusion of at least 2 units of blood.

OR

_____ B. Ascites or hydrothorax (with no other cause) that continues despite following a prescribed treatment and that is present on at least two evaluations performed at least 60 days apart and within a six-month consecutive period. The evaluations must be documented by either #1 or #2:

_____ 1. Aracentesis or thoracentesis, OR

_____ 2. Appropriate medically acceptable imaging or physical examination and one of the following:

_____ serum albumin of 3.0 g/dL or less, OR

_____ an International Normalized Ratio (INR) of at least 1.5.

OR
C. Spontaneous bacterial peritonitis with peritoneal fluid containing an absolute neutrophil count of at least 250 cells/mm3.

OR

D. Hepatorenal syndrome with one of the following:

1. Serum creatinine elevation of at least 2 mg/dL
2. Oliguria with 24-hour urine output less than 500 mL, OR
3. Sodium retention with urine sodium less than 10 mEq per liter.

OR

E. Hepatopulmonary syndrome with either #1 or #2:

1. Arterial oxygenation (PaO2) on room air of:
   60 mm Hg or less, at test sites less than 3,000 feet above sea level
   55 mm Hg or less, at test sites from 3,000 to 6,000 feet, OR
   50 mm Hg or less, at test sites above 6,000 feet.

OR

2. Documentation of intrapulmonary arteriovenous shunting by contrast-enhanced echocardiography or macroaggregated albumin lung perfusion scan.

OR
F. Hepatic encephalopathy with #1 and either #2 or #3:

1. Medical documentation of abnormal behavior, cognitive dysfunction, changes in mental status, or altered state of consciousness that are present on at least two evaluations that are conducted at least 60 days apart during a six-month consecutive period.

AND

2. History of transjugular intrahepatic portosystemic shunt or any other surgical portosystemic shunt.

OR

3. One of the following that is present on at least two evaluations that are conducted at least 60 days apart during the same six-month consecutive period as F1.

   a. asterixis or other fluctuating physical neurological abnormalities
   b. electroencephalogram that demonstrates triphasic slow wave activity
   c. serum albumin of 3.0 g/dL or less, OR
   d. an International Normalized Ratio of 1.5 or greater.

OR

G. End stage liver disease with a CLD (chronic liver disease) score of at least 22. SSA’s CLD formula, which involves serum total bilirubin, serum creatinine, and the INR, is very similar to MELD (model for end-state liver disease). (See SSA’s calculator: http://www.ssa.gov/disability/professionals/bluebook/impairments_digestive_cld.htm.)

**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.