

## 8 Common Reasons for an SSDI Denial

The Social Security Administration (SSA) maintains a strict set of rules around how an individual may qualify for Social Security Disability Insurance (SSDI) benefits. While SSDI applicants represent a wide variety of ages and health conditions, all claimants are subject to the same general requirements when SSA is considering whether to award or deny their claim for benefits. We've compiled this list to highlight some of the most common reasons why an SSDI claim might be denied.

### 1 The claimant does not have enough work credits.

Generally, SSDI applicants must have worked and paid FICA taxes for five of the last ten years to be eligible to receive SSDI benefits. Throughout an individual's employment history, "work credits" are earned that will help determine the monthly benefit amount received if approved for SSDI. Social Security work credits are based on a claimant's total yearly wages or self-employment income; qualified workers can earn up to four credits each year. The number of work credits claimants need to qualify for SSDI depends on how old they were when they became disabled. Generally, a minimum of 20 work credits are needed, and these must be earned within the last 10 years. While work credit qualifications are quite strict, SSA does allow for some exceptions based on a person's age.

### 2 There is not enough medical evidence to support an SSDI application.

To be awarded SSDI benefits, claimants must prove that they are unable to perform any work for a minimum of 12 months, or that their disabling conditions are expected to result in death. This is best demonstrated by comprehensive medical records that indicate how the claimant's condition(s) interferes with the ability to complete daily tasks. Claimants should discuss their limitations with their treating physicians, as notes from medical providers indicating inability to work or need of special accommodations can support a favorable outcome. A claimant's representative can help present the strongest case possible by maintaining a detailed list of all medical providers the claimant sees or has seen for the condition(s) cited on the application.

### 3 The claimant is not following a course of medical treatment.

If claimants do not follow the medical treatment plan prescribed by their treating physician(s), it can be difficult for SSA's disability examiners to accurately assess their ability to work or identify a clear health prognosis. SSA maintains a strict definition of disability and will not award claims that do not clearly meet that standard, so lack of evidence of consistent medical treatment, including clear diagnoses or prognosis, could lead to an unfavorable outcome. If there is a valid reason for the claimant to pause or deviate from the treatment plan developed by their medical provider, this should be addressed directly by a claimant's SSDI representative at the beginning of the application process to minimize confusion or concerns from SSA. Otherwise, non-compliance with prescribed treatment may lead to a denial if the prescribed treatment, medication, or surgery would be expected to restore the ability to engage in substantial gainful work activity.

### 4 The claimant did not attend a consultative exam scheduled by SSA.

Medical records are the most influential evidence when disability examiners review SSDI applications, and SSA is committed to making determinations based on the most thorough and accurate information possible. Therefore, if a disability examiner feels that more information is needed, a consultative exam for the claimant to be seen by an independent doctor may be scheduled. Because consultative exams are requested in response to medical evidence being deemed inadequate, a claimant's failure to attend the appointment is likely to result in the claim being denied, based on the lack of sufficient evidence.

### 5 A key claim deadline is missed.

The SSDI application process involves a significant amount of paperwork; certain questionnaires, appeal notices, and other documents must be submitted to SSA within a defined timeframe in order to keep an SSDI claim moving forward. If a claimant fails to meet a deadline given by SSA, the claim may be denied. Maintaining compliance with these deadlines is a key responsibility of a claimant's representative, but it is essential for claimants to remain responsive when their representative contacts them so that representatives can be sure they are acting in accordance with their claimant's wishes.

### 6 There is a lack of contact or cooperation with Social Security.

Even if a claimant has a representative, there are occasional situations in which SSA must receive authorization or information directly from the claimant. It is crucial for claimants to remain responsive and cooperative with these requests; if SSA cannot obtain information that is necessary for the claim review in a timely manner, the claimant is likely to receive a denial. Some examples of times when claimants may need to directly respond to SSA could include the signing and returning of the Application Summary after an initial filing, as well as the completion of questionnaires like a Work History Report or Function Report.

### 7 The claimant's disability is linked to drug or alcohol use.

An SSDI claim will not be approved if a claimant's drug or alcohol use is determined to be a material contributing factor to the medical impairment. This determination is made by asking if the disabling condition(s) cited on a claimant's SSDI application was exacerbated or caused by alcohol or drug use, or if it would improve significantly if drug and alcohol use ceased. If SSA determines that the answers to these questions are affirmative, the claimant will be deemed ineligible for benefits and the SSDI claim will be denied. An SSDI claim can be approved despite a claimant's use of drugs or alcohol, so long as it is not the material contributing factor to the alleged condition(s). If a claimant is dependent on drugs or alcohol, seeking treatment could improve the chances of their SSDI claim being approved.

### 8 The claimant does not meet Social Security's definition of disability.

SSA uses a strict definition of disability to evaluate all SSDI applications. In order to approve claimants for benefits, SSA needs to understand what they are able to do after considering the effects and limitations of their disability. For example, if a claimant is able to sit and speak on the phone, but cannot walk more than a few steps, SSA will use this information to determine if the individual may be able to perform certain types of sedentary work, such as working for a call center. To determine what capabilities a claimant possesses, disability examiners work with medical consultants to perform a Residual Functional Capacity (RFC) assessment on a claim; based upon a review of medical records and treating source notes, the RFC will establish the claimant's exertional capabilities and limitations.

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