Determining Disability and Statutory Blindness – An Overview

CCVIP Tip

Any optometrist, whether or not she or he provides low vision rehabilitation services, may be called upon at times to provide a patient with certification of "legal blindness", "statutory blindness", "disability" or "percent disability".

Every optometrist learned that "legal blindness" was 20/200 or worse or a 20 degree field or worse, but things have gotten much more complex since the Social Security Administration made changes in their policies from 2005 to 2013. To assist the optometrist who is trying to navigate this, the COA Low Vision Committee has developed a series of six articles. This first one, that you're reading now, is an overview to help you determine which of the other articles might apply to your patient. Below are some of the situations you might find yourself in, and the article that would apply. Please note that some of the articles will be printed in upcoming Viewpoint editions this coming spring and summer.

- For the patient who is applying for Social Security Disability due to loss of visual acuity alone, consult the second article in our series, called Social Security Disability – Visual Acuity. Remember that we're talking about visual acuity in the better eye with best optical correction in place.

- For the patient who is applying for Social Security Disability due to loss of visual field alone, direct your attention to our third article, Social Security Disability – Visual Field. Use of automated static perimeters is now allowed under Social Security regulations.

- Some patients who are applying for Social Security Disability don't meet the criteria based on visual acuity or visual field alone, but have some loss of both. The most recent changes in the Social Security regulations allow for the combination of visual acuity and visual field loss. The fourth article in our series guides you through this process, and is called Social Security Disability – Combining Visual Acuity and Visual Field.

- Sometimes people want to be certified "legally blind" for reasons other than Social Security disability. The most common case is the person, who may
be retired, who simply wants to get the extra exemption through the IRS to save money on their income tax. There are other examples as well, which will be explained in, **Statutory Blindness for Needs Other than Social Security.**

- Finally, you may encounter a patient who has suffered vision loss from an ocular injury, frequently while on a job site, in one or both eyes. You may be called upon to determine the percent of vision loss. This determination may be used to determine the level of financial compensation or health care benefits that will be provided for this patient by his or her employer or the employer's insurance company. If this best describes your patient's need, go to our last article, **Determining Percent Disability for Legal Cases.**

Below is a list of the articles in this series. We hope you find them helpful.

1. Determining Disability and Statutory Blindness – An Overview
2. Social Security Disability – Visual Acuity
6. Determining Percent Disability for Legal Cases (coming July/August, 2017)

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Being visual impaired can be financially taxing. Medical costs including doctor visits, medications, nursing home care, as well as indirect costs, such as the inability to work and generate an income can cause financial hardships. Social Security Disability benefits can alleviate some of this financial strain. All optometrists have the ability to certify their qualifying patients as legally blind and providing this assistance may be very beneficial.

The Social Security Administration defines legal blindness (also called statutory blindness) as best-corrected central visual acuity of 20/200 or worse in the better eye using a Snellen acuity chart; or a visual field limitation such that the widest diameter of the visual field, in the better eye, is 20° or less. (Please note: The June, 2015 CCVIP Pearl addressed the issue of using threshold perimetry in determining legal blindness for visual field loss)

**Measuring Visual Acuity:** Most test charts that use Snellen methodology do not have lines that measure visual acuity between 20/100 and 20/200. Newer test charts, such as the Early Treatment Diabetic Retinopathy Study (ETDRS), do have lines that measure visual acuity between 20/100 and 20/200.

If a patient's visual acuity is measured with one of the newer charts, and they cannot read any of the letters on the 20/100 line, they will qualify as legally blind, based on a visual acuity of 20/200 or less. For example, if the person's best-corrected visual acuity for distance in the better eye was determined to be 20/160 using an ETDRS chart, they would be classified as legally blind (using Snellen equivalent). Regardless of the type of test chart used, the person will not be classified as legally blind if they can read at least one letter on the 20/100 line. For example, if a patient's best-corrected visual acuity for distance in the better eye was determined to be 20/125+1 using an ETDRS chart or 20/200+1 using a Snellen chart, they would not be classified as legally blind.

**For More Information:** The SSA Blue Book listings for vision loss appear on the Social Security Administration website. The site includes information on which tests are used to measure visual acuity, visual field and visual efficiency.


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Using Automated Static Threshold Perimetry to determine Legal Blindness
CCVIP Pearl

In July, 2007, the use of automated static threshold perimetry was allowed to determine if a patient qualified for social security disability as being legally blind. The following steps will help you determine this finding for your patients in need:

**STEP 1:** Is the automated static threshold perimetry test acceptable?
- Must use a white, size III, Goldmann stimulus and a 31.5 apostilb white background.
- The points tested must be no more than 6° apart horizontally or vertically and measures 24° to 30° around the point of fixation (HFA 30-2 or HFA 24-2 are acceptable tests).

**STEP 2:** Is the test reliable?
- The test is NOT reliable if the patient has fixation losses exceeding 20%, or if the false positive or false negative errors exceed 33%.
- The test results must be consistent with the clinical findings and the patient’s daily functional activities.

**STEP 3:** Does the patient have visual field loss?
- Using a Humphrey Field Analyzer (HFA), a Mean Deviation (MD) equal to or greater than -5 dB (for example -4.45, -2.35 or 0) indicates a normal visual field.
- A MD of less than -5 dB (for example -5.5, -8.65, or -10.33) indicates a visual field loss.

**STEP 4:** Do the test results show Statutory Blindness based on visual field loss?
- For tests performed on a HFA, a 10dB threshold is equivalent to a 4e Goldmann intensity. Therefore, any point with a threshold of 10 dB or higher is a “seeing point”; any point 9 dB or lower is considered a “non-seeing point”.
- Use the dB printout to determine if the widest diameter of the field is less than or equal to 20°. Draw a line between the “seeing” and “non-seeing” of any two adjacent tested points where one threshold is 10 dB or greater and the other threshold is less than 10 dB. If more than one number is shown for a particular point, use the higher number to determine if the point is a seeing point.
- On the HFA 30-2 and 24-2, each tested point is 6°. Measure the widest diameter of the consecutive non-seeing points.
- The patient has statutory blindness if the widest diameter in the better eye is less than or equal to 20° and the evidence in your record is consistent with a medically determinable impairment that could result in the visual field loss.

**STEP 5:** Evaluating Visual Field Loss that has not resulted in Statutory Blindness
- A severe peripheral vision loss may also meet the criteria for legal blindness if the MD for the better eye measured with a HFA 30-2 (not 24-2) is -22 dB or worse.

For a more detailed explanation of the above, as well as illustrations and examples, please visit the Social Security Administration’s website at:

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To access links to previous “CCVIP Pearls” go to www.visioncare.org and click on the CCVIP Logo