Respiratory System (Post Challenge)

**Answer Key**

**Table of Contents**

[Practical Exercise 2](#_Toc442873123)

Practical Exercise

**The instructor is to review the scenarios with the trainees and provide the answers to the associated questions.**

**Scenario #1 -**

The Veteran submitted an original claim for service connection for sleep apnea with Continuous Positive Airway Pressure (CPAP)CPAP therapy on a VA Form 21-526 EZ, received March 1, 2013.

Service information is verified as March 14, 2006 to March 3, 2012.

The service treatment records show the Veteran was referred to a Neurology Sleep Lab on June 3, 2011, for evaluation of primary snoring. A polysomnogram was conducted on June 5, 2011, and reported the diagnosis of obstructive sleep apnea, with recommendation for CPAP titration.

VA examination, conducted April 16, 2013, the Veteran reported feeling rested in the morning after treatment of the sleep apnea and reported no hypersomnolence.The VA examination reported the diagnosis of sleep apnea with continuous positive airway pressure machine, with pressures of 12 cm.

**Questions:**

Is the Veteran entitled to service connected compensation and on what basis?

What DC would you use?

What evaluation would you assign?

What evidence supports your decision?

What effective date would you assign?

**Answer:**

Direct service connection is granted for sleep apnea.

Evaluate under DC 6847.

An evaluation of 50 percent is assigned for obstructive sleep apnea that requires the use of a breathing assistance device, such as a continuous airway pressure (CPAP) machine.

As the medical evidence shows the Veteran requires the use of a CPAP machine for treatment of the sleep apnea.

The effective date of March 4, 2012, is assigned because the claim for service connection for sleep apnea was received within one year following the discharge of the Veteran from active military service.

**Scenario #2 -**

Veteran is claiming service connection for asthma. Diagnosis of asthma is confirmed within the STRs and service connection is warranted. On VA examination, the physician confirms a current diagnosis of asthma. The Veteran requires daily use of an Albuterol inhaler to treat his asthma. PFTs reflect post-bronchodilator findings as follows:

* FEV-1: 75%
* FEV-1 / FVC: 80%

**Questions:**

What diagnostic code would you use?

What evaluation would you assign this Veteran? Based on what criteria?

**Answer:**

Evaluate under DC 6602

30 percent evaluation; based on daily inhalational therapy and daily bronchodilator treatment

Note: PFT findings warrant only 10 percent

**Scenario #3 -**

Veteran is service connected for sleep apnea at 50 percent based on required use of a CPAP machine. Veteran files a claim for increase for sleep apnea and a new claim for service connection for Chronic Obstructive Pulmonary Disease (COPD). Review of STRs, VA treatment records following service, and VA examination with opinion reflect that service connection is warranted for COPD.

VA examination findings reflect a continued diagnosis of sleep apnea for which the Veteran requires the use of a CPAP machine with no residual symptoms. Current diagnosis of COPD is confirmed. PFTs reflect post-bronchodilator findings as follows:

* FEV-1: 50%
* FEV-1 / FVC: 50%
* DLCO: 50%

**Questions:**

How would you evaluate this Veteran?

* What DC would you use?
* What evaluation would you assign? Based on what criteria?

**Answer:**

Evaluate under DC 6847-6604

60 percent evaluation; based on PFT findings reflecting 60 percent warranted for COPD

Note: sleep apnea continues to warrant 50 percent; thus the higher evaluation is granted