Respiratory System (Post Challenge)

Trainee Handout

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Objectives

In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.

The RVSR will be able to:

* Properly evaluate respiratory conditions
* Apply PFT results to the rating schedule
* Identify other rating considerations pertaining to the respiratory systemReferences

All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).

* [38 CFR 3.300 Claims based on the effects of tobacco products](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 3.309 Disease subject to presumptive service connection](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58)
* [38 CFR 4.96 Special provisions regarding evaluation of respiratory conditions](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [38 CFR 4.97 Schedule of ratings – respiratory system](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5)
* [M21-1, Part III, Subpart iv, Chapter 4, Section D - Respiratory Conditions](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)
* [M21-1, Part IV, Subpart ii, Chapter 2, Section K - Other Compensation Considerations](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/)

Topic 1: Basics of Rating Respiratory conditions

Topic objectives:

* Properly evaluate respiratory conditions
* Apply PFT results to the rating schedule

The following topic teaching points support the topic objectives:

* Respiratory System Basics
* Evaluating Respiratory Conditions
* 38 CFR 4.96

**Respiratory System Basics**

* Restrictive disease:
  + Reduced expansion of lung parenchyma – decreased vital capacity
* Obstructive disease:
  + Resistance to airflow due to obstruction
* Both types of disease can co-exist at once

**Evaluating Respiratory Conditions -- PFTs**

* Pulmonary Function Tests (PFTs) are required for evaluating interstitial lung diseases and all diseases of trachea and bronchi, except for Bronchiectasis.
* PFT values:
  + the basis for rating
  + objective measured values
* *PFT'S from Non-VA facilities:*
  + May vary from VA test results
  + Reconcile differences based on all the evidence of record
  + Request a medical opinion or additional testing where necessary
  + Remember 38 CFR §4.31 in assigning evaluations

**38 CFR 4.96**

Refer to Code of Federal Regulations for further detail

Topic 2: Additional Considerations

Topic objectives:

* Identify other rating considerations pertaining to the respiratory system

The following topic teaching points support the topic objectives:

* Tobacco Related Claims
* Alternative rating criteria
* Sleep apnea

**Tobacco Related Claims**

* Effective June 9, 1998, the awarding of service connection for a disability or death that results from the Veteran’s use of tobacco products in service is prohibited.
* SC not prohibited under certain circumstances
  + secondary SC may be established for a tobacco-related disability or death that is a result of or aggravated by a SC disability unrelated to tobacco use.

**Alternative Rating Criteria**

* Many of the conditions under the respiratory system are evaluated using PFTs
* However, it is not to be overlooked that many of these conditions also contain alternative rating criteria
* For example, Asthma, bronchial DC 6602
  + each compensable evaluation may be based on PFT results, or
  + the frequency and type of medication prescribed to treat bronchial asthma

**Sleep Apnea**

* Before performing additional development for an increased evaluation, first consider:
  + Has service connection been in effect for 10 years or more
  + If not, request an exam with sleep study to confirm diagnosis
  + If sleep study confirms diagnosis, proceed with claim for increase
  + If no diagnosis is found, prepare a proposal to sever SC in accordance with 38 CFR 3.105(d)

Practical Exercise

Directions: Read each of the following scenarios and answer the corresponding questions:

**Scenario #1 -**

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

**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?

**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?