Rating Digestive Conditions (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.

TheRVSRwill be able to:

Recognize and utilize regulations pertaining to addressing claims for digestive system conditions

Determine appropriate actions when considering claims involving Veterans with Gulf War service and exposure to environmental hazards

Distinguish between the types of hepatitis and properly address how regulations apply to each type

References

• 38 CFR 4.110 Ulcers

• 38 CFR 4.111 Postgastrectomy syndromes

• 38 CFR 4.112 Weight loss

• 38 CFR 4.113 Coexisting abdominal conditions

• 38 CFR 4.114 Schedule of ratings—digestive system

• 38 CFR 3.317 Compensation for certain disabilities occurring in Persian Gulf Veterans

• M21-1, Part III, Subpart iv.4.I - Conditions of Other Body Systems

• M21-1, Part IV, Subpart ii.2.D - Service Connection (SC) for Qualifying Disabilities Associated with Service in Southwest Asia

• M21-1, Part IV, Subpart ii.2.C - Service Connection (SC) for Disabilities Resulting From Exposure to Environmental Hazards or Service in the Republic of Vietnam (RVN)

Topic 1: Regulations

**38 CFR 4.110**

Ulcers

* The term "peptic ulcer" is not sufficiently specific for rating purposes
* In evaluating the ulcer, care should be taken that the findings adequately identify the particular location

The word “peptic” means the cause of the problem is due to acid. It is used as a more generic term to describe many possible types of ulcrs that may occur. Ensure medical evidence provides a more specific area in which the ulcer occurs to make sure the proper evaluation criteria are used.

**38 CFR 4.111**

Postgastrectomy syndromes

* Those occurring during or immediately after eating and known as the “dumping syndrome”
* Those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia

This regulation helps define the symptoms that may occur after anastomotic operations of the stomach. This syndrome is evaluated using DC 7308.

**38 CFR 4.112**

Weight loss

* Substantial weight loss - a loss of greater than 20 percent of the individual's baseline weight, sustained for three months or longer
* Minor weight loss - a weight loss of 10 to 20 percent of the individual's baseline weight, sustained for three months or longer.
* Inability to gain weight - there has been substantial weight loss with inability to regain it despite appropriate therapy.
* Baseline weight - the average weight for the two-year-period preceding onset of the disease.

Several diagnostic codes in the Rating Schedule consider weight loss for evaluation purposes. This regulation is used to determine the severity of weight loss when assigning such evaluations.

**38 CFR 4.113**

Coexisting abdominal conditions

* There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture
* Certain coexisting diseases in this area, do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding (38 CFR 4.14)

This regulation, along with the instructions given under 38 CFR 4.114, explains how and why to address certain coexisting conditions of the digestive system. Please refer to 38 CFR 4.114 for additional information on this process.

**38 CFR 4.114**

Schedule of ratings—digestive system

The regulation begins with a note which specifies that evaluations of digestive conditions under certain diagnostic codes (DCs) will not be combined with each other or assigned separate evaluations. Instead, a single evaluation should be assigned under the DC which reflects the predominant disability, with elevation to the next higher evaluation when the severity of the overall disability warrants such elevation.

Do not combine separate evaluations of digestive conditions with each other under the following DCs:

* 7301 to 7329, inclusive (meaning all the DCs from 7301 to 7329)
* 7331
* 7342, and
* 7345 to 7348, inclusive (meaning all the DCs from 7345 to 7348)

Example: A Veteran with a duodenal ulcer (DC 7305), evaluated as 20-percent disabling, and ulcerative colitis (DC 7323), evaluated as 30-percent disabling, would be assigned a single 30-percent evaluation as ulcerative colitis represents the predominant disability picture. Separate evaluations for the duodenal ulcer and ulcerative colitis are not permitted.

Topic 2: Digestive Conditions and SW Asia Veterans

**38 CFR 3.317**

Compensation for certain disabilities occurring in Persian Gulf Veterans

The VA will pay compensation to Persian Gulf Veterans who exhibit objective indications of a qualifying chronic disability, defined as either an undiagnosed illness or a medically unexplained chronic multisymptom illness (MUCMI) that is defined by a cluster of signs or symptoms. Functional gastrointestinal disorders (FGIDs) are among the MUCMIs defined.

**Undiagnosed Illness**

An undiagnosed illness is a type of chronic qualifying disability where qualifying signs and/or symptoms cannot be attributed to any known clinical diagnosis by history, physical examination and laboratory tests.

When a Veteran with qualifying service claims gastrointestinal signs or symptoms, (for example diahhrea, vomiting, dyspepsia, dysphagia, constipation, or abdominal distress) a medical exam and opinion are in order. If the examiner confirms the symptoms, but is unable to identify a diagnosable condition, service connection is in order as an undiagnosed illness. Please refer to M21-1, IV.ii.2.D for further instruction.

**MUCMI**

Medically unexplained chronic multi-symptom illness (MUCMI)

* Type of chronic qualifying disability in which there is a *diagnosed* illness that has:
  + both
    - an inconclusive pathophysiology, and
    - an inconclusive etiology
  + overlapping symptoms and signs, and
  + features such as
    - fatigue and pain
    - disability out of proportion to physical findings, and
    - inconsistent demonstration of laboratory abnormalities
* Includes functional gastrointestinal disorders (FGIDs), excluding structural gastrointestinal diseases

Irritable bowel syndrome (IBS) is a MUCMI you may often see. Other FGIDs are explained below.

**FGIDs**

Functional gastrointestinal disorders (FGIDs)

* A group of diagnosed conditions that are a type of MUCMI. They are characterized by chronic or recurrent symptoms that are:
  + unexplained by any structural, endoscopic, laboratory, or other objective signs of injury or disease, and
  + may be related to any part of the gastrointestinal tract
* FGID diagnoses include but are not limited to
  + irritable bowel syndrome, and
  + functional
    - dyspepsia
    - vomiting
    - constipation
    - bloating
    - abdominal pain syndrome
    - dysphagia

**GERD**

Gastroesophageal Reflux Disease

* Evaluated under DC 7346, hiatal hernia
* Structural GI disease
  + Is not considered a FGID
  + Does not fall into consideration for 38 CFR 3.317, but may be considered as due to an environmental hazard
* May cause secondary conditions
  + esophatitis
  + Barrett’s esophagus
  + bleeding/ulcers
  + tooth enamel decay

NOTE: This condition is a common digestive system diagnosis. It is considered a structural GI disease, and thus is not considered for service connection under 38 CFR 3.317. However, if a Veteran with qualifying service in an area known to have environmental hazard exposure claims the condition, a medical nexus opinion may be warranted.

Topic 3: Hepatitis

**Hepatitis A&B**

Hepatitis is a liver condition which may be caused by one of three viral infections. Each diagnosis is identified by the strain of virus causing the condition.

Hepatitis A Virus (HAV)

* Acute infection, service connection not warranted unless evidence indicates chronic residuals
* Anti-HAV present for life

Hepatitis B Virus (HBV)

* May be service connected if chronic and linked to service
* 5% to 10% found to be chronic
* Linked to blood transfusions prior to 1975 and sexual contact
* One documented case from jet airgun injector immunization

**Hepatitis C**

Hepatitis C Virus (HCV)

* Diagnostic criteria are detailed in M21-1, III.iv.4.I
* Infection occurs via blood contact
  + the M21 contains a partial list of exposure risks
  + if the risk factor occurs during service, a medical opinion is warranted
* 80% of acute cases become chronic
* Do not automatically deny if HVC is found to be partially due to drug abuse
  + If other risk factors exist a medical opinion is needed
* Service connection for HVC may be severed if established after October 31, 1990, it is not protected by 38 CFR 3.957, and is found to be exclusively due to drug abuse

NOTE: Rating HCV has historically been an area in which inconsistencies exist. M21-1, III.iv.4.I is very detailed in its instructions for addressing claims for HCV. Ensure proper development has been conducted and all required evidence is obtained prior to making a decision.

Practical Exercise

Directions: Read the following questions, provide answers, and prepare to discuss.

1. A Veteran is service connected for irritable bowel syndrome (IBS), evaluated as 10% disabling under DC 7319 for moderate disturbances of bowel function. We receive a valid claim for increase of the IBS, and a new claim for gastroesophageal reflux disease (GERD) as secondary to IBS. VA treatment records show current treatment for both conditions. Examination results confirm the presence of both IBS and GERD, and the examiner provides a positive association between the conditions. The Intestinal DBQ continues to show frequent episodes of bowel disturbance. The Esophageal Conditions DBQ shows persistently recurrent epigastric distress. The Veteran experiences dysphagia, pyrosis, and regurgitation. A review of the available medical evidence indicates the Veteran takes continuous medication for the condition, is unable to eat a wide variety of foods, and the condition prevents them from participating in certain physical activity on a regular basis.

How should this claim be evaluated?

1. A Veteran with qualifying Gulf War service submits a claim for an undiagnosed illness due to service in SW Asia. This claim describes stomach problems that include alternating diarrhea and constipation, with episodes of bloating. The Veteran states the condition has persisted since discharge from active duty two years ago. A Gulf War General Medical DBQ is returned with an accompanying Intestinal Conditions DBQ. The examiner has provided a diagnosis of irritable bowel syndrome.

Is service connection warranted?

Explain the basis of your decision.

1. A Veteran submits a claim for hepatitis with private medical records attached. A review of the STRs show the Veteran was diagnosed and treated for Hepatitis A during service. The separation exam is silent for residuals of the hepatitis. The private treatment records submitted show lab testing confiming the presence of HAV. All other liver function tests are normal.

Is service connetion warranted?

Explain the basis of your decision.