Eyes (RVSR Advanced)

Trainee Exercise Handout

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Objectives

* Summarize and apply the General Rating Formula for Diseases of the Eye.
* Correctly apply paired organ regulations to eye ratings, and recognize congenital or hereditary type conditions.
* Demonstrate when entitlement to ancillary benefits and SMC should be granted.
* Recognize commonly rated eye conditions and be able to analyze references to provide the correct evaluation criteria.

References

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

* Public Law 110-157, James Allen Veteran Vision Equity Act of 2007
* 38 CFR 3.114, Change of law or Department of Veterans Affairs issue
* 38 CFR 3.303(c), Preservice disabilities notes in service
* 38 CFR 3.307, Presumptive service connection for chronic, tropical, or prisoner-of-war related disease associated with exposure to certain herbicide agents, or disease associated with exposure to contaminants in the water supply at Camp Lejeune; wartime and service on or after January 1,1947
* 38 CFR 3.309 (a), Diseases subject to presumptive service connection
* 38 CFR 3.322, Rating of disabilities aggravated by service
* 38 CFR 3.350, Special monthly compensation ratings, eye
* 38 CFR 3.807, Dependents’ Educational Assistance; certification
* 38 CFR 3.808, Auto Allowance
* 38 CFR 3.809, Specially Adapted Housing
* 38 CFR 3.809a, Special Home Adaptations
* 38 CFR 3.383, Special consideration for paired organs and extremities
* 38 CFR 3.400, Effective Dates, General
* 38 CFR 3.951, Preservation of disability ratings
* 38 CFR 4.31, Zero percent evaluations
* 38 CFR 4.75, General considerations for evaluating visual impairment
* 38 CFR 4.76, Visual acuity
* 38 CFR 4.77, Visual fields
* 38 CFR 4.78, Muscle function
* 38 CFR 4.79, Schedule of ratings - eye
* M21-1, Part III, Subpart iv.4.C, Conditions of the Eyes
* M21-1 Part IV, Subpart ii.2.B.6, Determining SC for Congenital, Developmental, or Hereditary Disorders
* M21- 1 Part IV, Subpart ii.2.H.5, SMC for Blindness with Other Disabilities Affecting Hearing and the Extremities
* M21-1 Part IV, Subpart ii.2.K.1, Compensation for Paired Organs or Extremities
* Decision Assessment Document (DAD) for VAOPGCPREC 11-1999: Effect of Former Manual Provisions Concerning Authority to Pay Compensation for Retinitis Pigmentosa

Topic 1: Review of Rating Prinnciples for Evaluating Eyes

*Complete the exercises below when prompted by your instructor.*

**Knowledge Check**

/Vision

1. What three types of impairment of vision are considered for rating purposes?
2. True or false: eye exams must include data for both corrected and uncorrected visual acuity.
3. True or false: Under the current definition of incapacitating episodes, the treatment visits must be documented.
4. Evaluations for impairment of visual acuity should be based on which visual acuity test result (near, distance, corrected, uncorrected, etc.)?
5. How is visual field impairment determined manually (not using evaluation builder)?
6. What is diplopia?
7. Under DC 6090, in accordance with 38 CFR 4.31, diplopia that is occasional or correctable with spectacles should be evaluated at what level?

Topic 2: Other Eye Considerations

*Complete the exercises below when prompted by your instructor.*

**Knowledge Check**

1. Name at least two conditions VA considers refractive errors.
2. Name **one** reference that pertains to paired organs or extremities.
3. Name at least **two** ancillary benefits that pertain to vision issues.
4. Loss or Loss of Use (LOU) of one eye would result in what SMC entitlement?
5. True or false: SMC L for bilateral blindness could be met with best corrected vision in better eye of 5/200 or less.
6. True or false: SMC M for vision requires blindness level of only light perception or blindness requiring the Veteran to have regular aid and attendance.
7. If both blindness and deafness are present, will this impact the SMC level?

Topic 3: Commonly Rated Eye Diseases

*Complete the exercises below when prompted by your instructor.*

**Knowledge Check**

1. Name two commonly rated eye conditions.
2. What is the minimum rating for aphakia (whether unilateral or bilateral)?
3. What is the minimum evaluation for glaucoma if continuous medication is required?
4. Which commonly rated eye condition can be considered for presumptive service connection?
5. True or false: Service connection for retinitis pigmentosa is always to be denied when it is found to be hereditary.
6. Retinopathy can be granted under which two diagnostic codes?
7. Can service connection for dry eye syndrome that is a result of LASIK surgery be granted?

Practical Exercise

Directions: *Complete the exercises below when prompted by your instructor.*

1. At entrance into service Veteran’s bilateral vision was 20/20. Veteran had a bilateral eye injury in service and at discharge best corrected vision was 20/70 in the right eye and 20/100 in the left eye as a result of the eye injury. Service connection has been granted for both eyes. *What is the diagnostic code and evaluation?*

2. Veteran suffered a gunshot wound to the left eye in service. The Veteran is unable to recognize test objects at 1 foot, nor is he able to count fingers in the left eye. There is no enucleation or disfigurement. Vision in the right eye is 20/20. *What is the proper evaluation and diagnostic code?*

3. If a Veteran has best corrected visual acuity of 5/200 bilaterally or has visual field restriction to 5 degrees or less bilateral, *what is the proper evaluation and diagnostic code*?

4. The Veteran served from 1976 to 1984. Eye examination at entrance was normal. In 1981, he complained of decreased vision. Testing revealed peripheral vision contraction and Retinitis Pigmentosa (RP) was diagnosed. The Veteran denied any family history of RP. Examination at discharge exam showed markedly constricted visual fields*. Should service connection be established? Justify your answer.*

5. The Veteran served from 10/70 to 6/73. Entrance examination shows bilateral visual acuity of 20/20. Retinitis pigmentosa first manifests itself and is diagnosed during a physical in 1972. At separation examination, visual acuity is 20/70 bilateral with visual disturbances noted at night. What action should be taken?

6. Induction examination showed the Veteran had visual acuity of 20/50 in the left eye and 20/40 in the right eye due to scarring from an old injury. During his 18 months of service he had an infectious process involving both eyes which resolved, but at discharge his visual acuity was recorded as 20/70 bilaterally. Decreased visual acuity was noted to be caused by the infectious process while in service. *What evaluation should be assigned for the Veteran's disability?*

7. Since June 1968, the Veteran has been service-connected for loss of use of the right eye (no light perception) due to a gunshot wound. He is receiving 30% evaluation plus SMC (k). In November 1997, a medical statement is received showing he has a 10-year history of diabetes (this is not related to service), and corrected vision in the left eye is 5/200. *How would this be rated?*

8. The Veteran is service-connected for bilateral blindness rated at 5/200. *Is the Veteran entitled to any ancillary benefits? If so, which?*

9. Due to an injury in service, the Veteran’s vision is 5/200 bilaterally. He also had a traumatic amputation of his left leg at the time of injury.

*\* What is the proper evaluation for the eye condition?*

*\* Would the veteran be entitled to Specially Adapted Housing? Why?*

*\* Would there be entitlement to any other ancillary benefits? Why?*

10. The Veteran filed an original claim for bilateral impairment of visual acuity on June 1, 2015. VA examination reveals the best distant vision obtainable after correction is 20/100 (6/30) in the right eye and 20/50 (6/15) in the left eye. Diplopia secondary to myasthenia gravis has been diagnosed and is within 24 degrees in the upward quadrant. *What is the proper evaluation level for this scenario?*

11. Veteran submitted a claim on June 1, 2018 for diabetic retinopathy. During the examination the Veteran is diagnosed with diabetic retinopathy. Veteran’s visual acuity is OS 20/70, OD 20/50. It is noted on the DBQ that the Veteran has had two laser treatments in the past 12 months, this is also confirmed upon review of the VA treatment records. *What diagnostic code would you use? What evaluation would you choose?*

12. Veteran submitted a claim for glaucoma on April 27, 2018. Examination was completed on May 10, 2018 where the Veteran was diagnosed with open-angle glaucoma, visual acuity is OU 20/50. Review of the treatment records show that the Veteran has had four laser treatments for the retinopathy in the past 12 months. You receive the claim on May 22, 2018. *Is the evidence of record sufficient for rating purposes? What evaluation(s) are appropriate? What effective date(s) is/are appropriate for the evaluation(s) assigned?*