Eyes (RVSR Advanced)

Instructor Lesson Plan

Time Required: 3.5 Hours

**Table of Contents**

[Lesson Description 2](#_Toc509814209)

[Eyes (RVSR Advanced) 4](#_Toc509814210)

[Topic 1: Review of Rating Principles for Evaluating Eyes 7](#_Toc509814211)

[Topic 2: Other Eye Considerations 19](#_Toc509814212)

[Topic 3: Commonly Rated Eye Diseases 25](#_Toc509814213)

[Practical Exercise 33](#_Toc509814214)

[Lesson Review, Assessment, and Wrap-up 33](#_Toc509814215)

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| Lesson Description | |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. | |
| TMS # | 4180678 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs) should have completed Challenge or have 24 months of RVSR experience. |
| target audience | The target audience for Eyes (RVSR Advanced) is Post-Challenge RVSR employees.  Although this lesson is targeted to teach the Post-Challenge RVSR employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 3.5 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Eyes (RVSR Advanced) PowerPoint Presentation * Eyes (RVSR Advanced) Trainee Exercise Handout * Eyes (RVSR Advanced) Answer Key |
| Training Area/Tools | The following are required to ensure the trainees are able to meet the lesson objectives:   * Classroom or private area suitable for participatory discussions * Seating, writing materials, and writing surfaces for trainee note taking and participation * Handouts, which include a practical exercise * Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials * Computer with PowerPoint software to present the lesson material   Trainees require access to the following tools:   * VA TMS to complete the assessment * VA Intranet * VBMS-R Evaluation Builder |
| Pre-Planning | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session. * Become familiar with the content of the trainee handouts and their association to the Lesson Plan. * Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson. * Ensure that there are copies of all handouts before the training session. * When required, reserve the training room. * Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed). * Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson. * This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins. |
| Training Day | * Arrive as early as possible to ensure access to the facility and computers. * Become familiar with the location of restrooms and other facilities that the trainees will require. * Test the computer and projector to ensure they are working properly. * Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly. * Make sure that a whiteboard or flip chart and the associated markers are available. * The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers. |

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| Eyes (RVSR Advanced) | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 0.25 hours |
| Purpose of Lesson  Explain the following: | | This lesson is intended to reinforce basic rating considerations for eyes, remind trainees of other rating considerations as they pertain to vision, and review some of the more commonly rated eye diseases. This lesson will contain discussions and exercises that will allow you to gain a better understanding of:   * Review of Rating Principles Evaluating Eyes * Other Eye Considerations * Commonly Rated Eye Diseases |
| Lesson Objectives  Discuss the following:  Slide 2 | **Slide:**   * 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.   **Talking Points:**  In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.  Given references and training material, the RVSRwill be able to:   * 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. | |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed. | |
| Motivation | Because eye conditions are not as commonly claimed as many other disabilities, it’s important to review rating criteria and analyze the implications of severe vision impairment in order to ensure proper service connection and payment for our Veterans. | |
| STAR Error code(s) | **A1** – were all claimed issues addressed and decided?  **A2** – Were all unclaimed subordinate and/or ancillary issues addressed? (Think about possible SMC, SAH/SHA, DEA, etc.)  **C2** – was the percentage evaluation assigned correct (including combined evaluation)? (Think about max evaluation for one eye and implications of inability to wear a prosthetic; think about possible implications of having both impairment of visual acuity and visual fields and need to combine evaluation under 38 CFR 4.25). | |
| References  Slide 3-4 | Explain where these references are located in the workplace.  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 | |

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| Topic 1: Review of Rating Principles for Evaluating Eyes | |
| Introduction | This topic will allow the trainee to refamiliarize themselves with the basic rating criteria for evaluating eye conditions. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Summarize and apply the General Rating Formula for Diseases of the Eye   The following topic teaching points support the topic objectives:   * Visual Examinations * General Rating Formula for Diseases of the Eye * Incapacitating Episodes * Visual Impairment * Rating Decision Requirements |
| Topic 1- Review of Rating Principles for Evaluating Eyes  Slide 5-6 | **Slide 5:**  Review of Rating Principles for Evaluating Eyes, and Rating Considerations for Eyes.  **Talking Points:**  Though most of you have been rating for sometime, rating eye conditions is not as common as rating musculoskeletal conditions or hearing loss. Therefore, we will review the basic rating principles for evaluating eyes, and disucss rating considerations for eyes.  **Slide 6:**  Review of Rating Principles for Evaluation of Eyes/Vision   * In rating eye conditions:   + There must be an established diagnosis   + If no diagnosis, exam may be insufficient for rating   + Exam itself and other evidence of record should be sufficient for rating purposes * Eye diseases are evaluated based on:   + Schedular requirements (i.e. minimum evaluation, assigned evaluation); or   + General Rating Formula for Diseases of the Eye     - Incapacitating Episodes, or     - Visual impairment   **Talking Points:** To rate eye diseases, there must be an established diagnosis of record. This diagnosis is usually provided by the treating provider (i.e optometrist or opathamalogist).  Once a diagnosis is provided, the eye condition will be evaluated based upon set criteria in the rating schedule for that particular condition, or it will be evaluated under the General Rating Formula for Diseases of the Eye.  The General Rating Formula for Diseases of the Eye is based on incapacitating episodes, or visual impairment, whichever allows for a higher evaluation. |
| Visual Exams  Slide 7 | **Slide:**   * + Need specialist to complete DBQ   + Include uncorrected and corrected central visual acuity findings at both distance and near vision   + Visual field testing, if applicable   + Mydriatics normally included (induce dilation of the pupil)   + Funduscopic & ophthalmological findings needed   + When evaluating under visual acuity, basis for rating is best distance vision ***after*** best correction by glasses, except for     - Keratoconus cases – contact lenses medically required   **Talking Points:** Visual examinations must be completed by a licensed optometrist or ophthamologist. Examination of visual acuity must include uncorrected and corrected central visual acuity, at both distance and near vision.  Mydriatics (pupil dilation) , funduscopic and opthalmalogical findings will be provided, unless contraindicated.  Section IV of the DBQ is broken into nine parts to discuss different types of eye diseases. Only the part that has to do with the Veteran’s diagnosed condition will be completed, it is a good idea to review the sections and parts of the DBQ that were completed to ensure it is sufficient for rating purposes. |
| Review of the General Rating Formula for Diseases of the Eye  Slide 8 | **Slide:**   * Check the schedule to determine if there is specific evaluation criteria for the diagnosed condition (i.e. glaucoma, nystagmus, loss of eyebrows, etc.) * Review the General Rating Formula for Diseases of the Eye   + Evaluate based on incapacitating episodes or visual impairment, whichever results in the higher evaluation.   + Rating schedule for eyes changed on May 13, 2018! The definition of incapacitating episodes has changed!     - Rating schedule change is not liberalizing legislation.   **Talking Points:** Always review the rating schedule to determine if there is an applicable schedular minimum and/or maximum evaluation based on disease specific criteria for the diagnosed condition. If there is not, the condition will be evaluated based on the General Rating Formula for Diseases of the Eye.  The General Rating Formula for Diseases of the Eye is based on incapacitating episodes, or visual impairment, whichever allows for the higher evaluation.  Remember the eye rating schedule was changed on May 13, 2018. Prior to this, the last change in the eye rating schedule was December 10, 2008. In claims for increase, it is critical to know which schedule the Veteran is evaluated under. Liberalizing legislation does not apply to changes in the rating schedule.  We will now go into further detail about the new evaluation critiera for the General Rating Formula for Diseases of the Eye. |
| Incapacitating Episodes  Slide 9 | **Slide:**   * + Incapacitating episode: a documented treatment visit for the eye condition sever enough to require a clinic visit to a provider specifically for treatment purposes.   + Evaluation criteria is based on the number of documented “incapacitating episodes” the Veteran had in the past 12 months.   + Examples of treatment include, but are not limited to, systemic immunosuppressants or biologic agents; intravitreal or periocular injections; laser treatments; or other surgical interventions.     - Examiner will indicate what kind of treatment was provided during the visits on the Eye Conditions DBQ   **Talking Points:** Under the General Rating Formula for Diseases of the Eye, the definition of incapacitating episodes changed on May 13, 2018, the day the rating schedule for eyes was updated. An incapacitating episode, per §4.79 is now defined as an eye condition that is severe enough to require a clinic visit to a provider specificially for treatment purposes. These treatment visits must be documented. Examples of treatment visits are provided in §4.79, Note 2. These include but are not limited to systemic immunosuppresants or biologic agents; intravitreal or periocular injections; laser treatments; or other surgical interventions.  You may begin to hear the phrases *incapacitating episodes* and *treatment visits* used interchangeably. Remember that the definition of an incapacitating episode was changed on May 13, 2018. Prior to this date, the definition for incapacitating episodes was a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other healthcare provider.  The General Rating Formula for Disease of the Eye is then broken up by evaluation based on how many documented treatment visits occurred over the past 12 months. For example, a 10 percent evaluation is warranted for incapacitating episodes if the Veteran had at least one, but less than three, documented treatment visits for the eye condition in the past 12 months.  Trainer: Pull up rating schedule to show the students what the rating schedule looks like for the General Rating Formula for Diseases of the Eye. |
| Visual Impairment  Slide 10 | **Slide:**   * Visual impairment considers:   + Central visual acuity   + Field of vision   + Muscle function * Tests for visual impairment used for rating purposes include:   + Snellen chart (visual acuity)   + Visual field chart or table, measuring visual field   + Visual field chart documenting muscle impairment (diplopia)   **Talking Points:** Visual impairment is defined under Note 3 of §4.79, where it states “for purposes of evaluating visual impairment due to a particular condition, refer to 38 CFR 4.75-4.78, and to §4.79, diagnostic codes 6061-6091.  Visual impairment is considered under central visual acuity, field of vision, and muscle function.  Some of the tests you may encounter to assess visual impairment include, but are not limited to, Snellen chart, Goldmann chart. |
| Visual Acuity  Slide 11 | **Slide:**   * Exam includes central uncorrected and corrected visual acuity for distance and near using Snellen’s test type, or equivalent   + Evaluation based on basis of corrected distance vision, unless exception exists * Visual acuity evaluated under diagnostic codes (DC) 6061-6066 * Each DC shows degree of impairment for worse eye, followed by a list of possible impairments for the better eye * Criteria for each evaluation level = visual acuity in feet (meters) * Disabilities with superscript (1) = SMC * Loss of eye, but no prosthesis: Add 10 percent, under DC 6063   **Talking Points:** Visual acuity is measured using Snellen’s test type, or equivalent. Though corrected and uncorrected visual acuity at both near and distance will be provided in an examination, the evaluation will be assigned based on corrected distance vision.  Each diagnostic code, shows a degree of impairment for the worse eye, followed by a list of possible impairments for the better eye.  The criteria for each evaluation level = visual acuity in feet (meters)  When the disability has a superscript of (1), SMC must be considered, and likely granted.  If there is a loss of the eye, but no prosthesis, 10 percent is added under diagnostic code 6063. |
| Visual Fields  Slide 12 | **Slide:**   * Visual field testing must be performed when visual field defect is perceived   + If Veteran does not have suffer a visual field defect, visual field testing is not required * Examination facility can use any of the following to test visual fields   + Goldmann Bowl kinetic perimetry; or, automatic perimetry (Humphrey Model 750, Octopus Model 101); or, later versions of the Humphrey or Octopus machines with simulated Goldmann kinetic perimetry. * Visual field testing may be reported in a chart of table format. Inclusion of the Goldmann chart or equivalent charting is no longer a requirement   **Talking Points:** Visual field testing must be performed when visual field defect is perceived. The testing detects dysfunction in central and peripheral vision. Conditions that may require visual testing, include but are not limited to glaucoma, macular degeration, optic nerve conditions, optic glioma, and residuals of a stroke or brain tumor, If there is no defect, visual field testing will not be performed.  The testing facility can use any of the following to test visual fields:  Goldmann Bowel kinetic perimetry, or automatic perimetry (Humphrey Model 750, Octopus model 101), or later versions of the Humphrey or Octopus machines with simulated Goldmann kinetic perimetry.  Visual field testing may be reported in chart or table format. Inclusion of the chart is no longer required (per the May 13, 2018 rating schedule changes). |
| Visual Field Examinations  Slide 13 | **Slide:**   * Add remaining field at each of 8 principal meridians & divide by eight   + The result is the remaining field of vision, or degrees of average concentric contraction. Locate this number under DC 6080 * If the average concentric contraction for the left and right eyes fall into different ranges under DC 6080, convert concentric contraction to visual acuity per equivalents shown under DC6080   + Use these visual acuity equivalents to evaluate the visual field impairment under DC 6066.   **Talking Points:** Add remaining field at each of 8 principal meridians& divide by eight   * + The result is the remaining field of vision, or degrees of average concentric contraction. Locate this number under DC 6080 * If the average concentric contraction for the left and right eyes fall into different ranges under DC 6080, convert concentric contraction to visual acuity per equivalents shown under DC6080   + Use these visual acuity equivalents to evaluate the visual field impairment under DC 6066.   Rating for field of vision impairment are used with disease of the optic nerve (or as otherwise indicated), and rely on computation of the average concentric contraction. Although DC 6080 applies, the correct diagnosis reflecting the disease or injury causing visual field impairment must be cited.  **Trainer Note:** information on visual field examinations is detailed in 38 CFR §4.76 and 4.76a. |
| Considering Impairments of Both Visual Acuity and Visual Field  Slide 14 | **Slide:**  When there are impairments of both visual acuity and visual field   * determine for each eye the percentage evaluation for visual acuity and for visual field loss (expressed as a level of visual acuity under [38 CFR 4.79, DC 6080](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_179&rgn=div8)), and * combine the evaluations under [38 CFR 4.25](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_125&rgn=div8), resulting in a single issue for the eye condition on your code sheet * combined evaluation for visual impairment can then be combined with any other disabilities that are present.   **Talking Points:** Per 38 CFR 4.77c - To determine the evaluation for visual impairment when both decreased visual acuity and visual field defect are present in one or both eyes and are service connected, separately evaluate the visual acuity and visual field defect (expressed as a level of visual acuity), and combine them under the provisions of §4.25. |
| Example: Considering Impairments of Both Visual Acuity and Visual Field  Slide 15 | **Trainer – pull up rating schedule and demonstrate how evaluations were found.**  **Slide and Talking Points:**  ***Example situation***:   * Corrected visual acuity is 20/40 in the right eye and 20/70 in the left eye, warranting a 10-percent evaluation. * Visual field loss in right eye is remaining field 38 degrees (equivalent to visual acuity 20/70) and loss in left eye is remaining field 28 degrees (equivalent to visual acuity 20/100), warranting a 30-percent evaluation.   ***Result***: Under [38 CFR 4.25](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_125&rgn=div8), combine the 30-percent evaluation for visual field loss with the 10-percent evaluation for visual acuity, which results in a 40-percent combined evaluation for bilateral visual impairment. |
| Muscle Function  Slide 16 | **Slide:**   * Muscle function impairment typically evaluated as diplopia. * §4.78 requires the use of Goldmann Bowl kinetic perimeter testing, or the Tangent Screen for examination of muscle function. * Examiner must document the results of muscle function testing by identifying the quadrant(s) and range(s) of degrees in which diplopia exists. * Documentation on a Goldmann Perimeter Chart is not required but acceptable.   **Talking Points:** The examiner must use a Goldmann perimeter chart or the Tangent Screen method, that identifies the four major quadrants (upward, downward, left and right lateral) and the central field (20 degrees or less). The examiner must document the results of the muscle function testing by identifying the quadrant(s) and range(s) of degrees in which diplopia exists.  Prior to May 13, 2018, the examiner had to chart the areas of diplopia and include the plotted chart with the examination report.  Diplopia will be briefed on in the next slide, but for more information, trainees can access the Challenge training lesson for vision. |
| Diplopia  Slide 17 | **Slide:**   * Diplopia – double vision – muscle function impairment * Ratings of diplopia and decreased visual acuity/field of vision not to be applied in the same eye. * Must have diagnosis reflecting disease or injury causing diplopia * Apply diplopia rating only when it would result in higher evaluation as compared with percentage for impairment of either visual acuity or visual field * Note under DC 6090: in accordance with 38 CFR 4.31, diplopia that is occasional or that is correctable with spectacles is evaluated at 0 percent. * Refer to M21-1 III.iv.4.C for more information.   **Talking Points:** Diplopia, also known as double vision, is considered a muscle function impairment.  Ratings of diplopia and decreased visual acuity/field of vision not to be applied in the same eye.  There must be a diagnosis reflecting disease or injury that is causing diplopia. Service connection for diplopia, without an underlying condition will not be granted.  Apply diplopia rating only when it would result in higher evaluation as compared with percentage for impairment of either visual acuity or visual field  Note under DC 6090: in accordance with 38 CFR 4.31, diplopia that is occasional or that is correctable with spectacles is evaluated at 0 percent.  Refer to M21-1 III.iv.4.C for more information. |
| Rating Decision Requirements  Slide 18 | **Slide:**   * Cite the actual disease, injury, or other basic condition as the diagnosis, rather than a mere citation of impaired visual acuity, field of vision, or motor efficiency. * Actual pathology, other than refractive error, is required to support impairment of visual acuity. Impaired field of vision and impaired motor field function must be supported by actual appropriate pathology. * In a case where visual acuity falls between two steps, elevate to the next greater schedular loss   **Talking Points:** Decision makers should cite the actual disease, injury, or other basic condition as the diagnosis rather than a mere citation of impaired visual acuity, field of vision, or motor efficiency. For example, if the Veteran has an impairment of visual acuity due to diabetic retinopathy, the rating should reflect “diabetic retinopathy” as the diagnosis, and the evaluation would be based on visual impairment, per the evaluation criteria under diagnostic code 6040.  Actual pathology, other than refractive error, is required to support impairment of visual acuity. Impaired field of vision and impaired motor field function must be supported by actual appropriate pathology.  In a case where visual acuity falls between two steps, elevate to the next greater scheduler loss. For example, if best corrected central visual acuity in one eye is 10/200 and in the other eye is 5/200, a 90% evaluation is warranted. However, if vision in one eye is 5/200 and in the other eye is 8/200, this is between two steps. Elevate the eye with 8/200 to the next higher step and rate that eye as 5/200. This results in a 100% evaluation.  **Note**: although special monthly compensation (SMC) is normally  payable for bilateral 5/200 visual acuity it is **not** payable in this  case as the **actual** acuity (8/200) is better than 5/200. For SMC  purposes, vision has to be at the actual level (38 CFR 3.350(b)(2)). |
| EXERCISE  Topic 1 Knowledge Check  Slide 19 | **Trainer:** Lead a discussion with the group on these questions or have them complete individually and provide answers before moving on to next topic. Answers are located in the answer key.   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? |

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| Topic 2: Other Eye Considerations | |
| Introduction | This topic will allow the trainee to refamiliarize themselves with basic rating principles to consider when evaluating eyes. It will also allow the trainee to recognize when additional entitlements may be granted for eye conditions. |
| Time Required | 0.75 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * 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.   The following topic teaching points support the topic objectives:   * Refractive Errors * Paired Organs * Ancillary Benefits * Special Monthly Compensation (SMC) |
| Topic 2 – Other Eye Considerations  Slide 20-21 | **Slide 20:**  Topic 2 – Other Eye Considerations  **Talking Points:** Now that we have discussed the basic rating principles for vision, we will discuss other rating considerations.  **Slide 21:**   * Refractive Errors * Paired Organs * Ancillary Benefits * Special Monthly Compensation (SMC)   **Talking Points:** Some of these considerations include refractive errors, paired organs, ancillary benefits, and special monthly compensation. |
| Refractive Errors  Slide 22-24 | **Slide 22 and Talking Points:**   * + Defects of form or structure of the eye of congenital or developmental origin will not be service connected on the basis of incurrence or natural progress during service.   + The effect of uncomplicated refractive error is to be excluded when considering visual impairment from the standpoint of service connection & evaluation.   + Refractive error considerations: if VA exam findings are better than prior findings, we will assume prior findings are wrong.   **Slide 23 and Talking Points:**  **Conditions VA Considers Refractive Errors**   * Regular astigmatism * Presbyopia (part of aging process, loss of eye’s ability to change its focus to see near objects) * Hyperopia (farsightedness) * Myopia (nearsightedness)   **Slide 24 and Talking Points:**  **Exceptions for SC of Refractive Errors**  Long-established policy permits establishment of SC for such unusual developments as choroidal degeneration, retinal hemorrhage or detachment, or rapid increase of myopia producing uncorrectable impairment of vision.  Consider refractive error SC only under these unusual circumstances and when combined with uncorrectable residual visual impairment.  **Note**: irregular astigmatism may be due to corneal inflammation due to injury or operation. |
| Paired Organs or Extremities  Slide 25 | **Slide:**  When only one eye is service connected, VA may pay compensation as if both eyes are service connected if the level of impairment in both eye is as follows:   * + - Visual acuity of 20/200 or less in each eye; or     - Peripheral field of vision for each eye is 20 degrees or less   **Talking Points:** SC loss or LOU of one eye + NSC impairment of vision in other eye:  Compensate “as if” both eyes are SC **if**   * + Visual acuity of 20/200 or less in each eye; **or**   + Peripheral field of vision each eye is 20 degrees or less   For example: a Veteran, who due to a shell fragment wound, has anatomical loss of one eye for which VA is compensating. Veteran then develops a non service-connected diabetic retinopathy and visual acuity in the NSC eye is 20/200. The level of compensation increases from 40% + (k) to 100% + (l) ½.  PL 110-157, the James Allen Veteran Vision Equity Act of 2007, was signed into law on December 26, 2007. The Act amends VA’s statute regarding special consideration for certain cases of loss of paired organs or extremities, by replacing the standard of “blindness” with “impairment of vision”. “Impairment of vision” is defined as visual acuity 20/200 or less in each eye; or the peripheral field of vision is 20 degrees or less in each eye.  **Trainer:** See 38 CFR 3.383 ***and*** M21-1, Part IV, Subpart ii.2.K.1 |
| Ancillary Benefits  Slide 26 | **Slide:**   * The Veteran could specifically claim these benefits * RVSR must infer these issues when Veteran meets scheduler requirements and we can grant the benefit.   Consider:   * Auto allowance * Specially Adapted Housing * Special Home Adaptation Grant * Dependents Educational Assistance * Special Monthly Compensation   **Talking Points:** Ancillary benefits can be inferred or specifically claimed by the Veteran. Remember, we will not infer to deny.   * Auto allowance – 38 CFR 3.808 … *Permanent impairment of vision of both eyes:*    + *Central visual acuity of 20/200 or less in the better eye, with corrective glasses, or*   + *central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than 20° in the better eye.* * Specially adapted housing – 38 CFR 3.809   + *Blindness in both eyes, having only light perception, plus the anatomical loss or loss of use of one lower extremity,* * Special home adaptation – 38 CFR 3.809a   + *The disability is due to blindness in both eyes, having central visual acuity of 20/200 or less in the better eye with the use of a standard correcting lens.*   + *For the purposes of this paragraph, an eye with a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered as having a central visual acuity of 20/200 or less. The disability discussed in this paragraph need not be rated as permanently and totally disabling.* * Dependents Educational Assistance (DEA or Chapter 35) – 38 CFR 3.807   + *granted when a Veteran is found to have a permanent total service connected disability. If the Veteran is granted service connection for an eye condition that is evaluated at 100 percent, entitlement to DEA must be considered.* * SMC – see next slides |
| Special Monthly Compensation (SMC) for Eyes  Slide 27-30 | **Slide 27 and Talking Points:**  **38 CFR §3.350(a)(4)**   * Loss of Use (LOU) or loss of one eye = entitlement to SMC K * Criteria for LOU with light perception only:   + Inability to recognize largest chart letters at 1 foot, and   + Perception of objects, hand movement or counting fingers cannot be accomplished as far away as 3 feet   **Slide 28 and Talking Points**  **38 CFR 3.350(b)(2) = SMC L**   * Visual acuity of 5/200 or less, bilaterally * Note: if the acuity is above 5/200 but less than 10/200, this does not meet the criteria for SMC L * Visual field restriction to 5º or less bilaterally, which is equivalent to 5/200   **Slide 29 and Talking Points:**  **SMC M for Blindness**   * Blindness in both eyes having only light perception; * Blindness in both eyes leaving the Veteran so helpless as to be in need of regular aid and attendance   + Where blindness means visual acuity 5/200 or less, or the vision field is reduced to 5 degree concentric contraction in both eyes   **Slide 30 and Talking Points:**  **Other Eye SMC Items**   * Don’t forget that for various levels of blindness, intermediate rates (1/2 steps) should be considered. * If there are issues with blindness together with deafness, carefully review SMC regulations to ensure proper SMC grant/coding.   ***Notes****: for additional information, review Higher Level SMC courses:*   * *Introduction to higher level SMC; TMS #4411527* * *Higher level SMC TMS# 4200879* |
| EXERCISE Topic 2 Knowledge Check  Slide 31 | **Trainer:** Lead a discussion with the group on these questions or have them complete individually and provide answers before moving on to next topic. Answers are located in the answer key.   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? |

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| Topic 3: Commonly Rated Eye Diseases | |
| Introduction | This topic will allow the trainee to reacquaint themselves with some of the commonly rated eye conditions and information needed to properly evaluate. |
| Time Required | 0.5 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Recognize commonly rated eye conditions and be able to analyze references to provide the correct evaluation criteria.   The following topic teaching points support the topic objectives:   * Cataracts * Glaucoma * Retinitis Pigmentosa * Retinopathy * Dry Eye Syndrome |
| Topic 3 – Commonly Rated Eye Diseases  Slide 32-33 | **Slide 32:**  Topic 3 – Commonly rated eye diseases  **Talking Points:** Let’s take a look at some of the more commonly rated eye diseases and specific rating considerations for these conditions.  **Slide 33:**   * Cataracts * Glaucoma * Retinitis Pigmentosa * Retinopathy * Dry Eye Syndrome   **Talking Points:** The conditions we will review are cataracts, glaucoma, retinitis pigmentosa, retinopathy, and dry eye syndrome. |
| Cataracts  Slide 34 | **Slide:**   * Preoperative –   + May 13, 2018 forward, evaluate based on General Rating Formula for Diseases of the Eye   + Prior to May 13, 2018, evaluate based on visual impairment * Postoperative –   + May 13, 2018 forward:     - if replacement lens present (pseudophakia), evaluate under General Rating Formula for Diseases of the Eye     - If no replacement lens, evaluate based on aphakia (DC 6029)   + Prior to May 13, 2018, evaluate based on visual impairment  **Talking Points:** A cataract is a lens opacity which produces visual impairment by obscuration and altered light refraction. Cataracts are not reversible, but are treatable with surgery. Some causes of cataracts, include, but are not limited to diabetes, high blood pressure, or previous eye injury or trauma. Cataracts are evaluated under diagnostic code 6027. As of May 13, 2018, cataracts that are preoperative, meaning surgery has not yet been performed, are evaluated based on the General Rating Formula for Diseases of the Eye. Under the general formula, the evaluation is based on incapacitating episodes (remember the definition of incapacitating episodes has changed as of May 13, 2018) or visual impairment, whichever results in a higher evaluation.  Prior to May 13, 2018, the evaluation of cataracts was based on visual impairment.  For cataracts that are post operative, you must know whether a replacement lens is present or not.  If a replacement lens is present, the condition is evaluated under the General Rating Formula for Diseases of the Eye, as of May 13, 2018. Prior to thiss date, it was evaluated based on visual impairment.  If a replacement lens is present, evaluate based on aphakia (DC 6029). A minimum evaluation of 30 percent is assigned under DC 6029, whether aphakia is unilateral or bilateral.  **Trainer note:** display the rating schedule and show the criteria for DC 6029. |
| Glaucoma  Slide 35 | **Slide:**   * Schedular minimums apply as follows when condition is diagnosed and continuous medication is required:   + 6012 Angle-closure glaucoma – 10 percent minimum   + 6013 Open-angle glaucoma – 10 percent minimum * May 13, 2018 to present: for 6012 and 6013, evaluate based on the General Rating Formula for Diseases of the Eye, or schedular minimum, whichever results in a higher evaluation. * Prior to May 13, 2018,   + Angle-closure based on visual impairment or incapacitating episodes (old definition)   + Open-angle based on visual impairment   **Talking Points:** Glaucoma is a group of diseases that produce damage to the optic nerve and decrease peripheral vision. It may advance to “tunnel vision” and if left untreated, it can lead to optic atrophy and blindness. Some causes of glaucoma include, but are not limited to cardiovascular disease, diabetes mellitus, hypertension, and migraine headaches.  In an examination for glaucoma, the examiner checks the intraocular pressure, visual fields, and examines the optic nerve.  The most common types of glaucoma are angle-closure glaucoma and open-angle glaucoma.  Angle-closure glaucoma can be acute or chronic. Angle-closure glaucoma is due to a blockage of the fluid (aqueous humor) drainage canals, or a narrowing of the cancls, causing an increase in eye pressure. If this increase in eye pressure occurs rapidly (within hours) this is an acute emergency that can lead to permanent visual loss if not treated with emergency care.  Chronic, or primary angle-closure glaucoma is typically asymptomatic and changes are more gradual. Treatment includes medications, laser procedures, and surgery.  Open-angle glaucoma is the most common type of glaucoma, accounting for 90 percent of all glaucoma. It is caused by the slow clogging of the drainage canals, resulting in increased eye pressure. It is asymptomatic early, but shows elevated intraocular pressurein most cases, enlargement of the optic cup, and progressive visual field loss. It is treated primarily with medications.  As of May 13, 2018, the evaluation for glaucoma, regardless of type, is based on the General Rating Formula for Diseases of the Eye. However, a minimum 10 percent evaluation is to be assigned for both angle-closure and open-angle glaucoma when continuous medication is required.  Prior to May 13, 2018, angle-closure glaucoma was based on visual impairment or incapacitating episodes (the old definition), and open-angle glaucoma was based on visual impairment.  Glaucoma is recognized as an organic disease of the nervous system and is subject to presumptive SC under [38 CFR 3.309(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e97bb2a474325f8eab5ea7a335774c6&node=se38.1.3_1309&rgn=div8). Consider glaucoma, manifested to a compensable degree within one year of separation from an entitling period of service, to be SC on a presumptive basis unless there is   * affirmative evidence to the contrary, or * evidence that a recognized cause of the condition (also known as an intercurrent cause) was incurred between the date of separation from service and the onset of the disability. |
| Retinitis Pigmentosa  Slide 36 | **Slide:**   * Hereditary or congenital * May grant SC under certain circumstances * DC 6042 *Retinal dystrophy (including retinitis pigementosa)* was added May 13, 2018 and applies the General Rating Formula for Diseases of the Eye * Prior to May 13, 2018, this condition was evaluated under 6006, and the old General Rating Formula for Diseases of the Eye   Related references:   * + VAOPGCPREC 11-99   + M21-1, Part III, Subpart iv.4.B.2   + M21-1, Part IV, Subpart ii.2.B.6   **Talking Points:** Retinitis pigmentosa constitutes a group of hereditary diseases of the retina. In retinitis pigmentsa, there is a gradual loss of the eye photoreceptors (rods/cones) with a deposition of pigment caused by involutional changes of the cells of the retinal pigment epithelium layer.  Although it is hereditary, as with other hereditary diseases, it may be service-connected. For example, the onset of symptoms may be delayed until early adult years, meaning impairment may not manifest until after an individual began military service. In certain situations, disability compensation can be provided to Veterans with this condition when the symptoms first manifest themselves during active duty military service.  Retintis pigmentosa is evaluated under the new (as of May 13, 2018) diagnostic code 6042, retinal dystrophy, and evaluations will be based on the General Rating Formula for Diseases of the Eye.  Prior to May 13, 2018, it may have been evaluated under DC 6006 for retinopathy, and the evaluation was based on visual impairment.  **Related references:**  **VAOPGCPREC 11-99 and M21-1 Part III, Subpart iv.4.C,** explain that …*the revised manual provision issued in 1986 stated that, “[i]f no other cause is shown for retinitis pigmentosa, consider it to be hereditary, and determine service connection on whether or not there has been aggravation of this preexisting condition during service.”*  **M21-1, Part IV, Subpart ii.2.B.6**  Congenital or developmental defects, refractive error of the eye, personality disorders and mental deficiency are not considered diseases or injuries under [38 CFR 3.303(c).](http://www.ecfr.gov/cgi-bin/text-idx?SID=a9336bb654ab856b00ab0aece4b20a7c&node=se38.1.3_1303&rgn=div8)  However, establish SC, if warranted, for   * diseases of congenital, developmental, or familial, hereditary origin that   + first manifest themselves during service, or   + pre-exist service and progress at an abnormally high rate during service * a hereditary or familial disease that first became manifest to a compensable degree within the presumptive period following discharge from service pursuant to [38 CFR 3.309(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=a9336bb654ab856b00ab0aece4b20a7c&node=se38.1.3_1309&rgn=div8), provided the rebuttable presumption provisions of [38 CFR 3.307](http://www.ecfr.gov/cgi-bin/text-idx?SID=301bf5a742dd1f7c491ed77360f20253&mc=true&node=se38.1.3_1307&rgn=div8) are satisfied, and * disabilities resulting from an overlying injury or disease of a congenital defect.   **Note**:  [VAOPGCPREC 11-99](http://www.va.gov/ogc/docs/1999/prc11-99.doc) held that M21-1 provisions created in 1964 did not preclude awarding SC for in-service aggravation of pre-existing retinitis pigmentosa. Therefore, subsequent VA GC Precedent Opinions and M21-1 changes cannot be considered liberalizing changes. |
| Retinopathy  Slide 37 | **Slide:**   * Two types in the rating schedule   + Diabetic retinopathy, DC 6040 (added March 13, 2018)   + Retinopathy or maculopathy, not otherwise specified, DC 6006, (accounts for all other types except diabetic) * Evaluate under General Rating Formula for Diseases of the Eye   **Talking Points:** Retinopathy is a disease that affects the retina. It is caused by damage to the blood vessels in the tissue at the back of the eye (retina). Common causes of retinopathy include, but are not limited to, hypertenstion, and diabetes.  Symptoms of retinopathy include floaters, blurriness, dark areas of vision, and difficulty perceiving color. This condition can cause partial or complete loss of vision, and can occur slowly or suddenly. It can also resolve spontaneously, or cause permanent damage, depending on the underlying disease. Treatment includes control of blood sugars, laser treatment, or surgery.  Retinopathy is evaluated under one of two diagnostic codes:   * Diabetic retinopathy (DC 6040), added May 13, 2018; or * Retinopathy, not otherwise specified (DC 6006).   Since there is a large Veteran population with diabetes, and visual impairment is a common complication of diabetes, a separate diagnostic code for diabetic retinopathy (DC 6040) was added to the rating schedule. The addition of this diagnostic code allows for proper tracking of the Veteran population with diabetic retinopathy.  Retinopathy, not otherwise specified, meaning retinopathy not caused by diabetes, will continue to be evaluated under diagnostic code 6006.  Both types of retinopathy will be evaluated under the General Rating Formula of Diseases of the Eye. |
| Dry Eye Syndrome  Slide 38 | **Slide:**   * Keratoconjunctivitis sicca – dry eye syndrome * Multiple causes – underlying disease, medications, environmental exposures * Can be service connected when it is incurred in, aggravated by, or secondary to an SC condition   + - Exception – it cannot be service connected if the etiology is due to an elective procedure, such as laser eye surgery (i.e. LASIK) * Depending on nature and symptomatology, can be evaluated under appropriate analogous diagnostic codes (6013, 6018, or 6025)   + Typically a noncompensable evaluation will be assigned for treatment by non-prescription eye drops   **Talking Points:** Dry Eye Syndrome (III.iv.4.B.2)  Keratoconjunctivitis sicca, more commonly known as dry eye, occurs when the surface of the eye becomes dry due to lack of quality tears. Evaluation and selection of an analogous DC for dry eye syndrome is dependent on the symptoms noted and etiology.Treatment for dry eyes ranges from use of over-the-counter artificial tear drops to surgery, prescription medications, blocking of ducts, or special contact lenses.  The disability picture present with dry eye syndrome varies and, therefore, an appropriate analogous DC must be selected based on applicable symptoms. Appropriate DCs may include [38 CFR 4.79, DCs 6013, 6018, or 6025](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8), depending upon the nature and symptomatology.  **Important**: Elective procedures, such as laser eye surgery (e.g., LASIK), without unusual results or additional disability attributed to elective procedures are **not** eligible for SC. Dry eye syndrome is a common result of laser eye surgery, and thus would **not** be eligible for SC **if** the etiology of the dry eye syndrome is due solely to an elective procedure.  **Notes**:   * Minimal symptomatology only requiring treatment by non-prescription eye drops would typically only warrant a zero percent evaluation under [38 CFR 4.79, DCs 6013, 6018, or 6025](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8), as it clearly does not approximate the criteria required for a compensable evaluation. * Depending on the etiology of the dry eye syndrome, it may also be appropriate to evaluate as a symptom under the evaluation of the underlying condition. |
| EXERCISE  Topic 3 Knowledge Check  Slide 39 | **Trainer:** Lead a discussion with the group on these questions or have them complete individually and provide answers before moving on to next topic. Answers are located in the answer key.   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? What is the difference? 7. Can service connection for dry eye syndrome that is a result of LASIK surgery be granted? |
| Regional Office Specific Topics | At this time add any information pertaining to:   * Station quality issues with this lesson * Additional State specific programs/guidance on this lesson |

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| Practical Exercise | |
| Time Required | 0.75 hours |
| EXERCISE | **The instructor is to review the scenarios with the trainees and provide the answers to the associated questions. It would be beneficial to pull up the evaluation builder and demonstrate the examples.**  Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |

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| Lesson Review, Assessment, and Wrap-up | |
| Introduction  Discuss the following: | The Vision (RVSR Advanced) lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.25 hours |
| Lesson Objectives | You have completed the Vision (RVSR Advanced) lesson.  The trainee should be able to:   * Summarize and apply the General Rating Formula for Diseases of the Eye * Define incapacitating episodes as it pertains to evaluating eyes. * Understand when to apply aggravation and paired organ regulations to vision ratings. * Identify when entitlements to ancillary benefits and SMC would be granted * Recognize commonly rated eye conditions and be able to analyze references to provide the correct evaluation criteria. |
| Assessment | Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.  The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |