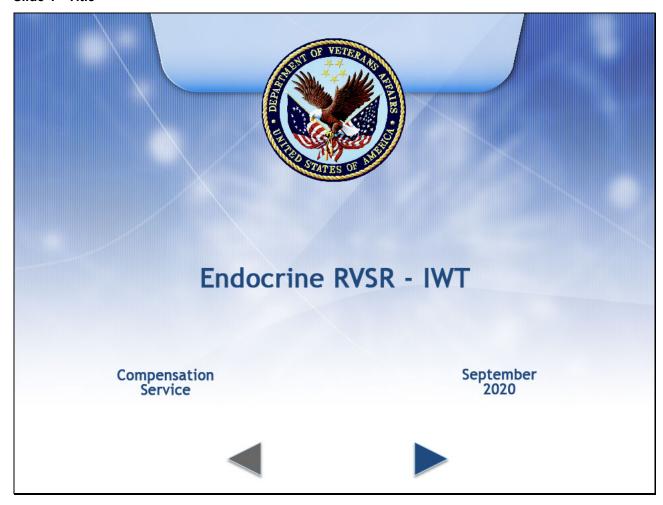
Slide 1 - Title



Notes

#### Slide 2 - Content



# **Lesson Objectives**

- Discuss elements of the endocrine VA schedule of rating decisions (VASRD)
- · Review special considerations related to endocrine conditions
- · Correctly evaluate endocrine conditions based on scenarios





#### Slide 3 - Content



### References

- § 3.309(a) Disease subject to presumptive service connection
- § 3.309(e) Disease associated with exposure to certain herbicide agents
- § 4.119 Schedule of ratings—endocrine system
- M21-1 III.iv.4.M Endocrine Conditions
- M21-1 IV.ii.2.C.3.a Presumptive SC Based on Herbicide Exposure
- Medical Electronic Performance Support System (EPSS)
- Camacho v. Nicholson, 21 Vet.App. 360 (2007)
- Tatum v. Shinseki, 23 Vet. App. 152 (2009)





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#### Slide 4 - Content



# What is the Endocrine System?

- Consists of glands and other structures that produce secretions that are discharged into the blood and lymph, circulated to various parts of the body, ultimately affecting metabolism and other vital body functions
- Major constituents
  - Glands
  - Hormones
  - Receptors





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#### Slide 5 - Content



# **Components of the Endocrine System**

Major conditions involving the following are included in this rating schedule section:

- pituitary glandthyroid glandparathyroid glandsthe adrenal glands
- the islets of Langerhans (located in the pancreas)





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#### Slide 6 - Content



### Common Endocrine Conditions

Hyperthyroidism, to include but not limited to Graves' Disease (Diagnostic Code (DC) 7900): a condition in which an excess of thyroid hormone (thyroxine) is produced from an overactive thyroid gland (or taking too much thyroid hormone).

**Hypothyroidism (DC 7903):** an underactive thyroid gland, develops when the thyroid fails to produce or secrete as much thyroxine (T4) as the body needs.

**Diabetes mellitus, type II (DC 7913):** a metabolic disorder in which the basic defect is an absolute or relative lack of insulin, resulting in impairment of carbohydrate, fat and protein metabolism.

### **Special Considerations:**

 May be subject to a presumption of service connection (§ 3.309(a)) if manifested to a compensable level within one year after discharge.





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#### Slide 7 - Content



# Hyperthyroidism 7900

#### Now:

- For six months after initial diagnosis: 30 percent. Then rate on residuals or complications within the appropriate diagnostic code (DC) in the appropriate body system.
- If hyperthyroid cardiovascular or cardiac disease is present, separately evaluated under DC 7008.
- Separately evaluate eye involvement under the DCs in § 4.79.

#### Then:

- 10, 30, 60, or 100 percent evaluations were available.
- § 4.7 applied to find the evaluation with the closest approximation to the level of impairment
- Either heart disease or hyperthyroidism, whichever resulted in a higher evaluation
- If opthalmopathy was the sole finding, would evaluate under eye DCs.





Notes

#### Slide 8 - Content



# Hypothyroidism 7903

#### Now:

- For six months after crisis stabilization either manifesting as myxedema 100 percent *or* without myxedema 30 percent
- After, residuals rated under appropriate DC within appropriate body system(s)
- Separately evaluate eye involvement under the DCs in § 4.79.

#### Then:

- 10, 30, 60, or 100 percent evaluations were available.
  § 4.7 applied to find the evaluation with the closest approximation to the level of impairment





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#### Slide 9 - Content



### **Diabetes Mellitus 7913**

Now: Only difference was clarification stating one or more daily injection of insulin in the 20, 40, and 60 percent criteria

#### Then:

- 10 manageable by restricted diet only
- 20 Requiring insulin and restricted diet, or; oral hypoglycemic agent and restricted diet
- 40 Requiring insulin, restricted diet, and regulation of activities\*
- 60 Requiring insulin, restricted diet, and regulation of activities with episodes
  of ketoacidosis or hypoglycemic reactions requiring one or two hospitalizations
  per year or twice a month visits to a diabetic care provider, plus complications
  that would not be compensable if separately evaluated
- 100 Requiring more than one daily injection of insulin, restricted diet, and regulation of activities (avoidance of strenuous occupational and recreational activities) with episodes of ketoacidosis or hypoglycemic reactions requiring at least three hospitalizations per year or weekly visits to a diabetic care provider, plus either progressive loss of weight and strength or complications that would be compensable if separately evaluated





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#### Slide 10 - Content



### Tatum v. Shinseki

- In evaluating any condition <u>without</u> successive criteria, § 4.7 should always be applied to determine if the evidence warrants a higher evaluation consistent with the rating schedule criteria.
- With Diabetes Mellitus the Veteran can <u>only</u> be rated at the higher evaluation when <u>all</u> the criteria at the lower disability evaluation is met <u>plus</u> elements specific to the higher evaluation are satisfied.

M21-1 III.iv.4.M.1.d.





Notes		

#### Slide 11 - Content



## Camacho v. Nicholson

- For a Veteran to be entitled to a 40 percent evaluation for diabetes mellitus, the evidence must show that it is medically necessary for the veteran to avoid strenuous occupational and recreational activities.
- The Court also held that in light of the conjunctive "and" in the criteria for a 40 percent rating under DC 7913, all criteria must be met to establish a 40 percent evaluation.
- Regulation of activities: Must have evidence that the avoidance of strenuous activities is required/prescribed as part of the medical management of the diabetes.

M21-1 III.iv.4.M.1.e.





Notes		

#### Slide 12 - Content



# Complications of Diabetes Mellitus (DC 7913)

Note (1): Evaluate compensable complications of diabetes separately unless they are part of the criteria used to support a 100 percent evaluation. Noncompensable complications are considered part of the diabetic process under diagnostic code 7913.

- Ensure medical evidence supporting the determination
- Noncompensable evaluations
- Consideration for effective date for complications/secondary conditions
- Common complications

M21-1 III.iv.4.M.2.a.





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#### Slide 13 - Content



# Complications of Diabetes Mellitus (DC 7913)

### Example:

- DBQ provides a diagnosis of diabetes mellitus with secondary complications of erectile dysfunction and retinopathy. Both erectile dysfunction and retinopathy are noncompensable based on the DBQ findings.
- Therefore: diabetes mellitus, type II with erectile dysfunction and retinopathy would be the diagnosis on the codesheet.





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#### Slide 14 - Content



# Diabetes Mellitus (DC 7913) Special Considerations

Agent Orange Presumptive condition (§ 3.309(e)).

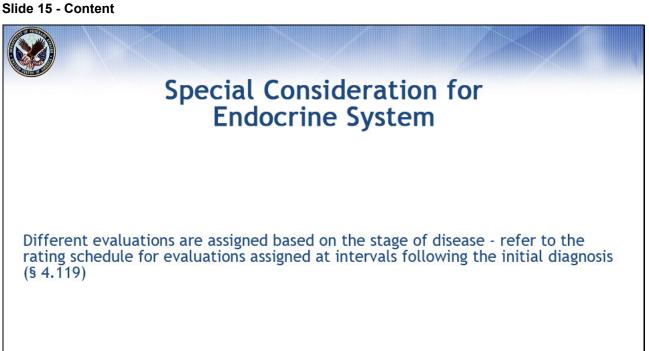
\*\*If diagnosed prior to May 8, 2001, § 3.114 applies!\*\*

Subject to a presumption of service connection (§ 3.309(a)) if manifested to a compensable level within one year after discharge.





Notes







**Notes** 

#### Slide 16 - Content



## Scenario

Johnny Appleseed files a claim for service connection for diabetes mellitus. Evidence shows service connection is warranted based on RVN service. Recent DBQ shows he requires daily insulin and a restricted diet.

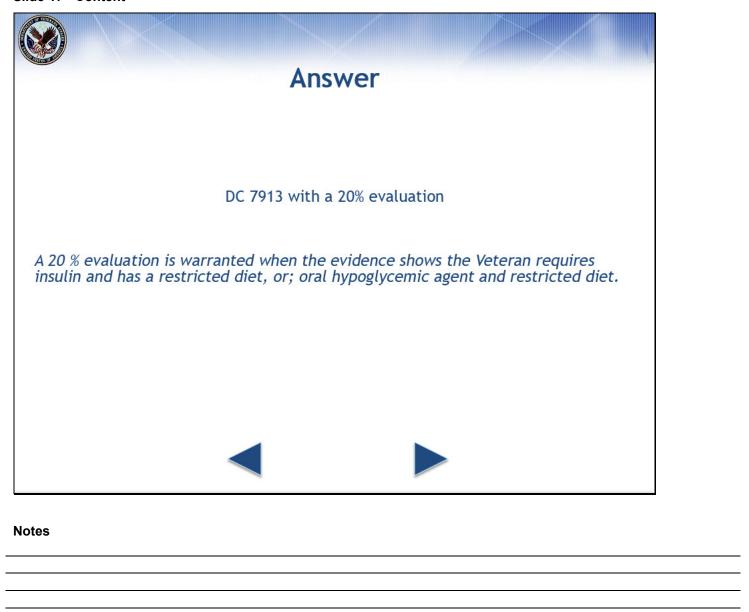
- Question 1: Which diagnostic code is appropriate?
- Question 2: What percentage is the Veteran entitled to based on the DBQ?





Notes		

#### Slide 17 - Content









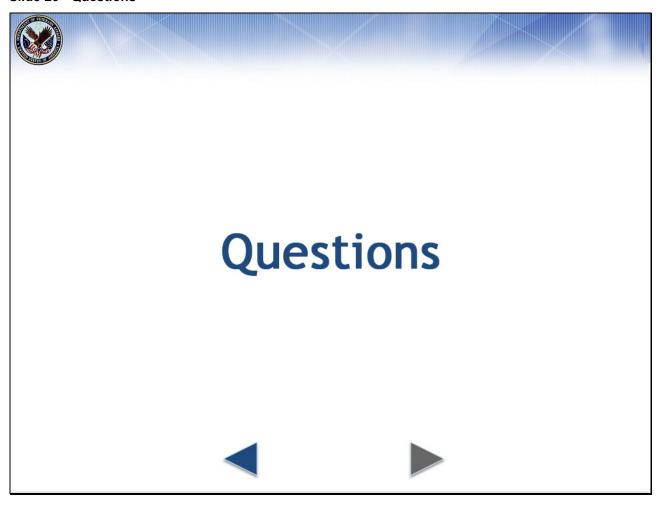
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#### Slide 19 - Content



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Slide 20 - Questions



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