

**SKIN – RVSR CHALLENGE IWT**  
**INSTRUCTOR LESSON PLAN**  
**TIME REQUIRED: 2.0 HOURS**

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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 #** 4192238

**PREREQUISITES** None

**TARGET AUDIENCE** The target audience for Skin – RVSR Challenge is RVSR, Entry Level.  
Although this lesson is targeted to teach the RVSR Entry Level employees, it may be taught to other VA personnel as mandatory or refresher type training.

**TIME REQUIRED** 2.0 hours

**MATERIALS/  
TRAINING AIDS** Lesson materials:

- Skin – RVSR Challenge IWT PowerPoint Presentation
- Skin – RVSR Challenge IWT Lesson Plan

**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:

- VBMS-R Demo
- Compensation Service Intranet Homepage

**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.

## INTRODUCTION TO SKIN – RVSR CHALLENGE IWT

### INSTRUCTOR INTRODUCTION

Complete the following:

- Introduce yourself
- Orient learners to the facilities
- Ensure that all learners have the required handouts

### TIME REQUIRED

.15 hours

### PURPOSE OF LESSON

*Explain the following:*

This lesson is intended to introduce RVSR trainees to commonly evaluated scars and skin conditions and to show how to properly evaluate the conditions within the skin body system. This lesson will contain discussions and exercises that will allow you to gain a better understanding of:

- Skin Introduction and Rating Considerations
- Scars
- Commonly evaluated skin conditions

### LESSON OBJECTIVES

*Discuss the following:*

*Slide 2*

At the end of this lesson, the RVSR will be required to accomplish the following lesson objectives.

The RVSR will be able to:

- Discuss general rating considerations that involve evaluating skin conditions.
- Demonstrate how to prepare a rating decision involving the dermatological (skin) body system.

### MOTIVATION

Becoming proficient in evaluating all body systems is required in order to be successful as an RVSR. This lesson will introduce you to the skin body system and will help you understand how to evaluate scars and skin conditions.

### STAR ERROR CODE(S)

A1, B2, C1, E1

### REFERENCES

*Slides 3-4*

Explain where these references are located in the workplace.

All M21-1 references are found in the [Knowledge Management Portal](#)

- 38 CFR 3.307(a)(6)(ii), Presumptive service connection for chronic...on or after January 1, 1947 – Diseases associated with exposure to certain herbicide agents

- 38 CFR 3.309(e), Diseases subject to presumptive service connection – Diseases associated with exposure to certain herbicide agents
- 38 CFR 3.344, Stabilization of disability evaluations
- 38 CFR 3.808, Automobiles or other conveyances and adaptive equipment; certification
- 38 CFR 3.809, Specially adapted housing under 38 U.S.C. 2101(a)(2)(A)(i)
- 38 CFR 3.809a, Specially adapted housing under 38 U.S.C. 2101(b)
- M21-1, Part III, Subpart iv, 3.D, Examination Reports
- M21-1, Part III, Subpart iv, 4.L, Skin Conditions
- M21-1, Part III, Subpart iv, 6.B, Determining the Issues
- M21-1, Part IV, Subpart ii, 2.B, Determining Service Connection (SC)
- 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
- M21-1, Part IV, Subpart ii, 2.D, Service Connection (SC) for Qualifying Disabilities Associated with Service in Southwest Asia

## TOPIC 1: SKIN INTRODUCTION AND RATING CONSIDERATIONS

**INTRODUCTION** This topic will allow the trainee to become familiar with the skin body system as well as specific rating considerations for evaluating skin conditions.

**TIME REQUIRED** .25 hours

### **Skin**

*Slide 5*

#### **Slide:**

- Largest organ in surface and weight
- Part of integumentary systems which consists of skin, hair, nails, and glands of the skin
- Consists of three layers:
- Dermis, epidermis, subcutaneous layer

**Talking Points:** *The skin is the largest organ of the body with a total area of 20 square feet. Skin, including hair and nails, can weigh 20 pounds or more, and account for up to 16 percent of a person's total body weight. The skin is part of the integumentary system which is comprised of skin, nails, hair, etc. Skin is composed of three layers: epidermis, dermis, and subcutaneous tissue.*

*The epidermis, made up of flat, scale-like cells called squamous cells, is the outermost layer of skin and provides a waterproof barrier and creates our skin tone.*

*The dermis is beneath the epidermis and contains lymph vessels, blood, tough connective tissue, hair follicles, and sweat glands.*

*The deeper subcutaneous tissue (hypodermis) is made of fat and connective tissue. It contains larger blood vessels and nerves than those in the other layers.*

### **Skin's Purpose**

*Slide 6*

#### **Slide:**

- Serves three major purposes:
- Protection – defense against toxins, radiations, and pollutants
- Regulation – regulates body temperature
- Sensation – contains nerve endings to detect sensations (heat, cold, pressure, and pain)

**Talking Points:** *The skin has three major purposes: protection, regulation, and sensation.*

*The skin acts as protection by being a defense against toxins, radiation, and pollutants. The skin cells provide immune functions that protect against infections. Absorption, excretion, and secretion are some of the protective functions the skin performs.*

*The skin surface has thousands of pores that can absorb vitamins, acids, water, and oxygen to provide moisture and nourishment to our skin.*

*The skin is the body system's largest waste removal system. Toxins are excreted through sweat glands and pores.*

*The skin secretes sebum, a mixture of oils that keep the skin soft and supple (keeps it from drying out). This layer of sebum is known as the acid mantle which protects the skin from outside invasion.*

*The skin regulates the body's temperature by sweating (water from sweat on the skin evaporates and gives off heat to cool the body). The body shivers or gets goosebumps to increase body temperature when the body is cold. The contraction of muscles releases energy that warms the body.*

*Last, but certainly not least, the skin contains millions of nerve endings that transport stimuli. The nerve endings allow us to detect sensation such as heat, cold, pain, and pressure.*

**Rating Considerations Slide:**

*Slide 7*

- Skin rating schedule updated August 13, 2018
- Adjustment to the rating schedule is not grounds for reduction (38 CFR 3.951)
- If claim was pending at the time of the schedule change, must consider historical and new criteria
- Consider all evidence of record when evaluating skin conditions
- Stabilization of evaluations – do not reduce evaluations based on a single examination (38 CFR 3.344)
- Consider all theories of entitlement (direct, presumptive, etc.)
- Consider ancillary benefits and subordinate issues

**Talking Points:** *The skin rating schedule was changed on August 13, 2018.*

*If you are evaluating a claim that was received prior to the change, you must consider and increase under the historical and new criteria.*

*Remember, a change in the rating schedule is not grounds for reduction (38 CFR 3.951).*

*Be sure to consider all evidence of record, not just the DBQ, when evaluating scars or skin diseases.*

*If the DBQ shows improvement in a skin condition, do not routinely propose to reduce as these conditions are known to wax and wane, or ebb and flow. Consider all evidence of record. (38 CFR 3.344)*

*Consider all theories of entitlement to service connection – direct, presumptive, secondary, aggravation, etc. For example, chloracne is a*

*presumptive condition for herbicide exposure. Also, Gulf War Veterans were exposed to many toxins from which they may have skin symptoms that have yet to be diagnosed. So, it is important to consider all theories of SC before denying a claim for SC. You will have a class on Gulf War claims when you are here for residency, so you will receive more information on that during that time.*

*It is also important to consider conditions that may be considered within the scope of the claim. For example, scars may be considered within the scope of the claim if the Veteran had surgery on a service-connected condition. We will discuss this when we talk more about scars in the next topic.*



## TOPIC 2: SCARS

### INTRODUCTION

This topic will introduce the trainee to scars and how to evaluate them as well as allow the trainee to identify when scars are considered within the scope of the claim.

### TIME REQUIRED

.5 hours

### Scars

#### Slide:

Slide 8

- Evaluate under diagnostic codes 7800, 7801, 7802, 7804, and 7805
  - Scar location
  - Cause of scars
  - Size of scar
  - Disfigurement
  - Association with underlying soft tissue damage
  - Unstable or painful scars
- Not always expressly claimed, can be considered within the scope of the claim

**Talking Points:** *Scars are generally described as fibrous tissue areas that replace normal skin after some of the dermis is destroyed. Scars are evaluated under diagnostic codes 7800, 7801, 7802, 7804, or 7805. Which diagnostic code you use to evaluate will depend on the location of the scar, the extent of the damage to the epidermal and dermal skin layers, the size, and if the scar is unstable and/or painful.*

*Not all scars are expressly claimed. Sometimes the scar is considered within the scope of another claimed issue and the RVSR must infer the issue (meaning bring to issue and grant). For example, the Veteran was noted to have a gunshot wound to the upper left thigh. While they are granted service connection for a muscle injury, the scar, though not expressly claimed by the Veteran, can also be considered within the scope of the claim and service connection can be granted. (M21-1 III.iv.4.L, Skin Conditions)*

*Another example would be if the Veteran is service-connected for a musculoskeletal condition, let's say a right shoulder condition, for which they undergo surgery. During the most recent examination for the claim for increase, the examiner indicates a scar is present from the surgery. Although the Veteran did not expressly claim the scar, since it is a result of the service-connected injury, it can be considered within the scope of the claim and service connection may be granted.*

*Keep in mind that a Veteran may have been accepted into service with notation of one or more scars; sustained a wound with a resulting scar, during service, or received an injury following separation from service resulting in a scar that would be present at subsequent physical examination.*

*However, if there is reasonable doubt as to whether the scar(s) are related to service, that is, an approximate balance of evidence for and against the claim, award SC for the claimed scar(s).*

## **Scars – DC 7800**

*Slide 9*

### **Slide:**

- Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck
- Evaluate based on visible or palpable tissue loss and either gross distortion or asymmetry; or
- Evaluate based on characteristics of disfigurement
- Separately evaluate disabling effects other than disfigurement appropriately (i.e. pain, instability, residuals associated with muscle or nerve injury)

**Talking Points:** *Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck are evaluated under diagnostic code 7800.*

*Evaluate scar(s) or disfigurement based on whether there is visible or palpable tissue loss and either gross distortion or asymmetry of a certain number features or paired sets of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips); or evaluate based on the number of characteristic of disfigurement.*

*Characteristics of disfigurement include, as defined under Note 1:*

- *Scar 5 or more inches (13 or more cm ) in length*
- *Scar at least one-quarter inch (0.6cm) wide at the widest part*
- *Surface contour of scar elevated or depressed on palpation*
- *Scar adherent to underlying tissue*
- *Skin hypo- or hyper-pigmented in an area exceeding six square inches (39 sq. cm)*
- *Skin texture abnormal (irregular, atrophic, shiny, scaly, etc.) in an area exceeding six square inches (39 sq. cm)*
- *Underlying soft tissue missing in an area exceeding six square inches (39 sq. cm)*
- *Skin indurated and inflexible in an area exceeding six square inches (39 sq. cm)*

*Pay attention to the other notes under this DC:*

**Note 2:** *Rate tissue loss of the auricle under DC 6027 and anatomical loss of the eye under DC 6061 or 6063, as appropriate.*

**Note 3:** *Take into consideration unretouched color photographs when evaluating under these criteria.*

**Note 4:** Separately evaluate disabling effects other than disfigurement that are associated with individual scar(s) of the head, face, or neck, such as pain, instability, and residuals of associated muscle or nerve injury, under the appropriate diagnostic code(s) and apply 38 CFR 4.25 to combine evaluation(s) with the evaluation assigned under this DC.

**Note 5:** The characteristics of disfigurement may be caused by one scar or multiple scars; the characteristics required to assign a particular evaluation need not be caused by a single scar in order to assign that evaluation. **Exception:** multiple scars may not be added together to meet the width of scarring requirement.

**Scars – DC 7801/7802 Slide:**

*Slide 10*

- DC 7801 – Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are associated with underlying soft tissue damage
  - Evaluate based on affected zone and size of area affected
  - Minimum of six square inches affected to be compensable, to areas 144 square inches or greater (40 percent)
- DC 7802 – Burn scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage
  - Evaluate based on affected zone and size of area affected
  - Area or areas 144 square inches or greater warrants 10 percent

**Talking Points:** For diagnostic code 7801 and 7802, it is important to consider if the scar is associated with underlying soft tissue damage.

*Diagnostic code 7801 – burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are associated with underlying soft tissue damage.*

- Evaluate based on the affected zone and size of the area affected
- Minimum of six square inches (39 sq. cm) affected to be compensable.
- Areas 144 square inches or greater allows the maximum evaluation of 40 percent to be assigned

*We will discuss how a zone is defined on the next slide.*

*DC 7802 – Burn scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage.*

- Evaluated based on affected zone and size of area affected
- Area or areas 144 sq. inches or greater warrants 10 percent evaluation

*Let's now discuss the two notes for these diagnostic codes.*

## DC 7801/7802 Notes

### Slide 11

#### Slide:

- These notes only apply to DC 7801 and DC 7802
- Note 1 –
  - Six zones of body defined as each extremity, anterior trunk, and posterior trunk. The midaxillary line divides the anterior and posterior trunk.
- Note 2 –
  - A separate evaluation may be assigned for each affected zone of the body under these DCs if there are multiple scars, or a single scar, affecting multiple zones of the body. Combine under 38 CFR 4.25.
  - Alternatively, if a higher evaluation would result from adding the areas affected from multiple zone of the body, a single evaluation may also be assigned under this diagnostic code.

**Talking Points:** *These two notes only apply to DC 7801 and 7802.*

*Note 1 defines the zones of the body. The six zones of the body are defined as each extremity, anterior trunk, and posterior trunk. The midaxillary line divides the anterior and posterior trunk.*

*Note 2 defines how a separate evaluation may be assigned for each affected zone of the body under these DCs if there are multiple scars, or a single scar, affecting multiple zones of the body. Combine under 38 CFR 4.25.*

*Note 2 also defines an alternative way to evaluate these scars if they allow for a higher evaluation. It states: Alternatively, if a higher evaluation would result from adding the areas affected from multiple zones of the body, a single evaluation may also be assigned under this diagnostic code.*

*For example: Under diagnostic code 7801, a Veteran has two scars, 3 inches on the posterior trunk, and 3 inches on the right upper extremity. On their own, a noncompensable evaluation would be warranted. However, when adding these scar segments together to consider the total area (6 square inches), under the new rating criteria, a 10 percent evaluation would be warranted.*

*Similarly, under diagnostic code 7802, there may be scars in separate zones that are not each 144 square inches, but which add up to 144 square inches. For example, a Veteran may have a 100-square inch scar on the anterior trunk and a 100-square inch scar on the posterior trunk which would not warrant a compensable evaluation under the historical criteria. However, an evaluation of 10 percent would be*

warranted by adding the affected zones together for both scars as they total 200 square inches together.

## Scenario

*Slide 12-13*

### **Slide 12-13 (slide 12, scenario only, slide 13, scenario and answers:**

Veteran has two stable, non-painful scars :

- Scar 1 – anterior trunk measuring five (5) square inches, associated with underlying tissue damage
- Scar 2 – left lower extremity measuring eight (8) square inches, associate with underlying tissue damage

What diagnostic code would you use?

- DC 7801

What evaluation(s) would you assign?

- 20 percent

**Talking Points:** *Let's apply what we have learned. A Veteran has two stable, non-painful scars:*

*Scar 1 – anterior trunk measuring five (5) square inches associated with underlying tissue damage*

*Scar 2 – left lower extremity measuring eight (8) square inches associated with underlying tissue damage*

*What diagnostic code would you use?*

*What evaluation would you assign?*

*Answer: Diagnostic code 7801 would be used because the scars are noted to be associated with underlying soft tissue damage.*

*A 20 percent evaluation would be assigned because two zones are affected, and by adding the affected areas a higher evaluation can be granted.*

*On their own, the scar on the anterior trunk would warrant a 0 percent evaluation, and the scar on the left lower extremity would warrant a 10 percent evaluation. However when the two scars areas are added based on Note (2), they combine to 13 sq. inches, which would warrant a 20 percent evaluation.*

## Scars – DC 7804

Slide 14

### Slide:

- Scar(s), unstable or painful
  - Based on objective evidence
  - Unstable – frequent loss of covering of skin over the scar (note 1)
  - Evaluate based on number of scars that are unstable or painful
  - If one or more scars are both unstable and painful, add 10 percent to the evaluation based on the total number of unstable or painful scars (note 2)
- Scars evaluated under DC 7800, 7801, 7802, or 7805, may also receive an evaluation under this DC, when applicable (note 3)

**Talking Points:** *Diagnostic code 7804 is for scars that are unstable or painful. The evaluation is based on the number of scars that are unstable and/or painful. A scar evaluated under DC 7804 must be based on objective evidence. A scar can become painful when a nerve is involved during the healing process.*

*A scar that is unstable means that there is frequent loss of covering of skin over the scar (note 1). If one or more scars are both unstable and painful, add 10 percent to the evaluation based on the total number of unstable or painful scar(s).*

*Scars evaluated under DC 7800, 7801, 7802 or 7805 may also receive an evaluation under this DC, when applicable (note 3). This means a separate disability evaluation for a painful scar under DC 7804 may be assigned when the evidence demonstrates functional impairment that is distinct and separate from the functional impairment addressed by another DC and is not duplicative of or overlapping with the symptomatology addressed under another DC. (See M21-1 III.iv.4.L)*

## Scars – DC 7805

Slide 15

### Slide:

- Scars, other; and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, or 7804
  - Evaluate any disabling effect(s) not considered in a rating provided under diagnostic codes 7800-7804 under appropriate diagnostic code

**Talking Points:** Scars, other; and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, or 7804 are to be evaluated under DC 7805.

This is more commonly used when the scar(s) do not fit criteria under another diagnostic code for scars. An example would be a surgical scar not of the head, face, or neck that is not unstable or painful.

## TOPIC 3: SKIN CONDITIONS

### INTRODUCTION

This topic will introduce the trainee to commonly evaluated skin conditions and the rating criteria for each condition.

### TIME REQUIRED

1 hour

### Skin Conditions

#### Slide:

*Slide 16*

#### ➤ 38 CFR 4.118

- Systemic therapy defined as treatment that is administered through any route (orally, injection, suppository, intranasally) other than the skin.
- Topical therapy defined as treatment that is administered through the skin.
  - Not considered systemic therapy for VA purposes
- Two or more skin conditions may be combined in accordance with § 4.25 only if separate areas of skin are involved.
- If two or more skin conditions involve the same area of skin, then only the highest evaluation shall be used.

**Talking Points:** *Now we will discuss skin conditions which are evaluated under different criteria than scars. Keep in mind that some skin conditions can be evaluated under their own criteria or disfigurement or scars, whichever is the predominant disability. The rating schedule will note when this can occur.*

*38 CFR 4.118, the rating schedule for skin, defines systemic therapy as treatment that is administered through any route other than the skin. It can be administered orally, by injection or suppository, or intranasally.*

*Topical therapy is defined as treatment that is administered through the skin. Topical therapy is not considered systemic therapy for VA purposes.*

*Under 38 CFR 4.118, it is noted that two or more conditions may be combined under 38 CFR 4.25 only if two separate areas are involved. For example, if the Veteran has tinea barbae (on the face) and urticaria of the back, two separate evaluations may be assigned because they are two separate conditions located in two separate areas.*

*However, if the Veteran has two or more skin conditions that involve the same area of skin, then only the highest evaluation shall be used. For example, if the Veteran has urticaria of the back as well as chloracne on the back, only a single evaluation for the most disabling condition would be used.*

## General Rating Formula for the Skin

Slide 17

### Slide:

- Unless otherwise directed, many skin conditions are to be evaluated under the General Rating Formula of the Skin (GRF)
- Evaluate the following under General Rating Formula for the skin:
  - 7806, 7809, 7813, 7815, 7816, 7820, 7821, 7822, 7824
- GRF created because:
  - conditions involve similar superficial components of the skin;
  - the severity of impairment increases as more skin involved;
  - can be treated topically or systemically;
  - similarities in treatment (dosage, route administered, treatment duration)
- Pay attention to specific notes that may exist under each diagnostic code, even if evaluated under the GRF

**Talking Points:** *Unless otherwise directed by the rating schedule, many skin conditions are to be evaluated under the GRF for the skin.*

*The following diagnostic codes, which we will discuss in further detail, are to be evaluated under the GRF for the skin: 7806, 7809, 7813, 7815, 7816, 7820, 7821, 7822, and 7824. Although these conditions are evaluated under the GRF, it is important to pay attention to specific notes that may exist under the diagnostic code.*

*Each of the conditions to be evaluated under the GRF for the skin involve similar superficial components of the skin. The severity of impairment for each condition increases as more skin is involved. All of these conditions have treatments which are applied directly to the skin as well as systemically. There were also more similarities in the types of treatment, dosages, routes of administration, and treatment duration. Therefore, it is more efficient to evaluate these conditions under the same formula than to prescribe individual rating criteria.*

*The GRF accounts for percentages of areas affected, both entire body and exposed area, as well as the level of treatment required. The percentages of affected/exposed areas mirror the percentages of the historical criteria.*

*The rating instruction to allow for evaluation under disfigurement of the head, face, or neck or scars is also an option for evaluation. However, this instruction does not apply to diagnostic code 7824 under the historical criteria or the new criteria.*

*Prior to the change in the rating schedule, these conditions either had their own diagnostic criteria or were evaluated analogous to DC 7806.*



**Conditions to be evaluated under the GRF**

*Slide 18*

**Slide:**

Evaluate the following diagnostic codes/diseases under the GRF:

- 7806 – dermatitis or eczema
- 7809 – discoid lupus erythematosus
  - Note: do not combine with ratings under DC 6350
- 7813 – dermatophytosis
- 7815 – bullous disorders
  - Note: Rate complications and residuals of mucosal involvement (ocular, oral, gastrointestinal, respiratory, or genitourinary) separately under the appropriate diagnostic code

**Talking Points:** *The following diagnostic codes are to be evaluated under the General Rating Formula for the skin:*

- *7806 – dermatitis or eczema – an acute or chronic inflammation of the skin characterized by erythematous, papular, vesicular, or pustular lesions or eruptions of the skin. The causes of the condition may include external irritation, allergic contact, reaction to exposure to certain microorganisms, and occupational, non-occupational, or chemical factors. The cause also may be familial or psychological. There may be a personal or family history of allergic conditions and atopic dermatitis. Persons with thin, dry skin are more susceptible to the condition. The condition may go into remission from adolescence to early adulthood and reoccur later in life.*
- *7809 – discoid lupus erythematosus – a chronic and recurrent disease of the skin characterized by remissions and exacerbations of circumscribed scaling, red lesions in the form of macules, plaques, or a rash. The lesions have plugged follicles, telangiectasias, and are atrophic.*
  - *There is a note under this diagnostic code that states: do not combine with ratings under DC 6350.*
- *7813 – dermatophytosis – a fungal infection of the skin. This diagnostic code includes ringworm of the body, head (tinea corporis), feet (tinea pedis), beard area (tinea barbae), nails (tinea unguium), inguinal area (tinea cruris), and skin (tinea versicolor).*
- *7815 – bullous disorders – conditions with the large bullae or skin vesicles filled with fluid, also known as blistering. This can be caused by bacterial or viral conditions. This diagnostic code includes pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa*

*acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda.*

- *The note under DC 7815 states: Rate complications and residuals of mucosal involvement (ocular, oral, gastrointestinal, respiratory, or genitourinary) separately under the appropriate diagnostic code.*

**Conditions to be evaluated under the GRF, continued**

*Slide 19*

**Slide:**

- 7816 – psoriasis
- Note: Rate complications such as psoriatic arthritis and other clinical manifestations (e.g. oral mucosa, nails) separately under the appropriate diagnostic code)
- 7820 – infections of the skin not listed elsewhere
- 7821 – cutaneous manifestations of collagen-vascular diseases not listed elsewhere
- 7822 – papulosquamous disorders not listed elsewhere
- 7824 – diseases of keratinization
- Reminder: Evaluating based on disfigurement of the head, face, or neck, or scars, does not apply to DC 7824

**Talking Points:**


- *7816 – psoriasis – a recurrent disease of the skin, characterized by dry, well circumscribed, silvery, scaling papules and plaques of varying sizes. The cause is unknown. However, due to the response of psoriasis to immunosuppressive drugs, it is suggested that an immunologic factor is involved. It is commonly seen in the family history. Complications of this condition can be evaluated under separate diagnostic codes accordingly.*
- *The note for this DC indicates: Rate complications such as psoriatic arthritis and other clinical manifestations (e.g. oral mucosa, nails) separately under the appropriate diagnostic code)*
- *7820 – infections of skin not listed elsewhere. This diagnostic code includes bacterial, fungal, viral, treponemal, and parasitic diseases of the skin, not listed elsewhere in the rating schedule.*
- *7821 – cutaneous manifestations of collagen-vascular diseases not listed elsewhere, a condition that affects the strong, fibrous insoluble protein found in connective tissue and the vascular structures within tissues. This diagnostic code includes subacute cutaneous lupus erythematosus, scleroderma, calcinosis cutis, and dermatomyositis.*

- 7822 – *papulosquamous disorders not listed elsewhere. a condition characterized by the presence of elevated lesions, papules, plaques, and scales. This diagnostic code includes lichen planus, large or small plaque parapsoriasis, pityriasis lichenoides et varioliformis acuta (PLEVA), lymphomatoid papulosus, pityriasis rubra pilaris (PRP), and mycosis fungoides.*
  - *It is important to know that mycosis fungoides is a cutaneous manifestation of T-cell lymphoma which typically presents as some form of skin lesion and rarely progresses beyond the skin. For rating purposes, it is not considered a systemic malignancy. As such, mycosis fungoides is to be evaluated under diagnostic code 7822. If the condition progresses to a lymphoma with appropriate diagnosis, such as non-Hodgkin's lymphoma (active disease or active treatment phase), it would warrant an evaluation under diagnostic code 7715.*
- 7824 – *diseases of keratinization, a condition that develops when cells in the skin form a tough, horny tissue, termed keratin. This diagnostic code includes ichthyoses, Darier's disease, and palmoplantar keratoderma. While this condition is evaluated under the General Rating formula for the skin, remember that it cannot be evaluated under disfigurement or scars.*

**General Rating  
Formula for the Skin**

Slide 20

Slide:



### General Rating Formula for the Skin

General Rating Formula For The Skin For DCs 7806, 7809, 7813-7816, 7820-7822, and 7824:	
At least one of the following	60
Characteristic lesions involving more than 40 percent of the entire body or more than 40 percent of exposed areas affected; or	
Constant or near-constant systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, psoralen with long-wave ultraviolet-A light (PUVA), or other immunosuppressive drugs required over the past 12-month period	60
At least one of the following	30
Characteristic lesions involving 20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected; or Systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, PUVA, or other immunosuppressive drugs required for a total duration of 6 weeks or more, but not constantly, over the past 12-month period	
At least one of the following	10
Characteristic lesions involving at least 5 percent, but less than 20 percent, of the entire body affected; or	
At least 5 percent, but less than 20 percent, of exposed areas affected; or	
Intermittent systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, PUVA, or other immunosuppressive drugs required for a total duration of less than 6 weeks over the past 12-month period	
No more than topical therapy required over the past 12-month period and at least one of the following	0
Characteristic lesions involving less than 5 percent of the entire body affected; or	
Characteristic lesions involving less than 5 percent of exposed areas affected	
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. This rating instruction does not apply to DC 7824	

*Compensation Service* 20

**Talking Points:** *Here is what the general rating formula for the skin looks like within the rating schedule. As you can see, the amount of the area affected, and type/duration of treatment is to be considered when assigning the evaluation. Remember, under 38 CFR 4.118 systemic therapy and topical therapy was defined, and those definitions should be applied here.*

**Discuss different levels of evaluation.**

## Separate Evaluation vs Single Evaluation under GRF

Slide 21

Slide:



### Separate Evaluation vs Single Evaluation under the GRF

Separate evaluation	Single evaluation
<p><b>Yes –</b> when the evaluation is based on disability due solely to the individual diagnosis</p> <p><b>Yes –</b> if separate areas of the skin are involved, and the medical evidence clearly indicates the percentages affected are due solely to each individual diagnosis, when evaluating based on percentage of exposed areas affected under the GRF</p> <p><b>Yes –</b> if each condition is based upon alternative criteria (medication vs areas affected)</p> <p><b>No –</b> if the same medication is used to treat each skin condition</p>	<p>Multiple skin conditions that are evaluated based on the percentage of total body area or exposed areas affected may receive a single evaluation when:</p> <ul style="list-style-type: none"> <li>- Evaluating disabilities together allows for a maximization of benefits, or</li> <li>- The symptoms of and/or area affected by the multiple disabilities cannot be separated, as is directed by 38 CFR 4.14</li> </ul>
-M21-1 III.iv.4.L	

Compensation Service

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**Talking Points:** *When considering multiple skin conditions that are evaluated under the General Rating Formula, it is important to determine if a single evaluation or separate evaluation is appropriate. Separate evaluations for each diagnosis are permissible when each evaluation is based on disability solely due to the individual diagnosis. However, when it is most advantageous and allows for maximized benefits, multiple skin conditions evaluated under the GRF may be assigned a single disability evaluation.*

*A Veteran diagnosed with multiple skin conditions may receive separate evaluations of each skin condition so long as the medical evidence clearly indicates that the percentages affected are due solely to each individual diagnosis, when the condition's evaluation is based on the percentage of exposed areas affected.*

*If the same medication(s) is/are used to treat each skin condition, separate evaluations may not be assigned unless the separately evaluated condition(s) uses alternative criteria to establish a disability evaluation.*

*A Veteran diagnosed with multiple skin conditions that are evaluated based on the percentage of total body area or exposed areas affected may receive a single evaluation when*

- *evaluating the disabilities together allows for maximization of benefits, or*
- *the symptoms of and/or area affected by the multiple disabilities cannot be separated, as is directed by 38 CFR 4.14.*

**Demonstrate:** To provide additional information to the trainee, pull up the manual and walk through the examples given. M21-1 III.iv.4.L.1

**DC 7825, Chronic Urticaria**

*Slide 22*

**Slide:**

- Chronic urticaria, also known as chronic hives, defined:
  - Continuous urticaria at least twice per week, off treatment, for a period of six weeks or more.
- Evaluation of 60, 30, or 10 percent based on chronic urticaria that requires certain line of treatment
  - First line – i.e. antihistamines
  - Second line – i.e. corticosteroids, sympathomimetics, etc.
  - Third line – i.e. plasmapheresis, immunotherapy, immunosuppressives

**Talking Points:** *Chronic urticaria, also known as chronic hives, is evaluated under DC 7825.*

*Chronic urticaria, for VA purposes, is defined as continuous urticaria at least twice per week, off treatment, for a period of six weeks or more. Chronic urticaria must be present at all compensable evaluation levels. Evaluation is then based on the line of treatment.*

- *First line – antihistamines, for control, 10 percent*
- *Second line – e.g. corticosteroids, sympathomimetics, leukotriene inhibitors, neutrophil inhibitors, thyroid hormone for control, 30 percent*
- *Third line – e.g. plasmapheresis, immunotherapy, immunosuppressives, due to ineffectiveness with first and second line treatments, for control, 60 percent*

## DC 7828, Acne

Slide 23

### Slide:

- May need to consider aggravation if acne pre-existed service
- Evaluation of 30, 10, or 0 percent based on:
  - Deep acne
  - Percent affected
  - Superficial acne
  - Disfigurement or scars

**Talking Points:** *Evaluation for acne is based on size and location of affected area. Evaluation based on:*

- *Deep acne (deep inflamed nodules, and pus-filled cysts) affecting 40 percent or more of the face and neck, 30 percent*
- *Deep acne (deep inflamed nodules and pus-filled cysts) affecting less than 40 percent of the face and neck, or deep acne other than on the face and neck, 10 percent*
- *Superficial acne (comedones, papules, pustules) of any extent, 0 percent*
- *Or evaluate based on disfigurement of the head, face, or neck (DC 7800), or scars (DC 7801, 7802, 7804, or 7805), depending upon the predominant disability*

*This is a condition that may have pre-existed service, as such, service connection based on aggravation may need to be considered.*

## DC 7829, Chloracne

Slide 24

### Slide:

- Consider presumptive service connection for herbicide exposure (38 CFR 3.309(e)) when a diagnosis of chloracne is shown within a year of the date of last herbicide exposure.
- Evaluation of 30, 20, 10, and 0 percent based on:
  - Deep acne, percent affected, area affected (face, intertriginous areas, or non-intertriginous areas), disfigurement, or scars

**Talking Points:** *If you have a diagnosis of chloracne consider this under 38 CFR 3.309(e) for exposure to herbicides as a presumptive basis.*

*The condition is evaluated based on the following:*

- *Deep acne (deep inflamed nodules, and pus-filled cysts) affecting 40 percent or more of the face and neck, 30 percent*
- *Deep acne (deep inflamed nodules and pus-filled cysts) affecting the intertriginous areas (axilla of the arm, the anogenital region, skin folds of the breasts, or between digits), 20 percent*

- *Deep acne (deep inflamed nodules and pus-filled cysts) affecting less than 40 percent of the face and neck, or deep acne affecting non-intertriginous areas of the body (other than the face and neck), 10 percent*
- *Superficial acne (comedones, papules, pustules) of any extent, 0 percent*
- *Or evaluate based on disfigurement of the head, face, or neck (DC 7800), or scars (DC 7801, 7802, 7804, or 7805), depending upon the predominant disability.*

## **Malignant Skin Conditions**

*Slide 25*

### **Slide:**

- DC 7818, Malignant neoplasms (other than malignant melanoma)
- DC 7833, Malignant melanoma
- Evaluate based on disfigurement of the head, face, or neck (DC 7800), or scars (DC 7801, 7802, 7804, or 7805), or impairment of function (under the appropriate DC)
- If skin malignancy requires therapy that is comparable to that used for systemic malignancies (i.e. systemic chemotherapy, x-ray therapy more extensive than to the skin, or surgery more extensive than wide local excision) a 100 percent evaluation will be assigned from the date of treatment, and will continue with a mandatory VA examination six months following the completion of such antineoplastic treatment and any change in evaluation based upon that or any subsequent examination will be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluation will then be made on residuals. If treatment is confined to the skin, the provisions for a 100-percent evaluation do not apply.

**Talking Points:** *Malignant neoplasms of the skin are evaluated under either diagnostic code 7818 or 7833. Diagnostic code 7818 is for malignant neoplasms (other than malignant melanoma), and diagnostic code 7833 is for malignant melanoma.*

*These conditions are evaluated based on disfigurement of the head, face, or neck (DC 7800), or scars (DC 7801, 7802, 7804, or 7805), or impairment of function (under the appropriate DC).*

*Like other malignant conditions, a 100 percent evaluation may be warranted, however it is important to reference the note under each diagnostic code before automatically assigning a 100 percent evaluation for active cancer.*

*The note states: If skin malignancy requires therapy that is comparable to that used for systemic malignancies (i.e. systemic chemotherapy, x-ray therapy more extensive than to the skin, or surgery more extensive*



*than wide local excision), a 100 percent evaluation will be assigned from the date of treatment, and will continue with a mandatory VA examination six months following the completion of such antineoplastic treatment and any change in evaluation based upon that or any subsequent examination will be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluation will then be made on residuals. If treatment is confined to the skin, the provisions for a 100-percent evaluation do not apply.*

**Stress:** To be granted 100 percent, the treatment must be more than just the wide local excision. It must require therapy that is comparable to that used for systemic malignancies (i.e. systemic chemotherapy, x-ray therapy more extensive than to the skin, etc.).

## Review

Slide 26

### Slide:

- Rating Schedule, [38 CFR 4.118](#)
- [Disability Benefits Questionnaires](#)
  - Scars
  - Skin Diseases
- Evaluation Builder in VBMS-R
  - Demo input of scar
  - Demo input of skin condition

**Trainer:** Now, please review, explain, and demo the following tools:

- Rating Schedule, 38 CFR 4.118
- Disability Benefits Questionnaires (DBQs)
  - Scars
  - Skin Diseases
- Evaluation Builder in VBMS-R
  - Demo input of scar
  - Demo input of skin condition

## LESSON REVIEW, ASSESSMENT, AND WRAP-UP

<b>INTRODUCTION</b>	The Skin – RVSR Challenge IWT lesson is complete.
<i>Discuss the following:</i> <i>Slide 27</i>	Review each lesson objective and ask the trainees for any questions or comments.
<b>TIME REQUIRED</b>	.10 hours
<b>LESSON OBJECTIVES</b>	<p>You have completed the Skin – RVSR Challenge IWT lesson.</p> <p>The trainee should be able to:</p> <ul style="list-style-type: none"><li>• Discuss general rating considerations that involve evaluating skin conditions.</li><li>• Demonstrate how to prepare a rating decision involving the dermatological (skin) body system.</li></ul>
<b>E-CASE</b>	<p>Remind the trainees to complete the skin e-case to receive credit for completion of the course.</p> <p>The e-case will allow the participants to demonstrate their understanding of the information presented in this lesson.</p>