Introduction to Endocrine Conditions Rating Schedule Changes

Instructor Lesson Plan

Time Required: 2 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 # | 4407809 |
| Prerequisites | N/A |
| target audience | The target audience for Introduction to Endocrine Rating Schedule Changes is RVSRs, DROs, and RQRSs.  Although this lesson is targeted to teach employees who rate or may perform RVSR functions or reviews, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 2 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Endocrine System Refresher PowerPoint Presentation |
| 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 |
| 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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| Endocrine System Refresher | | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts | |
| time required | | 0.15 hours | |
| Purpose of Lesson  Explain the following: | | This lesson is intended to introduce changes to the Rating Schedule for Endocrine Conditions and review important considerations. This lesson will contain discussions and exercises that will allow you to gain a better understanding of changes to Endocrine Conditions Rating Schedule. | |
| Lesson Objectives  Discuss the following:  Slide 2 | In order to accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.  TheRVSRwill be able to:   * Review rating schedule for endocrine body system * Determine correct evaluations and effective dates with due consideration to old and new rating schedule criteria * Evaluate endocrine conditions with 80% accuracy in several scenarios | | |
| 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 | Familiarity and accurate application of the old and new VA Schedule for Rating Disabilities (VASRD) versions is critical to timely and accurately process claims. | | |
| STAR Error code(s) | A2 – Were all inferred and/or ancillary issues addressed?  C1 – Was the grant or denial correct?  C2 – Was the percentage assigned correct?  D1 – Are all effective dates affecting payment correct? | | |
| References  Slide 3 | Explain where these references are located.  All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).   * [38 CFR 4.119 Schedule of Ratings – Endocrine Conditions](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [38 CFR 3.951(a) Preservation of Disability Ratings](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 3.307 - Presumptive service connection for chronic, tropical, or prisoner-of-war related disease...](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [38 CFR 3.309 – Disease subject to presumptive service connection](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58) * [M21-1 Part III, Subpart iv, Chapter 4, Section F – Endocrine Conditions](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=) * [M21-1 Part III, Subpart iv, Chapter 5, Section C, Topic 7 – Determining Effective Dates Based on New Guidance](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000067390/M21-1-Part-III-Subpart-iv-Chapter-5-Section-C-Effective-Dates) | | |
| Topic 1: Review Endocrine Rating Schedule | | | | |
| Introduction | | | | This topic will allow the trainee to explore the changes to the rating schedule for endocrine conditions. |
| Time Required | | | | 0.5 hours |
| OBJECTIVES/ Teaching Points | | | | Topic objectives:   * Discuss and apply rating schedule criteria   The following topic teaching points support the topic objectives:   * Review the rating schedule for endocrine body system * Determine correct evaluations and effective dates with due consideration to old and new criteria |
| 7900  Slide 5  **7901 & 7902**  Slides 6 and 7 | | | | Hyperthyroidism now includes Graves’ disease – evaluation criteria has changed to begin with a six-month 30 percent evaluation following diagnosis, with a mandatory VA examination to determine residuals of the condition following that period.  ***Talking point:*** *Ratings are based on residual disability under the appropriate body system following six months. The 30 percent evaluation is* ***not*** *a mandatory minimum evaluation.*  *7900 Note 1 has been adjusted, so that rather than evaluate hyperthyroidism or hyperthyroid heart disease under the predominant disability, these two conditions may now be separately evaluated under 7900 and 7008 (hyperthyroid heart disease).*  *7900 Note 2 language continues to direct that eye involvement should be separately evaluated under the eye rating schedule.*  *Formerly toxic and non-toxic adenoma of the thyroid these diagnostic codes’ titles include “enlargement” of the thyroid as either a toxic or non-toxic process.*  ***Talking point:*** *Rating criteria from 7900 hypothyroidism will now be used for 7901 Thyroid gland, toxic adenoma. Again, ratings are based on residual disability under the appropriate body system following six months. The 30 percent evaluation is* ***not*** *a mandatory minimum evaluation. A future examination should be established to evaluate symptoms at the appropriate time.*  *7901 Note 1 is what directs us to use the rating criteria from 7900.*  *7902 Note 1 is very similar to the original note 1 and directs evaluation of symptoms due to pressure on adjacent organs (such as trachea, larynx, or esophagus) under the appropriate DC within the appropriate body system.*  *7901 Note 2 and 7902 Note 2 now direct that if disfigurement of the neck is present due to thyroid disease or enlargement, separately evaluate under DC 7800 other disfigurement of the head, face, or neck.* |
| 7903 – Hypothyroidism  Slide 8 | | | | Hypothyroidism has new evaluation criteria as of December 10, 2017 – the initial six months following diagnosis will be rated based on the presence or absence of myxedema (cold intolerance, muscular weakness, cardiovascular involvement (including, but not limited to, hypotension, bradycardia, and pericardial effusion)), and mental disturbance (including, but not limited to dementia, slowing of thought, and depression).  ***Talking points:*** *Evaluation levels have been pared down from 100, 60, 30, 10 to just 100 or 30 percent. Ratings are based on residual disability under the appropriate body system six months post crisis-stabilization. A future examination should be established to evaluate symptoms at the appropriate time.*  *Veterans presenting with myxedema are given a 100 percent or without myxedema are given a 30 percent evaluation. Six months following initial diagnosis, a future examination should be conducted to determine residuals, which are rated under the appropriate body system. The 30 percent evaluation is* ***not*** *a mandatory minimum evaluation.*  *Eye disorders resulting from hypothyroidism are evaluated separately under* [*38 CFR 4.79, Schedule of Ratings – Eye*](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_179)*.* |
| 7904 - Hyperparathyroidism *Slide 9*  7905 & 7906 – Hypoparathyroidism and Thyroiditis  Slide 10  **7907 & 7908 – Cushing’s Syndrome and Acromegaly**  Slide 11  **7909-7912 – Diabetes Insipidus, Addison’s Disease, and Polyglandular syndrome**  Slide 12  **7913 – 7919 Remaining Endocrine Disabilities**  Slides 13 - 17 | | | | Hyperparathyroidism has evaluation criteria for an aysymptomatic evaluation of 0 percent in addition to the 10, 60, and 100 percent.  ***Talking points****: The 100 percent evaluation is only for application for six months from the date of discharge following surgery. A future examination should be established to evaluate symptoms at the appropriate time, and the residuals evaluated under the appropriate body system.*  *The 60 percent evaluation is based entirely on objective laboratory values – hypercalcemia, impaired creatinine clearance, and/or bone mineral density T-score. This evaluation is effective until* ***either*** *the date of surgery (if indicated), at which time the 100 percent evaluation becomes effective,* ***or*** *until six months after pharmacologic treatment begins (if surgical intervention is not indicated). A future examination should be established to evaluate symptoms at the appropriate time, and the residuals evaluated under the appropriate body system.*  *The 10 percent evaluation is largely similar to the old evaluative criteria of continuous medication required for control, but also adds consideration for symptomatic individuals not receiving medication.*  *0 percent (noncompensable) evaluation will be assigned when the condition is asymptomatic.*  Hypoparathyroidism: New criteria - total evaluation for three months following diagnosis; thereafter, rate residuals under appropriate body system (310 EP)  ***Talking point****: Hypoparathyroidism has new evaluation criteria as of December 10, 2017– most notably, the 60 and 10 percent evaluations have been eliminated, and there is no longer any provision for a static evaluation under this diagnostic code.*  ***Talking point****: The 100 percent evaluation is only for application for three months from the date of diagnosis. A future examination should be established to evaluate symptoms at the appropriate time, and the residuals evaluated under the appropriate body system.*  **Thyroiditis** is a new code for the rating schedule; it is based on whether thyroid function is normal or abnormal.  ***Talking point****: Thyroiditis is evaluated as either hyper or hypothyroidism under 7900 or 7903 in the presence of abnormal thyroid function. If function is normal, a 10 percent evaluation under 7906 is appropriate.*  **Cushing’s Syndrome** criteria is now based on the severity and extent of muscle weakness and comorbidities. The 60 percent criteria no longer requires enlargement of the adrenal or pituitary gland.  ***Talking point****: The initial evaluation of 100, 60, or 30 percent is only for application for six months from the date of diagnosis. A future examination should be established to evaluate symptoms at the appropriate time, and the residuals evaluated under the appropriate body system.*  **Acromegaly** has not siginficiantly changed – the only difference in the new criteria is the removal of the requirement of an enlarged sella turcica (the cranial depression in which the pituitary gland is seated) for the 30 percent evaluation.  The evaluative criteria for **diabetes insipidus** has drastically changed as of the recent VA Schedule of Rating Decisions (VASRD) update December 10, 2017; persistent polyuria or continuous hormonal therapy now warrants a 10 percent evaluation. A 30 percent evaluation follows initial diagnosis, then evaluation is based on residuals.  ***Talking point****: The initial evaluation is only for application for three months from the date of diagnosis. A future examination should be established to evaluate symptoms at the appropriate time, and the residuals evaluated under the appropriate body system.The 100, 60, 40, and 20 percent evaluations from the previous version of the rating schedule have been removed.*  **Addison’s disease** has a name change only, from Addison’s disease (Adrenal Cortical Hypofunction) to Addison’s disease (adrenocortical insufficiency)  **Pluriglandular syndrome** has a name change to polyglandular syndrome (multiple endocrine neoplasia, autoimmune polyglandular syndrome). Clarification has also been added to the instructions to rate based on major manifestations – the examples of Type I diabetes mellitus, hyperthyroidism, hypothyroidism, hypoparathyroidism, and Addison’s disease are now included.  Of note, no changes have been made to either diabetes mellitus or neoplasms (malignant or benign). The VA is considering establishing a panel to address evaluation of diabetes mellitus, but no changes are forthcoming at this time.  Diagnostic codes 7916-7918 now each have the note to evaluate as benign/malignant neoplasm, rather than a catchall note after 7918, but evaluation criteria have not changed.  **C-cell hyperplasia of the thyroid (DC 7919)** has new evaluative criteria. Where the previous criteria mimicked the criteria for malignant neoplasm, the adjudicator must now choose evaluative criteria based on treatment.  ***Talking point****: C-cell hyperplasia is evaluated as either malignant neoplasm (7914) or hypothyroidism (7903). 7914 evaluations are appropriate in the presence of antineoplastic therapy. 7903 evaluations are appropriate if a prophylactic thyroidiectomy is performed and no antineoplastic therapy is necessary.* |
| Topic 2: Important Considerations | | | | | | |
| Introduction | | | | | This topic will allow the trainee to review considerations due to change in rating schedule, DBQs, and VBMS system. | |
| Time Required | | | | | 0.5 hours | |
| OBJECTIVES/ Teaching Points | | | | | Topic objectives:   * Review important considerations for rating Endocrine Conditions   The following topic teaching points support the topic objectives:   * What criteria apply? * Does DBQ cover all required information? * Resources available. | |
| Which Criteria Apply?  Slide 18 | | | | | * What date did the claim come in? * Does the Veteran warrant a higher evaluation under historical criteria? * Do they qualify for an increase under the new criteria? * Is there an intent to file (ITF) to consider? * Is the date entitlement arose based on increase shown in medical records the applicable effective date? * When was the Veteran released from active duty? Should the effective date be RAD+1?   **December 10, 2017**: new Endocrine Conditions rating criteria in effect.  ***Talking points****: particularly for the first couple of years after a change in law or regulation,*   * *it is critical to assess what criteria applies,* * *Does the Veteran warrant a higher evaluation under historical criteria under which they may already be rated and should retain their evaluation or* * *do they qualify for an increase under the new criteria,* * *and we must determine if effective dates are impacted –* * *Is an increase warrented under both new and old criteria?* * *Is an increase warranted under just new criteria requiring a staged rating?* * *Is the date of claim appropriate?* * *Is the date entitlement arose based on increase shown in medical records the applicable effective date?* * *When was the Veteran released from active duty? Should the effective date be RAD+1?* | |
| DBQs  Slide 19 | | | | | Does the DBQ or exam of record give information needed for current criteria?  Did you check for reasonably raised claims for scars on DBQ?  *Talking Points: DBQs have been updated to reflect new criteria for the rating schedule; however, you may still see older versions of DBQs in the file. Determine if you can grant any benefit right away if clarification is needed to establish the correct evaluation.*  *As always, watch for inferred issues such as whether the scars section shows a reasonably raised claim associated with an endocrine related surgery.* | |
| Resources Available: VBMS  Slide 20 | | | | | Refer students to VBMS Homepage and Release information at <http://vbaw.vba.va.gov/VBMS/Resources_Technical_Information.asp>.  If possible, demonstrate rating the following new DCs and any tips, tricks, or workarounds needed to process cases:   * 7900 Hyperthyroidism * 7903 Hypothyroidism * 7904 Hypoparathyroidism with and without surgical intervention | |
| Resources Available: Regulation Citator  Slide 21 | | | | | The Regulation Citator tool assists in viewing historical rating criteria.  Click [here](http://vacoappbva2.dva.va.gov/lsa/cgi-bin/query-meta.exe).  ***Talking point****: to use this tool, simply type in the regulation that you are looking for. For example, 4.114 to pull up history of all changes for the schedule of rating disabilities for the digestive system.* | |

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| Topic 3: Practice and Evaluate | | | |
| Introduction | | This topic will allow the trainee to practice evaluation using the new rating schedules and considerations discussed in topics 1 & 2. | |
| Time Required | | 0.75 hours | |
| OBJECTIVES/ Teaching Points | | Topic objectives:   * Correctly determine DC, evaluation, and considerations for the following scenarios related to rating schedule updates. | |
| Scenario 1  Slides 23 - 24 | | Veteran was service connected for Graves’ disease since service (prior to the VASRD regulatory update effective December 10, 2017) at 10% for continuous medication. Outpatient records, dated January 2016, show the Veteran is still on continuous medication and is being treated for constant diarrhea. Veteran submitted a claim for increase December 31, 2017. DBQ shows Veteran warrants a 30% evaluation for alternating diarrhea and constipation, with more or less constant abdominal distress.  *What diagnostic code would be used to assign the correct evaluation under the new rating criteria?*  **7900-7319- diarrhea and constipation due to Graves’ disease (previously DC 7900) @ 30%**  ***Talking points****: Based on the change in requirements to evaluate Graves’ disease under the appropriate body system following the initial six-month evaluation, the appropriate evaluation for these symptoms is a 30 percent evaluation under 7319, irritable colon syndrome, as the symptoms most closely mirror this evaluative criteria and are digestive in nature.* | |
| Scenario 2  Slides 25-26 | | Veteran was service connected for Graves’ disease at 10% for continuous medication (prior to VASRD regulatory update) . Veteran submitted a claim after the VASRD update. DBQ shows Veteran is still prescribed medication with no other residuals.   1. What would the evaluation be under the new criteria?   **0%**   1. Is a reduction warranted?   **No.**  ***Talking points:*** *Although rating criteria has changed since the date of the regulatory update effective December 10, 2017, the previous evaluation is protected under 38 CFR 3.951(a).* | |
| Scenario 3 *Slides 27 - 28*  **Scenario 4**  Slides 30 - 31  **Scenario 5**  Slides 32 - 33 | | Veteran was diagnosed with thyroid enlargement, toxic on 08/19/17. Veteran files a claim for initial service connection after the regulatory change on 01/02/2018. Veteran was discharged on 10/30/17. Claim is marked RFD on 01/10/18.   1. *What initial evaluation would you assign?*   **30%**   1. *Would you establish an EP 310? If so, when?*   **Yes! February 2018**  ***Talking points:*** *A 30 percent evaluation is warranted for the first six months following initial diagnosis. A future examination is required to determine residuals following the initial six month period.*  Veteran submits a claim for increase October 20, 2017. Medical evidence from an exam dated April 15, 2017, was submitted with the claim and shows that criteria for increased evaluation under the new criteria were met. The evidence does not support an increased evaluation under historical criteria.  **What is the correct effective date?**  December 10, 2017, the effective date of the regulatory VASRD change  ***Talking points:*** *Under 38 CFR 3.400(o), an increased evaluation could have a potential earlier effective date if the claim is received within a year of the increased disability; however, we are not able to grant the increase prior to the date of the regulatory update; therefore, we would create a staged rating confirming the evaluation from October 20, 2017, and increasing it from December 10, 2017.*  A Veteran submits a new claim for service connection on August 3, 2019. Medical evidence is submitted with the claim showing the condition was diagnosed and met criteria from March 3, 2016.  **What is the correct effective date?** August 3, 2019, the date of claim  ***Talking points:*** *changes to the VA Rating Schedule are not liberalizing law, and there is no evidence that the Veteran either 1. Had an intent to file of record or 2. That she submitted the claim within a year of the increased severity of her disability.*  *In other words, there is no other basis we can use to grant an increased evaluation prior to the date of claim, so 3.400(o) guides us to use the effective date of August 3, 2019.* | |
| Lesson Review, Assessment, and Wrap-up | | |
| Introduction  Discuss the following: | The Introduction to Endocrine Conditions Rating Schedule Changes lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. | |
| Time Required | 0.1 hours | |
| Lesson Objectives | You have completed the Introduction to Endocrine Conditions Rating Schedule Changes lesson.  The trainee should be able to:   * Review updates and changes to rating schedule for endocrine * Determine correct evaluations and effective dates with due consideration to old and new criteria * Evaluate endocrine conditions with 80% accuracy in six scenarios | |
| 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. | |