Rating Issues Involving Gynecological Conditions & Breast Disorders (Post Challenge)

Instructor Lesson Plan

Time Required: 1.5 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 # | 4449944 |
| Prerequisites | N/A |
| target audience | The target audience 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 | 1.5 hours |
| Materials/TRAINING AIDS | Lesson materials:* PowerPoint Presentation
* Handout (with review exercise)
* Answer key
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| 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
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| 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.
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| 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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| Introduction to Gynecological & Breast Conditions Changes |
| INSTRUCTOR INTRODUCTION | Complete the following:* Introduce yourself
* Orient learners to the facilities
* Ensure that all learners have the required handouts
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| time required | 0.1 hour |
| Purpose of LessonExplain the following: | This lesson is intended to review the Rating Schedule for Gynecological and Breast Conditions and important considerations particularly in light of May 13, 2018 rating schedule changes. This lesson will contain discussions and exercises that will allow you to gain a better understanding of changes to Gynecological and Breast Conditions Rating Schedule.  |
| Lesson ObjectivesDiscuss the following:Slide 2 | Review the lesson objectives with trainees at the beginning and conclusion of your lesson.Given the instructor led presentation, handout and exercises, theRVSRwill be able to: * Describe 5 common conditions of the gynecological and breast system.
* Discuss rating considerations to include schedule changes and special monthly compensation (SMC).
* Correctly determine the diagnostic code, evaluation, and considerations for the following 3 scenarios related to rating schedule updates.
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| 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) is critical for timely and accurately claims processing.  |
| 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? |

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| ReferencesSlides 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 3.304](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part3/3_304.htm) Direct service connection; wartime and peacetime
* [38 CFR 3.306](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part3/3_306.htm) Aggravation of preservice disability
* [38 CFR 3.307](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part3/3_307.htm) Presumptive service connection…
* [38 CFR 3.309](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part3/3_309.htm) Disease subject to presumptive service connection
* [38 CFR 3.311](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part3/3_311.htm) Claims based on exposure to ionizing radiation
* [38 CFR 3.350 (a)](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part3/3_350.htm) Special monthly compensation ratings
* [38 CFR 4.116](http://vbaw.vba.va.gov/bl/21/Publicat/Regs/Part4/4_116.htm) Schedule of ratings-gynecological conditions & disorders of the breast
* [M21-1 Part III, Subpart iv, Chapter 4, Section J – Disabilities of the Gynecological System and Breast](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000030334/M21-1-Part-III-Subpart-iv-Chapter-4-Section-J-Disabilities-of-the-Gynecological-System-and-Breast?query=gynecological)
* [M21-1 Part III, Subpart iv, Chapter 3, Section A – Examination Requests](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/portal.html?encodedHash=)
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| Topic 1: Common Conditions and Rating Considerations |
| Introduction | This topic will allow the trainee to explore the changes to the rating schedule for gynecological and breast conditions.  |
| Time Required | 0.75 hours |
| OBJECTIVES/Teaching PointsSlide 4 | Topic objectives:* Describe 5 common conditions of the gynecological and breast system.
* Discuss rating considerations such to include schedule changes and special monthly compensation (SMC).
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| Gynecological DescribedSlide 5 | * Gynecological conditions are related to organs of the female reproductive system
* Structures included are the breasts, the uterus, the ovaries, the fallopian tubes, the vagina, and the external genitalia
* Processes in female reproduction are fertilization, implantation, maintenance of the pregnancy, and the birth of the baby

***Talking point****: it’s important to remember that rating criteria changed for this body system on May 13, 2018. The next slide will take a look at common conditions and point out where to watch closely for changes in criteria.* ***Remember*** *that a condition evaluated under the old criteria will not be reduced under the new criteria unless there has been actual improvement under this historic rating criterion (or unless the evaluation was based on fraudulent information).*  |
| Common Gynecological ConditionsSlide 6 | * Hysterectomy: surgical removal of the uterus through the abdominal wall or vagina.
* Pelvic organ prolapse\*: Pelvic organ prolapse refers to loss of support to the uterus, bladder and bowel leading to their descent from the normal anatomic position towards or through the vaginal opening. Can be uterine, vaginal vault, cystocele…
* Neoplasms\*: malignant or benign; breast(s) or gynecological system
* Endometriosis: a condition characterized by abnormal growth of endometrial tissue in the pelvis
* Female Sexual Arousal Disorder (FSAD)\*: now has its own diagnostic code! Don’t forget SMC k!

**\*** *Impacted by recent changes to rating schedule.* ***(May 13, 2018)******Talking points:*** *Prior to May 13, 2018, the rating schedule contained separate diagnostic codes for uterus prolapse; displacement of the uterus; and surgical complications of pregnancy. These are now all rated as pelvic organ prolapse, diagnostic code 7621.**Previous rating criteria under the now deleted code 7622 and 7623 (marked displacement and frequent or continuous menstrual disturbances; adhesions and irregular menstruation) was inaccurate by current medical standards.* *Remember that as of May 13, 2018 FSAD has its own diagnostic code of 7632.* ***Emphasize:*** *if an evaluation was granted under the historic criteria, and there is no evidence of improvement under the historic criteria, the evaluation will* ***not*** *be reduced on the basis that it doesn’t meet the criteria for that evaluation under the new rating criteria.* *For example: Veteran was evaluated for uterine prolapse under previous criteria of “marked displacement and frequent or continuous menstrual disturbances, “which warranted a 30%. She requested an increased evaluation, and examination shows complete prolapse (10% evaluation under the current rating criteria). Is reduction warranted?****NO****! We will not reduce based on a change in the rating schedule. The Veteran continues to meet the 30% evaluation criteria under the historic rating criteria, so that evaluation will remain in place.*  |
| NeoplasmsSlide 7 | **Benign** * (DC 7628) Of the gynecological system may include: cysts, polyps, fibroids, or hydatidiform, or abnormal tissue growth in pregnancy
* DC 7631) In the breast, fibrocystic disease and fibroadenomas may also be caused by hormonal changes

**Malignant*** (DC 7628) Examples of gynecological system cancer include: uterine, ovarian, endometrial, cervical, vaginal, vulvar, & primary peritoneal
* (DC 7630) breast cancer

***Talking point****: separate diagnostic codes have been created for neoplasm of the gynecological system versus neoplasm of the breasts – both benign and malignant.* *Remember that SMC K for breast is only available for female Veterans; however, breast cancer also impacts male Veterans.* ***Emphasize:*** *For malignant neoplasms,* ***schedule*** *a review exam 6 months after cessation of treatment - unless the claim is being processed after the treatment has ended and the evidence supports a staged rating. As always, only schedule an exam if there isn’t available medical evidence that can be used to rate.*  |
| Not Disabilities for Rating Purposes*Slide 8* | * Natural menopause, primary amenorrhea, and pregnancy and childbirth are not disabilities for rating purposes
	+ Exception: chronic residuals of medical or surgical complications of pregnancy may be disabilities for rating purposes

***Example****: surgical complications and painful scar from a C-section.* ***Talking point****: ask students to think of other items in the Gynecological/Breast system that are not disabilities for compensation purposes unless additional residuals or associated issues are shown?** ***Fibrocystic breast disease*** *is generally a physiological finding that does not warrant SC unless there are persistent lumps or thickening requiring surgical excision or changes with associated atypical hyperplasia.*
* ***Cervical dysplasia,*** *also referred to as cervical intraepithelial neoplasia (CIN) is a cellular abnormality that generally resolves without treatment or residuals. SC may be warranted if it: requires treatment that leaves residuals or is linked to subsequent development of cervical cancer.*
* ***HPV:*** *usually HPV infections are asymptomatic and identified only as a finding on a Pap smear. Most resolve spontaneously without residuals. In these cases, SC is not warranted. Two circumstances that may warrant SC are genital warts shown to be associated with the HPV infection and HPV resulting in persistent infection that progresses to cervical dysplasia and subsequently to cervical cancer.*

*NOTE: although the Veteran may claim service connection for these conditions, M21-1* *guidance indicates these are not disabilities for compensation purposes. For additional information on any of these, see* ***III.iv.4.I.4*** *regarding the gynecological and breast conditions system.* |
| 7632 - FSADSlide 9 | * Female Sexual Arousal Disorder (FSAD) may be granted as a standalone disability using DC 7632, with a zero percent evaluation
* FSAD is a physical disorder, not a psychiatric condition
* If FSAD is diagnosed on a mental health exam, you will be required to verify diagnosis by appropriate medical provider in the records or request a gynecological condition DBQ to confirm the diagnosis.
* If FSAD is granted then entitlement to SMC K must also be established for loss of use of a creative organ.

***Talking points****: FSAD was added to the rating schedule with its own diagnostic code effective May 13, 2018. Previously, 7699-7611 was used to grant the 0% for this condition.* *The GYN DBQ has built in language specific for addressing FSAD. Therefore, if a Veteran claims service connection for FSAD, or any other gynecological condition there is no longer a need for the additional FSAD language. However, when certain multi-system disorders, such as MS, Parkinson’s, etc. are examined, FSAD language must be added for those exams. This language and other details regarding when to infer FSAD can be found in M21-1, Part III, Subpart iv.4.J.1.b****Discuss:* FSAD is a physical disorder, not a psychiatric condition.** *In a scenario where a mental health exam diagnoses FSAD as secondary to a SC mental health condition, our next step would be to review the medical records to confirm if there is an existing diagnosis of FSAD made by a non-mental health medical provider.*  |
|  | *If we have the diagnosis of FSAD of record and the nexus opinion on the mental health DBQ, we will grant FSAD and SMC K for loss of use of a creative organ.**If we do not have a confirmed diagnosis of FSAD by an appropriate medical provider, but we do have a nexus on the mental health DBQ, we will go out for a Gyn DBQ to confirm the diagnosis, as FSAD is within the scope of the claim.**Once service connection for FSAD has been granted, the criteria for Special Monthly Compensation (SMC) under* [*38 CFR 3.350*](http://vbaw.vba.va.gov/bl/21/publicat/Regs/Part3/3_350.htm) *for loss of use of a creative organ is established and RVSRs should also grant this benefit.* ***Emphasize****: if you do see FSAD rated as 7699 – 7611, update the master record to the new DC 7632. This is our responsibility in accordance with M21-1 Part III, Subpart iv.7.B.3.b, which discusses RVSR responsibility of correcting codesheet issues such as diagnostic codes (DCs).***Option**: *review M21-1, Part III, Subpart iv.4.* *J.1 – Gynecological conditions either here or at end of presentation. Point out topic covering FSAD.* |
| Special ConsiderationsSlide 10 | * Rating Schedule Change Implications
* Presumptive Conditions
* Special Monthly Compensation

**May 13, 2018**: new gynecological and breast conditions rating criteria went into effect. ***Talking points (RS changes):*** *because of the rating schedule changes, it is critical to consider the following for effective date purposes:** *What date was the claim received?*
* *For increase claims, what date did the condition worsen?*
* *Should the condition retain evaluation under historic criteria?*
* *Should the condition be increased under new criteria?*

***Talking points (presumptive conditions)****: There are several conditions under the GYN and breast conditions body system that are impacted by presumptive regulations. Can you think of two?** *Based on radiation exposure (38 CFR 3.311)*
* *Based on certain disabilities occurring in Persian Gulf War Veterans (38 CFR 3.317)*

***Talking points (SMC)****: Is there evidence of SMC eligibility for Loss of Use of a Creative organ? For radiation or removal of breast tissue? For SMC S related to 100% evaluations (permanent or temporary)?* *Even though there’s been some restructure, these core considerations remain with us any time we’re evaluating a claim for breast or gynecological conditions.****Review*** *the Rating Schedule for GYN specifically pointing out DC 7629 and 7625.*  |
| Topic 2: Practice and Evaluation |
| Introduction | This topic will allow the trainee to practice evaluation using the new rating schedules and considerations discussed in topics 1 & 2.  |
| Time Required | 0.5 hours |
| OBJECTIVES/Teaching PointsSlide 11 | Topic objectives:* Correctly determine DC, evaluation, and considerations for the following 3 scenarios related to rating schedule updates.
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| Scenario 1Slides 12-13 | Veteran has incomplete uterine prolapse. There are no other symptoms noted on exam. Examiner opined this was at least as likely as not related to surgical complications of pregnancy during her military service and provides sufficient rationale. Claim received after May 13, 2018. 1. *What diagnostic code would be used in the current rating schedule?* **7621**
2. *What evaluation would be granted?* **10%**

***Talking points****: based on the law change of May 13, 2018, DC 7621, 7622, and 7623 diagnostic codes are all evaluated under DC 7621. The appropriate diagnostic code for prolapse of any pelvic organ such as uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocele, or combination is 7621.**Don’t forget that there may be prolapse of more than one pelvic organ, but only one evaluation under DC 7621 can be granted.* *Although the 30% and 50% evaluation were removed when the gynecological rating schedule was changed on May 13, 2018, we are now able to grant separate evaluations under appropriate body systems and diagnostic codes to account for additional issues such as incontinence or skin conditions related to prolapse.*  |
| Scenario 2aSlides 14-15 | A Veteran with service connected posttraumatic stress disorder (PTSD) claims an increased evaluation. Review PTSD DBQ was performed, during which the examiner related the Veteran’s FSAD to the SC PTSD. At the time of your review, there are no medical treatment records confirming a diagnosis of FSAD, only the mental health exam. *What Gynecological System related actions need to be taken?** Request a Gynecological DBQ

***Talking points:*** *Although the nexus is provided by the PTSD DBQ, there must be a diagnosis provided by a non-mental health medical provider. In this scenario, the fact that the diagnosis was not of record requires us to request a gynecological DBQ.* |
| Scenario 2b*Slides 16-17* | Veteran with Diabetes Mellitus, type II has claimed an increased evaluation and secondary service connection for FSAD. She has a diagnosis of Female Sexual Arousal Disorder, which the DBQ associates with the DM II. The C&P examiner completed a GYN DBQ based on the secondary complications found on exam. The examiner confirms a diagnosis of FSAD. An increased evaluation is not shown for the DM. There are no other secondary conditions. *What actions need to be taken?** **C&C Diabetes Mellitus evaluation now including the noncompensable secondary grant of FSAD.**
* **Grant SMC K for LOU of a creative organ**

**Talking Points:** *Based on current examination findings the Veteran does not warrant an increased evaluation for the DM. However, the examination showed the Veteran now has a diagnosis of FSAD that is found secondary to the DM. Therefore, the FSAD is considered within the scope of the claim. As we have a GYN examination confirming the dx of FSAD we are able to grant service connection.* ***Remember*** *noncompensable complications of DM should be evaluated with the DM. Therefore, the new diagnosis would read diabetes mellitus, type II with female sexual arousal disorder (FSAD). The only evaluation warranted for 7632 (FSAD) is a 0% evaluation. Therefore, it must be combined with the DM.* *SMC K is warranted based on the grant of FSAD due to LOU of a creative organ.* *\*remember to always consider additional levels of SMC such as S for 100+60.*  |
| Scenario 3Slides 18-19 | Female Veteran developed uterine fibroids and had surgical treatment during service. Since separation, she experiences ongoing issues with abnormal bleeding, nausea, vomiting, and had an additional surgery – all documented by private medical records. Currently, she receives continuous treatment that controls symptoms. Veteran claims service connection for uterine fibroids. 1. What diagnostic code would be used to grant SC? **DC 7628-7613**
2. What evaluation would be established? **10%**
3. Are there additional considerations? **No**

***Talking points:****In this scenario, a hyphenated code is required to accurately evaluate the condition. Though uterine fibroids are a benign neoplasm, diagnostic code (DC) 7628 does not have its own evaluative criteria. As such, it can only serve as a secondary DC in this case. The diagnostic code with evaluative criteria pertinent to the Veteran’s condition is 7613, a disease of the uterus.* *A 10 percent evaluation is appropriate under this code for symptoms that require continuous treatment.*  *There is no diagnosis or mention of FSAD on exam; there is no evidence of loss of use of a creative organ or other SMC entitlement; and there is no indication of eligibility for other ancillary benefits in this scenario.* |
| Scenario 4*Slides 20-21* | Veteran was SC for endometrial cancer on March 6, 2015. She underwent treatment and records show remission from September 3, 2016. February 26, 2018, radiology found active gynecological cancer which had metastasized to two additional sites in her lungs. She submitted a claim for increase March 9, 2018. 1. What are the appropriate diagnostic codes and evaluations?

 **Gynecological cancer DC 7627 at 100%, lung cancer DC 6819 at 100%**1. What other benefits should be granted?

 **SMC S** 1. What is the appropriate effective date of increase?

 **02/26/2018, date entitlement arose*****Talking points****: the manual clearly states that both the originally SC cancer and cancer metastasized to another body systems can be independently evaluated. The correct effective date is the date entitlement arose. Veteran was SC for the GYN cancer that was in remission. On 2/26/18 when radiology found active cancer and metastasized cancer this is when the increased evaluations and SC for lung cancer was warranted. CFR 38 3.400(o)(2) applies here because the evidence shows an increase occurred within one year of the claim.*  |
| Scenario 5*Slide 22-23* | Veteran submits a claim for increase in a gynecological condition on April 30, 2018. Medical evidence shows that she met criteria for an increased evaluation under the new law from August 2017; there is no increase warranted under historical criteria. There is no ITF of record. You are reviewing the claim May 20, 2018. What is the correct effective date? **May 13, 2018 (the date of the law change)*****Talking points****: The evidence shows that criteria for an increase under the new criteria were met on the date of the law change. Therefore the appropriate effective date would be the date of the law change. Keep in mind that the rating schedule change of May 13, 2018 is not liberalizing legislation. Therefore, the increase cannot be granted prior to the date of the law change of May 13, 2018.*  |

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| Lesson Review, Assessment, and Wrap-up |
| IntroductionDiscuss the following: | The *Introduction to Gynecological & Breast Conditions Rating Schedule Changes* lesson is complete. Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.15 hours |
| Lesson Objectives | You have completed the *Introduction to Gynecological & Breast Conditions Rating Schedule Changes* lesson. The trainee should now be able to: * Describe five common conditions of gynecological and breast system.
* Discuss rating considerations such to include schedule changes and special monthly compensation (SMC).
* Correctly determine DC, evaluation, and considerations for the following three scenarios related to rating schedule updates.
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| Assessment  | Remind the trainees to complete the online 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. |