

Veterans Benefits Administration



*Compensation
Service*

December 2018

**Introduction to
Hematologic and Lymphatic Systems
Rating Schedule Changes**



Objectives

- Review updates and changes to the rating schedule for the hematologic and lymphatic system
- Determine correct evaluations and effective dates with consideration of historical and new criteria
- Evaluate hematologic and lymphatic conditions with 80 percent accuracy in scenarios provided



References

- 38 CFR 3.309 – Diseases subject to presumptive service connection
- 38 CFR 3.344 – Stabilization of disability evaluations
- 38 CFR 3.400 – Effective Dates, General
- 38 CFR 4.117 – Schedule of ratings – hematologic and lymphatic systems
- 38 CFR 3.951(a) – Preservation of disability ratings
- M21-1, Part III, Subpart iv, 4.K – Hematologic and Lymphatic Systems
- M21-1 Part III, Subpart iv, 5.C – Effective Dates

December 9, 2018 is the effective date of the rating schedule change



REVIEW OF UPDATES AND CHANGES



§4.117 – Schedule of ratings – hematologic and lymphatic systems

- Title change for 38 CFR §4.117 –
 - Historical – hemic and lymphatic systems
 - New – hematologic and lymphatic systems



Diagnostic code 7700

- Removed diagnostic code 7700 – anemia, hypochromic-microcytic and megaloblastic, such as iron-deficiency and pernicious anemia
- Replaced with NEW diagnostic codes
 - 7720 – iron deficiency anemia
 - 7721 – folic acid deficiency
 - 7722 – pernicious anemia and Vitamin B₁₂ deficiency anemia
 - 7723 – acquired hemolytic anemia



Special consideration with terminology

- The following terms may be used interchangeably to satisfy the criteria for the 100 percent rating criteria in certain diagnostic codes:
 - Stem cell transplant
 - Bone marrow transplant
 - Bone marrow stem cell transplant
 - Peripheral blood transplant
 - Peripheral blood stem cell transplant
- This terminology applies to diagnostic codes:
 - 7702, 7704, 7716, 7718, 7719, 7723, 7724 and 7725



Diagnostic code 7702

- Name change from “agranulocytosis, acute” to “agranulocytosis, acquired”

7702 Agranulocytosis, acquired

Requiring bone marrow transplant; or infections recurring, on average, at least once every six weeks per 12-month period	100
Requiring intermittent myeloid growth factors (granulocyte colony-stimulating factor (G-CSF) or granulocyte-macrophage colony-stimulating factor (GM-CSF) or continuous immunosuppressive therapy such as cyclosporine to maintain absolute neutrophil count (ANC) greater than 500/microliter (μl) but less than 1000/ μl ; or infections recurring, on average, at least once every three months per 12-month period	60
Requiring intermittent myeloid growth factors to maintain ANC greater than 1000/ μl ; or infections recurring, on average, at least once per 12-month period but less than once every three months per 12-month period	30
Requiring continuous medication (e.g., antibiotics) for control; or requiring intermittent use of a myeloid growth factor to maintain ANC greater than or equal to 1500/ μl	10

NOTE: A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.



Diagnostic code 7703

7703 Leukemia (except for chronic myelogenous leukemia)

When there is active disease or during a treatment phase Otherwise rate residuals under the appropriate diagnostic code(s).	100
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Chronic lymphocytic leukemia or monoclonal B-cell lymphocytosis (MBL), asymptomatic, Rai Stage 0	0
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NOTE (1): A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no recurrence, rate on residuals.

NOTE (2): Evaluate symptomatic chronic lymphocytic leukemia that is at Rai Stage I, II, III, or IV the same as any other leukemia evaluated under this diagnostic code.

NOTE (3): Evaluate residuals of leukemia or leukemia therapy under the appropriate diagnostic code(s). Myeloproliferative Disorders: (Diagnostic Codes 7704, 7718, 7719).



Special consideration for chronic lymphocytic leukemia

- Historically, prior to December 9, 2018
 - Permanent and total (P&T) evaluations for chronic lymphocytic leukemia were routinely granted based on diagnosis alone, regardless of Rai stage

- Following change in the rating schedule on December 9, 2018
 - P&T evaluation for chronic lymphocytic leukemia is **no longer** routinely granted
 - Evaluate CLL that is asymptomatic, Rai stage 0 at 0 percent
 - Evaluate symptomatic CLL at Rai stage I, II, III, or IV, the same as any other leukemia evaluated under diagnostic code 7703
 - Provisions of 38 CFR 3.105 (e) are to be applied when a reduction is warranted
 - P&T grants established prior to the rating schedule change for this condition are to be maintained (38 CFR 3.951)



Diagnostic code 7704

- Added two new diagnostic codes for myeloproliferative disorders (7718/7719), aside from polycythemia vera

7704 Polycythemia vera

Requiring peripheral blood or bone marrow stem-cell transplant or chemotherapy (including myelosuppressants) for the purpose of ameliorating the symptom burden	100
Requiring phlebotomy 6 or more times per 12-month period or molecularly targeted therapy for the purpose of controlling RBC count	60
Requiring phlebotomy 4-5 times per 12-month period, or if requiring continuous biologic therapy or myelosuppressive agents, to include interferon, to maintain platelets < 200,000 or white blood cells (WBC) < 12,000	30
Requiring phlebotomy 3 or fewer times per 12-month period, or if requiring biologic therapy, or interferon on an intermittent basis as needed to maintain all blood values at reference range levels	10



Diagnostic code 7704, notes

- Two new notes added (note 1 remains from historical schedule):

7704 Polycythemia vera

NOTE (1): Rate complications such as hypertension, gout, stroke, or thrombotic disease separately.

NOTE (2): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703.

NOTE (3): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.



Diagnostic code 7705

- Name change from “thrombocytopenia, primary, idiopathic, or immune” to “immune thrombocytopenia”

7705 Immune thrombocytopenia

Requiring chemotherapy for chronic refractory thrombocytopenia; or a platelet count 30,000 or below despite treatment	100
Requiring immunosuppressive therapy; or for a platelet count higher than 30,000 but not higher than 50,000, with history of hospitalization because of severe bleeding requiring intravenous immune globulin, high-dose parenteral corticosteroids, and platelet transfusions	70
Platelet count higher than 30,000 but not higher than 50,000, with either immune thrombocytopenia or mild mucous membrane bleeding which requires oral corticosteroid therapy or intravenous immune globulin	30
Platelet count higher than 30,000 but not higher than 50,000, not requiring treatment	10
Platelet count above 50,000 and asymptomatic; or for immune thrombocytopenia in remission	0



Diagnostic code 7705, notes

- Two notes added to immune thrombocytopenia:

7705 Immune thrombocytopenia

NOTE (1): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under this diagnostic code.

NOTE (2): A 100 percent evaluation shall continue beyond the cessation of chemotherapy. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter



Diagnostic codes 7706/7707

➤ 7706 – splenectomy

- Updated note to move the word “separately” to the beginning of note to clarify the meaning
- Note: Separately evaluate complications such as systemic infections with encapsulated bacteria

➤ 7707 – spleen, injury of, healed

- No change to this diagnostic code



Diagnostic code 7709/7710

- 7709 – Hodgkin’s lymphoma
 - Name change from Hodgkin’s disease to Hodgkin’s lymphoma
 - Minor change to last sentence of Note 1:
 - Added “under the appropriate diagnostic code(s)” to last sentence

- 7710 – Adenitis, tuberculous, active or inactive
 - Grammatical correction – removed duplicate symbol (§)



Diagnostic code 7712

- New diagnostic code – 7712 – multiple myeloma
 - Previously evaluated analogously to 7709 Hodgkin’s disease
- Evaluate as symptomatic (100 percent) or asymptomatic (0 percent)
- Asymptomatic, smoldering, or monoclonal gammopathy of undetermined significance (MGUS) is a slow-growing precursor or pre-malignant phase to multiple myeloma
- Two notes:
 - Validated biomarkers are acceptable for the diagnosis of multiple myeloma
 - 100 percent evaluation continued for five years after diagnosis and evaluation is subject to provisions of 38 CFR §3.105(e) and §3.344(a) and (b)



Special consideration for DC 7712

- Historically, prior to December 9, 2018
 - Permanent and total (P&T) evaluations for multiple myeloma were routinely granted based on diagnosis alone

- Following change in the rating schedule on December 9, 2018
 - P&T evaluation for multiple myeloma is **no longer** routinely granted
 - Provisions of 38 CFR 3.105 (e) are to be applied when a reduction is warranted
 - P&T grants established prior to the rating schedule change for this condition are to be maintained (38 CFR 3.951)



Diagnostic code 7714

- 7714 – Sickle cell anemia
- Continue to evaluate as 100, 60, 30, or 10 percent
- Terminology updated – “Painful crises” changed to “painful episodes;” and “symptoms” to “residual symptoms”
- Evaluation now based on specific number of episodes per 12-month period
- No change to the current note for this diagnostic code



Diagnostic code 7715

- 7715 – Non-Hodgkin’s lymphoma
- Modified language for 100 percent evaluation
 - When there is active disease, during treatment phase, or with indolent and non-contiguous phase of low grade NHL
- Changes to Note 1:
 - Mandatory exam timeframe extended from six months to two years
 - Still subject to provisions of 38 CFR §3.105(e)
 - Added “under the appropriate diagnostic code(s)” to last sentence



Diagnostic code 7716

7716 Aplastic anemia

Requiring peripheral blood or bone marrow stem cell transplant; or requiring transfusion of platelets or red cells, on average, at least once every six weeks per 12-month period; or infections recurring, on average, at least once every six weeks per 12-month period	100
Requiring transfusion of platelets or red cells, on average, at least once every three months per 12-month period or infections recurring, on average, at least once every three months per 12-month period; or using continuous therapy with immunosuppressive agent or newer platelet stimulating factors	60
Requiring transfusion of platelets or red cells, on average, at least once per 12-month period; or infections recurring, on average, at least once per 12-month period	30

NOTE (1): A 100 percent evaluation for peripheral blood or bone marrow stem cell transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.

NOTE (2): The term “newer platelet stimulating factors” includes medication, factors, or other agents approved by the United States Food and Drug Administration.



Diagnostic code 7717

- 7717 – AL amyloidosis (primary amyloidosis)
 - No change to this diagnostic code



Diagnostic code 7718

- New diagnostic code – 7718 – essential thrombocythemia and primary myelofibrosis
- Two notes added, to be discussed after diagnostic code 7719

7718 Essential thrombocythemia and primary myelofibrosis

Requiring either continuous myelosuppressive therapy or, for six months following hospital admission, peripheral blood or bone marrow stem cell transplant, or chemotherapy, or interferon treatment	100
Requiring continuous or intermittent myelosuppressive therapy, or chemotherapy, or interferon treatment to maintain platelet count $< 500 \times 10^9/L$	70
Requiring continuous or intermittent myelosuppressive therapy, or chemotherapy, or interferon treatment to maintain platelet count of 200,000-400,000, or white blood cell (WBC) count of 4,000-10,000	30
Asymptomatic	0



Diagnostic code 7719

- New diagnostic code – 7719 – chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia)
- Two notes added, to be discussed on the next slide

7719 Chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia)

Requiring peripheral blood or bone marrow stem cell transplant, or continuous myelosuppressive or immunosuppressive therapy treatment	100
Requiring intermittent myelosuppressive therapy, or molecularly targeted therapy with tyrosine kinase inhibitors, or interferon treatment when not in apparent remission	60
In apparent remission on continuous molecularly targeted therapy with tyrosine kinase inhibitors	30



Diagnostic codes 7718/7719, notes

- Two notes added under each diagnostic code:
 - 7718 – essential thrombocythemia and primary myelofibrosis
 - 7719 – chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia)

Notes under both diagnostic code 7718 and 7719

NOTE (1): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703

NOTE (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105 of this chapter.



Diagnostic code 7720

- New diagnostic code 7720 – iron deficiency anemia

7720 Iron deficiency anemia

Requiring intravenous iron infusions 4 or more times per 12-month period	30
Requiring intravenous iron infusions at least 1 time but less than 4 times per 12-month period, or requiring continuous treatment with oral supplementation	10
Asymptomatic or requiring treatment only by dietary modification	0

NOTE: Do not evaluate iron deficiency anemia due to blood loss under this diagnostic code. Evaluate iron deficiency anemia due to blood loss under the criteria for the condition causing the blood loss.

Diagnostic code 7721



- New diagnostic code 7721 – folic acid deficiency

7721 Folic acid deficiency

Requiring continuous treatment with high-dose oral supplementation	10
Asymptomatic or requiring treatment only by dietary modification	0



Diagnostic code 7722

- New diagnostic code 7722 – pernicious anemia and Vitamin B₁₂ deficiency anemia

7522 Pernicious anemia and Vitamin B₁₂ deficiency anemia

For initial diagnosis requiring transfusion due to severe anemia, or if there are signs or symptoms related to central nervous system impairment, such as encephalopathy, myelopathy, or severe peripheral neuropathy, requiring parenteral B12 therapy	100
Requiring continuous treatment with Vitamin B12 injections, Vitamin B12 sublingual or high-dose oral tablets, or Vitamin B12 nasal spray or gel	10
NOTE: A 100 percent evaluation for pernicious anemia and Vitamin B12 deficiency shall be assigned as of the date of the initial diagnosis requiring transfusion due to severe anemia or parenteral B12 therapy and shall continue with a mandatory VA examination six months following hospital discharge or cessation of parenteral B12 therapy. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Thereafter, evaluate at 10 percent and separately evaluate any residual effects of pernicious anemia, such as neurologic involvement causing peripheral neuropathy, myelopathy, dementia, or related gastrointestinal residuals, under the most appropriate diagnostic code.	



Diagnostic code 7723

➤ New diagnostic code 7723 – acquired hemolytic anemia

7723 Acquired hemolytic anemia

Requiring a bone marrow transplant or continuous intravenous or immunosuppressive therapy (e.g., prednisone, Cytoxan, azathioprine, or rituximab)	100
Requiring immunosuppressive medication 4 or more times per 12-month period	60
Requiring at least 2 but less than 4 courses of immunosuppressive therapy per 12-month period	30
Requiring one course of immunosuppressive therapy per 12-month period	10
Asymptomatic	0
NOTE (1): A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue for six months after hospital discharge with a mandatory VA examination six months following hospital discharge. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.	
NOTE (2): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under diagnostic code 7723.	



Diagnostic code 7724

➤ New diagnostic code – 7724 – solitary plasmacytoma

7724 Solitary plasmacytoma

Solitary plasmacytoma, when there is active disease or during a treatment phase	100
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NOTE (1): A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures (including autologous stem cell transplantation). Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no recurrence, rate residuals under the appropriate diagnostic codes.

NOTE (2): Rate a solitary plasmacytoma that has developed into multiple myeloma as symptomatic multiple myeloma.

NOTE (3): Rate residuals of plasma cell dysplasia (e.g., thrombosis) and adverse effects of medical treatment (e.g., neuropathy) under the appropriate diagnostic codes.



Diagnostic code 7725

➤ New diagnostic code – 7725 – myelodysplastic syndromes

7725 Myelodysplastic syndromes

Requiring peripheral blood or bone marrow stem cell transplant; or requiring chemotherapy	100
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Requiring 4 or more blood or platelet transfusions per 12-month period; or infections requiring hospitalization 3 or more times per 12-month period	60
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Requiring at least 1 but no more than 3 blood or platelet transfusions per 12-month period; infections requiring hospitalization at least 1 but no more than 2 times per 12-month period; or requiring biologic therapy on an ongoing basis or erythropoiesis stimulating agent (ESA) for 12 weeks or less per 12-month period	30
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NOTE (1): If the condition progresses to leukemia, evaluate as leukemia under diagnostic code 7703

NOTE (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant, or during the period of treatment with chemotherapy, and shall continue with a mandatory VA examination six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no recurrence, residuals will be rated under the appropriate diagnostic codes.



IMPORTANT CONSIDERATIONS



Which Criteria Apply?

- 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?
- What date did the claim come in?
- 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?
- Remember 38 CFR 3.400 and M21-1 III.iv.5.C

December 9, 2018, Hematologic and Lymphatic Rating Schedule Change
(Not Liberalizing Legislation)



Disability Benefits Questionnaire (DBQ)

- Historically, two DBQs were used for this body system:
 - Hematologic and Lymphatic Conditions, Including Leukemia DBQ
 - Hairy Cell and Other B-Cell Leukemias DBQ
- These DBQs have been combined, now only one DBQ exists:
 - Hematologic and Lymphatic Conditions, including Leukemia DBQ
- Does the DBQ or exam of record give information needed for current criteria?
- Did you check for issues considered within the scope of the claim or inferred issues that were brought to issue on the DBQ?
- Were all relevant sections pertaining to the condition completed?



Historical Rating Schedules Available in the Knowledge Management Portal

The screenshot shows the VA Intranet interface. At the top, it says "UNITED STATES DEPARTMENT OF VETERANS AFFAIR" and "INTRANET". Below this is a navigation bar with links for "VA Intranet Home", "About VA", "Organizations", and "Loc". A secondary navigation bar includes "Home", "My Favorites", "Suggestions", "Logout", "508 Help", and "Compensation.Pension (CPKM)". A search bar is labeled "Search Knowledge Base" with a "Search" button. The main content area displays a search result for "01) §4.117 Schedule of ratings—hemic and lymphatic systems" with an "Article ID: 554400000019118". Below the title, it lists "Topics" and provides a breadcrumb trail: "38 CFRs > Part 4 > Subpart B: §4.40 - §4.150 Disability Ratings > 10) §4.117 The Hemic and Lymphatic Systems". At the bottom of the result, there is a blue link: "Link to eCFR - §4.117 Schedule of ratings—hemic and lymphatic systems".



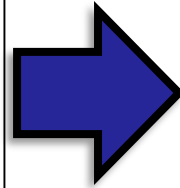
The screenshot shows a dark blue header with the word "Attachments" in white. Below the header, there is a white box containing a single bullet point: "• [Historical 4.117.pdf](#)".

Historical Rating Schedules Available in Rating Job Aids



RATING JOB AIDS - VA REFERENCES & LINKS

Each image above the shelf opens. Just click on it.



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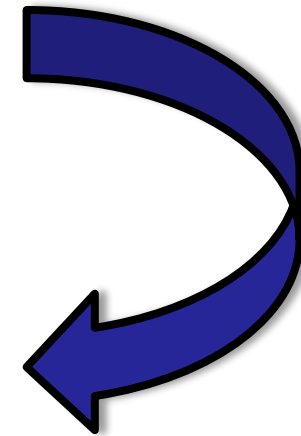
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1. **38 CFR 4.117**

History:
9/2/2019 - The Schedule for Rating Disabilities, 1919 Edition, Pg 23, 48 added





PRACTICE & EVALUATE



**Remember the hematologic and
lymphatic rating schedule
changes are effective
December 9, 2018**



Matching Game Answers

Condition	Diagnostic Code
Iron deficiency anemia	7720
Folic acid deficiency	7721
Pernicious anemia and Vitamin B12 deficiency anemia	7722
Acquired hemolytic anemia	7723
Essential thrombocytopenia and primary myelofibrosis	7718
Chronic myelogenous leukemia (CML)	7719
Multiple myeloma	7712
Solitary plasmacytoma	7724
Myelodysplastic syndromes	7725



Scenario 1

The Veteran is service connected at 10 percent for aplastic anemia from February 26, 2010. Veteran requests an increase for this condition on January 5, 2019. The DBQ and medical records show the Veteran had one infection in the past year, on September 12, 2018, and that the Veteran has been treated continuously with Neoral (an immunosuppressive drug) since October 14, 2018.

1. *Is a staged rating appropriate in this case?* **Yes**
2. *What actions and/or evaluation(s) are appropriate?* **Increase to 30 percent; increase to 60 percent**
3. *What effective date(s) is/are appropriate for the evaluation(s) assigned?* **September 12, 2018 for 30 percent; December 9, 2018 for 60 percent**



Scenario 2

The Veteran submits an original claim for service connection for chronic myelogenous leukemia on December 18, 2018, for which direct service connection can be granted. VAMC treatment records indicate the Veteran is currently undergoing chemotherapy that is scheduled to end in July 2019.

- 1. What diagnostic code is used for chronic myelogenous leukemia? **7719***
- 2. What evaluation is assigned for this Veteran? **100 percent***
- 3. Should a future examination be scheduled for the Veteran? If so, when should a routine future examination be scheduled in this case? **Yes, February 2020***



Scenario 3

The Veteran is service connected for an anorexia, from which they developed folic acid deficiency. An intent to file is received on December 30, 2018, and a claim is received on February 20, 2019. VA examination and medical records indicate the Veteran was diagnosed with the condition on July 6, 2018, and is treated with high-dose oral supplements. A positive opinion is given by the examiner, linking the folic acid deficiency to the Veteran's eating disorder.

1. *What diagnostic code would you use for folic acid deficiency?* **7721**
2. *What evaluation would you assign for this condition?* **10 percent**
3. *What effective date would you choose?* **December 30, 2018, the date the intent to file was received**



Scenario 4

Service connection for polycythemia vera at 40 percent was established on May 10, 2009. The Veteran files a claim for increase on March 26, 2019. DBQ and medical records indicate the Veteran is on continuous biologic therapy to maintain <12000 white blood cells and required one phlebotomy once in the past 12-month period.

Should the evaluation for polycythemia vera be reduced?

No, the 40 percent evaluation would be continued. (38 CFR 3.951(a))



Scenario 5

The Veteran submits a claim for chronic lymphocytic leukemia (CLL) on October 30, 2018, with treatment records showing a diagnosis of CLL since June 20, 2015. Based on the evidence of record, a grant of service connection is warranted. The claim is made ready for decision on December 12, 2018. Upon review of additional records, you find that the Veteran's CLL was staged at Rai 0 on November 27, 2018, and there are no current residuals.

1. *What evaluation would be appropriate from October 30, 2018?* **100%**
2. *Would the Veteran be entitled to Chapter 35, Dependents Educational Assistance?*
Yes
3. *What action would be taken following the change in the rating schedule, December 9, 2018?* **No action is needed.**



Scenario 6

The Veteran submits a claim for depression secondary to multiple myeloma (permanent and total evaluation since October 14, 2016) on December 15, 2018. You receive the claim January 10, 2019, for decision. Review of VAMC treatment records show the Veteran's multiple myeloma is asymptomatic and that no actual improvement in the status of the disability has been shown since the original evaluation was assigned.

*What actions, if any, should be taken on the permanent and total evaluation of multiple myeloma? **No action would be needed. (M21-1 III.iv.6.B)***



**This concludes the Introduction to Hematologic and Lymphatic Systems
Rating Schedule Changes Lesson. Thank you!**

**Questions can be sent to:
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