

Slide 1 - Slide 1

# *Veterans Benefits Administration*



*Compensation Service*

*August 2019*


## **Introduction to Infectious Diseases, Immune Disorders, and Nutritional Deficiencies Rating Schedule Changes**

### **Slide notes**

Hello again. This is Lisa Lotts with the Compensation Service Training Staff.

Today, I will be guiding you through the rating schedule changes for infectious diseases, immune disorders, and nutritional deficiencies that become effective August 11, 2019.

**Slide 2 - Objectives**



## Objectives


- Identify the changes to the rating schedule for infectious diseases, immune disorders, and nutritional deficiencies
- Determine correct evaluations and effective dates while considering historical and new evaluation criteria
- Successfully complete the infectious diseases, immune disorders, and nutritional deficiencies exercises with 80 percent accuracy

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**Slide notes**

After this lesson, you should be able to identify the changes that occurred to the rating schedule for infectious diseases, immune disorders, and nutritional deficiencies; determine the correct evaluations and effective dates, while taking into consideration the historical and new criteria; and complete the exercises with 80 percent accuracy.

**Slide 3 - References**



## References

- 38 CFR 3.105 – Revision of decisions
- 38 CFR 3.309 – Diseases subject to presumptive service connection
- 38 CFR 3.317 – Compensation for certain disabilities occurring in Persian Gulf veterans
- 38 CFR 3.400 – Effective Dates, General
- 38 CFR 4.88b – Schedule of ratings – infectious diseases, immune disorders, and nutritional deficiencies
- 38 CFR 3.951(a) – Preservation of disability ratings
- M21-1, Part III, Subpart iv, 4.E – Infectious Diseases, Immune Disorders, and Nutritional Deficiencies
- M21-1, Part III, Subpart iv, 5.C – Effective Dates
- M21-1, Part II, Subpart iv, 8.C – Protected Ratings

**August 11, 2019** is the effective date of the rating schedule change

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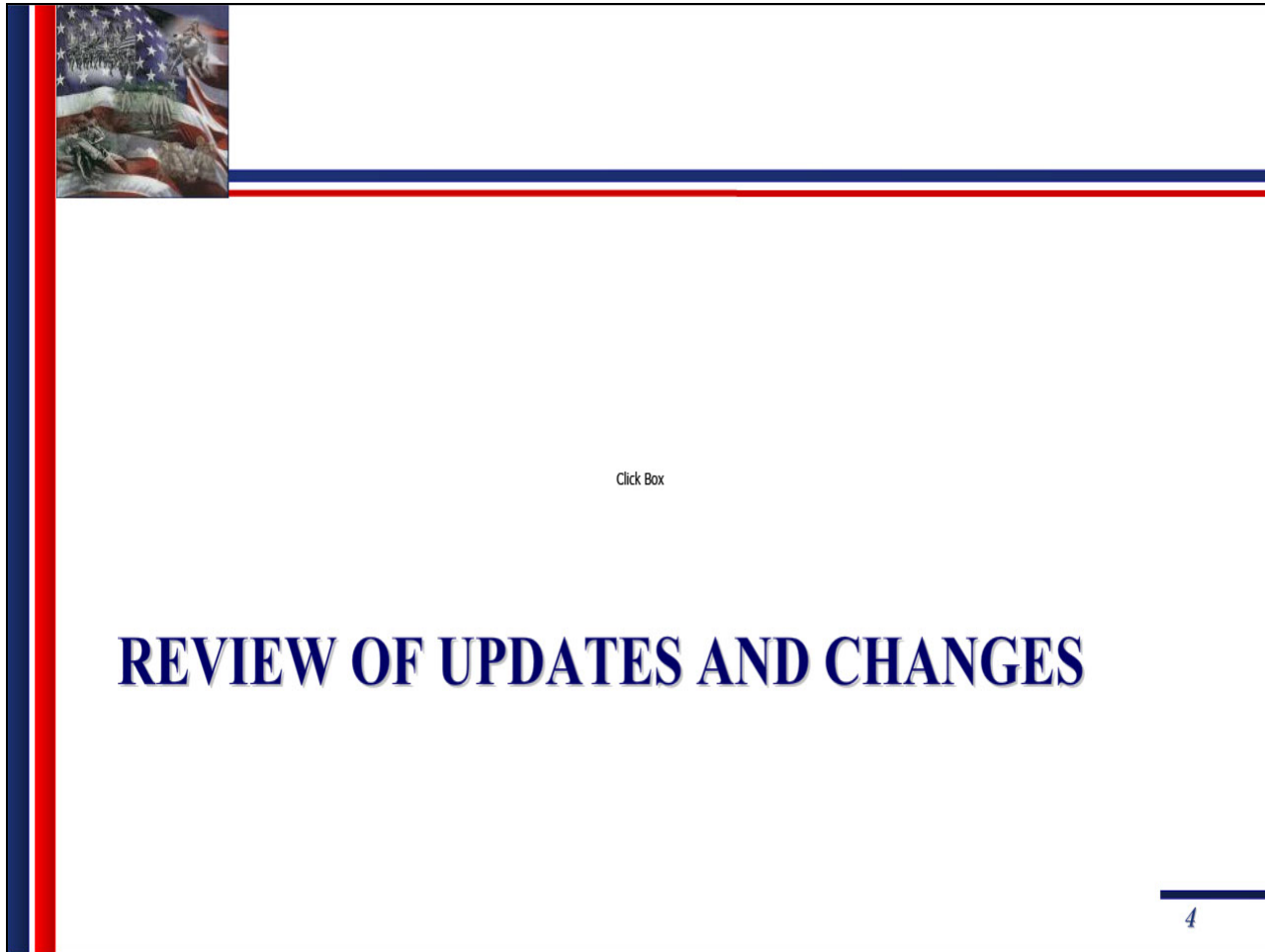
**Slide notes**

Our references, provided here, are the guiding force behind our lesson today.

Remember, the effective date of the rating schedule change for infectious diseases, immune disorders, and nutritional deficiencies is August 11, 2019.

Just like the other rating schedule changes to other body systems that were changed prior to this release, this is *not* a liberalizing change.

**Slide 4 - REVIEW OF UPDATES AND CHANGES**



The slide features a decorative border with a blue and red vertical bar on the left and a blue and red horizontal bar at the top. In the top-left corner, there is a small image of an American flag. The main content area is white and contains the text "Click Box" in the center. Below this, the title "REVIEW OF UPDATES AND CHANGES" is displayed in a large, bold, blue serif font. In the bottom-right corner, the number "4" is visible, indicating the slide number.

**Slide notes**

First, we will review the rating schedule changes for infectious diseases, immune disorders, and nutritional deficiencies.

These changes include the creation of a general rating formula,

updates to existing notes and the addition of new notes under some diagnostic codes,

and the addition of nine new diagnostic codes, many of which have been added as a result of

being considered a presumptive disease under 38 CFR 3.317(d).

We will then discuss important factors to consider while evaluating these conditions,

and lastly, you will practice what you have learned with some exercises.

**Slide 5 - §4.88b – Schedule of ratings – infectious diseases, immune disorders and nutritional deficiencies**



## §4.88b – Schedule of ratings – infectious diseases, immune disorders and nutritional deficiencies

➤ Note added to top of regulation for infectious diseases:

- Note for Infectious Diseases: Rate any residual disability of infection within the appropriate body system as indicated by the notes in the evaluation criteria. As applicable, consider the long-term health effects potentially associated with infectious diseases as listed in § 3.317(d), specifically Brucellosis, Click Box Campylobacter jejuni, Coxiella burnetii (Q fever), Malaria, Mycobacterium Tuberculosis, Nontyphoid Salmonella, Shigella, Visceral Leishmaniasis, and West Nile virus.

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**Slide notes**

A new note has been added to the top of 38 CFR 4.88b.


This note reminds decision makers to rate any residual disability of infection

within the appropriate body system, as indicated by the notes in the evaluation criteria.

It further states to consider the long term health effects potentially associated with infectious diseases,

as listed in 38 CFR 3.317(d), with each disease in that section listed.

Slide 6 - §4.88b – Schedule of ratings – infectious diseases, immune disorders and nutritional deficiencies



## §4.88b – Schedule of ratings – infectious diseases, immune disorders and nutritional deficiencies

➤ Added general rating formula (GRF) for infectious diseases:

General rating formula for infectious diseases	
For active disease	100
After active disease has resolved, rate at 0 percent for infection. Rate any residual disability of infection within the appropriate body system. <small>Click Box</small>	

- “Active” disease of variable length, depending on specific disease
- Evaluate disease at 0 percent when becomes inactive and rate residuals under appropriate body system
- Refer to “Note” under diagnostic code for possible residual disability of infection for that disease

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**Slide notes**

A general rating formula for infectious diseases has been created.

The addition of the general rating formula does not substantively change the current evaluation criteria so much as their organization.

The general rating formula is simply to promote and ensure consistency in rating these conditions.

An evaluation of 100 percent is assigned when the disease is active, or in the active disease phase, which is the time between the disease onset and resolution or stabilization.

The onset of the active phase will vary depending on the incubation period of the disease or infection.

Additionally, the length of the active phase will vary depending on the specific disease.

In most cases, this period averages six to eight weeks, but in some cases this period could be longer.

Thereafter, a noncompensable, or 0 percent evaluation is assigned for the disease

and residuals are to be evaluated under the appropriate body system.

The notes under each diagnostic code that is evaluated under the general rating formula identifies the most common residuals associated with the disease.

This list is not exhaustive and is written as such.


The existing diagnostic codes that will now be evaluated under the general rating formula had instruction to rate residuals under the appropriate body system with a few examples.

This instruction to rate residuals under the appropriate body system has been replaced with a note.

This is a consistent change throughout the diagnostic codes that are to now be evaluated under the general rating formula.

Each diagnostic code that is evaluated under the general rating formula will be discussed individually throughout this lesson.

Slide 7 - Diagnostic code 6300



## Diagnostic code 6300

- Name change from “Cholera, Asiatic” to “Vibriosis (Cholera, Non-cholera)”
- Updated evaluation criteria
- Added note

Click Box

**6300 Vibriosis (Cholera, Non-cholera)**

Evaluate under the General Rating Formula

Note: Rate residuals of cholera and non-cholera *Vibrio* infections, such as renal failure, skin, and musculoskeletal conditions, within the appropriate body system.

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**Slide notes**

Diagnostic code 6300 has undergone a name change from “cholera, Asiatic” to “Vibriosis (Cholera, Non-cholera).”


This change is to reflect the total array of diseases caused by the *Vibrio* species, not just the toxigenic strains of *Vibrio cholerae*.

The three-month convalescent period has been removed, and this disease is now evaluated under the general rating formula.

Thereafter, residual disabilities such as renal failure, skin, and musculoskeletal conditions are to be evaluated under the appropriate body system.



Slide 8 - Diagnostic code 6301



## Diagnostic code 6301

- Updated language for 100 percent evaluation
- Updated existing note and added note

<b>6301 Visceral leishmaniasis</b>		
As active disease	Click Box	100
Note 1: Continue a 100 percent evaluation beyond the cessation of treatment for active disease. Six months after discontinuance of such treatment, determine the appropriate disability rating 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. Thereafter, rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, liver damage, and bone marrow disease.		
Note 2: Confirm the recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing.		

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**Slide notes**

Visceral leishmaniasis, diagnostic code 6301, has updated language for the 100 percent evaluation

from “during treatment for active phase” to “as active disease.”


The fourth sentence of the existing note was updated to expand the list of potential residual disabilities of the disease.

These residuals include, but are not limited to, liver damage, and bone marrow disease.

A second note was added the indicates that the recurrence of active infection is confirmed by culture,

histopathology, or other diagnostic laboratory testing.

Slide 9 - Diagnostic code 6302



## Diagnostic code 6302

➤ Updated existing note


<b>Leprosy (Hansen's disease)</b>	
As active disease	100
Note: Continue a 100 percent evaluation beyond the cessation of treatment for active disease. Six months after discontinuance of such treatment, determine the appropriate disability rating 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. Thereafter, rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, skin lesions, peripheral neuropathy, or amputations.	

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**Slide notes**

Leprosy, or Hansen's disease, evaluated under diagnostic code 6302, has added amputations to the list of potential residual disabilities for the disease. This addition is because the neurologic impairment in leprosy involves sensory and motor deficits or loss in the extremities that may lead to auto-amputation.

**Slide 10 - Diagnostic code 6304**



## Diagnostic code 6304

- Updated evaluation criteria
- Updated existing note and added new note

**6304 Malaria**

Evaluate under the General Rating Formula Click Box

Note 1: The diagnosis of malaria, both initially and during relapse, depends on the identification of the malarial parasites in blood smears or other specific diagnostic laboratory tests such as antigen detection, immunologic (immunochromatographic) tests, and molecular testing such as polymerase chain reaction tests.

Note 2: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, liver or splenic damage, and central nervous system conditions.

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**Slide notes**


Malaria, under diagnostic code 6304, is now evaluated under the general rating formula.

The first note was updated to include the diagnostic laboratory testing required for an initial diagnosis, as well as a relapse of the condition.

The second note for common residual disabilities was added.

Residuals of malaria include, but are not limited to, liver or splenic damage, and central nervous system conditions.

Slide 11 - Diagnostic code 6305



## Diagnostic code 6305

- Name change from “lymphatic filariasis” to “lymphatic filariasis, to include elephantiasis”
- Updated evaluation criteria
- Added note

Click Box

**6305 Lymphatic filariasis, to include elephantiasis**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, epididymitis, lymphangitis, lymphatic obstruction, or lymphedema affecting extremities, genitals, and/or breasts.

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**Slide notes**

Diagnostic code 6305 has undergone a name change from “lymphatic filariasis”

to “lymphatic filariasis, to include elephantiasis,” as this is another name


commonly associated with the chronic form of this condition.

This condition is now evaluated under the general rating formula.

The common residual disabilities listed in the note for this condition include, but are not limited to epididymitis,

lymphangitis, lymphatic obstruction, or lymphedema affecting extremities, genitals, and/or breasts.

Slide 12 - Diagnostic code 6306 and 6307



## Diagnostic code 6306 and 6307

- Updated evaluation criteria
- Added note

**6306 Bartonellosis**

Evaluate under the General Rating Formula Click Box

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, endocarditis or skin lesions.

**6307 Plague**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection.

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**Slide notes**

Bartonellosis and plague, under diagnostic codes 6306 and 6307, respectively,

are to now be evaluated under the general rating formula


The three month convalescent period for Bartonellosis has been removed.

Endocarditis has been added as a common residual disability to the note for diagnostic code 6306.

The common residual disabilities for plague has been updated

to include any residual disability of infection under the appropriate body system.

**Slide 13 - Diagnostic code 6308 and 6309**



## Diagnostic code 6308 and 6309

- Updated evaluation criteria
- Added note

**6308 Relapsing fever**

Evaluate under the General Rating Formula Click Box

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, liver or spleen damage, iritis, uveitis, or central nervous system involvement.

**6309 Rheumatic fever**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, heart damage.

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**Slide notes**

Relapsing fever and rheumatic fever, under diagnostic codes 6308 and 6309, respectively,

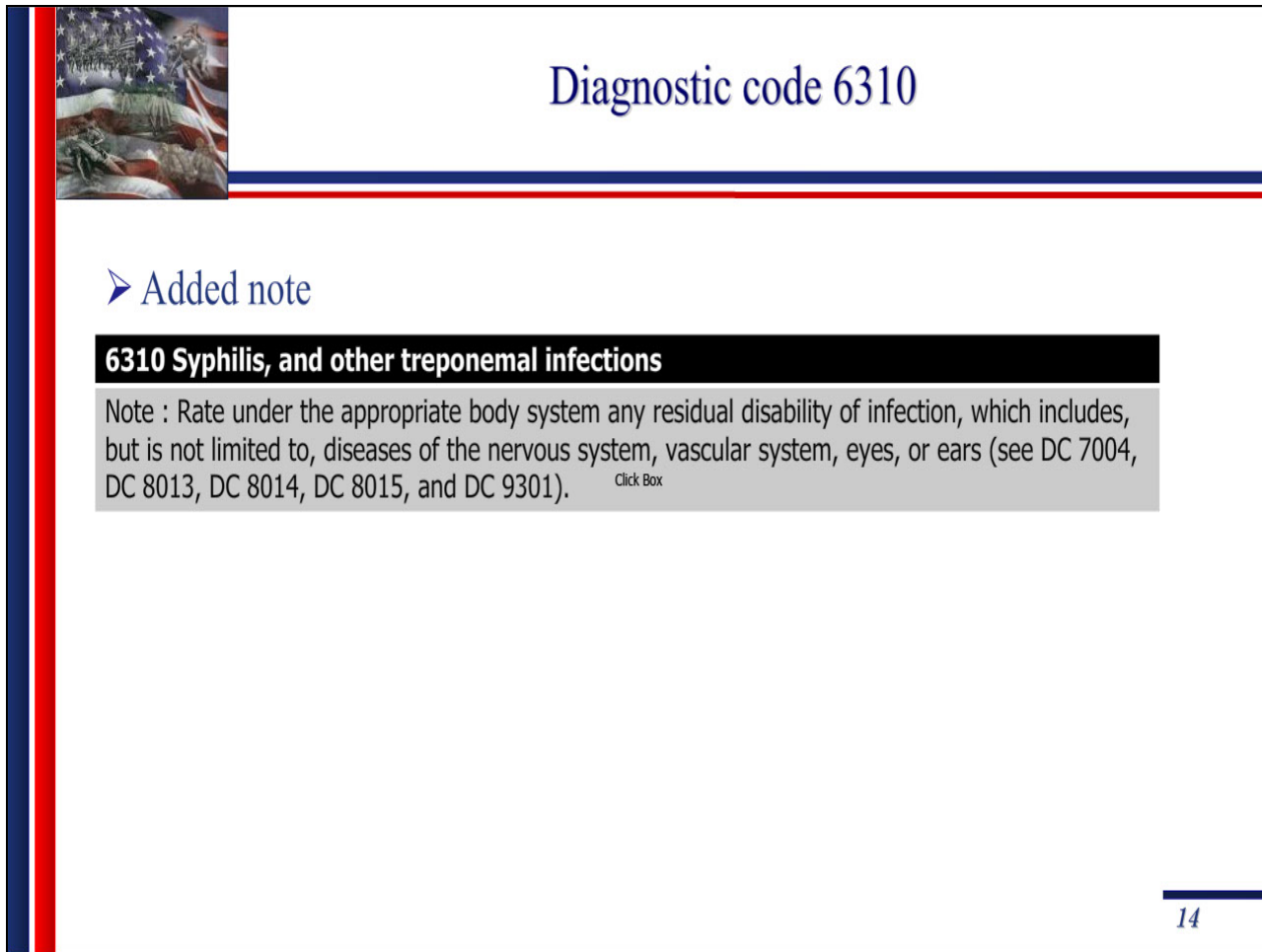
are to now be evaluated under the general rating formula.

The note for relapsing fever, under diagnostic code 6308 was updated to include, but not be limited to,

the following residual disabilities - liver or spleen damage, iritis, uveitis, or central nervous system involvement.

The existing note for rheumatic fever residuals remains substantively unchanged.

**Slide 14 - Diagnostic code 6310**

The slide features a decorative header with an American flag graphic on the left and the title "Diagnostic code 6310" in blue text. Below the title is a blue and red horizontal bar. A blue arrow icon points to the text "Added note". A black box contains the text "6310 Syphilis, and other treponemal infections". Below this, a grey box contains a note about rating residuals, with a "Click Box" label. The slide number "14" is in the bottom right corner.

**Diagnostic code 6310**

➤ Added note

**6310 Syphilis, and other treponemal infections**

Note : Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, diseases of the nervous system, vascular system, eyes, or ears (see DC 7004, DC 8013, DC 8014, DC 8015, and DC 9301). Click Box

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**Slide notes**


A note was added to diagnostic code 6310 for syphilis, and other treponemal infections.

The specific names associated with each diagnostic code identified in the text have been removed because future reviews of the rating schedule may retitile them.

As a result, the body systems associated with the potential residuals were listed in their place.

As an example, a common residual of syphilis is syphilitic heart disease, which at present time, would be evaluated under diagnostic code 7004.

Slide 15 - Diagnostic code 6311



## Diagnostic code 6311

➤ Added two notes

<b>6311 Tuberculosis, miliary</b>	
As active disease	100
Inactive disease: See §§ 4.88c and 4.89.	
<small>Click Box</small>	
Note 1: Confirm the recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing.	
Note 2: Rate under the appropriate body system any residual disability of infection which includes, but is not limited to, skin conditions and conditions of the respiratory, central nervous, musculoskeletal, ocular, gastrointestinal, and genitourinary systems and those residuals listed in §4.88c of this chapter.	

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**Slide notes**


Two notes have been added to diagnostic code 6311 for tuberculosis, miliary.

The first note requires the confirmation of recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing.

The second note lists residual disabilities for this condition, including, but not limited to, skin conditions and conditions of the respiratory, central nervous, musculoskeletal, ocular, gastrointestinal, and genitourinary systems, and those residuals listed in 38 CFR 4.88c.



Slide 16 - Diagnostic code 6312



## Diagnostic code 6312

➤ New diagnostic code

<b>6312 Nontuberculosis mycobacterial infection</b>	
As active disease	100
Note 1: Continue the rating of 100 percent for the duration of treatment for active disease followed by a mandatory VA exam. If there is no relapse, rate on residuals. 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: Confirm the recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing.	
Note 3: Rate under the appropriate body system any residual disability of infection which includes, but is not limited to, skin conditions and conditions of the respiratory, central nervous, musculoskeletal, ocular, gastrointestinal, and genitourinary systems and those residuals listed in §4.88c of this chapter.	

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**Slide notes**

Diagnostic code 6312 is a new diagnostic code that has been added to the rating schedule.

This diagnostic code is for nontuberculosis mycobacterial infection,

which is a lung infection that occurs when a person inhales the organism from the environment.

According to the American Lung Association, nontuberculosis mycobacteria or NTM,

are naturally-occurring organisms found in the water and soil.

Most people do not become ill, but for some susceptible individuals,

for example those with a suppressed immune system, a slowly progressive and destructive disease can occur.

Symptoms of NTM infections include cough, coughing up blood, shortness of breath when active, fatigue, and weight loss.

NTMs are relatively resistant to antibiotics, so effective treatment requires a combination of two or three drugs,

depending on the species involved and the severity of the infection.

Treatment continues until the respiratory culture results have been negative for at least 12 months.

In severe cases, surgical removal of the damaged areas of the lung may be required.

As an active disease, this condition is evaluated at 100 percent.

Note 1 indicates that the 100 percent evaluation is continued for the duration of treatment

for active disease followed by a mandatory VA examination.

If there is no relapse, rate on residuals.

Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of 38 CFR 3.105(e).

Note 2 requires the confirmation of recurrence of active infection by culture,


histopathology, or other diagnostic laboratory testing.

Finally, note 3 lists potential residual disabilities, which include, but are not limited to,

skin conditions and conditions of the respiratory, central nervous, musculoskeletal, ocular,

gastrointestinal, and genitourinary systems, and those residuals listed in 38 CFR 4.88c.

**Slide 17 - Diagnostic code 6316**



## Diagnostic code 6316

- Updated evaluation criteria
- Added two notes

**6316 Brucellosis**

Evaluate under the General Rating Formula Click Box

Note 1: Culture, serologic testing, or both must confirm the initial diagnosis and recurrence of active infection.

Note 2: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, meningitis, liver, spleen and musculoskeletal conditions.

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**Slide notes**

Brucellosis, diagnostic code 6316, is now evaluated under the general rating formula.

While this condition can easily be treated with antibiotics,


if left untreated the condition can become chronic and leave significant residuals.

The initial diagnosis and recurrence of active infection must be confirmed by

culture, serologic testing, or both, as specified in note 1.

Musculoskeletal conditions has been added to the existing list of residual disabilities under note 2.

Slide 18 - Diagnostic code 6317



## Diagnostic code 6317

- Name change from “typhus, scrub” to “Rickettsial, ehrlichial, and *Anaplasma* infections”
- Updated evaluation criteria
- Added two notes

Click Box

**6317 Rickettsial, ehrlichial, and *Anaplasma* infections**

Evaluate under the General Rating Formula

Note 1: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, bone marrow, spleen, central nervous system, and skin conditions.

Note 2: This diagnostic code includes, but is not limited to, scrub typhus, Rickettsial pox, African tick-borne fever, Rocky Mountain spotted fever, ehrlichiosis, or anaplasmosis.

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**Slide notes**

Diagnostic code 6317 has undergone a name change from “typhus, scrub” to “Rickettsial, ehrlichial, and *Anaplasma* infections.”

This change is to encompass all forms of rickettsial and similar ehrlichial and *Anaplasma* infections.

The three-month convalescent period has been removed, and this disease is now evaluated under the general rating formula.


Thereafter, the residual disability of infection, which includes, but is not limited to, bone marrow, spleen, central nervous system, and skin conditions are to be evaluated under the appropriate body system, as specified in note 1.

The second note lists other rickettsial infections, including infections by *Ehrlichia* and *Anaplasma* species that can be considered under this diagnostic code.

This list includes, but is not limited to scrub typhus, Rickettsial pox, African tick-borne fever, Rocky Mountain spotted fever, ehrlichiosis, or anaplasmosis.



**Slide 19 - Diagnostic code 6318**



## Diagnostic code 6318

- Updated evaluation criteria
- Added two notes

**6318 Melioidosis**

Evaluate under the General Rating Formula Click Box

Note 1: Confirm by culture or other specific diagnostic laboratory tests the initial diagnosis and any relapse or chronic activity of infection.

Note 2: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, arthritis, lung lesions, or meningitis.

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**Slide notes**

Melioidosis, diagnostic code 6318, is now evaluated under the general rating formula.

The initial diagnosis and any relapse or chronic activity of infection is confirmed by culture or other specific diagnostic laboratory tests, as stated in the first note.

The list of residual disabilities remains unchanged and are found under note 2.

**Slide 20 - Diagnostic code 6319**



## Diagnostic code 6319

- Updated evaluation criteria
- Added note

**6319 Lyme disease**

Evaluate under the General Rating Formula

Click Box

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, arthritis, Bell's palsy, radiculopathy, ocular, or cognitive dysfunction.


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**Slide notes**

Lyme disease, diagnostic code 6319, is now evaluated under the general rating formula.

The list of residual disabilities has been expanded to include, but not be limited to, arthritis, Bell's palsy, radiculopathy, ocular, or cognitive dysfunction.

Slide 21 - Diagnostic code 6320



## Diagnostic code 6320

- Updated evaluation criteria
- Added note

**6320 Parasitic diseases otherwise not specified**

Evaluate under the General Rating Formula

Click Box

Note: Rate under the appropriate body system any residual disability of infection.

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Slide notes

Parasitic diseases, not otherwise specified, under diagnostic code 6320 is now evaluated under the general rating formula.

The list of residual disabilities has been modified to account for any residual disability of infection.



Slide 22 - Diagnostic code 6325



## Diagnostic code 6325

- New diagnostic code
- Infectious parasitic disease caused by larvae of roundworms found in contaminated soil
  - Transmitted by skin contact with contaminated soil

6325 Hyperinfection syndrome or disseminated strongyloidiasis	
As active disease	100

Note: Continue the rating of 100 percent through active disease followed by a mandatory VA exam. If there is no relapse, rate on residual disability. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

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**Slide notes**

As mentioned at the beginning of this lesson, there are nine new diagnostic codes.

You have already been introduced to diagnostic code 6312 for nontuberculosis mycobacterial infection.

You will now be introduced to the remaining eight new diagnostic codes.

While many of the conditions added to the rating schedule are treatable and resolve with no residual symptoms, there are rare cases in which the condition results in long term adverse effects.

Diagnostic code 6325 has been added for hyperinfection syndrome and disseminated strongyloidiasis.

This is an infection caused by Strongyloides parasites, or worms,

that is usually associated with damage to the immune system, use of steroid medications, or malnutrition.

Symptoms of the disease are a result of the parasite's larval form migrating through various organs of the body.

For example, there may be gastrointestinal, pulmonary, neurologic, systemic, or cutaneous manifestations.


This condition is treated with anti-parasitic medication.

This disease is to be evaluated at 100 percent through active disease, followed by a mandatory VA exam.

If there has been no relapse, rate on residual disability.

Any change in evaluation shall be subject to the provisions of 38 CFR 3.105(e).

Slide 23 - Diagnostic code 6326



## Diagnostic code 6326

- New diagnostic code
- Infectious parasitic disease caused by flatworms found in contaminated freshwater
  - Transmitted by skin contact with contaminated water

6326 Schistosomiasis	
As acute or asymptomatic chronic disease	0

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, conditions of the liver, intestinal system, female genital tract, genitourinary tract, or central nervous system.

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**Slide notes**

Diagnostic code 6326 has been added for schistosomiasis, a tropical parasitic disease caused by the larvae of flatworms.

This disease is contracted through direct contact with fresh water that is infested with the parasite known as cercariae.

Symptoms can include fever, aching, cough, diarrhea, or gland enlargement.

Other symptoms may present if the eggs become lodged somewhere in the body,

such as the intestinal wall or urinary tract.


This condition is treated with anti-parasitic medication.

This condition is assigned a noncompensable evaluation when it is an acute or an asymptomatic chronic disease,

with residual disability being evaluated under the appropriate body system.



Slide 24 - Diagnostic code 6329



## Diagnostic code 6329

- New diagnostic code
- Viral infection transmitted by infected mosquito

**6329 Hemorrhagic fevers, including dengue, yellow fever, and others**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, conditions of the central nervous system, liver, or kidney.

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**Slide notes**

Diagnostic code 6329 has been added for hemorrhagic fevers, including dengue, yellow fever, and others.

These conditions are viral infections transmitted by mosquitoes.

Early treatment improves survival rates.


While there is no specific anti-viral drug to treat these conditions,

treating dehydration and liver and kidney system failures is critical to survival.

This condition is evaluated under the general rating formula,

and residual disabilities are rated under the appropriate body system.

Slide 25 - Diagnostic code 6330



## Diagnostic code 6330

- New diagnostic code
- Infectious disease caused by bacteria
  - Most common cause enteritis (food poisoning)
  - Caused by consuming raw/undercooked poultry, unpasteurized milk, or contaminated water

Click Box

**6330 *Campylobacter jejuni* infection**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, Guillain-Barre syndrome, reactive arthritis, or uveitis.

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**Slide notes**

Diagnostic code 6330 has been added for *Campylobacter jejuni* infection, which is an infectious disease caused by bacteria.

This bacterium is one of the most common causes of food poisoning and can result from eating raw or undercooked poultry, having contact with contaminated water, or animals, or drinking raw or unpasteurized milk.

Symptoms include diarrhea, fever, abdominal cramps, and sometimes nausea or vomiting.

Most individuals who become infected with this disease can recover without specific treatment.

Antibiotics may be used to treat severe cases.

The infection rarely results in long-term consequences.

However, some studies estimate 5-20 percent of people will develop irritable bowel syndrome for a limited time,

and 1-5 percent develop arthritis.


About 1 in every 1000 infections lead to Guillain-Barre syndrome

This condition is evaluated under the general rating formula.

Thereafter, it is evaluated on residual disability, including but not limited to,

Guillain-Barre syndrome, reactive arthritis, or uveitis.

Slide 26 - Diagnostic code 6331



## Diagnostic code 6331

- New diagnostic code
- Infectious disease caused by bacteria
  - Transmitted by direct contact with, or breathing in bacteria found in contaminated/infected dust from birth products, urine, feces, and milk

**6331 *Coxiella burnetii* infection (Q fever)**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, chronic hepatitis, endocarditis, osteomyelitis, post Q-fever chronic fatigue syndrome, or vascular infections.

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**Slide notes**

Diagnostic code 6331 has been added for *Coxiella burnetii* infection, or Q fever.

This infection is caused by physical contact with, or breathing in dust, that has been contaminated by, infected animal feces, urine, birth products, and milk that contain the bacterium.

Symptoms include flu-like symptoms of fever, chills, fatigue, and muscle pain.

Many people recover without specific treatment; however, some are treated with antibiotics.


This condition is evaluated under the general rating formula.

Thereafter, it is evaluated on residual disability, including but not limited to, chronic hepatitis, endocarditis, osteomyelitis, post Q-fever chronic fatigue syndrome, or vascular infections.





Slide 27 - Diagnostic code 6333



## Diagnostic code 6333

- New diagnostic code
- Infectious disease caused by bacteria
  - Most common bacterial pathogen causing gastrointestinal infection (food poisoning), caused by:
    - Contaminated meat, poultry, raw milk, eggs, egg products, and water
  - Also caused by direct and indirect contact with many species of animals, to include:
    - Reptiles such as turtles, lizards and snakes
    - Amphibians such as frogs and salamanders

**6333 Nontyphoid *Salmonella* infections**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, reactive arthritis.

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**Slide notes**

Diagnostic code 6333 has been added for nontyphoid *Salmonella* infections, which is an infectious disease caused by bacteria.

This bacterium is another common cause of food poisoning and can result from consumption of contaminated food of animal origin and vegetables contaminated by manure.

It can also be caused by direct or indirect contact with many species of animals.

Person-to-person transmission can also occur through the fecal-oral route.

Symptoms include fever, abdominal pain, diarrhea, nausea, and sometimes vomiting.


This condition usually resolves on its own, but severe cases can be treated with anti-microbials.

This condition is evaluated under the general rating formula.

Thereafter, it is evaluated on residual disability, including but not limited to, reactive arthritis.



Slide 28 - Diagnostic code 6334



## Diagnostic code 6334

- New diagnostic code
- Infectious disease caused by bacteria
  - Common cause of gastroenteritis
  - Transmitted directly and indirectly
    - Fecal-oral route
    - Contaminated food

Click Box

**6334 *Shigella* infections**

Evaluate under the General Rating Formula

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, hemolytic-uremic syndrome or reactive arthritis.

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**Slide notes**

Diagnostic code 6334 has been added for *Shigella* infections, which is an infectious disease cause by a group of bacteria called *Shigella* and is usually transmitted because of poor hygiene practice or swallowing water infected by the bacteria.


Symptoms include diarrhea, fever, and stomach cramps.

This condition usually resolves on its own, but severe cases can be treated with antibiotics.

This condition is evaluated under the general rating formula.

Thereafter, it is evaluated on residual disability, including, but not limited to, hemolytic-uremic syndrome or reactive arthritis.

Slide 29 - Diagnostic code 6335



## Diagnostic code 6335

- New diagnostic code
- Viral infection transmitted by mosquitos

**6335 West Nile virus infection**

Evaluate under the General Rating Formula

Click Box

Note: Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, variable physical, functional, or cognitive disabilities.

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**Slide notes**

Diagnostic code 6335 has been added for West Nile virus infections, which is a mosquito-borne viral disease.

Symptoms include fever, headaches, body aches, joint pain, vomiting, diarrhea, or rash.

There is no specific treatment for this condition, however symptoms can usually be treated.


This condition is evaluated under the general rating formula.

Thereafter, it is evaluated on residual disability, including, but not limited to, variable physical, functional, or cognitive disabilities.

This concludes the introduction of the new diagnostic codes for infectious diseases.

We will now continue with the remaining changes for this section.

Slide 30 - Diagnostic code 6351



## Diagnostic code 6351

- HIV-related illness
- Updated 10, 30 and 100 percent evaluation criteria
  - 10 percent
    - Modified language
    - Punctuation update to expand evaluation requirements
  - 30 percent
    - Removed hairy cell leukoplakia and oral candidiasis
  - 100 percent
    - Removed reference to “remissions”
- Updated two existing notes
  - Note 1 – added regimens to definition of “approved medications”
  - Note 2 – modified language regarding “overlapping symptoms”
- Added Note 3 – list of possible opportunistic infections that may occur

30

**Slide notes**

Diagnostic code 6351 for HIV-related illness has been updated.

The noncompensable, or 0 percent evaluation is not changed.

For the 10 percent evaluation, the phrase “definite medical symptoms” has been replaced with “HIV-related constitutional symptoms” to provide clarification.

In addition, a semi-colon replaced the word “and” between “T4 cell of 200 or more and less than 500” and “on approved medication(s)” indicating that only one of those conditions needs to occur in order to assign a 10 percent evaluation.

The 30 percent evaluation criteria removed the conditions of hairy cell leukoplakia, as it is no longer a clinical marker of HIV; and oral candidiasis, as the incidence of this condition has reduced because of the use of anti-retroviral medications.

The 60 percent evaluation criteria remains the same.


For the 100 percent evaluation, the reference for “remissions” has been removed as AIDS is a chronic condition and the diagnosis continues regardless of improvements in the person’s condition.

Note 1 has added “treatment regimens” to the definition of “approved medications,” because research protocols use not only new medications, but also new regimens for already FDA approved medications.

Note 2 has replaced the term “psychiatric manifestations” with “diagnosed psychiatric manifestations” as some Veterans may exhibit psychiatric symptoms that do not rise to the level of a diagnosed disability, and these symptoms are more appropriately rated under DC 6351 as 10 percent disabling.

A new note, note 3, has been added to more clearly define opportunistic infections, which is referenced in the 60 and 100 percent evaluations.

**Slide 31 - Diagnostic code 6354**



## Diagnostic code 6354

- Chronic fatigue syndrome (CFS)
- Updated existing note language defining incapacitation for consistency purposes
  - Note: For the purposes of evaluating this disability, incapacitation exists only when a licensed physician prescribes bed rest and treatment.

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**Slide notes**

For chronic fatigue syndrome, diagnostic code 6354, the language in the existing notes

has undergone a minor update to more clearly define incapacitation.


The new note now reads as: “For the purposes of evaluating this disability,

incapacitation exists only when a licensed physician prescribes bed rest and treatment.”

The evaluation criteria itself remains the same.



**Slide 32 - No change to the following regulations or DCs**



## No change to the following regulations or DCs

➤ The following regulations and diagnostic codes have undergone **no changes** with this update:

- §4.88a
- §4.88c
- §4.89
- 6313 – Avitaminosis
- 6314 – Beriberi
- 6315 – Pellagra
- 6350 – Lupus erythematosus, systemic (disseminated)

Click Box

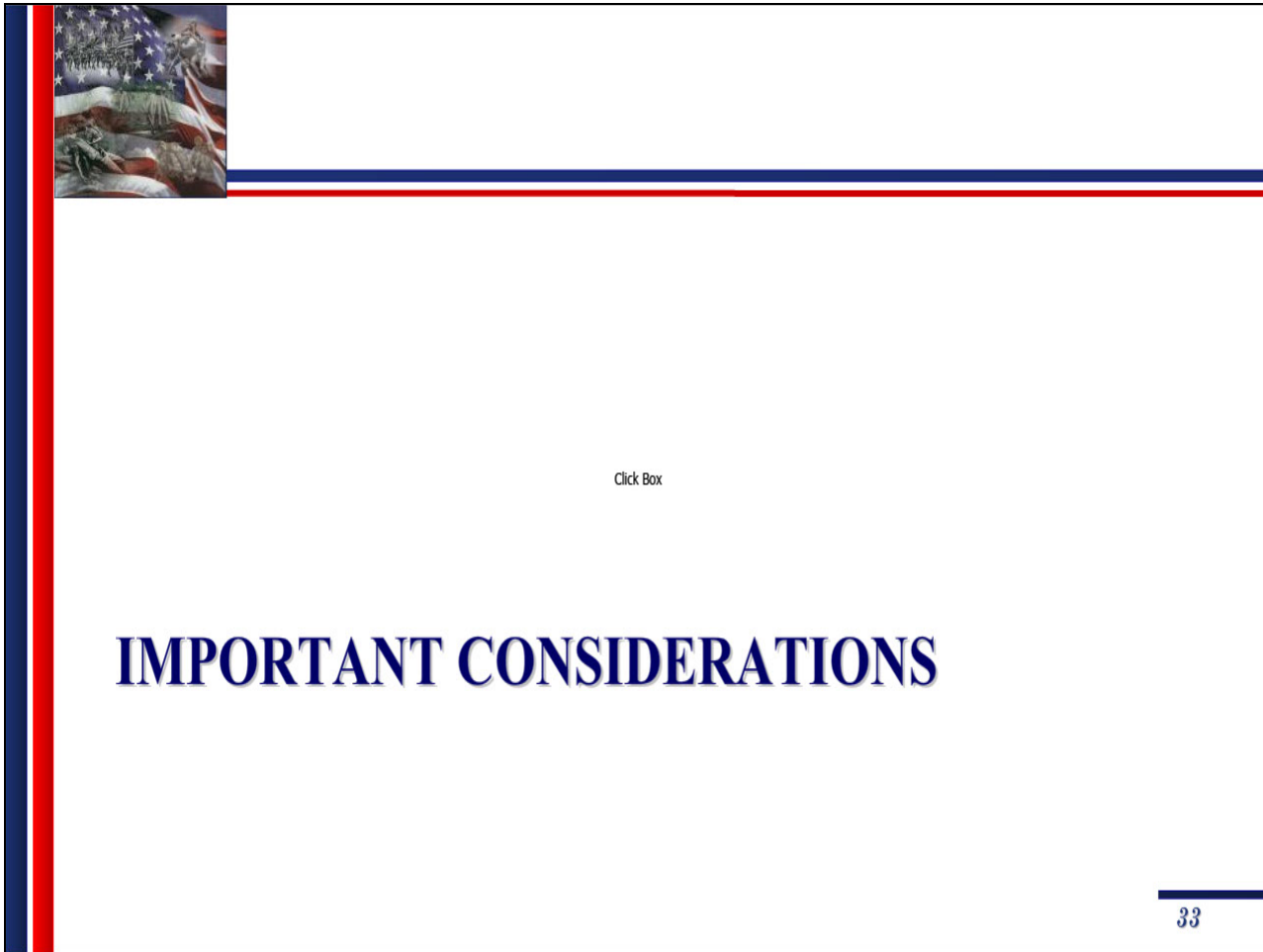
32

**Slide notes**

There has been no change to the following regulations or diagnostic codes:

38 CFR 4.88a, 4.88c, and 4.89; diagnostic codes 6313, 6314, 6315, and 6350.

**Slide 33 - IMPORTANT CONSIDERATIONS**



Click Box

# IMPORTANT CONSIDERATIONS

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**Slide notes**

Now that we have covered the changes for the rating schedule as it pertains to

infectious diseases, immune disorders, and nutritional deficiencies,

let's discuss important considerations you must bear in mind when evaluating these disabilities.

**Slide 34 - Which Criteria Apply?**



## Which Criteria Apply?

- What date did the claim come in (before or after the change on August 11, 2019)?
- Is there an intent to file (ITF) to consider?
- Does the Veteran warrant a higher evaluation under historical criteria (if claim received prior to change)?
- Do they qualify for an increase under the new criteria? Click Box
- 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?
- For more information, please reference 38 CFR 3.400 and M21-1 III.iv.5.C

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**Slide notes**

For the first few years after a change in the rating schedule, it is important to consider which criteria applies.

When determining the effective date, consider the date the claim was received, whether there is an intent to file to consider, or whether the medical evidence of record shows an ascertainable increase that would warrant an earlier effective date.

If your effective date is prior to the change in the rating schedule, whether for a new claim or a claim for increase, your evaluation must be based on the historical criteria.

If the effective date is after the change in the rating schedule, for a new claim or a claim for increase, the evaluation must be based on the new criteria.

Depending on the date you receive the claim to rate and your effective date, a staged rating may be necessary to reflect the appropriate evaluations based on the historical and new rating schedule.

If a Veteran was previously service connected under the historic criteria,

we cannot reduce the evaluation based on a change in the rating schedule, unless the symptoms have actually improved.

As a reminder, this change in the rating schedule is **not** a liberalizing change.

Liberalizing change is essentially a law that allows for a grant of benefit that was not allowed before.

Changes to the infectious diseases, immune disorders and nutritional deficiencies rating schedule,

only adjust the way evaluations are assigned, and do **not** qualify as liberalizing.

So 38 CFR 3.114a, in conjunction with the rating schedule change,

cannot be used to support a potential earlier effective date for an infectious disease, immune disorder, or nutritional deficiency.

That said, general effective date rules must be considered.

Keep in mind when the claim was received or if an intent to file was received,

review the evidence of record to determine whether an ascertainable increase is shown by the medical evidence,

and think critically as you assign your effective date.

**Slide 35 - Disability Benefits Questionnaire (DBQ)**

The slide features a title "Disability Benefits Questionnaire (DBQ)" in blue serif font at the top center. To the left of the title is a small image of the American flag. Below the title, there are two bullet points in blue serif font: "➤ The number of DBQs for these conditions remained the same" and "➤ The Systemic lupus erythematosus DBQ can now be found under the Rheumatologic section of the DBQ Switchboard". In the center of the slide, there is a small text label "Click Box". At the bottom right corner, the number "35" is displayed in blue. The slide is framed by a blue and red border on the left and bottom.


**Slide notes**

While the information on the Disability Benefits Questionnaires, or DBQs, has been updated to reflect the changes in the rating schedule, the number of DBQs for infectious diseases, immune disorders, and nutritional deficiencies remains the same.

The only other change would be on the DBQ switchboard,

where the DBQ for systemic lupus erythematosus has been moved under the rheumatological section.

**Slide 36 - Historical Rating Schedule**



## Historical Rating Schedule

- Locate the historical rating schedules:
  - eCFR accessed through the Knowledge Management Portal
  - Regulation Citator found on Job Aids page
  - Medical EPSS Click Box
  - Search functionality in eCFR accessed through Compensation Service Intranet Home Page
- Refer to the Job Aid in this lesson for specific instructions of each option.

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**Slide notes**

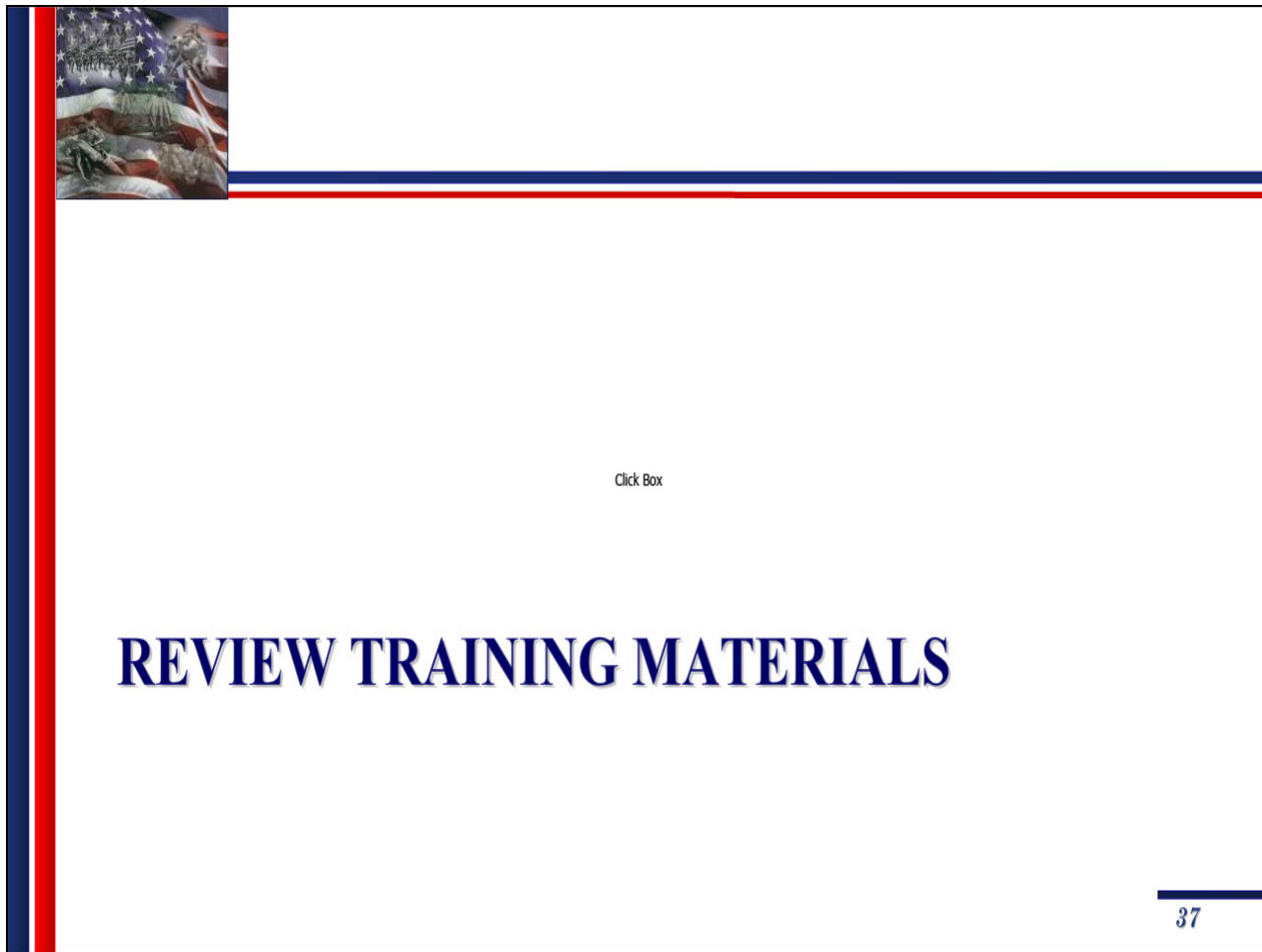
As mentioned, during the first few years after a change in rating schedule, it is important to consider which criteria applies.

Therefore, it is critical to know where to find the historical rating schedule.

The historical rating schedule can be found in a few different locations.

Please refer to the Job Aid in this lesson for specific instructions on how to locate the historical rating schedule for each method.

**Slide 37 - PRACTICE & EVALUATE**

The slide features a decorative border on the left side with vertical blue and red stripes. In the top-left corner, there is a small image of the American flag. A horizontal blue and red stripe runs across the top of the slide. In the center, the text "Click Box" is displayed. Below this, the main heading "REVIEW TRAINING MATERIALS" is written in a large, bold, blue serif font. In the bottom-right corner, the number "37" is displayed in a blue serif font.

**Slide notes**

We are now finished with the instructor led portion of this training.

Now take some time to review the included handouts and job aids.

When you are ready, continue to the quiz portion of this lesson.

and we have reminded you of some important considerations, let's work through some exercises for practical application.

Remember, the effective date of the rating schedule change for infectious diseases, immune disorders, and nutritional deficiencies is August 11, 2019.

Again, this rating schedule change does **not** fall under liberalizing legislation.

Please work through the exercises and submit your answers.