Rater Disability Evaluations and Pyramiding (Overview)

Instructor Lesson Plan

Time Required: 2.5 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 # | 4560274 |
| Prerequisites | Prior to this lesson, the Rating Veteran Service Representatives (RVSRs), Decision Review Office (DRO), or Rating Quality Review Specialist (RQRS) should have completed RVSR Challenge curriculum. |
| target audience | The target audience for Rater Disability Evaluations and Pyramiding is all RVSR, DRO, and RQRS.  Although this lesson is targeted to teach the RVSR, DRO, and RQRS employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 2.5 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Rater Disability Evaluations and Pyramiding Power Point * Rater Disability Evaluations and Pyramiding Trainee Handout |
| 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 * Internet * Adjudication Procedures Manual * VBMS-R * 38CFR Part 3 * 38CFR Part 4 |
| Pre-Planning | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session. * Become familiar with the content of the trainee handouts and their association to the Lesson Plan. * Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson. * Ensure that there are copies of all handouts before the training session. * When required, reserve the training room. * Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed). * Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson. * This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins. |
| Training Day | * Arrive as early as possible to ensure access to the facility and computers. * Become familiar with the location of restrooms and other facilities that the trainees will require. * Test the computer and projector to ensure they are working properly. * Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly. * Make sure that a whiteboard or flip chart and the associated markers are available. * The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers. |

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| Introduction to Rater Disability Evaluations and Pyramiding | | |
| INSTRUCTOR INTRODUCTION  Slide 2 | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 0.25 hours |
| Purpose of Lesson  Explain the following:  Slide 4 | | This lesson is intended to provide students with a general overview of avoidance of pyramiding. This lesson will contain discussions and exercises that will allow you to gain a better understanding of:   * How pyramiding is defined * General pyramiding principles applicable to body systems |
| Motivation  Slide 5 | Ask students if they have ever considered the prohibition against pyramiding; or, had difficulty understanding the regulations while evaluating body systems ensuring pyramiding is prevented. Tell students that an understanding of 38 CFR 4.14, Avoidance of Pyramiding is imperative to ensuring accurate and consistent rating decisions. | |
| Lesson Objectives  Discuss the following:  Slide 6  Handout 2 | In order to accomplish the purpose of this lesson, the VSR, RVSR, or DRO will be required to accomplish the following lesson objectives.  TheVSR, RVSR, or DRO will be able to:   * Define pyramiding * Identify the prohibition against pyramiding * Recognize specific pyramiding principles and how they are applicable to each of the body systems * Discuss how the Conflicts tab in VBMS R assists with preventing Pyramiding | |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed. | |
| STAR Error code(s) | C2d: Violation of pyramiding under 38 CFR 4.14 (same symptomatology used for multiple disabilities) | |
| END OF COURSE ASSESSMENT | **Important:** Inform students there will be an end of course assessment. The students will be required to achieve a passing score of 85% or greater in order to receive credit for the training. The trainee may use any available resource to complete the assessment. This includes but not limited to lesson handout, internet/intranet web sites, job aides, PowerPoint and any applicable reference materials. | |
| References  Slide 7-9  Handout 3 | All M21-1 references are found in the [Adjudication Procedures Manual](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/topic/554400000003061/M21-1-Adjudication-Procedures-Manual) within the [CPKM Portal](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/topic/554400000003061/M21-1-Adjudication-Procedures-Manual).   * [38 CFR 4.14, Avoidance of Pyramiding](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5" \l "se38.1.4_114) * [38 CFR 4.55, Principles of Combined Ratings for Muscle Injuries](http://www.ecfr.gov/cgi-bin/text-idx?SID=dfe9837fdb70e234eb6088450d0c7320&node=se38.1.4_155&rgn=div8) * [38 CFR 4.56, Evaluation of Muscle Disabilities](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_156) * [38 CFR 4.73, Schedule of Ratings-Muscle Injuries](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#se38.1.4_173) * [38 CFR 4.96, Special Provisions Regarding Evaluation of Respiratory Conditions](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_196&rgn=div8) * [38 CFR 4.114, Schedule of Ratings – Digestive System](http://www.ecfr.gov/cgi-bin/text-idx?SID=678e1a0b35110a17aae704e69f2701f2&mc=true&node=se38.1.4_1114&rgn=div8) * [38 CFR 4.115, Nephritis](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=98265e56f4fab42ed80bbfcafb08935f&mc=true&r=SECTION&n=se38.1.4_1115) * [38 CFR 3.310(d), Traumatic Brain Injury](http://www.ecfr.gov/cgi-bin/text-idx?SID=f0aa74b3307a3ad4b8794ead73ecfa75&node=se38.1.3_1310&rgn=div8) * [38 CFR 4.126, Evaluation of Disability from Mental Disorders](http://www.ecfr.gov/cgi-bin/text-idx?SID=8243952e4c087d519ead7ee07bbcc9fd&node=se38.1.4_1126&rgn=div8) * [38 CFR 4.150, Dental and Oral Conditions](http://www.ecfr.gov/cgi-bin/text-idx?SID=6b1ff7246870c3cd131925c19c59d381&node=se38.1.4_1150&rgn=div8) * [M21-1 Part III, Subpart iv, 4.A](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014194/M21-1-Part-III-Subpart-iv-Chapter-4-Section-A-Musculoskeletal-Conditions?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined), Musculoskeletal Conditions * [M21-1 Part III, Subpart iv, 4.C](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014196/M21-1-Part-III-Subpart-iv-Chapter-4-Section-C-Conditions-of-the-Eyes?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined), Considering Impairments of Both Visual Acuity and Visual Field * [M21-1 Part III, Subpart iv, 4.F](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014199/M21-1-Part-III-Subpart-iv-Chapter-4-Section-F-Respiratory-Conditions?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined), Respiratory Conditions * [M21-1 Part III, Subpart iv, 4.L](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000074735/M21-1-Part-III-Subpart-iv-Chapter-4-Section-L-Skin-Conditions?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined), Skin Conditions * [M21-1 Part III, Subpart iv, 4.N,](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000076269/M21-1-Part-III-Subpart-iv-Chapter-4-Section-N-Neurological-Conditions-and-Convulsive-Disorders?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined) Neurological Conditions and Convulsive Disorders * [M21-1 Part III, Subpart iv, 6.D](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014207/M21-1-Part-III-Subpart-iv-Chapter-6-Section-D-Codesheet-Section?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined), Sample Draft Codesheet for Application of the Amputation Rule * [M21-1, Part III, Subpart iv 6.C](https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000014206/M21-1-Part-III-Subpart-iv-Chapter-6-Section-C-Completing-the-Rating-Decision-Narrative?articleViewContext=article_view_browse_tree&isFeatured=undefined&topic=undefined) , Completing the Rating Decision Narrative * Decision Assessment Document (DAD), [Esteban v. Brown, No. 92-693](https://vbaw.vba.va.gov/bl/21/advisory/CAVC/1994dec/Esteban.doc) - Pyramiding | |

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| Topic 1: Pyramiding | |
| Introduction  Slide 10 | This topic will allow the trainee to understand the prohibition against pyramiding. |
| Time Required | 1 hour |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Define pyramiding * Identify the prohibition against pyramiding * Recognize specific pyramiding principles and how they are applicable to each of the body systems   The following topic teaching points support the topic objectives:   * 38 CFR 4.14: Avoidance of Pyramiding * Pyramiding: Joints and Pain * Pyramiding: Musculoskeletal Conditions * Pyramiding: Skin and Scars * Pyramiding: Multiple Skin Conditions * Pyramiding: Organs of Special Sense * Pyramiding: Respiratory Conditions * Pyramiding: Cardiovascular * Pyramiding: Digestive * Pyramiding: Endocrine * Pyramiding: Traumatic Brain Injury * Pyramiding: Peripheral Nerves * Pyramiding: ALS/MS * Pyramiding: Mental * Pyramiding: Dental and Oral Conditions |
| 38 CFR 4.14: Avoidance of Pyramiding  *Slide 11-12*  Handout 4 | **Definition:** Pyramiding is rating the same manifestations of a disability under two separate DCs.  Disabilities from injuries to the muscles, nerves, and joints of an extremity may overlap to a great extent, so that special rules are included in the appropriate bodily system for their evaluation.  **Emphasize:** We should not only consider whether there is distinct functional impairment between two or more disabilities, but also whether the rating schedule expressly prohibits separate evaluations.  Separate disability ratings are appropriate when a single injury results in distinct functional impairments. |
| Pyramiding: Joints and Pain along with Musculoskeletal Conditions  Slide 13-17  Handout 4-5 | [38 CFR 4.59](http://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) does not permit separate compensable evaluations for each painful joint motion.  When each qualifying joint motion is painful but motion is not actually limited to a compensable degree under its applicable 52XX-series DC, only one compensable evaluation can be assigned.  **Explain that 38 CFR 4.59 specifically refers to providing the minimum compensable evaluation for a particular “joint”, not the separate joint motions.**  **Example:** A Veteran cannot receive a 10 percent under 38 CFR 4.59 for painful flexion of the knee under DC 5260 combined with 10 percent under 38 CFR 4.59 for painful extension of the knee under DC 5261*.* |
| Knowledge Check  Slide 18 | Explain what pyramiding is:  **Answer:** Pyramiding is rating the same manifestations of a disability under two separate DCs.  Can the forearm be evaluated two different ways (under supination and pronation)?  **Answer:** No  **Note:** The rating schedule combines supination and pronation into one diagnostic code (see DC 5213) |
| Pyramiding: Skin and Scars  Slide 19  *Handout 5-6* | **Scars associated with Muscle Injury**:   * If there is scarring that results in functional loss under DC 7805 that is compensable, do not assign a separate evaluation if the body part affected and the functional impairment resulting from the scar are the same as the part and function affected by the muscle injury.   **Alternative Rating Criteria**:   * When evaluating skin conditions where the DC offers variable methods to evaluate the disability, assign only a single evaluation using the criteria that results in the higher rating. Do not assign separate evaluations.   Disfigurement:   * Multiple scars may not be added together to meet the width of scarring requirement under characteristics of disfigurement.   Exception to this: that the “width” is an exception. Multiple scars evaluated under DC 7800 may be added together to meet the total area criteria for the character of disfigurement.  **Note:** while pyramiding is for consideration with painful scar(s), the occurrence when the painful scar affects functional impairment is rare. Most often separate evaluations are in fact warranted.  **Example:** A separate 10-percent evaluation for disfigurement under 38 CFR 4.118, DC 7800, may be assigned in addition to a 10-percent evaluation for painful scars under 38 CFR 4.118, DC 7804, and a 10-percent evaluation for facial injury interfering with mastication under 38 CFR 4.73, DC 5325 as each evaluation is based on distinct and separate functional impairment and, therefore, provisions related to pyramiding are not violated. |
| Pyramiding: Multiple Skin Conditions  Slide 20-21  *Handout 6* | Percentage of Exposed Skin/Entire Body Affected:   * Multiple skin conditions may receive separate evaluations based on the percentage of exposed areas affected by each skin condition. If an examiner cannot provide separate percentages solely due to each skin condition, separate evaluations cannot be assigned using that criteria alone.   Medication Criteria:   * If the same medication is used to treat each skin condition, separate evaluations may not be assigned unless the separately evaluated condition uses alternative criteria to establish a disability evaluation**.**   **Important:** If an examiner cannot provide separate percentages solely due to each skin condition, separate evaluations cannot be assigned using that criteria alone.  **Note:** Discuss court case Esteban v. Brown |
| Knowledge Check  Slide 22 | Can you assign a separate evaluation for scarring under DC 7805? if the scarring results in functional loss at a compensable rate? Why  **Answer**: No. 38CFR 4.118 prevents the RVSR for rating skin conditions separately. (see M21-1 III.iv.5.B.2.b and 38 CFR 4.14) |
| Pyramiding: Organs of Special Sense  Slide 23  *Handout 6* | Vision: Separate evaluations cannot be assigned for impairments of both visual acuity and visual field defect. The evaluations must be evaluated together a single disability.  **Example:**   * Corrected visual acuity is 20/40 in the right eye and 20/70 in the left eye, warranting a 10-percent evaluation. * Visual field loss in right eye is remaining field 38 degrees (equivalent to visual acuity 20/70) and loss in left eye is remaining field 28 degrees (equivalent to visual acuity 20/100), warranting a 30-percent evaluation.   **Result:** Under [38 CFR 4.25](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_125&rgn=div8), the 30-percent evaluation for visual field loss with the 10-percent evaluation for visual acuity, results in a single 40-percent combined evaluation for bilateral visual impairment.  **38 CFR 4.77(c): Combination of visual field defect and decreased visual acuity.**  Meniere’s Syndrome: Do not provide separate evaluations for hearing impairment, tinnitus, or vertigo with an evaluation of Meniere’s disease under DC 6205.  **Explain that DC 6205 (Meniere’s Syndrome) contains the following note:** Evaluate Meniere's syndrome either under these criteria or by separately evaluating vertigo (as a peripheral vestibular disorder), hearing impairment, and tinnitus, whichever method results in a higher overall evaluation. |
| Pyramiding: Respiratory Conditions  Slide 24-25  Handout 6  **Instructor Note:**  Take this time to navigate to the CPKM portal to discuss the following: | Co-existing Respiratory Conditions: 38 CFR 4.96(a)   * Ratings under DCs 6600-6817 and 6822-6847 cannot be separately evaluated. * Where there is lung or pleural involvement, ratings under DCs 6819 and 6820 cannot be separately evaluated from each other or the DCs noted above. * Single ratings are assigned under the diagnostic code which reflects the predominant disability with elevation to the next higher evaluation when the severity of the overall disability warrant such elevation.   M21-1 III.iv.4.F., Evaluating Coexisting Respiratory Disabilities, for a step by step table regarding how to evaluate multiple qualifying coexisting respiratory disabilities.  GSW and Respiratory: Separate evaluations for restrictive lung disease due to gunshot wound and muscle group XXI cannot be assigned.  **Reference:** Note (3) under the General Rating Formula for Restrictive Lung Disease (diagnostic codes 6840 through 6845) |
| Knowledge Check:  Slide 26 | Can we assign separate evaluations for a Veteran diagnosed with Sleep Apnea and Asthma?  **Answer:** No (Discuss Why) Because 38 CFR 4.96(a) prohibits the assignment of separate evaluations for co-existing respiratory conditions rated under 38 CFR 4.97, diagnostic codes (DCs) 6600 through 6817 and 6822 through 6847. |
| **Pyramiding: Cardiovascular**  Slide 27  *Handout 7* | * **Hypertension**: Evaluate hypertension due to aortic insufficiency or hyperthyroidism, as part of the condition causing it rather than by a separate evaluation. * **Cardiovascular and Nephritis**: 38 CFR 4.115 Separate ratings are not to be assigned for disability from disease of the heart (which includes hypertension) and any form of nephritis unless there is absence of a kidney or regular dialysis is required. * **Cold Injury**: Separately diagnosed residuals of cold injuries, such as Raynaud’s phenomenon, muscle atrophy, etc., cannot be assigned as separate evaluations if they are used to support an evaluation under DC 7122. |
| Pyramiding: Digestive  Slide 28  *Handout 7* | 38 CFR 4.114: Evaluations of digestive conditions under certain DCs will not be combined with each other or assigned separate evaluations. Instead, a single evaluation should be assigned under the DC which reflects the predominant disability, with elevation to the next higher evaluation when the severity of the overall disability warrants such elevation.  Separate evaluations are prohibited for digestive conditions under the following 38 CFR 4.114 DCs:   * 7301 to 7329, inclusive (meaning all the DCs from 7301 to 7329) * 7331 * 7342, and * 7345 to 7348, inclusive (meaning all the DCs from 7345 to 7348).   **Example:** A Veteran with a duodenal ulcer, evaluated as 20-percent disabling under [38 CFR 4.114, DC 7305](http://www.ecfr.gov/cgi-bin/text-idx?SID=678e1a0b35110a17aae704e69f2701f2&mc=true&node=se38.1.4_1114&rgn=div8), and ulcerative colitis, evaluated as 30-percent disabling under [38 CFR 4.114, DC 7323](http://www.ecfr.gov/cgi-bin/text-idx?SID=678e1a0b35110a17aae704e69f2701f2&mc=true&node=se38.1.4_1114&rgn=div8), would be assigned a single 30-percent evaluation under [38 CFR 4.114, DC 7323](http://www.ecfr.gov/cgi-bin/text-idx?SID=678e1a0b35110a17aae704e69f2701f2&mc=true&node=se38.1.4_1114&rgn=div8) as ulcerative colitis represents the predominant disability picture.  Separate evaluations for the duodenal ulcer and ulcerative colitis are not permitted under [38 CFR 4.114](http://www.ecfr.gov/cgi-bin/text-idx?SID=678e1a0b35110a17aae704e69f2701f2&mc=true&node=se38.1.4_1114&rgn=div8). |
| Pyramiding: Endocrine  Slide 29  *Handout 7* | Diabetic Complications:   * Evaluate compensable complications of diabetes mellitus separately unless they are a part of the criteria used to support a 100-percent evaluation under DC 7913. * Non-compensable complications of diabetes mellitus are considered part of the diabetic process under DC 7913.   **Reference:** Note (1) under diagnostic code 7913, diabetes mellitus  Hyperthyroidism: Symptoms of hyperthyroidism used to support the evaluation of other DCs; or, granted as separate disabilities, cannot be used to support an evaluation under DC 7900.  **Briefly show and discuss:** M21-1 III.iv.4.M.3.b, Evaluating Thyroid Disabilities After the Initial Diagnosis |
| Pyramiding: Traumatic Brain Injury  Slide 30-31  *Handout 7* | * **Multiple Evaluations**: In addition to the evaluation for TBI manifestations under DC 8045, separate evaluations of comorbid mental, neurologic, or other physical disorder can be assigned unless the manifestation was used to assign an evaluation under DC 8045. * **TBI and Vertigo**: A separate evaluation of vertigo cannot be assigned. Vertigo is a subjective symptom that is already considered in the facets of TBI criteria. * **TBI and Mental Disorder**: Sufficiently clear and unequivocal medical opinion evidence must be present to determine whether TBI and a mental disorder are distinct and can be separately evaluated. * **38 CFR 3.310(d)** established five conditions held to be secondary to TBI dependent on the initial severity of the TBI and the period of time between the injury and onset of the secondary illness. Avoid pyramiding when considering the initial TBI evaluation and symptoms that are now associated with the five secondary conditions. |
| Pyramiding: Peripheral Nerves  Slide 32  *Handout 8* | Upper Extremities: Separate evaluations may not be assigned for disability affecting multiple nerve branches of the same upper extremity.  Lower Extremities: Separate evaluations for disability affecting lower extremity nerves are warranted when symptoms arise from any of the five individual nerve branches.   * If symptoms arise from within the same nerve branch of any of the five individual nerve branches in the lower extremity, assigning separate evaluation for those symptoms would constitute pyramiding.   **Example:** A Veteran has severe incomplete paralysis of the common peroneal nerve under 38 CFR 4.124a, DC 8521and moderate incomplete paralysis of the tibial nerve under 38 CFR 4.124a, DC 8524. In this case, a single 30-percent evaluation is assigned under 38 CFR 4.124a, DC 8521.  **Analysis:** Both of these nerves are part of the same sciatic branch, and therefore the functions associated with these nerves are not separate and distinct. The 30-percent evaluation shall be assigned under 38 CFR 4.124a, DC 8521 since it represents the predominant disability. |
| Knowledge check:  *Slide 33* | If there is different symptomology to a Veterans upper extremity nerve branches can we separately evaluate these nerve branches or would this constitute pyramiding? What reference did you use?  **Answer:** this would be pyramiding under 38 CFR 4.12a  Can we separately address separate evaluations of comorbid mental, neurologic, or other physical disorder? If yes why?  **Answer:** Yes, we can as long as the evidence/symptoms used to evaluate the issue is separate from the evaluation of the traumatic brain injury under DC 8045. |
| Pyramiding: ALS/MS  Slide 34  *Handout 8* | **Amyotrophic Lateral Sclerosis (ALS)**:   * If a single 100 percent evaluation is warranted for a complication of ALS, assign a 100 percent for that complication and separately evaluate additional complications. Do not assign a separate evaluation under DC 8017; however, as this would constitute pyramiding.   **Multiple Sclerosis (MS)**:   * Residuals of MS are evaluated separately when the combined evaluation for the residuals are 30 percent or greater. When residuals are separately evaluated, the minimum evaluation under DC 8018 may not be concurrently assigned. |
| Pyramiding: Mental  Slide 35  *Handout 8* | Physical/Mental Disorders: When a single disability has been diagnosed both as a physical condition and as a mental disorder, the rating agency shall evaluate it using a DC which represents the dominant (more disabling) aspect of the condition.   * To warrant separate evaluations, the symptoms considered must be distinct and not overlap.   **Reference:** 38 CFR 4.126(d), Evaluation of disability from mental disorders |
| Pyramiding: Dental and Oral Conditions  Slide 36  Handout 8 | **Inter-Incisal Motion**:   * In assigning an evaluation for TMJ or any other dental disability on the basis of limited motion of temporomandibular articulation under DC 9905, do not assign separate evaluations for limited inter-incisal motion involving each side of the jaw.   + If both sides of the jaw are affected, use the limitation of motion on the side that affords the highest evaluation. |
| Knowledge check  Slide 37 | Veteran is diagnosed with Post Traumatic Stress Disorder (PTSD) and Major Depressive Disorder. What action would be taken?  **Answer:** RVSR would grant the prevailing mental disorder based on evidence and include the secondary mental disorder issue into the grant of the prevailing diagnosis. To grant them separately would constitute pyramiding. (see 38 CFR 4.126, M21-1 III.iv.4.O.1.h) |

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| Topic 2: Review of VBMS-R Conflicts Tab | |
| Introduction | The lesson informs trainees that the Conflicts tab in VBMS R is programmed to assist with identifying and resolving pyramiding issues. When the pyramiding warning message is flashing it is important for the RVSR to further investigate this issue to ensure a pyramiding situation does not exist. |
| Time Required | 0.5 hours |
| OBJECTIVES/ Teaching Points | Topic objectives:   * Discuss how the **Conflicts tab** in VBMS R assists with preventing Pyramiding   The following topic teaching points support the topic objectives:   * Review of VBMS R **Conflicts tab** |
| Review of VBMS R Conflicts Tab  Slide 38-47  Handout 9-10 | Within this topic we will review the VBMS R **Conflicts tab** and what the RVSR needs to do when the system notifies you of a potential pyramiding situation. |
| Knowledge Check  Slide 48 | **Important:** As you navigate through the VBMS-R **Conflicts tab** ensure you ask questions of students to determine their understanding of the process. Pose questions and what if scenarios to illicit critical thinking. |

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| Practical Exercise | | |
| Time Required | | 0.5 hours |
| EXERCISE  Handout 11-13 | | The class is to answer the questions to the practical exercise and then the instructor will review answers.  Ask if there are any questions about the information presented in the exercise, and then proceed to the Review. |
| Lesson Review and Wrap-up | | |
| Introduction  Discuss the following: | The Rater Disability Evaluations and Pyramiding lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. | |
| Time Required | 0.25 hours | |
| Lesson Objectives | You have completed the Rater Disability Evaluations and Pyramiding lesson.  The trainee should be able to:   * Define pyramiding * Identify the prohibition against pyramiding * Recognize specific pyramiding principles and how they are applicable to each of the body systems * Discuss how the Conflicts tab in VBMS R assists with preventing Pyramiding | |