(VSR Challenge)

Introduction to ratings

Trainee Handout

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Objectives

* Recognize issues that require a Rating Decision
* Identify the anatomy of a Rating Decision
* Define terms associated with Rating Decisions

References

* 38 CFR, Part 4, *Schedule for Rating Disabilities*
* 38 CFR 3.104(c), *Favorable Findings*
* M21-1, Part III, Subpart iv, Chapter 6, *The Rating Decision*
* M21-1, Part III, Subpart v, Chapter 2, Section A, *Decision Authorization*
* VBMS Job Aid, Initiating and Finalizing Draft Deferrals

Topic 1: Introduction to Ratings

VA Adjudicative Decision

An authorization decision is a decision made by a Veteran’s Service Representative (VSR).

A rating decision is a decision made by a Rating Veterans Service Representative (RVSR).

**The VSR’s Role**

As VSRs it is our responsibility to ensure that the claim is substantially complete and that all aspects of the claim development were correct. It is not our responsibility to review the decision made by the rating specialist. We ensure that all development was correct and that all claimed conditions have been addressed.

A VSR has the authority to make eligibility decisions and address issues based on the rating decision.

A VSR may deny a claim for service-connected (SC) disability or death benefits without a rating decision if:

* There is a legal bar to entitlement, and/or
* the claimant does not respond within 30 days to a request for evidence needed to determine whether or not there is a legal bar to entitlement

\*Even if a claimant does not respond to a development letter for some other reason, a rating needs to be completed.

**Authorization Authority**

VSRs also have the authority to make decisions related to:

* Change in number of dependents
* Adjustment in income
* Aid and Attendance (A&A) due to nursing home status

VSRs do not have the authority to:

* Determine if medical records support a disability claim, and/or
* Deny a specific claim for service connected death benefits without a rating decision.

**Note:** It is the role of the RVSR to determine if service connection for a disability is warranted. As a VSR you will review Service Treatment Records (STRs) to determine if an in-service injury, event or disease occurred and if an examination is warranted.

Rating Specialist’s Role

* RVSRs have the authority to make decisions and take actions on claims that require a rating decision.
* RVSRs apply provisions of all pertinent laws and regulations governing VA.

RVSRs take all the information we gathered during development and then apply that evidence to the laws governing VA to make a determination of service connection and if service connection is granted they also determine to what compensable percentage the Veteran is entitled.

**Rating Decisions**

RVSRs must review all evidence to ensure that they have made a complete and adequate decision. All STRs, military records and private records identified by the Veteran must be obtained. If the records are not available then all appropriate actions must have been taken by the VSR to document the absence of the evidence. All evidence, to include actions taken to notify the Veteran that records were not available must be included in the evidence.

**Anatomy of a Rating Decision**

The rating decision is made up of two separate parts, the Narrative and the Codesheet.

The Narrative section contains an Introduction, Decision, Evidence, Reasons for Decision, and References. The narrative section of the rating may be copied and sent to the claimant as part of the notification of the decision.

The Codesheet section has five parts: Data table, Jurisdiction, Coded Conclusion, Special Notation and Template fields and Signatures. The code sheet section is intended for internal processing and will not routinely be sent to the claimant.

The Narrative

**Introduction**

Overview of veteran’s service, including branch and period of service. Type of claim filed, issues being claimed, and date claim was received.

**Decision**

Listed is the decision made on each issue or inferred issue considered in the rating. If there is more than one decision, the decisions will be listed by numbers that corresponds to the numbered issues.

**Evidence**

Under the “evidence” section, all evidence that was considered in arriving at the decision with the applicable dates of treatment reports, hospitalization, etc. are listed. The dates covered by service medical records (identifying at least the month and year), and the names of VA and private medical facilities, private physicians and other information sources are listed. The evidence section should also describe items of evidence requested but not received. Further reference to evidence not received will not be required in the reasons for decision.

**Reasons for Decision**

The purpose of the Reasons for Decision is to concisely cite and evaluate all relevant facts considered in making the decision.

There are two basic Reasons for Decision formats: a short and a long form rating narrative. The distinction between the short and long form is the level of analysis and case-specific detail required in the Reasons for Decision part of the rating decision.

The short form rating narrative requires minimum explanation of the basic elements of the decision. It is characterized by standardized automated language and limited free text.

The long form rating narrative requires more detailed analysis and explanation of the facts of a case with reference to specific elements found in the evidence. The Narrative section is generated by automated language from VBMS-R, with the addition of free text as deemed appropriate by the RVSR or DRO.

A Rating Decision may contain a mix of both the short form narrative convention and the long form. This type of Rating Decision is known as a hybrid Rating Decision.

Rating decisions generated on or after February 19, 2019, must address, as a narrative element for each decided issue, any findings made by the adjudicator that are favorable to the claimant under [38 CFR 3.104(c)](https://www.ecfr.gov/cgi-bin/text-idx?SID=3a65915b4097601a1669dd2b46ab0339&mc=true&node=se38.1.3_1104&rgn=div8).

A ***favorable finding*** is a determination of fact, based on applicable laws and regulations, made by the adjudicator concerning the issue(s) under review. Favorable findings should relate to a material element that would be required to grant the benefit sought.

The narrative element entered in the reason for decision will depend on the type of decision being made. The table below outlines what elements must be discussed for each type of decision.

|  |  |
| --- | --- |
| **If…** | **Then the Reasons for Decision must address …** |
| the claim is being awarded | * laws and regulations applicable to the claim
* the fact that all elements required to decide the issue were met, and all findings are favorable to the claimant.
 |
| an existing evaluation is being confirmed and continued | * laws and regulations applicable to the claim
* findings that are favorable to the claimant under [38 CFR 3.104(c)](https://www.ecfr.gov/cgi-bin/text-idx?SID=3a65915b4097601a1669dd2b46ab0339&mc=true&node=se38.1.3_1104&rgn=div8), if any.
 |
| the claim is being denied | * laws and regulations applicable to the claim, and
* reason for denial, including the
	+ criteria required to grant SC
	+ element(s) required to grant the claim that were not met, and
* findings favorable to the claimant under [38 CFR 3.104(c)](https://www.ecfr.gov/cgi-bin/text-idx?SID=3a65915b4097601a1669dd2b46ab0339&mc=true&node=se38.1.3_1104&rgn=div8), if any.
 |

**References**

The References section consists of the following language, which is the same on all ratings:

“Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans’ Relief contains the regulations of the Department of Veterans Affairs which govern entitlement to all veteran benefits. For additional information regarding applicable laws and regulations, please consult [your local library, or visit us at our web site, www.va.gov.](http://www.va.gov/)”

Please refer to “*Attachment B: “Narrative Sample*”.

**Codesheet Section**

Data Table

Information included on the data table reflects periods of active duty service, branch of service and character of discharge.

Jurisdiction

Under “Jurisdiction,” the type of claim is identified and date it was received.

Coded Conclusion

A coded conclusion will be prepared in accordance with Part I, Appendix A, and the provisions of this chapter. On subsequent ratings, bring forward the coding for all disabilities previously rated whenever coding directly affecting compensation or pension entitlement is added or changed.

When the issue of entitlement to Individual Unemployability (IU) is being denied for the first time, a formal coded rating is required and code 18B (IU not found) must be used in the conclusion. Denial of special monthly compensation or a finding of not new and material evidence as the sole issue requires no coded conclusion since there are no codes applicable to the disposition of these issues.

The “Combined Evaluation for Compensation” is not just a matter of adding together each of the Veteran’s service connected condition. The law requires that we utilize the “Combined Rating Table” to determine a Veteran’s overall percentage.

Diagnostic Codes

 a. **Analogous Codes**. When evaluating by analogy any disability not listed in the Rating Schedule, use a built-up diagnostic code consisting of two diagnostic codes separated by a hyphen. The first two digits of the first diagnostic code should be applicable to the body system involved and the second two digits would end with “99.” The second diagnostic code is to be taken from the Rating Schedule and identifies the diagnostic criteria used to evaluate the claimed disability. For example, use 6599-6516 for postoperative tonsillectomy if the condition was evaluated under the criteria for chronic laryngitis.

 b. **Residual Conditions.** Hyphenated codes do not necessarily denote analogous ratings. Two diagnostic codes may be used to identify the source of a disability or a residual from disease. For example, ankylosis of the spine from rheumatoid arthritis would be rated as 5002-5240.

Listing Disabilities

**Compensation Ratings** First group all disabilities subject to compensation under code 1. SC and show them in descending order by current percentage evaluation.

**Secondary Service Connection** Disabilities granted service connection secondary to a service-connected disorder will appear under rating code 1, with a notation that the condition is secondary.

**Code 8 Disabilities** List disabilities held not service connected under code 8. Next to code 8, parenthetically show the periods of service considered. Show the following reasons for denial in parentheses after the diagnosis on the rating Code sheet for ratings initially disposing of the claim as well as for all subsequent ratings: constitutional or developmental abnormality, willful misconduct or vicious habits, not line of duty. If compensation is denied under 38 U.S.C. 1151 or 38 CFR 3.383 (paired organs or extremities), use rating code 8 and include the parenthetical statement “38 U.S.C. 1151” or “38 CFR 3.383” after the diagnosis.

**Pension Ratings** Following code 8, use rating code 2 showing veteran “PT from [date]” or code 9 showing veteran “Not PT.” Identify the disabilities by diagnostic code in order of percentage evaluation. Code all claimed or noted disabilities and shows the evaluation for each unless the disabilities have been held to be due to the claimant’s own willful misconduct by rating (such as when intoxication from alcohol or drugs results proximately and immediately in disability or death) or Administrative Decision. Disabilities which result from the use of alcohol or drugs may not be service connected because they cannot be deemed to have been incurred in line of duty. However, they are not considered of willful misconduct origin (38 CFR 3.301(c)) and should be provided an evaluation under code 8 if pension is claimed. See M21-1 Part III.v.1.

**Miscellaneous Codes** If applicable, then show combined degree(s), effective date(s), bilateral factor and all other coded entitlements indicated in M21-1, Part I, Appendix A.

**SMC Code(s)** Grant an additional level of compensation to Veterans above the basic levels of compensation (0 percent to 100 percent) for various types of losses or levels of impairment solely due to service-connected disabilities. This additional compensation is payable for such things as amputations, blindness, and aid and attendance, just to name a few.

The regulation is broken down into paragraphs that are commonly referred to by their alphabetic designations, such as SMC (k), SMC (l), etc. The alphabetic designations come from 38 USCA § 1114.

Combined Evaluation for Compensation

**Signature**

Rating Decisions must contain the decision maker’s digital signature on the bottom of the last page of the *Codesheet*.

A Rating Decision **signature** is defined as

* an electronic signature certification statement as shown in [M21-1, Part III, Subpart iv, 6.D.7.b](https://vaww.compensation.pension.km.va.gov/system/templates/selfservice/va_ka/#7b), and
* the user’s Local Area Network identification (LAN ID).

The signature of the decision maker(s) certifies that the claims folder was reviewed and all phases of the claims process leading to the decision were correctly handled.

Please refer to “*Attachment C: “Codesheet Sample*”.

**Special Monthly Compensation**

Special Monthly Compensation is paid in addition to the basic or scheduler rate of compensation. Stress that entitlement to SMC is a RVSR decision. Entitlement to SMC will be clearly identified on the Rating Decision narrative and the codesheet.

SMC is granted for the anatomical loss of use of one or both hands, feet or eyes. Also for deafness and loss of use of a creative organ.

Please see attachment entitled, “*Attachment: SMC Codes*”.

**Deferred Issues**

When a RVSR is unable to make a decision on a claim the RVSR will defer a decision until additional evidence is obtained by the VSR. If the RVSR is able to grant at least one contention claimed by the Veteran the RVSR can generate a Partial Rating. If at least one contention cannot be granted then the RVSR will completely defer the decision.

The deferred rating is used by the RVSR when a decision cannot be made on any contentions because the claim was not developed properly or requires additional information, possibly clarification on a VA exam. The rating decision deferral will be completed by the RVSR in VBMS. Upon finalization of the deferral in VBMS, the claim will be sent into the unassigned work queue and routed by National Work Queue (NWQ) based on a claims’ cycle. The RVSR will detail exactly what is required before the claim should be made ready for decision again.

Please note it is the VSR’s responsibility to review the deferred rating decision and develop for all required information. It is very important not to cause any further delays in the processing of a claim. If you have any doubts consult with the RVSR that wrote the deferral.

**Special Notation and Template Field**

The special notation box can be used by the RVSR to communicate specific instructions to the VSR to be carried out during promulgation. An example would be a solicitation for a claim, possibly I/U. It is extremely important as a VSR to make sure you thoroughly review the entire rating decision, both the narrative and the code sheet to ensure you are completely informed prior to taking any further action.

**Filing and Distributing the Rating Decision**

VBMS-R automatically uploads a copy of the finalized rating decision into the documents section in the Veteran’s e-folder.

The next step is to promulgate or process the award and prepare a notification letter. The promulgation of the award will be accomplished utilizing VBMS-A and the notification letter will be prepared utilizing the Redesigned Automatic Decision Letter (RADL) function in VBMS-A. If a RADL cannot be produced the VSR will be required to generate a letter using the Personal Computer Generated Letter (PCGL).

Note: VA does not provide a copy of the Codesheet to veterans as part of the notification process

Attachment A: SMC Codes

|  |  |  |
| --- | --- | --- |
| **SMC Abbreviation** | **SMC Code** | **Description** |
| **K** | **01** | **One disability under (k)- 38 CFR 3.350(a)** |
| **2K** | **02** | **Two disabilities under (k)** |
| **3K** | **14** | **Three disabilities under (k)** |
| **L** | **03** | **(1)- 38 CFR 3.350(b) or 3.552(g) & (h)** |
| **L+K** | **04** | **(1) plus one (k)** |
| **L+2K** | **05** | **(1) plus two (k)'s** |
| **L+3K** | **06** | **(1) plus three (k)'s** |
| **L1/2** | **18** | **Intermediate evaluation between (1) and (m)- 38 CFR 3.350(f)(1),(2)&(3)** |
| **L1/2+K** | **24** | **Intermediate evaluation between (1) and (m) plus one (k)** |
| **L1/2+2K** | **29** | **Intermediate evaluation between (1) and (m) plus two (k)'s** |
| **L1/2+3K** | **33** | **Intermediate evaluation between (1) and (m) plus three (k)'s** |
| **M** | **07** | **(m) 38 CFR 3.350(c) or 3.552(g)&(i)** |
| **M+K** | **08** | **(m) plus one (k)** |
| **M+2K** | **09** | **(m) plus two (k)'s** |
| **M+3K** | **10** | **(m) plus three (k)'s** |
| **M1/2** | **20** | **Intermediate evaluation between (m) and (n)- 38 CFR 3.350(f)(1), (2),(3)& (4) or 3.552(i)** |
| **M1/2+K** | **26** | **Intermediate evaluation between (m) and (n) plus one (k)** |
| **M1/2+ 2K** | **31** | **Intermediate evaluation between (m) and (n) plus two (k)'s** |
| **M1/2+3K** | **35** | **Intermediate evaluation between (m) and (n) plus three (k)'s** |
| **N** | **11** | **(n) -38 CFR 3.350(d) or 3.552(g) & (i)** |
| **N+K** | **12** | **(n) plus one (k)** |
| **N+2K** | **13** | **(n) plus two (k)'s** |
| **N+3K** | **15** | **(n) plus three or more (k)'s** |
| **N1/2** | **22** | **Intermediate evaluation between (n) and (o) -38 CFR 3.350(f)(1), (2),(3)& (4)** |
| **N1/2+K** | **28** | **Intermediate evaluation between (n) and (o) plus one (k)** |
| **0** | **37** | **Equal to (o); No rating of need for regular A/A under (1), (m) or (r) -38 CFR 3.350(e)** |
| **P=M** | **19** | **Equal to(p)(m) -38CFR3.350(f)(1),(2),(3)&(4)** |
| **P=M+K** | **25** | **Equal to (p)(m) plus one (k)** |
| **P=M+2K** | **30** | **Equal to (p)(m) plus two (k)'s** |
| **P=M+3K** | **34** | **Equal to (p)(m) plus three (k)'s** |
| **P=N** | **21** | **Equal to(p)(n) 38 CFR 3.350(f)(1),(2),(3)&(4)** |
| **P=N+K** | **27** | **Equal to (p)(n) plus one (k)** |
| **P=N+2K** | **32** | **Equal to (p)(n) plus two** |
| **Q** | **36** | **Statutory grant for arrested TB (formerly 38 U.S.C. 314(q), 38 CFR 3.350(g))** |
| **R1=N1/2(A/A)+K** | **43** | **Entitlement to A/A is based on the disabilities establishing N1/2 plus K. Entitled to N 1/2 plus K rate while hospitalized 38 CFR 3.350(h), 3.552(b)(2).** |
| **SMC Abbreviation** | **SMC Code** | **Description** |
| **R2=N1/2(A/A with HLC)+K** | **44** | **Entitlement to A/A and need for higher level of care is based on the disabilities establishing N1/2 plus K. Entitled to N1/2 plus K rate while hospitalized -38 CFR 3.350(h), 3.552(b)(2)** |
| **R1= O(L(A/A)+L)** | **51** | **Entitled under (o) based on need for A/A under (1) plus entitlement under (1) for other conditions. Entitled to (m) while hospitalized -38 CFR3.550 (h), 3.552(f) & (g).** |
| **R1 = O(L(A/A)+L1/2)** | **52** | **Entitled under (o) based on need for A/A under (1) plus entitlement at the intermediate rate between (1) and (m) for other conditions. Entitled to the intermediate evaluation between (m) and (n) while hospitalized -38 CFR 3.350(h), 3.552(f) & (g).** |
| **R1= O(L(A/A)+M)** | **53** | **Entitled under (o) based on need for A/A under (1) plus entitlement under (m) for other conditions. Entitled under (n) while hospitalized -38 CFR 3.350(h), 3.552(f) & (g).** |
| **R1= O(L(A/A) + M1/2)** | **54** | **Entitled under (o) based on need for A/A under (1) plus entitlement under (p) (1) at the intermediate rating between (m) and (n) for other conditions. Entitled to the intermediate evaluation between (n) and (o) while hospitalized -38 CFR 3.3.50(h), 3.552(f) & (g).** |
| **R1=O(N+L(A/A))** | **55** | **Entitled under (o) or (p) based on need for A/A with R1= O (N1/2+L (A/A)) entitlement to (n), or the intermediate evaluation between (n) R1=O+L (A/A) and (o), or (o). Entitled to (o) while hospitalized -38 CFR 3.350(e), 3.552(b) (2).** |
| **R2= O(L(A/A with HLC)+L)** | **56** | **Entitled under (o) based on need for A/A under (1) plus entitlement under (1) for other conditions, and in addition is in need of a higher level of care. Entitled to (m) while hospitalized -38 CFR 3.350(h), 3.552(f)&(g)** |
| **R2=O(L(A/A with HLC)+L1/2)** | **57** | **Entitled under (o) based on need for A/A under (1) plus entitlement at the intermediate rate between (1) and (m) for other conditions, and in addition is in need of a higher level of care. Entitled to the intermediate evaluation between (m) and (n) while hospitalized -38 CFR 3.350(h), 3.552(f) & (g)** |
| **R2=O(L(A/A with HLC)+M)** | **58** | **Entitled under (o) based on need for A/A under (1) plus entitlement under (m) for other conditions, and in addition is in need of a higher level of care. Entitled to (n) while hospitalized -38 CFR 3.350(h), 3.552(f)&(g)** |
| **R2=O(L(A/A with HLC)+M1/2)** | **59** | **Entitled under (o) based on need for A/A under (1) plus entitlement under (p) (1) at the intermediate rate between (m) and (n) for other conditions, and in addition is in need of a higher level of care. Entitled to the intermediate evaluation between (n) and (o) while hospitalized -38 CFR 3.350(h), 3.552(f)&(g)** |
| **R2=O(L(A/A with HLC)+N)** | **60** | **Entitled under (o) or (p) based on need for A/A with R2=O (L (A/A with HLC) +N1/2) entitlement to (n), or the intermediate evaluation between (n) R2=0+L (A/A with HLC) and (o), or (o) and in addition is in need of a higher level of care. Entitled to (o) while hospitalized -38 CFR 3.350(e), 3.552(b)(2)** |
| **S** | **48** | **Housebound under (s) -Total plus 60% or housebound -38 CFR 3.350(i)** |
| **S+K** | **49** | **Housebound under (s) plus one disability under (k)** |
| **S+2K** | **50** | **Housebound under (s) plus two disabilities under (k)** |
| **T+K** | **45** | **Paired S/C and NSC extremities plus one (k) -38 CFR 3.384.** |
| **T+2K** | **46** | **Paired S/C and NSC extremities plus two (k)'s** |
| **T+3K** | **47** | **Paired S/C and NSC extremities plus three (k)'s** |

Attachment B: Narrative Sample



**DEPARTMENT OF VETERANS AFFAIRS**

**[VETERAN’S NAME]**

**VA File Number:**

**XXX-XX-XXX**

**Rating Decision**

**MM/DD/YYYY**

**INTRODUCTION**

The records reflect that you are a Veteran of the Gulf War Era. You served in the Army from February 9, 1996 to February 8, 2002. You filed a new claim on October 8, 2018. Based on a review of the evidence listed below, we have made the following decision(s) on your claim.

**DECISION**

1. Service connection for AIDS is granted with an evaluation of 100 percent effective October 8, 2018.
2. Service connection for arthritis of the cervical spine is granted with an evaluation of 20 percent effective October 8, 2018.
3. Entitlement to special monthly compensation based on housebound criteria being met is granted from October 8, 2018.
4. Basic eligibility to Dependents' Educational Assistance is established from October 8, 2018.
5. Service connection for left shoulder condition is denied.

**EVIDENCE**

1. Service treatment records received on March 30, 2002, for the period February 9, 1996 to February 8, 2002.
2. VA Form 21-4138, Statement in Support of Claim, received October 8, 2018.
3. VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits, received on October 8, 2018.
4. VA examination conducted at Charm City VAMC on December 3, 2018.

**REASONS FOR DECISION**

**1. Service connection for AIDS.**

Service connection for AIDS has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304) The effective date of this grant is October 8, 2018. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

Service treatment records show you received an accidental needle stick in March 1999 while performing your duties as a combat medic.

VA examination shows you have AIDS with refractory constitutional symptoms and recurrent opportunistic manifestations. The examiner provided the opinion that your HIV infection was at least as likely as not acquired during your military service as a combat medic.

We have assigned a 100 percent evaluation for your HIV-related illness based on:

 • AIDS with recurrent opportunistic infections

 • HIV-related illness with debility and progressive weight loss, without remission, or few or brief remissions

 • Secondary diseases afflicting multiple body systems

Additional symptom(s) include:

 • Diarrhea (substantially greater than intermittent)

 • Refractory constitutional symptoms

 • Hairy Cell Leukoplakia

 • Oral Candidiasis

 • T4 cell count less than 200

 • Employment limitations

 • Evidence of depression

 • On approved medication(s)

This is the highest scheduler evaluation allowed under the law for HIV-related illness.

**2. Service connection for arthritis of the cervical spine.**

Service connection for arthritis of the cervical spine has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is October 8, 2018. Service connection has been established from the day VA received your claim. When a claim of service connection is received more than one year after discharge from active duty, the effective date is the date VA received the claim. (38 CFR 3.400)

An evaluation of 20 percent is assigned from October 8, 2018.

We have assigned a 20 percent evaluation for your arthritis of the cervical spine based on:
• Forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees

Additional symptom(s) include:
• X-ray evidence of traumatic arthritis
• Combined range of motion of the cervical spine greater than 170 degrees but not greater than 335 degrees
• Painful motion upon examination

The provisions of 38 CFR §4.40 and §4.45 concerning functional loss due to pain, fatigue, weakness, or lack of endurance, incoordination, and flare-ups, as cited in DeLuca v. Brown and Mitchell v. Shinseki, have been considered and are not warranted.

This is the highest schedular evaluation allowed under the law for traumatic arthritis.

Additionally, a higher evaluation of 30 percent is not warranted for cervical strain unless the evidence shows:
• Favorable ankylosis of the entire cervical spine; or,
• Forward flexion of the cervical spine 15 degrees or less. (38 CFR 4.71a)

**3. Entitlement to special monthly compensation based on housebound criteria.**

Criteria regarding housebound are met on account of AIDS rated 100 percent and additional service-connected disability of myocardial infarction independently ratable at 60 percent from April 8, 2013. (38 CFR 3.351(d)).

**4. Eligibility to Dependents' Educational Assistance under 38 U.S.C. Chapter 35.**

Basic eligibility to Dependents' Education Assistance is granted from October 8, 2018, the date the evidence shows that you have a total service-connected disability, permanent in nature. (38 CFR 3.807)

**5.** Service connection for left shoulder condition.

Service connection may be granted for a disability which began in military service or was caused by some event or experience in service. Service connection for left shoulder condition is denied because the medical evidence of record fails to show that this disability has been clinically diagnosed. (38 CFR 3.303)

While your service treatment records reflect complaints, treatment, or a diagnosis similar to that claimed, the medical evidence supports the conclusion that a persistent disability was not present in service. (38 CFR 3.303) We have been informed that you have missed the VA examination scheduled in support of your claim. There is no information presently indicating good cause for absence on the scheduled appointment date. As a result, medical evidence that could have been used to support your claim was not available to us. (38 CFR 3.655) Please notify us when you are ready to report for an examination, or you may submit a disability benefits questionnaire (DBQ) which must be completed and signed by a health care provider.

Favorable Findings identified in this decision:

The evidence shows that a qualifying event, injury, or disease had its onset during your service.

Your service treatment records show that you injured your left shoulder in June 1998.

**REFERENCES:**

Title 38 of the Code of Federal Regulations, Pensions, Bonuses and Veterans' Relief contains the regulations of the Department of Veterans Affairs, which govern entitlement to all Veteran benefits. For additional information regarding applicable laws and regulations, please consult your *local* library, or visit us at our web site, [www.va.gov](http://www.va.gov).

Attachment C: Codesheet Sample

|  |  |  |
| --- | --- | --- |
| **Rating Decision** | ***Department of Veterans Affairs******VA Regional Office*** | Page 1 of 2MM/DD/YYYY |
| NAME OF VETERAN[Veteran’s Name] | VA FILE NUMBERXXX-XX-XXXX | SOCIAL SECURITY NO.XXX-XX-XXXX | POA | COPY TO |

| **ACTIVE DUTY** |
| --- |
| **EOD** | **RAD** | **BRANCH** | **CHARACTER OF DISCHARGE**  |
| 02/09/1996 | 02/08/2002 | Army | Honorable |

| **LEGACY CODES** |
| --- |
| **ADD’L SVC****CODE** | **COMBAT** **CODE** | **SPECIALPROV CDE** | **FUTURE EXAM****DATE**  |
|   | 1 |  | None |

**JURISDICTION:** NewClaim Received; 10/08/2018

**ASSOCIATED CLAIM(s):** 020; New Claim; 10/08/2018

**SUBJECT TO COMPENSATION (1.SC)**

6351 AIDS

Service Connected, Gulf War Era, Incurred
Static Disability

100% from 10/08/2018

7006 MYOCARDIAL INFARCTION

Service Connected, Gulf War Era, Presumptive
Static Disability

100% from 03/09/2002

60% from 07/01/2002

5002-5242 ARTHRITIS, CERVICAL SPINE

 Service Connected, Gulf War Era, Incurred

 Static Disability

 20% from 10/08/18

5010 DEGENERATIVE CHANGES, RIGHT KNEE

Service Connected, Gulf War Era, Incurred
Static Disability

10% from 02/09/2002

***COMBINED EVALUATION FOR COMPENSATION:***

10% from 02/09/2002

100% from 03/09/2002

60% from 07/01/2002

100% from 10/08/2018

***SPECIAL MONTHLY COMPENSATION:***

S-1 Entitled to special monthly compensation under 38 U.S.C. 1114, subsection (s) and 38 CFR 3.350(i) on account of AIDS rated 100 percent and additional service-connected disability (ies) of myocardial infarction, independently ratable at 60 percent or more from 10/08/2018.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **EFFECTIVE DATE** |  **BASIC** |  **HOSPITAL** |  **LOSS OF USE** |  **ANAT. LOSS** |  **OTHER LOSS** |
|  10/08/2018 | 48 | 48 | 00 | 00 | 0 |

**NOT SERVICE CONNECTED/NOT SUBJECT TO COMPENSATION (8.NSC Gulf War)**

 5299-5260 LEFT KNEE CONDITION

 Not Service Connected, No Diagnosis

 5201 LEFT SHOULDER CONDITION

 Not Service Connected, No Diagnosis

**ANCILLARY DECISIONS**

Basic eligibility to 38 USC Ch. 35 from 10/8/2018

NOTE TO VSR: Please solicit a claim for service-connection for bilateral hearing loss

and tinnitus.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[I certify that I have reviewed and electronically signed this decision, RVSR e-signature]

Practical Exercise

1. An eligibility decision is a decision made by a **\_\_\_\_\_\_\_\_\_\_\_\_**

2. When can a VSR deny a claim for service-connected disability without a rating decision?

3. What are the two sections of the Rating Decision?

4. Name the five parts of the Narrative section:

5. Name the five parts of the Codesheet section.

6. True/False: A VSR can make a decision to modify the number of dependents on a Veteran’s award.

**7.** Who can make decisions regarding entitlement to Special Monthly Compensation (SMC)?

8. What narrative elements must be included in the Reasons for Decision when a claim is being denied?