Compensation Service Quality Call December 2020

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 Thank you and hello everyone. I am the chief of the VA greater schedule implementation staff. To briefly explain what my staff does is we focus on accomplishing all of the implementation activities with making updates to the schedule. That ranges from updating to updating the DBQ and the manual related to it. That ranges from advising sorry. One more time. That ranges from updating VBMS and the evaluation builder to having updates made to the manual. It involves communicating the changes with the client processor which is why I am here now. Recently we published an update to the muscular skeletal and muscle injury body system that can be found on the federal.gov site. You can use AP 88. It describes all the changes we was making. What I want to cover today is some of the most significant changes. First off we have had in -- added four new diagnostic codes. Two to the muscular skeletal section and two to the muscle injuries section. We have revised the total of 31 diagnostic codes. Some of the more significant changes first and foremost is the hip and the joint replacement. The biggest change is that we are no longer granting 100% for 12 months after this procedure is conducted. It has been reduced to four months of 100%, but that four month provision starts after the one month of convalescence. It has gone from 13 months down to five months. Additionally this code not only contemplates total joint replacement, but includes joint resurfacing. That procedure is exactly what it sounds like. Basically having the damage services of a joint shaved off and replaced so you can still retain more of the natural bone than a typical joint replacement, that it would provide. When that procedure is conducted there is a few things that are worth noting. First there is no minimum evaluation for a joint resurfacing procedure. Currently, sorry, let me back up. The manual will advise that after a joint resurfacing procedure has been conducted, to reinstate the evaluation that was in place prior to the surgery, and to request an examination at the end of the five month period. Once again this only pertains to resurfacing. There is no need to order an exam after a total joint replacement, but simply applies to the resurfacing procedure. Additionally the evaluation criteria for joint replacement at the non-100% level, many for a knee replacement, the 30% or the 60%, or for the hip replacement, the 30, 50, 70, or 90% level, those criteria cannot be assigned for resurfacing. They only apply to total joint replacement. Moving on, the next significant change that we made is to the knee instability code. We have replaced the criteria in entirety. Now the criteria involves primarily the number of ambulatory devices that have been described to address the reoccurring instability. And blood toy devices is things like a cane, a crutch, or a walker. To give a overly broad explanation of the criteria I would say something like the 10% criteria applies to instability without any ambulatory devices. 20% is for instability with one amatory device or with a prescription for the bracing. The 30% criteria requires both a ambulatory device described and the bracing. That if an overly broad simplification of high the -- how the criteria works. I will make one additional point worth mentioning when it comes to rating patella instability. Surgical correction is required to award an evaluation of 20% or 30%. Moving to our last significant change, we have added, we have added medial TBL stress syndrome or MTSS, otherwise known as shin splints. The criteria stipulates that the shin splints must be treated for at least 12 consecutive months before it can receive a compensable evaluation. The treatment that is described can be a combination of any of the things mentioned in the criteria. That is conservative treatment or surgery. [indiscernible]. You can use orthotics in the first month and then switch to conservative treatment in the remaining 11 months. Additionally for the 20% and 30% criteria, surgery is required to award those evaluations. Also to clear up any possible confusion how surgery relates to the 12 consecutive months of treatment requirement, the surgery can occur at any point in time. You don't have to wait another 12 months after surgery to award an evaluation based upon the surgery being conducted. A final note about this new criteria is that we have also added a diagnostic code specifically for compartment syndrome and the muscle injury section. That is diagnostic code 5331. These two conditions can now distinctively berated and should not be combined or, we can just remove that part. Those are our most significant changes, but I want to cover some simple noteworthy changes as well that have been made to the musculoskeletal and muscle injury system. Many of the malunion criteria have been replaced with references to other diagnostic codes that evaluate the joint in question. Instead of dealing with the malunion of the tibia and the fee be a, and instead of having moderate criteria, you will see a reference to the need code or the ankle code depending on the levels of where the disability is impacting the joint. Additionally arm and thigh amputation have a new 100% criteria that allows for that sorry, I will redo that. Arm and thigh amputations have a new 100% criteria on if the amputation involves a higher portion of that particular appendage. For example an arm amputation that includes any portion of the scapula, clavicle, or rib would be rewarded 100%. Eight thigh amputation that includes a portion of the pelvic bone would be awarded 100%. The foot amputation criteria remains the same, but the criteria now specifically indicates that up to half of the foot can be amputated to only warrant still 30%. Additionally we have added a code specifically for plantar fasciitis and a 10% evaluation is assigned just for having the diagnosis and higher evaluations require more things than that. Also there is some joints that don't have, I will repeat that. Also there are some joints that have a range of motion definition in the manual but not in the schedule, and we have incorporated those definitions into the schedule. For example a shoulder limitation at of Midway, we have identified exactly what that range of motion is. Finally the code fork out, it is now rated using diagnostic code 5003 instead of 5002. Those are the main changes that I wanted to discuss with you all and share that. There is some clarity at the beginning of the discussion with what this new update will look like. Let me stop for a second. Is there a way to tell people to submit questions on this? Do we do that?

 We don't usually. Do you mean to us or to you?

 If they want to ask questions to me.

 You can tell them to contact you or somebody on your staff.

 Okay. All right. So those are the most significant and noteworthy changes we have made to the musculoskeletal and body injury system. Please refer to the manual guidance as well as a training material for more insight on these changes. If you have any questions resort to your local procedures for submitting them to the compensation service policy team. Thank you.

 Good morning. My name is Erin Hawkins and today we will be presenting some example reminders. Recently I was fortunate enough to join in on some conversation with one of the veterans in which they was asked to share their expense with the military and describe their journey toward obtaining VA benefits. This profoundly impacted me and the VA employee and reminded me of the people, our veterans, on the other end of the paperwork. It help to reconnect to the person seeking help and reinforced our highest responsibility to rest -- provide a response. I'm going to share the journey of a different veteran that I spoke with. A Sergeant major from the Army and whose experience coming home and getting VA benefits after two tours in Iraq, in his words. After my second tour in Iraq and returning home and being reunited with my family was a struggle. It was difficult to resume normal life. I have better words for it now to describe the difficulties I faced every day and every night as I cope with my experience from war. Worse like a freight, and I had a lot of sleepless nights and when I did sleep I had a lot of nightmares. I kept weapons he had in every room in my house just in case. I was constantly alert even home in the United States because during my last two are the enemy had a list of names of high-ranking officers enlisted at our base. This was a hit list and I was on it. I was and I am afraid of being on that list and that me and my family might still be a target here in the United States. I retired four years after coming home and my wife encouraged me time and again to file a claim with the VA. It took a lot of urging from her and a lot of her give me examples of my behavior as well as pointing out my hearing was significantly impaired for me to take that step. I was a warrior. We was not supposed to need help. So four months after my discharge I finally submitted my claim to the VA requesting service connection for PTSD and service loss. I served this country faithfully for 33 years and now my fate is in the hands of the VA. This is our veteran and you are the the F are working his claim. The veteran has filed his original claim four months after discharge from the Army with issues of PTSD and hearing loss. We have checked the file and everything you need is there. What exam do you order? Initial PTSD? Yes. Hearing loss? Definitely. [indiscernible] the veteran only claimed two contentions and we are now ordering two specialty exams. So is the exam still needed?

 The answer is still yes.. We will request a GenMed exam if the veteran has filed an original claim within one year of discharge or an intent to file its receipt within one year of discharge and a substantially complete application is received within one year of the IDF. It applies even if the only conditions claimed require a special exam. This is a scenario from a real veteran I provided at the start of my presentation. Other instance that a GenMed might be required is claims for IU, conditions incurred as a result of the Gulf War, or claims for veterans pension filed more than one year after service. However it is not necessarily to request a GenMed exam if a claim for compensation has been rated many years after separation from service or a veterans pension claim that requires a permanent and total disability determination already contains sufficient medical evidence to decide the claim. With that I thank you for your time and I will pass it over to Radine .

 Thank you. I am from consultant with the star program review staff and I am happy to be here today to give you some reminders.

 Radine, if you are speaking we do not hear you. I will type that in the chat as well. Body, I'm going to Paul's -- pause the recording for a second.

 Erin has graciously agreed to read through the slides for Radine. We seem to have lost her. I think we can resume the presentation and just have Erin go through that if that is okay.

 Do we want to go back to the end of mine and unfortunately not introducer?

 That would be fine. I cannot take your name slide out.

 I can move it directly from euros to hers.

 With that I thank you for your time and now I am going to move to the next topic on exam reminders.

 Please remember when you are reviewing a claim and advancing the suspense dates based on a pending exam, review all exam requests for accuracy. Make sure we include all required information to minimize the possibility of a deferral and the timely processing of a veterans claim. Please take into consideration to have all necessary exams and medical opinions, have they been requested? Is the appropriate DBQ and exam type shown for the disability being evaluated? It can be determined by consulting the index of DBQ, exams by disability on the switchboard to verify if the body type examine matches of body type being claimed. Does the appropriate medical language included with all applicable evidence For the examiner and a medical opinion DBQ present if an opinion is wanted? Has wanted additional language for the exam request and included her the ERV tool or supplemental language matrix? That includes our exam reminders and with that I will pass it over to Bonnie Kirby.

 Thank you Erin and we have reached our Q-tips portion of the call. If you have a suggestion we will talk about how to submit it at the end of the call today. I have the first two and the first one is about vitamin D deficiency. In the absence of an actual are diagnosed residual disability, vitamin D deficiency in the lab finding and not a discipline subject to the SC on its own. We have noticed some examiners are listing vitamin D deficiency as they:notion on the DBQ, but just the vitamin D deficiency, there is no disparity there to grant. A deficiency is quite common and is basically a lab finding. There is a section that talks about lab finding that doesn't mention vitamin D exactly but talks about what lab findings are and how we cannot grant them on our own. It is just a reminder there. The next one is an update to the direct deposit procedure. VA forms 24-0296, and the A portion of that form, there is an enrollment discontinued effective October 13 of 2020. This was covered in last month's compensation bulletin, and there was some instances of that form being used that created and attributed to some veterans miss some benefits. This form is being discontinued and the way the veteran should update their direct deposit information is below. The online direct deposit page using two factor authentication is the best way. They can also contact the national call center and if they need to use a paper version they can use the standard version 1199A. If you are working on a claim just advised them those other ways to update that direct deposit situation now and we wanted to reiterate that this morning. I am going to turn it over to Isabel.

 Hello everyone. Our third reminder day is for our attorney fee coordinators. Please include the date that you issued the [indiscernible]. The manual reference is on the screen. That was a quick and easy one and I am going to pass the program back over to Robert Johnson. Robert?

 Thank you Isabelle. Hello everyone this is Robert Johnson and I have some reminders on the folder location in VBMS. So all employees need to use the VBMS folder location tab to ensure that we have all of the veterans records. It is important to look at the folder location and not just the station number. The are some stations that no longer have a IPC. In those instances each employee will need to update the folder location if it is incorrect. Check with your local management for guidance on that procedure. Policies and procedures are doing a major update to part three, subpart two, chapter 5, to remove any mentions of covers [indiscernible], claims, and folder transfers. That is all done for the most part in VBMS. I want to share some reminders about the folder location in VBMS like what to do ? Who should use the folder location tab? Also the process to get the folder. So use the VBMS folder location tab to find out if the folder needs to be scanned. Also use the tab to show the paper folder has been converted to electronic record. When all the folders are sent to the scanned vendor dislocation was updated to show where the photo was sent. This is why there's probably some confusion. Some employees think they need to request a folder because they see a different station number and think there is a paper folder to request. But actually the folder has been scanned and everything is already in VBMS. You first need to research and find out if the folder has been scammed because often the folder location [indiscernible] with the current location. So there is no paper claim folders at regional offices or the RMC anymore. If a folder location shows that that is not correct and will need to be corrected. Any employee such as a PSR, or who have access to the folder location tab and the ability to change the location should take this action. But please check with your local manager first for local guidance. All folders from RMC have been scanned and several of the federal record centers are shipping the file directly to the scanned vendor, but the pandemic has caused a delay. The federal records Center guidance is an part three, subpart two, chapter 5, section E, topic three. But it will be moved once a manual is updated. So everything that was at the RMC is now at the vendor and scans to the folder location ICM HS which stands for intake conversion mail handling services. The vendor should be pulling up and scanning the folder based on the [indiscernible] that is established. If they are not the folder can be requested via the RMC source material tracking system portal. If you see the RMC folder location 376, that is incorrect and needs to be corrected. There is going to be detailed notes in the bulletin. Compensation service quality insurance would like to think -- thanked Michelle for the just in this topic. We would like to thank Amy and JD along with Matthew, the compensation service for providing support for this topic. That is all that I have. Up next is Amy Austin.

 Thank you Robert. Hello everyone, this is Amy Austin, a consultant with the quality assurance staff in Nashville. I will be reinstating some information that was presented during the November quality service call and will be discussed at some additional exam management systems to assist with claimed processing. To kick things off let's start with the question. Should claim officers use a follow-up field for tracked items? The answer is no. As discussed in the October 2020 service call and per the VBMS exam system, no, the tracked item follow-up field should not be used when requesting exams through EMS. Using the follow-up will -2 columns on the generated tracked items creates issues within the VBMS exam management system and will interfere with the automatic updating of the tracked item based on the MS protocol. We want to remind the field of these matters to avoid unnecessary delays and claim processing and prevent errors. The generated tracked items must only be closed or received or extended if evidence in the file or vendor portal warrants that action. As noted [indiscernible], contract examination scheduling request prepared in VBMS and accepted by the scheduled activity will automatically generate corresponding tracked items backed and initially reflect 830 date suspense date, and automatically update based on scheduling, modification, cancellation, and/or completion of individual examination appointments. When modifying the suspense date refrain from arbitrarily updating the suspense date. As noted in 201331 F 5 A, the suspense date must always correspond with specific action. However we do recognize there are exceptions to the rules especially examination request affected by the current pandemic. Because of complexities, because of the complexity with scheduling and conducting examinations during the covid pandemic, special instructions have been given by the office of field operation. If while they are reviewing a claim that appropriately has the special issue attached and no additional action can be taken including developing and rating, they can move the claim forward it would be appropriate to suspend the date for the impending action. Before updating the suspense date claim processes are reminded, before updating the suspense date claim processes are reminded to ensure that every effort is made to move the claim to the next processing cycle each time it is handled. RO employees are reminded to use job aids like the VBMS EMS resolution job aid to assist with exam related transactions. Additionally employees are encouraged to utilize their exam liaison or exam coordinator for any exam related concerns. A claim should only be moved to the 380 3Q with no other exam reactions or any development transactions can be taken to move the claim forward. Finally this line will list resources pertaining to this topic and some hyperlinks have been provided for your convenience. This information will be included in the bulletin for today's call. I want to turn it back over to Bonnie Kirby for some final remarks.

 Thank you Amy and thank you to all of my presenters today. We have reached the end of the presentation so let's talk about how to present a topic for the next presenter call as when is the next one will be recorded. If you have a topic that you would like to present, then run it by your coach and send us an email. We love having guest presenters and is a great way to communicate relevant information. If you just have a suggestion for a topic we would love to get those two. -- Too. You can send them to the same mailbox shown in almost every call will include suggestions received in the mail. You can find bulletins from a past call on the compensation Internet and the full recording and PowerPoint is available. Thank you for joining us today. The next call will be recorded the week of January 13. Have a wonderful holiday and we will see you next month. [ Event Concluded ]