Compensation Service Quality Call April 2021  
  
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Welcome to the April compensation service quality call.

This is Robert Johnson, I'm a senior quality review specialist, with quality assurance. Again, for the best viewing of the quality material we hope you log into TMS using the Microsoft edge web browser. You can also use the Google Chrome web browser, but edge is recommended.

Here is today's agenda. Up first we have Site Visit trends from the first half of FY21, and then a presentation on recent changes to the manual regarding drill pay adjustments. Jennifer Monville is back with another VBMS-R demo; this time showing how to prepare a final rating following QUEUE action. Kim from Buffalo will discuss supplemental claims for an earlier effective date. Then there will be additional guidance on the recent VASRD update, and a presentation on the necessary steps to take when there is an error on an existing exam request.

The MDE staff will discuss new MST language, the DBQ index, and some guidance for the public-use DBQs which are now available again. We’ll end today’s presentation with Part Two of a Two Part Series on routine future exams, and version guidance on VA Form 21-22. Before we get started, I wanted to let you know that there’s a Closed Captioning transcript in TMS for each Quality Call. To open it, select the Quality Call title from your To Do list, then select the paperclip icon that is next to the number of credit hours. And, another reminder that you will not see a green checkmark after you complete the evaluation in TMS – that’s okay. After completing the evaluation once, simply close TMS. Okay, let’s start with the first topic.

Up first is Ken with site visit findings from the first half of FY 21. Ken?

Thank you, Robert. Hello. I am Ken Young and the lead operation analyst from the program operations staff and today I'll be discussing the FY 21 compensation service site visit findings. For physical your FY 21 compensation services is scheduled to complete 19 virtual site visits at various regional offices. Presently, there has been 8 completed for BSC and one for VEST progress you see on the screen the following are the most common review type along with the common findings. First, for development transactions of examine our medical opinions the ace language or exceptional credit language was missing were properly used. The trench with the process is warranted for an in person exam however, the COVID-19 language is either missing in the exam request or improper language was being used. Next missing three elements to warrant an exam. And exam is requested all three elements outlined in 21 chapter 1 section see 3-D must be present in the evidence. Next is total disability individual unemployability or TDIU. For the TDIU grant it was not discussed. In and 21 -1 part 4 subpart 2 chapter 2 section F it provides an explanation for any grants or denials as required. Next is at the expiration of economic and noneconomic factors not included. A decision about the wages and individual is capable of burnishing our learning are based on their ability and inability was missing. Next is RDC transactions. Granting or incorrect basis or erroneously under 38 CFR 3.317 a service connection can only be granted if the examiner determines the disability is other an undiagnosed illness or diagnosable on medical unexplained chronic multi-symptom illness of unknown ideology. Most of the time those are getting confused and in the rating decision. Next missing proper regulations and for grants context and regulation outlined in and TMS -1 part 4, subpart 2, chapter 2 sections V, 4, a and B must be in the rating decision. Also, for denials the rating decision must include the presumptive and direct provisions. Next is under overpayment controls, the special issue is not applied at establishment. The potential under an overpayment was not added to mail that could result in a reduction or discontinuation of benefits. Next is manual reference on creative deferral. The manual reference was not included in the deferrals created by the Aro. Finally hospital admission reports, the contractor single reports were not being run and reviewed. That concludes my section. I will pass it over to Thomas to present on what is new in the M21-1.

Thank you, Ken. Good day everyone I would like to take a few moments to alert everyone to an update we made last month to M21-1 part 3, subpart 5 chapter 4 section C. This is the section in the M21-1 that provides guidance in adjusting benefits based on veterans receipt of drill pay where drill pay refers to payments reserve or National Guard numbers receipt for active duty training or in active duty training.

This update replaces the procedure of subtracting the number of days a veteran is on active duty from the total number of days shown on the system that generated VA form 21 -8951 with the data driven procedure based on information received from the defense manpower data Center and shown in the veterans information solution VIS under the drill pay days table on the military history screen. The update which is effective October 1st, 2019, which is the start of fiscal year 2020, subtracts drill and training days in month in which there were none award days and was used on system generated VA form 21-8951 that were attached to system generated proposed adverse action letters starting with the letters for fiscal year 2020. None award days are days in which the gross compensation amount is zero and included for example days in which a veteran received no compensation as the veteran had no compensable service-connected disabilities at that time or days in which compensation was stopped based upon a return to active duty. Procedures specific to the new competition rules are located under M21-1 part 3, subpart 5, chapter 4, section C topic 1, subtopics E through G. The procedure for determining the drill pay withholding amount has not changed or in general compensation is withheld at the same gross rate payable to the veteran on the last day of the fiscal year under review. This procedure has not changed because the data received from the DMDC and displayed in VIS does not display the number of days the veteran drilled that month. Rather, the data represents the number of days are training days paid in that month. For example a veteran may have at 50 training days in May and those days were paid in June and shown in the data as 15 training days in the month of June. That's all I have. Next up is Jennifer.

Thank you and hello. Welcome to part 4 of the ongoing VBMS-R tutorial series. Today will be preparing a final severance rating decision following a proposal to sever based on CUE. The M21-1 was updated on January 22nd, 2020 providing specific guidelines to the preparation of the final rating decision when we are severing service connection under CUE. The quality will include the January 2020 M21-1 citations along with some other helpful references. The January 2020 guidance requires that in the final rating is prepared, the this should be updated to appear how it should have read had no error been made. The February in March quality calls covered this change in the March 2020 call also provided a great step-by-step presentation showing the proper preparation of the final rating. The November 2020 quality call touched on it again as well. However, there is still some confusion in the field and the new guidance is not always being followed. Today we will provide a live tutorial to supplement Angie's great presentation from March 2020. In our scenario it was determined that service connection for the residuals of a left wrist fracture was clearly and unmistakably erroneous. Proper proposed severance via CUE has been provided to the veteran. Following the process, we are preparing the final severance rating on April 14th, 2021. At this point I will share my screen. Before we even begin answering the issue in the issue management tab, we should enter a special notation on the code sheet for the authorization folks. While this notation is not mandatory, it is highly recommended. Because this is a fairly new process and represented a significant procedural change, giving the authorization employees as much information to properly perform the authorization function is a best practice. The quality call in November 2020 also suggested this code sheet annotation. Using the profile screen we enter a special annotation that reads, authorization, final severance based on CUE. Please follow the guidance in M21-1 , 4 2 3 eight 2 81 promulgating the rating. Ensure all proper evidence has been listed in the intro evidence tab before proceeding. Due to time constraints we are not including that in today's tutorial. We will now toggle to the issue management screen. Because the issue is currently service-connected, we access the issue by selecting evaluation in the category drop-down. In the subject area we choose residuals, left wrist fracture, and establish our issue. Select enter decision. Because we are not evaluating the condition but instead are preparing final severance action, we select disability decision information manual entry and hit okay. At the first DDI screen, it next. Here we select edit. Because today is April 14th, 2021, we enter the two dates to show the first of the month following 60 days of notification of final action. For July 1st, 2021. You must input a to date as your first step on the screen or you will not have a final severance option in the next field. In the supplementary decision drop-down we select final severance. And then save changes. We select next, next again, and then accept. Here we are prompted to enter an effective date of final severance. We enter July 1st, 2021. And hit complete. We are now prompted to input a bit of additional information to justify why we are taking final action. We enter the effective date, due to the fact that service connection was established in error. We are also going to input the date of the proposed rating notification letter which in this case was December 22nd, 2020. And we hit complete. At this point we are taken back to the analysis tab in VBMS. Notice the issue line and the decision line properly reflects the decision we are making. Remember our current rating is now considered a denial of service connection so we must enter any valid favorable findings. We toggle to the favorable findings tab, and proceed by entering a premade finding for direct service connection. In this case there is no nexus and there is no in-service event. These are the reasons we are severing service connection as those elements were not met in the prior decision but service connection was erroneously established anyway. The only favorable finding we have is that there is a disability that would otherwise be subject to service connection. We select the you have been diagnosed with a disability favorable finding and hit finding. Now we must edit that favorable finding to add the free text identifying the piece of evidence that overcame that element. Using the edit function we enter the be a exam dated December 1st, 2019, diagnosed residuals of a left wrist fracture. After entering the free text, we saved by hitting the button rectally to the right of the favorable findings box. We must also hit save in the lower right-hand corner of the favorable findings tab. Now we toggle back to the analysis tab, and hit append to populate the VBMS generated language and favorable findings into the reasons for decision box. Although the VBMS generated language gives us a good start, and provides 38 CFR 3.105 the regulation that guides CUE, it is really not sufficient. We use the enhanced editor function to more easily view the entire narrative. Since we no longer use the words the claimant when writing a narrative for a live veteran, we must change the claimant was to you were. We now include a little bit of free text to justify why we are taking final action to sever. We have to remember all of our free text must include the appropriate reference laws and regulations. I have prepared my own free text, which reads, because the grant of service connection for the residuals of left wrist fracture was in error, as was discussed in the proposed rating dated December 22nd, 2020, we are now taking final action to sever service connection. Effective date is July 1, 2021, the first of the month following 60 days of notification of this decision. I included 3.103 because that is the regulation that dictates procedural due process and definition right. I included three point 303 and 3.304 because these are the regulations that dictate entitlement to service connection on indirect basis both of those legal theories were briefly discussed in the narrative so the numerical regulatory citations are correct. I included 38 CFR 3.501 and 3.105 in the effective date paragraph because the effective date in this case is dictated by those two regulations. Our rating narrative and favorable findings were complete so we select done in the event editor. Which returns us to the reason for decision box. We reviewed the narrative and determined it was complete and correct. We hit okay. But wait, we're not finished yet. Let's preview our draft code sheet which we do by using the document tab. Here we notice the issue of left wrist fracture is still showing as a service-connected condition within end date of final severance. The current code sheet is also providing an improper combined evaluation from November 25th, 2019 to July 1st, 2021. Remember final severance ratings repaired after January 2020 have any procedure. We still must change the code sheet to make it appear as if the error never happened. We have to fix this and ensure that the master record shows the condition as not service-connected. To do this we now toggle back to the master record, we locate the residual of left fracture card and we select you edit. We want to edit the first disability decision information card so we hit edit. On the DDI screen here we change the decision box from service-connected to not service-connected. VBMS also requires a selection in the decision basis box. In this case because of the wrist fracture did not happen on active duty, we select the not incurred caused by service box, and select next. In order to proceed, you must hit the edit button here which brings us to the diagnosis information screen. Although we don't need to make any changes here, we must select save changes to proceed. We select next, and next again. Notice the first card now shows that the condition is not service-connected. That is what we want, so we select accept at the bottom below all three cards. We will now toggle back to the documents tab to preview our draft code sheet again. Notice how the code sheet now has moved to the left wrist fracture to the not service-connected portion of the code sheet, and only it shows the and only it shows the subject to compensation area, the combined evaluation is also properly showing from the combined evaluation is also properly showing from 1125 2019. This is exactly what we want. We also notice what we want. We also notice that the special instructions that we gave to the BSR are shown on the gave to the BSR are shown on the code sheet. This gives authorization a heads up to follow specific M21-1 a heads up to follow specific M21-1 stats would probably be the rating. R rating actions are now complete and we can proceed to finalizing rating. R rating actions are now complete and we can proceed to finalizing the rating. I hope this step-by-step tutorial coupled with other quality call step-by-step tutorial coupled with other quality call resources that were mentioned assist you in understanding how to prepare the final rating decision when severing you in understanding how to prepare the final rating decision when severing service connection based on CUE. Our live tutorial series will continue next month with the preparation of a presumptive denial of service connection. Now I will turn it over to Kim Brown who will be discussing supplemental claims for earlier effective date.

Thank you, Jennifer. That was really helpful. Hello everyone. This is Kim Brown, rating quality review specialist at the was really helpful. Hello everyone. This is Kim Brown, rating quality review specialist at the Buffalo regional office. Today I would like to share with you some information regarding supplemental claims for an earlier would like to share with you some information regarding supplemental claims for an earlier effective date. When a veteran or claimant disagrees with the decision, they can select from one or claimant disagrees with the decision, they can select from one of the three post-official review options you see here. Supplemental claim,options you see here. Supplemental claim, a higher level review or a direct appeal. The effective datea direct appeal. The effective date defined in the VA decision is an appealable issue. When a veteran or claimant disagreesis an appealable issue. When a veteran or claimant disagrees with their effective date, they can select one of the three review options within can select one of the three review options within the applicable post decisional review time limits which are often referred to as the appeal.time limits which are often referred to as the appeal. Those options and time limits are outlined in 38 CFR 3.2 500are outlined in 38 CFR 3.2 500 and this information is provided to the veteran or claimant on the VA form 20 minusto the veteran or claimant on the VA form 20 minus 0998 provided as an attachment to the notification letter.to the notification letter. The two sections of the manual referenced here outline the procedures for handling freestanding claimsmanual referenced here outline the procedures for handling freestanding claims for an earlier effective date. This importantThis important to understand exactly what a freestanding claim for an earlier effective date actually is and is not. The references freestanding claim for an earlier effective date actually is and is not. The references state that be a has no authority to adjudicate a freestanding request for an earlier effective dateno authority to adjudicate a freestanding request for an earlier effective date associated with a decision it has become finally adjudicated under 38 CFR 3.160has become finally adjudicated under 38 CFR 3.160 and that is the key. Finally adjudicated under 38 CFR Finally adjudicated under 38 CFR 3.160 D the post decisional review period has expired. Supplemental claims for an earlier review period has expired. Supplemental claims for an earlier effective date submitted within the one-year post decisional review period is not a post decisional review period is not a freestanding claim for an earlier effective date. It is a request for a post decision review. Within the effective date. It is a request for a post decision review. Within the appeal period the veteran and claimant does not need to allegeclaimant does not need to allege a clear and unmistakable error. The procedures in the manual regarding freestanding claim for an earlier effective dateThe procedures in the manual regarding freestanding claim for an earlier effective date do not apply to supplemental claims for an earlier effective date received within the appeal period. claims for an earlier effective date received within the appeal period. The applied claims for an earlier effective date received after the appeal period earlier effective date received after the appeal period has expired. Let's check out an example. In our scenario a veteran rated an example. In our scenario a veteran rated 10% for type II diabetes submits a claim for increased evaluation on submits a claim for increased evaluation on VBMS 513, 2021. The attended exam on VBMS 526 exam on VBMS 526 reflects that the veteran is not prescribed Metformin. prescribed Metformin. The valuation of 20% effective February 13, 2021 the date of February 13, 2021 the date of the claim. On April 26, 2021 the veteran submits the VA form 20 minus 09 at five2021 the veteran submits the VA form 20 minus 09 at five . The issue listed is earlier effective date for diabetes increaseearlier effective date for diabetes increase as the decision notice is listed as March 10th, 2021. listed as March 10th, 2021. Attached to the application is you and relevant medical evidence showing that the veteran was first describedand relevant medical evidence showing that the veteran was first described Metformin on November 14th, 2020. In this example In this example 20 -- 09 at five received on received on April 26, 2021 is a valid supplemental claim. This is a post decisional review request expressing disagreement with supplemental claim. This is a post decisional review request expressing disagreement with the effective date signed, which was filed within filed within one year time limit. Veteran submitted a new and relevant evidence showing that a factually a new and relevant evidence showing that a factually ascertainable increase in disability. Veteran submit a new and relevant evidence showing that a factually ascertainable increase Veteran submit a new and relevant evidence showing that a factually ascertainable increase in disability occurred within the one year prior to the date of the original claim for increased.year prior to the date of the original claim for increased. The new and relevant evidence allowsallows to grant in earlier effective date of November 14th, 2024 the 20% evaluation that is based on 38 date of November 14th, 2024 the 20% evaluation that is based on 38 CFR 3.400. I hope this information helps you understand the difference between information helps you understand the difference between a post decisional review of an effective date versus a freestanding claim effective date versus a freestanding claim for an earlier effective date. Now I would like to turn things over to Amy Bryant for an or informational Now I would like to turn things over to Amy Bryant for an or informational the new musculoskeletal rating schedule.

Thank you. Hello everyone, I'm Amy Briant, lead policy analyst on the be a schedule for reading disability and limitation team will. Along with the other elementsfor reading disability and limitation team will. Along with the other elements of the program officer responsible for updating their rating schedule and a major for updating their rating schedule and a major update just occurred on VBMS five 7 when the revised musculoskeletal criteria became effective.five 7 when the revised musculoskeletal criteria became effective. Some questions from the field had arisen and today very good answer three of those and provide you with several had arisen and today very good answer three of those and provide you with several illuminating examples. Question 1 asks, under the new diagnostic code 5257 criteria, , under the new diagnostic code 5257 criteria, the 20 percent and 30% levels include a requirement for a prescription by a medical provider for levels include a requirement for a prescription by a medical provider for a brace and or assistive device for ambulationdevice for ambulation , like crutches, a cane or a walker. If the VA examiner states the brace and or assistive device was prescribed, a walker. If the VA examiner states the brace and or assistive device was prescribed, is that sufficient for be a rating purposes? The answer is no. Examiner rating purposes? The answer is no. Examiner marking yes they neither 6D or 6 G on or 6 G on the BBQ is not sufficient to meet the requirement of objective evidence of a prescription by a medical provider. meet the requirement of objective evidence of a prescription by a medical provider. The decision maker must verify that objective evidence of the prescription like a copy that objective evidence of the prescription like a copy of it is of record. The request to add some clarifying language to the manual regarding this has The request to add some clarifying language to the manual regarding this has been submitted. Question 2, 3.4.43.4.4 .8 .6 point G city relished for shin splints may be based on the use of conservative treatment like rest, relished for shin splints may be based on the use of conservative treatment like rest, ice, elevation, et cetera. Can we accept the veterans lay statement as to the accept the veterans lay statement as to the duration of that conservative treatment? I'm going to say no but let me explain. FirstI'm going to say no but let me explain. First , part of the criteria in 5262 for a compensable evaluation for shin splints is 5262 for a compensable evaluation for shin splints is requiring treatment for no less than 12 consecutive months. The key word there than 12 consecutive months. The key word there is requiring. A medical professional can tell us if the treatment was medically required can tell us if the treatment was medically required while the veteran or another layperson cannot.layperson cannot. Second, as far as duration, treatment records in the claims folder including service treatment records , treatment records in the claims folder including service treatment records may document when such treatment began and or ended. However, began and or ended. However, be a does not assume that the conservative treatment for the shinsplints has ended that the conservative treatment for the shinsplints has ended unless the medical evidence indicates that the condition has resolved. Keep in that the condition has resolved. Keep in mind we rely on the VA examiner to answer those questions based on the veterans VA examiner to answer those questions based on the veterans subjective history, the objective exam findings, and any other objective evidence which findings, and any other objective evidence which the examiner reviewed and his or her medical expertise.her medical expertise. Question 3 has two parts. The first part says, is the shin a joint? NoThe first part says, is the shin a joint? No , it is not. But 4.59 congregation regarding painful 4.59 congregation regarding painful motion says the intent of the schedule is to recognize in full motion with joint orthe schedule is to recognize in full motion with joint or very articular pathology. 2.4.4.8.6 point H notes shinsplints 2.4.4.8.6 point H notes shinsplints or a type of very articular pathology so 4.59 can articular pathology so 4.59 can apply to shinsplints. When was 4.5 my apply to shinsplints? Per was 4.5 my apply to shinsplints? Per the manual it applies when painful motion due to shinsplints is shownpainful motion due to shinsplints is shown , not just pain on palpation, and shinsplints are otherwise and shinsplints are otherwise noncompensable. When does 4.59 apply to shinsplints? 10% is warranted when painful to shinsplints? 10% is warranted when painful motion due to shinsplints occurs in the ankle or kneein the ankle or knee or when shin pain or other similar pain occurs with motion. Howeverother similar pain occurs with motion. However , when a separate knee or ankle disability exists and has been or ankle disability exists and has been compensable evaluated, do not assign a compensable evaluation under 4.559a compensable evaluation under 4.559 causing painful motion in an already compensable the your an already compensable the your ankle joint. Bethel want to the examples. There is five of them and here's the first one. the examples. There is five of them and here's the first one. The VA examiner diagnosis left leg shinsplints. There is pain on palpation. There is leg shinsplints. There is pain on palpation. There is no painful motion. Private medical records dated six month earlier show the veteran was instructed by his records dated six month earlier show the veteran was instructed by his doctor to rest and ice of the shin. Can you assign 10% based the shin. Can you assign 10% based on 4.59? The answer is no. Pain on no. Pain on palpation was noted but no painful motion was shown. So 4.59 motion was shown. So 4.59 does not apply. A 0% evaluation is warranted based on treatment less evaluation is warranted based on treatment less than 12 consecutive months for one lower extremity.one lower extremity. Example 2, the VA examiner diagnosis left leg shinsplints. Painful examiner diagnosis left leg shinsplints. Painful motion was found on range of motion testing. Private medical records motion testing. Private medical records dated 13 month earlier show the veteran was instructed by his doctor to rest and ice the shinveteran was instructed by his doctor to rest and ice the shin with follow-up records documenting the requirement for continuing conservative treatment. Those the requirement for continuing conservative treatment. Those records also note shoe orthotics were not helpful. Can you assign 10% were not helpful. Can you assign 10% based on 4.59? No, not based on 4.59.not based on 4.59. 4.59 applies to shinsplints when painful motion is shown as it was here and when shinsplints are painful motion is shown as it was here and when shinsplints are otherwise noncompensable. But the evidence in this example shows the veteran requiring treatment for no less than 12 in this example shows the veteran requiring treatment for no less than 12 consecutive months, and that he was unresponsive to shore thoughtwas unresponsive to shore thought orthotics. In other words, he meets the he meets the 5262 criteria for a 10% evaluation. So, yes, 10% will be grantedSo, yes, 10% will be granted , but it will be based on 4.59 in this example.

on 4.59 in this example. Example 3, the veteran is 10% service connected for moderate limitation of motion of the left ankle.is 10% service connected for moderate limitation of motion of the left ankle. She now claims service connection for shinsplints of the left leg. The VA examiner diagnosis for shinsplints of the left leg. The VA examiner diagnosis left leg shinsplints and states there is painful motion on the left ankle due to the shinsplints.there is painful motion on the left ankle due to the shinsplints. Can you assign 10% for left leg shinsplints based on 4.59?left leg shinsplints based on 4.59? The answer is no. As 3.4.4.8.6 point H tells us 3.4.4.8.6 point H tells us do not assign a compensable evaluation underevaluation under 4.59 for shinsplints causing painful motion in an already compensable service connected knee or motion in an already compensable service connected knee or ankle joint. Moving onto example 4. The veteran is 10%4. The veteran is 10% service connected for left ankle sprain and 10% service connected for left sprain and 10% service connected for left knee strain. He now claims service connection for left leg shinsplints. The VA examiner service connection for left leg shinsplints. The VA examiner diagnosis left leg shinsplints and states that shin pain occurs with motion states that shin pain occurs with motion due only to the shinsplints. Can you assign 10% for left leg shinsplints based Can you assign 10% for left leg shinsplints based on 4.59? Yes, you can. The shinsplints are not causing pain on motion in the knee or ankle.The shinsplints are not causing pain on motion in the knee or ankle. The shinsplints are causing pain on motion in the shin. Perpain on motion in the shin. Per amp 2110% is warranted when shin pain occurs with motion. The shin pain occurs with motion. The point of that second bullet under 3.4.4.8.6 point H is 3.4.4.8.6 point H is to not quote unquote double compensate and already compensable compensate and already compensable the or ankle joint based on shinsplints causing painful motion in that the or ankle.on shinsplints causing painful motion in that the or ankle. Our last example. The veteran claim service connection for bilateral shinsplints.claim service connection for bilateral shinsplints. Private medical records dated seven month earlier show the veteran was instructed by her doctor to rest month earlier show the veteran was instructed by her doctor to rest both of her shins. The VA examiner diagnosis bilateral shinsplints examiner diagnosis bilateral shinsplints and states that shin pain occurs with motion do to the shinsplints.with motion do to the shinsplints. Can you assign an evaluation based on 4.59? based on 4.59? If so, will evaluation apply to both legs? The answers both legs? The answers are yes and yes. The shinsplints are not causing pain on motion in the knee The shinsplints are not causing pain on motion in the knee or ankle. The shin splints are causing pain on motion in the shin. Perare causing pain on motion in the shin. Per M21-1 10% is worded when shin pain occurs with motion. Yes, we shin pain occurs with motion. Yes, we can assign an evaluation based on 4.59. The second question 4.59. The second question asked if that evaluation will apply to both legs. 5262to both legs. 5262 10% evaluation is warranted for either unilateral or bilateral shinsplintseither unilateral or bilateral shinsplints . Thus 4.59 allows 110% evaluation to be assigned for bilateral shinsplints 110% evaluation to be assigned for bilateral shinsplints because it is the least compensable evaluation for the jointevaluation for the joint under the seat 5262. Not one 10% for the rightNot one 10% for the right shin splint and one for the left leg shinsplints. We would grant one 10% evaluation on the for the left leg shinsplints. We would grant one 10% evaluation on the 4.59 for the bilateral shinsplints. And this concludes my part of the presentation. And this concludes my part of the presentation. I hope this information has been helpful to you. Backstop is Erin Hawkins to talk been helpful to you. Backstop is Erin Hawkins to talk about exam correction.

Good morning and thank you,morning and thank you, Amy. My name again is Erin Hawkins, the consultant he would quality assurance, and I'm going to be Erin Hawkins, the consultant he would quality assurance, and I'm going to be discussing examination corrections when the exam scheduling request exam scheduling request cannot be modified or canceled. As a lead-in to this topic I would like to remind As a lead-in to this topic I would like to remind us per the ESR modification job aid , a user will not be given the option to modify aid , a user will not be given the option to modify or cancel the exam scheduling request if the following conditions request if the following conditions exist. One, the appointment date has passed for the contention be modified.date has passed for the contention be modified. Two, the scheduled appointment is less than one full calendar day less than one full calendar day from the date of modification or consolation. Or three, the VA status is consolation. Or three, the VA status is not in open state. The relevance of this information The relevance of this information is that the deficiency is found in a pending exam request, then found in a pending exam request, then corrective action must be taken. Sometimes that can be done through a modification by Sometimes that can be done through a modification by doing special instructions and sometimes this is accomplishedthis is accomplished by canceling the exam and scheduling anyone altogether. However,scheduling anyone altogether. However, at the condition outlined in the ESR one kitchen job aid is present that presents the the ESR one kitchen job aid is present that presents the user from being able to modify or cancel the incorrect pending exam request, or cancel the incorrect pending exam request, the user needs to take these steps. First, enter a system that these steps. First, enter a system that clearly details the errors found in the exam request and in the exam request and provide an explanation as to why we could not modify or cancel it. we could not modify or cancel it. This will serve as a structure for claims processor down the road for claims processor down the road giving an explanation as to the errors found. Second, we should also create a secondary errors found. Second, we should also create a secondary action required tract item with a suspense state that correlates to the suspense of the exam tract item that with a suspense state that correlates to the suspense of the exam tract item that contains deficiencies. The logic of using the secondary action is to using the secondary action is to prevent the claim from moving into the statusthe status since exam errors have been identified they may want correction prior to marking the claim asidentified they may want correction prior to marking the claim as sufficient and I would like to emphasize me for a correction.to emphasize me for a correction. Some examples of deficiencies that will require correction are not having will require correction are not having a medical opinion or requesting an incorrect medical opinion on the originalan incorrect medical opinion on the original ESR. Selecting an incorrect DBQ or not having evidence DBQ or not having evidence for examiner review. Let's go through a scenario. And exam was requested for through a scenario. And exam was requested for a claim for cervical spine strain and the exam is scheduled for March 19th. On March 18 astrain and the exam is scheduled for March 19th. On March 18 a VSR reviews the claimant notes that we incorrectly requested a backnotes that we incorrectly requested a back DBQ instead of the correct and proper neck DBQ. We cannot and proper neck DBQ. We cannot correct this exam because the ESR cannot be modified the ESR cannot be modified because it's within one day of the scheduled appointment. To the the scheduled appointment. To the actions to take his first, create a system note outlining the error a system note outlining the error found and why you cannot correct it and then to create a secondary action requiredcorrect it and then to create a secondary action required tract item with a suspense date that matches the incorrect DBQ suspense date that matches the incorrect DBQ tract item. Since we use the side of the reaction required tract item that claim did notthe side of the reaction required tract item that claim did not auto RSP. We have the opportunity after the exam results are returned to review the claims for opportunity after the exam results are returned to review the claims for specifically going to look at the exam and determine if the examiner addressed the exam and determine if the examiner addressed that decision and utilize the proper neckproper neck DBQ. Upon examination of the exam results if we see the deficiency exam results if we see the deficiency still present, so in our scenario the examiner honored our scenario the examiner honored our incorrect request and use the incorrect fact fact DBQ, this point we must request a new exam utilizing the correct neck a new exam utilizing the correct neck DBQ. However, if the examiner addressed the deficiency without being prompted byaddressed the deficiency without being prompted by VA and use the correct neck DBQ, we neck DBQ, we don't need to order a new exam and if the claim is otherwise complete for going to exam and if the claim is otherwise complete for going to market as transects. RFD. As a reminder with the request rework for any requirement that was not As a reminder with the request rework for any requirement that was not previously requested from the vendor. In an example is our original examIn an example is our original exam scheduling request failed to request the required direct medical opinion andthe required direct medical opinion and with exam results come back it was up there it was up there is not a rework request. Instead we're going to have to request a new we're going to have to request a new ESR. Thank you very much. That's all I have for today. I will pass it on to Jack was much. That's all I have for today. I will pass it on to Jack was going to discuss DBQ.

Thank you. Hello everyone. Thank you. Hello everyone. I am Jack Glandon, I'm with the policy of the with the policy of the program management staff. The first topic today is language updates for PTSD claims due totopic today is language updates for PTSD claims due to MST. The exam request language for PTSD claims specific to MST language for PTSD claims specific to MST is being updated to facilitate clarity in both the clinical completion and adjudication of these clarity in both the clinical completion and adjudication of these complex claims. First, the opinion asking whether the MST stress occurred asking whether the MST stress occurred is being changed to now ask, whether the evidence of record is consistent with thewhether the evidence of record is consistent with the occurrence of the MST stressor event because examiners cannot apply event because examiners cannot apply as to whether the MST occurred or not. However, they occurred or not. However, they can provide an opinion about whether the evidence of record is consistent with the occurrencewhether the evidence of record is consistent with the occurrence of the MST stressor. Second, the opinion asking whether the PTSD diagnosis is caused by Second, the opinion asking whether the PTSD diagnosis is caused by or a result of the MST related marker is the changedMST related marker is the changed to now ask whether the PTSD diagnosis is caused by or a result of thePTSD diagnosis is caused by or a result of the MST stressor event because from a clinical standpoint PTSD is caused byfrom a clinical standpoint PTSD is caused by or a result of the MST stressor event , not the MST stressor event , not caused by or the result of markers. Finally, in markers. Finally, in the opinion for the exam the terms that the veteran does not have PTSD but does have a different the terms that the veteran does not have PTSD but does have a different mental disorder, the examiner is asked to provide an opinion about whether the diagnosed mental disorder asked to provide an opinion about whether the diagnosed mental disorder was caused by or the result of indirect evidence noted in serviceresult of indirect evidence noted in service . However, mental disorders are not caused by or a result of caused by or a result of direct evidence therefore, this opinion is being changed to ask whether the diagnosed mental disorderis being changed to ask whether the diagnosed mental disorder is caused by or a result of the MST stressor event.result of the MST stressor event. The MSN ERV will be updated to reflect the new language.updated to reflect the new language. Once updated in these systems, the medical opinion based on MST the medical opinion based on MST verbiage will be removed from the supplemental language matrix.supplemental language matrix.

I next topic is updates to the index of DBQ /exams to the index of DBQ /exams by disability. The index of DBQ/exams by disability commonly referred to DBQ/exams by disability commonly referred to as the DBQ index is a tool claims processor used to determine the appropriate DBQ when a tool claims processor used to determine the appropriate DBQ when ordering examinations. This index contains the DBQ associated with each diagnostic code the DBQ associated with each diagnostic code and disability as listed in the schedule for rating disability.the schedule for rating disability. And the recently made several updates to the DBQ index to improve search results and updates to the DBQ index to improve search results and account for recent revisions to the musculoskeletal. the musculoskeletal. The first update was to the format of the table. The the format of the table. The disability column used to contain the name from the VASRD. With name from the VASRD. With the recent update the disability name from the VASRD was name from the VASRD was added to the new column called rating schedule name. The disability columnrating schedule name. The disability column now contains a disability name based on the VASRD based on the VASRD name but in layman's terms. For example, the rating schedule they for diagnostic code 7006 is For example, the rating schedule they for diagnostic code 7006 is myocardial infarction but heart attack will be listed in the disability column. will be listed in the disability column. Another update to the table was the notes column change to noteswas the notes column change to notes /alternative term to reflect that notes and or notes and or alternative disability names may be present. Additional notes and alternative terms Additional notes and alternative terms were added and some deleted as necessary.as necessary. The further update to the index was a list index was a list of required DBQ was updated. For example be required DBQ for radiculopathy was For example be required DBQ for radiculopathy was updated to Nero peripheral nerves conditions with the corresponding noteconditions with the corresponding note in the notes/alternative terms column that this only applies to a claim for increased or that this only applies to a claim for increased or radiculopathy. If the claim is for radiculopathy and a back or neck condition a separate for radiculopathy and a back or neck condition a separate peripheral nerves DBQ will not be warranted. The last be warranted. The last update to the DBQ index was the musculoskeletal condition or updated in accordance with the recent musculoskeletalwas the musculoskeletal condition or updated in accordance with the recent musculoskeletal -- VASRD revision. For new diagnostic codes were added in three diagnostic codes were relocated to the historical For new diagnostic codes were added in three diagnostic codes were relocated to the historical diagnostic code column. Finally, the names ofnames of other musculoskeletal disabilities were changed to align with the new VASRD updates. Going forwardto align with the new VASRD updates. Going forward the DBQ index will be updated in line with VASRD revisions as appropriate.updated in line with VASRD revisions as appropriate. This concludes my presentation and I will now turn it over to the next and I will now turn it over to the next presenter.

Thank you and good morning everyone.good morning everyone. I'm Tina Skelly and the Lee management and program management analyst on the policy program Lee management and program management analyst on the policy program management staff and I'm here to talk about the public use DBQ . to talk about the public use DBQ . As you may remember the public use the DBQ were discontinued one year ago in April 2020public use the DBQ were discontinued one year ago in April 2020 . Fast-forward to early January of this year, 2021 where section 2006 of this year, 2021 where section 2006 of public law 116 -- 315 legislatively required legislatively required VA to reinstate the public DBQ and be published them DBQ and be published them on March 1st, of this year. Even though year. Even though the DBQ had been discontinued for 11 months VA continue to receive them 11 months VA continue to receive them . Specifically for the 11 months they were discontinued VA received over they were discontinued VA received over 87,000 public use DBQ. I wanted to go over some reminders about public use I wanted to go over some reminders about public use DBQ . As you know the VA adjudication process is VA adjudication process is nonadversarial and generally speaking all evidence is admissible so we are required to consider the evidence submitted on a DBQ. evidence is admissible so we are required to consider the evidence submitted on a DBQ. Having said that, DBQ completed at the veterans request by a private completed at the veterans request by a private healthcare provider do not equate to a VA examination.to a VA examination. An unsolicited DBQ completed for a veteran and submitted tofor a veteran and submitted to VBA is considered another piece of evidence the veteran may submit . The only difference is that if of evidence the veteran may submit . The only difference is that if completed correctly an unsolicited DBQ submitted by a veteran may obviate the DBQ submitted by a veteran may obviate the need for VA exam request to be submitted because it could contain the evidence necessary to to be submitted because it could contain the evidence necessary to rate a case. That leads me into the next item which is private me into the next item which is private DBQ are not subject to the same requirements outlined forthe same requirements outlined for VA and VBA contact examination to include mandatory file reviews. The examination to include mandatory file reviews. The adjudication procedures manual M21-1 part 3, chapter 3 section a part 3, chapter 3 section a topic eight be specific to the examiner review of the claims folder under the examination request section.the examiner review of the claims folder under the examination request section. That is an internal requirement for examinations that VA specifically for examinations that VA specifically requests. The most important thing for decision-makers is how you why the publicfor decision-makers is how you why the public DBQ as evidence. M21-1, part 3, chapter 3, part 3, chapter 3, E 2 seed which refers to tally CNP until mental health examinations was recently changed.to tally CNP until mental health examinations was recently changed. It used to state that you tell mental health examination report is you tell mental health examination report is only acceptable and actionable for rating purposes were prepared by a VHA orrating purposes were prepared by a VHA or contact the examiner in response to a examination request to a examination request and that decision-makers must not accept in lieu of VA examination any in lieu of VA examination any DBQ prepared by a non- VA provider and completed by means of telephone orVA provider and completed by means of telephone or videoconference examination. Now this section states that when reviewingthis section states that when reviewing DBQ or medical examinations of course prepared by private non-of course prepared by private non- VA providers via telehealth or China mental health for the purposes of determining adequacy for or China mental health for the purposes of determining adequacy for rating purposes we must exercise prudent judgment by applying the general assessment as opposed discussed inprudent judgment by applying the general assessment as opposed discussed in M21-1, III.iv.3.D.2.e and consider the credibility and probative value associated with variables disclosed credibility and probative value associated with variables disclosed in the DBQ report including clinicians knowledge of the claimants relevant historyclinicians knowledge of the claimants relevant history and the length of time the clinician has treated the veteran and the extent to which medical recordsthe clinician has treated the veteran and the extent to which medical records and or other records were reviewed and considered.reviewed and considered. These are very important considerations to be made in your decision-making when public DBQ to be made in your decision-making when public DBQ have been submitted . I also wanted to point out thatwanted to point out that M21-1, III.iv.3.D.2.e which is assessing the sufficiency of DBQ completed by non-VA providers the sufficiency of DBQ completed by non-VA providers outlines the decision makers that if the evidentiary record contains a privately completedif the evidentiary record contains a privately completed DBQ claims process must concern the authenticity of the information reportedconcern the authenticity of the information reported , evaluated on the evidentiary principle discussed indiscussed in and determine if the examination is still important. This segues into examination is still important. This segues into the authenticity of DBQ found which instructs regional offices decision-makers that which instructs regional offices decision-makers that all of DBQ completed by treatment providers are subject to validationtreatment providers are subject to validation to confirm the authenticity of the information provided. I should mention most of the information provided. I should mention most of you know that compensation service has a staff dedicated to conducting ongoing public use has a staff dedicated to conducting ongoing public use DBQ validation reviews. The adjudication procedures manual notes that VA may request adjudication procedures manual notes that VA may request medical information including additional examinations if necessary for if necessary for public transit received in support of a claim and where a review of thea claim and where a review of the DBQ raises questions of authenticity or improper alteration of the claims examiner should determineor improper alteration of the claims examiner should determine whether additional development is necessary such as validation of results by the such as validation of results by the treatment provider, obtaining medical records and requesting a VA and requesting a VA examination. It also states that informal contacts with the office of the instructor informal contacts with the office of the instructor general or a from referral may be appropriate. Many of you have already reached outbe appropriate. Many of you have already reached out with your concerns and many of you have referred these DBQ to our office. of you have referred these DBQ to our office. We will continue to work with our colleagues on this. I wanted with our colleagues on this. I wanted to mention that while manual references provide guidance toreferences provide guidance to the employees that does not mean that veterans notice information. With that in mindmean that veterans notice information. With that in mind the public use DBQ all contain a note at the top of the document stating in part that VA contain a note at the top of the document stating in part that VA may obtain additional medical information including an examination if necessary to completeincluding an examination if necessary to complete VA review of the veterans application application . That's to say that VA reserves the right to confirm the authenticity of all questions by providers and VA reserves the right to confirm the authenticity of all questions by providers and and by stating that it is intended that this questionnaire will be completed intended that this questionnaire will be completed at the veterans provider. Additionally on the publicthe public DBQ page where veterans can access the DBQ veterans are informed that VA me determine an additional access the DBQ veterans are informed that VA me determine an additional disability examination is still required to complete the claim for disability benefits whento complete the claim for disability benefits when a VA examination is scheduled the claimant must cooperate reporting for the claimant must cooperate reporting for the examination. We will continue to monitor the public use DBQ and I to monitor the public use DBQ and I want to say thank you for your flexibility with the public DBQ being your flexibility with the public DBQ being reinstated recently. Next up we have Amy Austin who will be going over routine have Amy Austin who will be going over routine future exams.

Thank you and hello. This is Amy Austin, operations analyst with the you and hello. This is Amy Austin, operations analyst with the program operations staff. During the March 2021 compensation service quality called March 2021 compensation service quality called Jessica discussed routine future exam and reminders for and reminders for decision-makers because comp service discovered diaries were being created that did diaries were being created that did not require a future examination. Today I will be going over part Today I will be going over part 2 of this topic which focuses on reviewing cases was the on reviewing cases was the routine future exam control period matures. First I would matures. First I would like to go over a few reminders. During last month's call it was noted reminders. During last month's call it was noted that it is the policy to request future examination only to request future examination only when absolutely necessary and every effort should be made to limit cases for effort should be made to limit cases for future examination requested. It was also discussed when not to establish future also discussed when not to establish future examination controls such as when the disability is static, when the disability the disability is static, when the disability is permanent and character and of such nature that there is no likelihood of improvementof such nature that there is no likelihood of improvement or the evaluation is 10% or less. The 10% or less. The full list of when not to establish future examination diaries is providedestablish future examination diaries is provided in the March 2021 quality call on slide quality call on slide number several can be found inin M21-1, III.iv.3.B.2.b. This regulation is provided on the slideis provided on the slide and the quality called bulletin for your convenience and future reference. We also want for your convenience and future reference. We also want to remind the field as of December 29th, 2017of December 29th, 2017 , the majority of the future examination diaries are automatically future examination diaries are automatically established on the last business day of every monthday of every month as the 310 routine future exams. The last reminder is when future exams. The last reminder is when a routine future exam control matures, it does not automatically mean , it does not automatically mean review examination are required. Now let's discuss actions to takeNow let's discuss actions to take was the routine future exam control period matures. Once control period matures. Once any future review assures the rating activity for a locally designated rating activity for a locally designated claims process with expertise in review examination ordering will conduct a review of available evidence and determine in review examination ordering will conduct a review of available evidence and determine the correct action to take as discusseddiscussed . One of the questions to ask is whether or not it is necessaryask is whether or not it is necessary to advance the date of the examinations in question. An example of the examinations in question. An example of this situation is when a review exam control matures for the condition of review exam control matures for the condition of prostate cancer. And a designated claims processor with expertise in review examination ordering claims processor with expertise in review examination ordering obtains the most recent VAMC records. records. 's records reveal the veteran is really undergoing chemotherapy. The manual reference given on really undergoing chemotherapy. The manual reference given on this slide provides additional steps in advancing the diaryadvancing the diary and the appropriate action to take. Keep in mind that the termination may require the take. Keep in mind that the termination may require the rating activity activities involvement. Another question to ask is whether or not it is Another question to ask is whether or not it is necessary to proceed with the examinations in question. An example of this situation examinations in question. An example of this situation is when a review exam control matures for the same condition of prostate cancer but review of the control matures for the same condition of prostate cancer but review of the most recent VAMC record reveals the chemotherapy started six months ago. reveals the chemotherapy started six months ago. If it is necessary to proceed with the examination requestwith the examination request any and all examinations 30 pending EP 310. But remember pending EP 310. But remember there are always exceptions to the rule in this slide is identified one the rule in this slide is identified one of them. If it is not necessary to proceed with the examination preparenot necessary to proceed with the examination prepare or referred the claim for rating decision to establish permanency rating decision to establish permanency in accordance with the procedures outlined on on M21-1, Part III, Subpart iv, 3.B.2.l. In conclusion3.B.2.l. In conclusion when a routine future exam control period matures, it does not automatically mean control period matures, it does not automatically mean review examinations are required. It is important to review available It is important to review available evidence to determine the correct actions to take and always actions to take and always refer to the manual guidance to make sure proper steps are taken on these type of claims.to make sure proper steps are taken on these type of claims. Now I will turn it back over to Robert Johnson to discuss some guidance onback over to Robert Johnson to discuss some guidance on the forms 2122 and for some final remarks.

Thank some final remarks.

Thanks Amy. That was awesome reminders and guidance on future examinations so thank you for that. There have been some instances where the POA form is showing October 2020 as the version date. Unfortunately, this is another incorrect version date situation. Compensation Service didn’t sanction a change in version dates for this form. The February 2019 version date is the only acceptable version date since that was the last time OMB approved it. Compensation Service was notified in early October that an October 2020 version was uploaded to VA’s public site for about an hour. As soon as possible, the form was fixed and reuploaded that same day with the official version date of February 2019. Usually a refresh happening on the same day should have instantly erased any record of the October 2020 error, but apparently there were a few people that were able to download and copy the incorrect form.

If you see a 21-22 version date other than February 2019, please follow the manual guidance at III.ii.1.C.8. Thank you. Okay, that takes us to the end of today’s presentation.

At this time I would like to share how you can be a presenter or suggest topics and like to share how you can be a presenter or suggest topics and with the next recording of quality call when it will be done.quality call when it will be done.

Today we had two SMEs from the field present topics, Jennifer and KimSMEs from the field present topics, Jennifer and Kim . With your SME and you have a topic you'd like to presentand you have a topic you'd like to present that would help improve the quality accuracy and consistency of the work we provide for our nation's veterans, discuss quality accuracy and consistency of the work we provide for our nation's veterans, discuss with your coach. If it's okay please have your coach send us please have your coach send us an email with your name and topic. We really like having topic. We really like having guest presenters and we can help you prepare the topic material.help you prepare the topic material.

If you have suggestions for topic, send us an email and for topic, send us an email and please be sure to copy your coach. The quality called bulletins for past callscoach. The quality called bulletins for past calls are on the star homepage and it also has a really great search tool and it also has a really great search tool to search the bulletins. Beginning last month the Beginning last month the bulletins will now have a video link at the top of the first page.link at the top of the first page. The PowerPoint slides and video along with the bulletin are in TMS. along with the bulletin are in TMS. All claims processors should receive an email from TMS showingreceive an email from TMS showing commentary in the to do list. If you don't get that email, please reach out your local training list. If you don't get that email, please reach out your local training manager to see if you can be added. If you do that the email be added. If you do that the email but think you should be receiving it please reach out your training manager or someone on your management team to receiving it please reach out your training manager or someone on your management team to find out why you're receiving the quality call topic.quality call topic.

We plan to record the next quality call during the second week of May.next quality call during the second week of May. We know your time is valuable so thank you for listening today and we look forward to having you join valuable so thank you for listening today and we look forward to having you join us next month. Goodbye.

[Event concluded]