ADS 201 Training Course Content Handout – RVSR Track

This additional user resource contains the key content from all six chapters of the ADS 201 training as a downloadable reference. Users can take notes on this resource and save it easily for future reference.

Chapter 1: Welcome and Review

Welcome to ADS 201

This training is intended for Rating Veterans Service Representatives (RVSRs), Rating Quality Review Specialists (RQRSs), and others in similar roles to explore the features of Automated Decision Support (ADS) and how it can help assist your claims processing.

Course Objectives

In this course, you will:
- Understand ADS development actions, including how outcomes are reached.
- Learn how ADS fits into your day-to-day work.
- Discover best practices and helpful tips when using ADS tools to make claims processing more efficient.
- Review how to use ADS tools to process automation-eligible and multi-issue claims.

Why has VBA introduced ADS?

ADS drives consistency and equity in initial review by applying standardized logic.

ADS...
- Can reduce overdevelopment by identifying evidence of record efficiently.
- In some cases, allows a Veteran to receive a partial rating without having to wait for every contention to be developed.

ADS reduces the time spent on manual tasks so Claim Processors can focus on critical decision-making.

ADS...
- Streamlines development by retrieving and compiling records across sources.
- Displays essential information in one place.

So what does ADS do?

ADS DOES...
- Automate time-consuming manual tasks.
- Retrieve and consolidate medical records, provide a summary document that indexes information pertinent for making decisions, and draft and order necessary medical exams.
- Assist Claims Processors in making accurate, consistent, and equitable decisions for Veterans.

ADS DOES NOT...
- Automate the entire process - RVSRs will maintain full adjudicative discretion in making claim decisions.
- Replace the need for employee review and validation.

ADS is <u>not</u> intended to replace trained Claims Processors - it provides tools to assist with development tasks at a time when VBA is receiving more claims than ever before.

What tools and capabilities were covered in ADS 101?

As we learned in ADS 101, Automated Decision Support (ADS) uses **a range of capabilities and tools to reduce the need to spend time on manual data-retrieval and review tasks.**

ADS integrates five major tools and capabilities.

Review the ADS tools and capabilities you learned in ADS 101.

Automated Review Summary Document (ARSD)

The Automated Review Summary Document, or ARSD, indexes all medical and service history records into an easily navigable summary.

Health Data Repository (HDR) Document

The Health Data Repository Document (HDR) compiles thousands of medical records across VA Medical Center facilities into a standardized, searchable document.


Standards and COTS Integration Platform (SCIP) Document

The Standards and COTS Integration Platform (SCIP) document indexes medical images from VA Medical Center and Community Care visits into a single document.

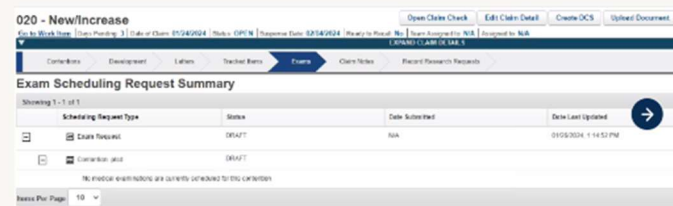ADS 201 Training Course Content Handout
- RVSR Track

Evidence Evaluation Capability

The Evidence Evaluation Capability assesses if evidence is present that may allow for a rating decision, or if an exam should be ordered for expert medical review.
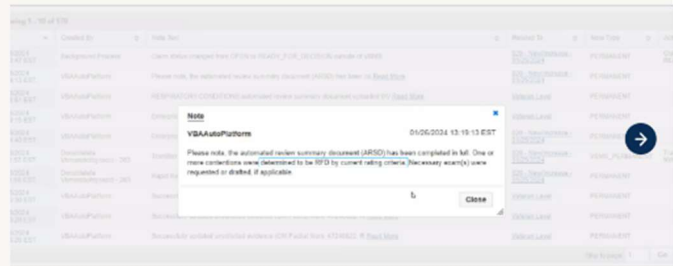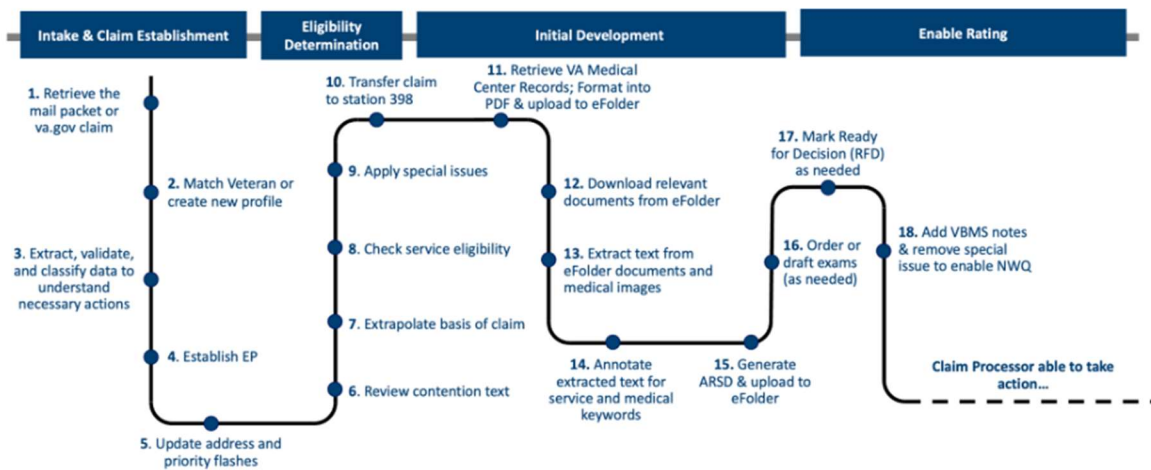
Exam Drafting & Ordering Capability

In some cases, ADS drafts or orders an exam via the Exam Management Service (EMS).

What actions does ADS complete?

ADS takes 18 actions from intake of the form through potentially marking the claim ready for decision. Each of these actions is completed before the claim is assigned to a station.

Intake & Claim Establishment

1. Retrieve the mail packet or va.gov claim
2. Match Veteran or create new profile
3. Extract, validate, and classify data to understand necessary actions
4. Establish EP
5. Update address and priority flashes

Eligibility Determination

6. Review contention text
7. Extrapolate basis of claim
8. Check service eligibility
9. Apply special issues
10. Transfer claim to station 398

Initial Development

11. Retrieve VA Medical Center Records; Format into PDF & upload to eFolder
12. Download relevant documents from eFolder
13. Extract text from eFolder documents and medical images
14. Annotate extracted text for service and medical keywords
15. Generate ARSD & upload to eFolder

Enable Rating

16. Order or draft exams (as needed)
17. Mark Ready for Decision (RFD) as needed
18. Add VBMS notes & remove special issue to enable NWQ

Claim Processor able to take action...

ADS checks several factors to determine if a contention is eligible for automation, including **the Claimant's description of the contention** and the **Veteran's current ratings.**

- The text of the contention within the form has keywords or phrases that match an automated diagnostic code.
- The contention was claimed on a complete VA Form 21-526EZ or VA Form 20-0995.
- There are no contentions claimed that must be routed to a specialized processing queue (such as Amyotrophic Lateral Sclerosis (ALS) or Military Sexual Trauma (MST)).
- The Veteran was not previously denied for the claimed diagnostic code (ADS only checks for previous denial for contentions claimed on VA Form 21-526EZ and does not check for VA Form 20-0995).
- The Veteran's Character of Discharge is not dishonorable.
- At least one Service Treatment Record is present in the eFolder.
- The Veteran's profile does not have a sensitivity level of 6 or higher.
- If the claim is not an increase, ADS checks if presumptive processing is enabled for automation. If the condition is enabled for ADS Presumptive processing, ADS will check the Veteran profile to confirm if the Toxic Exposure - Sec. 1119 or Agent Orange Exposure Verified flashes are present on the Veteran's profile (ADS only completes this check for contentions claimed on a VA Form 21-526EZ).

ADS eligibility logic recognizes that each Veteran's combination of claims and service history is nuanced. The goal of ADS is to achieve **the best outcome for the Veteran**, not to simply automate everything.

ADS focuses on using **objective structured information** for RFD decision-making.

ADS 2.0 logic was first released in November 2023.

- Previously, ADS logic relied solely on the identification of relevant medical keywords – unstructured data – using optical character recognition, natural language processing, and other similar technology.

- ADS 2.0 logic now relies on structured medical data correlated with confirmed diagnoses, diagnostic testing, imaging studies, laboratory analysis, and other medical data – structured data – from the VHA Health Data Repository (HDR).

- This shift from using only medical keywords (or unstructured data) to a greater focus on structured data is to further improve the accuracy of automation outcomes and show the logic behind them.

- Many conditions are now being processed using ADS 2.0 logic. Additional conditions will be added and processed using structured data with each ADS update.

What is unstructured data?

- Unstructured data does not follow a defined set of rules. It is not standardized, meaning it often varies significantly from entry to entry.

- When ADS finds unstructured data relevant to the diagnostic code, it will use it to determine if an exam should be ordered immediately or if additional development is required.

What is structured data?

- Structured data is distinctly defined, highly standardized, searchable, and often has rules enforcing consistency, such as certain formatting requirements or restrictions on types of characters able to be inputted.

- ADS relies on structured data from VAMC systems to drive more consistent and accurate automation outcomes.

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Structured vs. Unstructured Medical Data
Automated Decision Support (ADS) Quick Sheet

Background & Path Forward

- ADS Release 3.21.0 on November 6, 2023, marked the first release of ADS 2.0 (or Automation 2.0) functionality.

- Previously, ADS logic relied solely on the identification of relevant medical keywords – unstructured data – using optical character recognition, natural language processing, and other similar technology.

- ADS 2.0 logic now relies on structured medical data codes correlated with confirmed diagnoses, diagnostic testing, imaging studies, laboratory analysis, and other medical data – structured data – from the VHA Health Data Repository (HDR).

- This shift from using only medical keywords (or unstructured data) to a greater focus on structured data is to further improve the accuracy of automation outcomes and show the logic behind them.

- While a number of conditions are now being processed using ADS 2.0 logic, not all are yet – the transition to relying more on structured data has been a phased approach and will continue to roll-out over time.

Unstructured Data

- Unstructured data does not follow a defined set of rules. It is not standardized, meaning it often varies significantly from entry to entry.

- When ADS finds unstructured data relevant to the diagnostic code, it will use it to determine if an exam should be ordered immediately or if additional development is required.

Examples include:

| Clinical notes | Freeform text notes (appointment consultation notes, telehealth notes, surgical notes, imaging notes, etc.) | Information from PDF documents/images | Documents submitted by the Veteran |

Structured Data

- Structured data is distinctly defined, highly standardized, searchable, and often has rules enforcing consistency; such as certain formatting requirements or restrictions on types of characters able to be inputted.

- ADS relies on structured data from VAMC systems to drive more consistent and accurate automation outcomes.

Examples include:

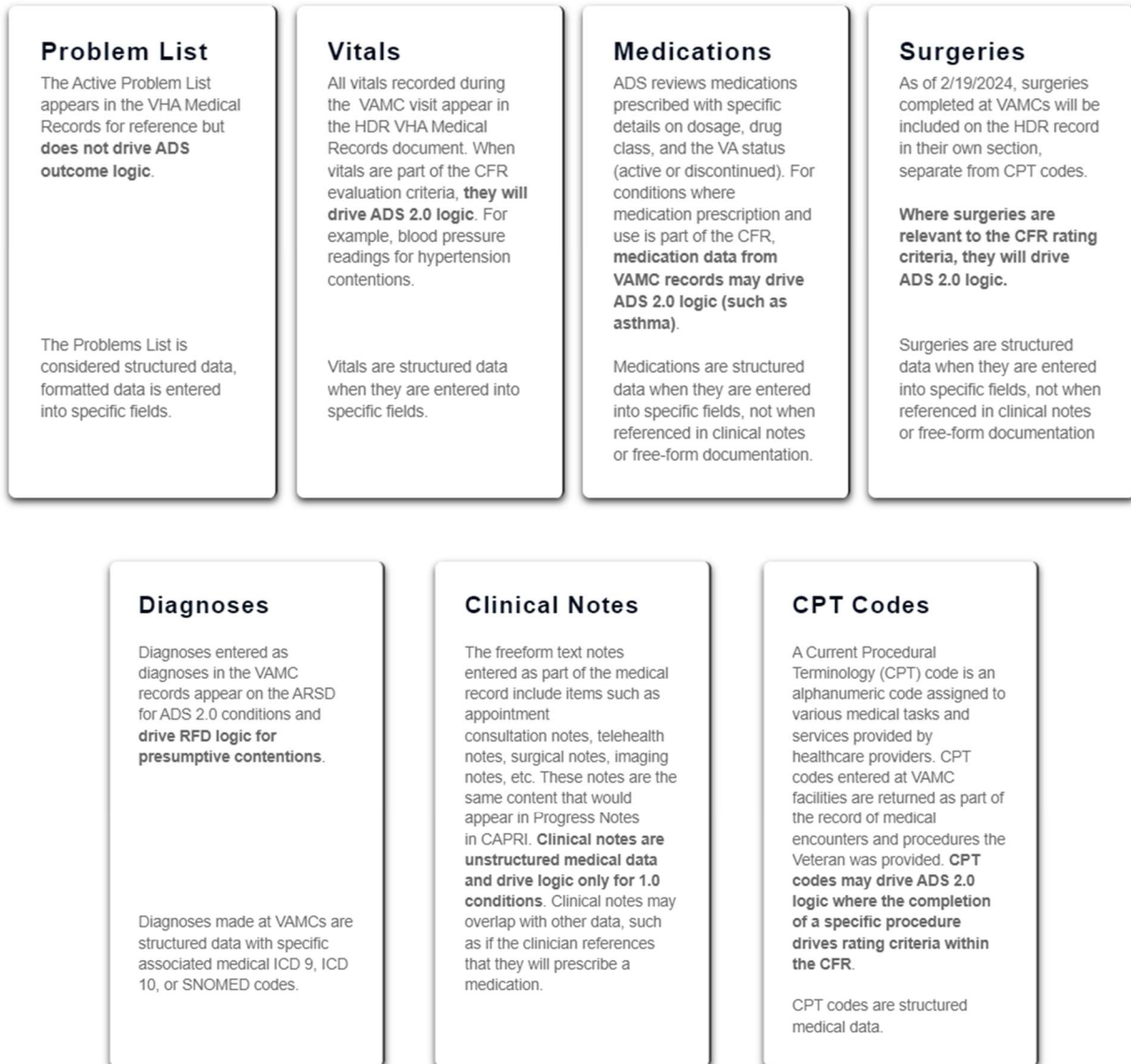| ICD-10 codes for diagnoses | CPT procedure codes | Lab results | Vital signs | Medication names & dosages (entered at a pharmacy) |

Prepared by Automated Benefits Delivery – Office of Benefits Automation – May 2024

To reference this resource, navigate to:
https://dvagov.sharepoint.com/sites/vbaofficeofautomatedbenefitsdelivery/SharedDocument[…]s%2Fvbaofficeofautomatedbenefitsdelivery%2FSharedDocuments

ADS also checks medical records.

See what types of structured data ADS retrieves and how that data impacts outcome logic.

Problem List

The Active Problem List appears in the VHA Medical Records for reference but **does not drive ADS outcome logic.**

The Problems List is considered structured data, formatted data is entered into specific fields.

Vitals

All vitals recorded during the VAMC visit appear in the HDR VHA Medical Records document. When vitals are part of the CFR evaluation criteria, **they will drive ADS 2.0 logic.** For example, blood pressure readings for hypertension contentions.

Vitals are structured data when they are entered into specific fields.

Medications

ADS reviews medications prescribed with specific details on dosage, drug class, and the VA status (active or discontinued). For conditions where medication prescription and use is part of the CFR, **medication data from VAMC records may drive ADS 2.0 logic (such as asthma).**

Medications are structured data when they are entered into specific fields, not when referenced in clinical notes or free-form documentation.

Surgeries

As of 2/19/2024, surgeries completed at VAMCs will be included on the HDR record in their own section, separate from CPT codes.

Where surgeries are relevant to the CFR rating criteria, they will drive ADS 2.0 logic.

Surgeries are structured data when they are entered into specific fields, not when referenced in clinical notes or free-form documentation

Diagnoses

Diagnoses entered as diagnoses in the VAMC records appear on the ARSD for ADS 2.0 conditions and **drive RFD logic for presumptive contentions.**

Diagnoses made at VAMCs are structured data with specific associated medical ICD 9, ICD 10, or SNOMED codes.

Clinical Notes

The freeform text notes entered as part of the medical record include items such as appointment consultation notes, telehealth notes, surgical notes, imaging notes, etc. These notes are the same content that would appear in Progress Notes in CAPRI. **Clinical notes are unstructured medical data and drive logic only for 1.0 conditions.** Clinical notes may overlap with other data, such as if the clinician references that they will prescribe a medication.

CPT Codes

A Current Procedural Terminology (CPT) code is an alphanumeric code assigned to various medical tasks and services provided by healthcare providers. CPT codes entered at VAMC facilities are returned as part of the record of medical encounters and procedures the Veteran was provided. **CPT codes may drive ADS 2.0 logic where the completion of a specific procedure drives rating criteria within the CFR.**

CPT codes are structured medical data.

How are ADS tools developed and tested?

The Office of Automated Benefits Delivery (ABD) develops tools based on the needs of VBA. For instance, ADS was developed to support the anticipated surge in PACT Act claims. In many cases, the original idea for a decision support tool came from a Claims Processor!

ADS logic and outcomes are defined based on collaboration between the Office of Automated Benefits Delivery (ABD) and Compensation Service.

REVIEW THE CFR FOR EVALUATION CONSISTENCY

ABD and Compensation Service review the CFR guidance to determine if the current evaluation criteria and language in the CFR and VASRD meet the strict logic consistency and clarity required to automate.

DEFINE LOGIC RULES

ABD interprets the CFR and policy guidance to define how combinations of structured and unstructured data should lead to RFD or exam outcomes. ABD consults with VHA medical professionals and private medical practitioners, as well as reviews previous claims to identify likely language patterns in the contention claimed and the evidence of record found as well as define the condition-specific review period. This review period defines whether evidence is displayed in the front of the ARSD and drives RFD outcomes, or whether it is included in the back of the ARSD for reference and context.
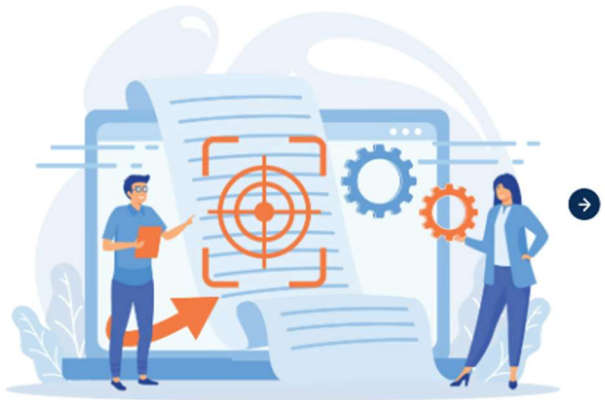
TEST WITH REAL SCENARIOS

ABD defines critical test scenarios that demonstrate the range of real-life claims received in order to confirm that the logic consistently drives expected outcomes. These critical tests must be passed before logic changes are deployed to production and applied to claims you receive.
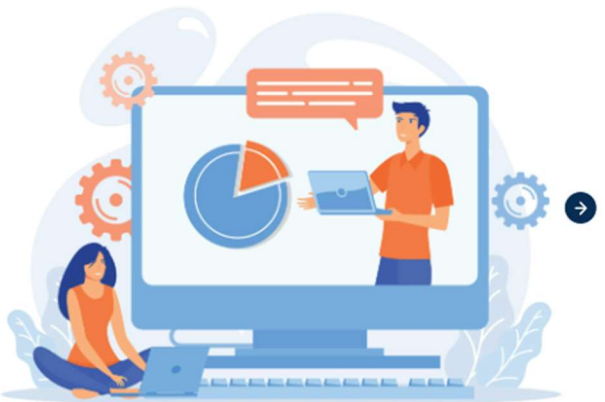
How does ABD validate the quality of VAMC record retrieval?

Testing VAMC Record Retrieval

ABD worked with experienced Claims Processors to compare HDR documents for 100 randomly selected Veterans against data retrieved manually from CAPRI. Each entry and data point was compared side by side to confirm the details matched.

In 100% of examples, the HDR document contained all the information found in CAPR!

ADS logic is tested by Prototype and Pilot stations on a condition-by-condition basis before ADS claims are assigned nationally.

- Prototype stations provide detailed feedback. ABD reviews feedback and processing outcomes. Once certain thresholds are reached that are equal to or better than non-ADS claims, the condition is promoted to Pilot station review.

- Pilot stations complete a second review and check. If the condition passes the required threshold, it is graduated for National processing. If the condition does not meet the required threshold, it is sent back for Prototype station processing and development of changes.

- This means that employees of National (non-Prototype and non-Pilot) stations are only receiving ADS conditions that have passed Claims Processor review.

Chapter 2: How do I Review and Act on Automation Outcomes?

What will we learn in this chapter?

- How to identify which contentions ADS reviewed
- How to view actions ADS took on each contention
- Which special issues ADS will apply and why
- The types of records ADS will upload
- How to easily identify which documents were uploaded by ADS within VBMS
- How to confidently identify when there are newer records that you need to upload

How do I know what actions the automation took?

You can tell a contention was automated by ADS in several different ways.

Automation Indicator is set to **True**	Rapid RFD Special Issue	VBMS Note left by ADS System	Claim-related ARSD in eFolder	Contention History
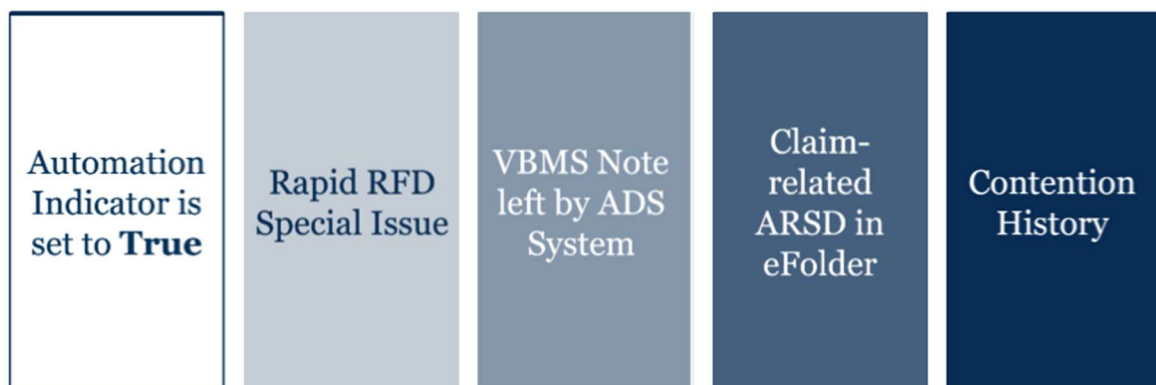
What does the **Rapid Ready for Decision** Special Issue mean?

ADS adds **Special Issues** in order to assist in tracking and routing claims.

The **Rapid Ready for Decision** special issue is added on every automated ADS contention. It does not impact the routing or outcome of the claim.

Note: This special issue does not indicate the contention is Ready for Decision and Claims Processors should **never** remove it.

Medical	Special Issue(s)	Rated Iss...
Yes	• Automated Claim - APC • Automation Claim Review • Fully Developed Claim • Rapid Ready for Decision	View

Will ADS add any other Special Issues?

In addition to the Rapid Ready for Decision special issue indicating the contention was automated, Claims Processors may also see the Automation Claim - APC and/or Automation Claim Review special issues. These special issues are used for routing contentions to the appropriate prototype, pilot, or national site and should not be removed.

If at least one contention was not automated in the claim, ADS will add the APC Special Issue indicating this is a multi-issue claim. This special issue allows for data analysis and should not be removed.

When will I need to upload health records?

ADS retrieves and uploads all relevant VA Medical Center records at the time of claims establishment as HDR and SCIP documents. ADS will **not** retrieve the following records:

Department of Defense (DOD) health records.	Records entered at VAMC visits after the dates listed in the HDR and SCIP documents.

How do I tell that a contention still needs medical records?

STEP 1

Check the **HDR** and **SCIP** documents to identify the date range of records retrieved.

SMITH, VETERAN | 9/2/1950 | 123456789 | 10987654321V123567 | Created: 03/28/2024

VA | U.S. Department of Veterans Affairs

Veterans Health Administration MEDICAL RECORD For:
SMITH, VETERAN | 9/2/1950 | 123456789 | 10987654321V123567
Report Criteria
Dated From: 05/14/2012 To: 08/21/2023
VHA Facilities with Clinical Notes Included in the Report:
(675) Orlando, FL
(675GF) Clermont, FL
(675GG) Lake Baldwin OPC, FL
(675GD) Deltona Community Based Outpatient Clinic, FL
(460) Wilmington, DE
Created On: 03/28/2024 11:56 AM

STEP 2

Then, check the Veteran's **medical records** to see if there are more recent visits or data entered beyond those dates.

STEP 3

If there are more recent medical records, pull the records dated from the end date of the HDR or SCIP reports to the current date and upload those records to the eFolder.

ADS helps Claims Processors **avoid needing to manually build reports** with dozens of records and **consolidates records** from different VAMC facilities into **standardized, searchable documents** for records and images.

Chapter 3: When Will ADS Mark a Contention Ready for Decision?

What will we learn in this chapter?

- The detailed logic ADS uses to determine a contention is Ready for Decision
- Where to look on the ARSD to view why ADS originally marked the contention Ready for Decision
- Review example demo ARSDs

What logic does ADS use to determine a contention is Ready for Decision (RFD)?

Who determined the ADS RFD criteria?

- The Office of Automated Benefits Delivery (ABD) worked closely with the Office of Policy and Oversight (OPO), including Compensation Service, and the Office of Field Engagement (OFO), to define the logic by which ADS determines outcomes.

- The logic is consistently improving based on user feedback and any new policy guidance. To learn more, and to view condition specific logic explanations, visit the ABD Intranet Page at https://dvagov.sharepoint.com/sites/vbaofficeofautomatedbenefitsdelivery/SitePages/Automated-Decision-Support-(ADS).aspx.

Any claim with a contention marked RFD is routed for a decision on that contention and either a rating, partial-rating, or a deferral for additional development on other contentions.

All four of the following criteria must be met for a contention to be marked RFD.

| SCHEDULAR EVIDENCE | EP 020 OR 010/110 | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

| SCHEDULAR EVIDENCE | EP 020 OR 010/110 | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

Schedular Evidence

There is schedular evidence found within the review period related to the Code of Federal Regulations (CFR) for the specific contention. Examples include:

- Structured evidence related to the CFR has been found within VA Medical Center data (i.e. Pulmonary function tests for respiratory conditions or chemotherapy medications for active cancer contentions).
- A relevant Disability Benefits Questionnaire (DBQ) was uploaded to the eFolder within 7 days of the date of claim.
- The Veteran is already rated at the maximum schedular rating for that diagnostic code.

Review periods vary from condition-to-condition and evidence outside the ADS review period will be displayed in the "Schedular Evidence Outside the Review Period" table of the ARSD.

| SCHEDULAR EVIDENCE | EP 020 OR 010/110 | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

EP 020 or 010/110

ADS will only mark contentions submitted on a VA Form 21-526EZ, Application for Disability Compensation and Related Compensation Benefits and controlled by End Product (EP) 020, 010, or 110 Claim RFD. ADS will not mark contentions from a VA Form 20-0995, Decision Review Request: Supplemental Claim Form or controlled by EP 040 Claim RFD, regardless of what evidence is identified on the ARSD.

This logic is in place because it is assumed contentions on a VA Form 21-526EZ are either increase or new, and those on a VA Form 20-0995 are requests for additional review.

| SCHEDULAR EVIDENCE | EP 020 OR 010/110 | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

No Recent VA Form 21-4142/4142a

ADS checks the mail packet and the eFolder to ensure the Veteran did not submit a VA Form 21-4142 Authorization to Disclose Information to the Department of Veterans Affairs (VA) or VA Form 21-4142a General Release for Medical Provider Information to the Department of Veterans Affairs.

If a VA Form 21-4142/4142a was uploaded to the eFolder within the 7 days prior to the date of claim, ADS will leave the claim Open and not mark RFD, regardless of what evidence is present.

This allows the information the Veteran requested to be returned and considered as part of the evaluation.

Diagnosis for Presumptive Conditions

ADS logic assumes that if the Veteran does not have a service-connected rating for any diagnostic codes relevant to the condition and the diagnostic code is included in the PACT Act that the contention should be reviewed as potentially Presumptive. For contentions reviewed as Presumptive, ADS will only mark the contention RFD when a relevant diagnosis has been entered in the VAMC data for that Veteran (and the three previous RFD criteria have also been met).

Note: The diagnosis must have been entered as a specific diagnosis data type, references to a potential diagnosis in Clinical Notes or the Problem List will not meet this criteria. Similarly, DBQs or evidence in Private Medical Treatment Records will be displayed on the ARSD for ease of reference and investigation, but will not meet the ADS RFD criteria of a confident diagnosis. The expectation is that the Claims Processor will evaluate this evidence and determine if there is a diagnosis.

If all four of these criteria are met, the Automation Outcome for that contention on the ARSD will be RFD and the Claim Outcome will also be RFD.

- ✓ Schedular Evidence
- ✓ EP 020 or 010/110
- ✓ No Recent VA Form 21-4142/4142a
- ✓ Diagnosis for Presumptives
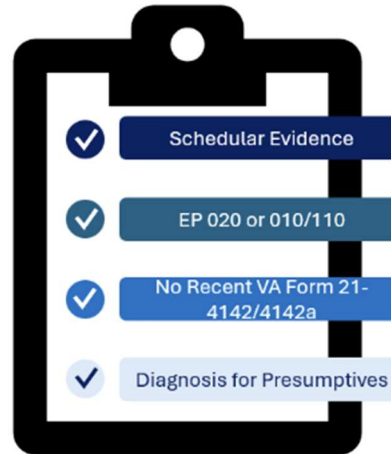
For ARSDs generated after December 2023, an Outcome Reason will also be written to the ARSD indicating what evidence was found that led to the Automation outcome.

VA | U.S. Department of Veterans Affairs

EVIDENCE REVIEW SUMMARY

Veteran's Name:	TEST VETERAN
File Number:	123456789
Date of Evidence Review:	10/14/2024

Claim ID	987654321
Date Of Claim	10/14/2024
ITF	N/A
EP	020

Claims Processors: This document summarizes data in the Veteran's record related to military service and disability evaluation criteria.

ARSD Contention Outcomes			
CONTENTION CLAIMED	**CONDITION**	**PROCESSING TYPE**	**AUTOMATION OUTCOME**
ASTHMA	Asthma	Presumptive	RFD
Outcome Reasoning	Structured medical evidence shows medications prescribed during the review period.		
PROSTATE CANCER	Prostate Cancer	Increase	ARSD Generated
Outcome Reasoning	Relevant unstructured medical evidence found within the review period. Claims Processor review required.		

Contentions Not Processed by ADS	
CONTENTION CLAIMED	**INELIGIBILITY REASON**
All Conditions Eligible for Automation.	

Claim Outcome	
CLAIM OUTCOME	**OUTCOME REASON**
RFD	One or more contentions Ready for Decision

TIP Automation will not send 5103 letters for claims where contentions are marked RFD because a rating decision may be possible with the evidence provided. If the contention is deferred for additional development, make sure you comply with M21-1, Part I, Subpart i, Chapter 1, Section A and eCFR 3.159 for Duty to Assist requirements and to potentially send a 5103 letter.

Why can a claim be marked RFD if some contentions have other outcomes?

The design of ADS logic is intended to prioritize providing benefits decisions to Veterans as soon as the evidence is sufficient to do so in compliance with M21-1 V.ii.3.B.1.c. As a result, if at least one contention meets RFD outcome criteria, the contention will be marked RFD and the claim will be routed to an RVSR for review.

Example Automated Review Summary Document (ARSD) – 1 of 4

The example ARSD is included below. The blue circles are additional formatting added for the purpose of training to highlight key information or features. The numbers on each of these circles correspond to notes on pages 26-28. Please also feel free to add your own notes.

VA | **U.S. Department of Veterans Affairs**

EVIDENCE REVIEW SUMMARY

Veteran's Name:	TEST VETERAN
File Number:	123456789
Date of Evidence Review:	10/14/2024

Claim ID	987654321
Date Of Claim	10/14/2024 **(1)**
ITF	9/30/2024
EP	110

Claims Processors: This document summarizes data in the Veteran's record related to military service and disability evaluation criteria.

ARSD Contention Outcomes

CONTENTION CLAIMED	CONDITION	PROCESSING TYPE	AUTOMATION OUTCOME
Lung Cancer	Respiratory Cancer **(2)**	Presumptive **(3)**	RFD
Outcome Reasoning	Relevant structured medical evidence found within the review period. **(4)**		

Contentions Not Processed by ADS

CONTENTION CLAIMED **(5)**	INELIGIBILITY REASON
polycythemia (Blood Disorder)	ADS does not currently automate this condition.

Claim Outcome

CLAIM OUTCOME	OUTCOME REASON
RFD	One or more contentions Ready for Decision

Table of Contents **(6)**

Relevant Military Service Locations				
KEY TERM(S)	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Agent Orange Exposure Verified	N/A	VBMS Corporate Flash	N/A	N/A
RVN	3/16/2022	Military Personnel Record	16	d44971b9-0a07-4d23-b0c2-0549fe06e11d
Navgram	3/16/2022	Military Personnel Record	29	7aaf82c0-a0d3-457d-b1d0-73dd7dfc9e94
Di An	3/16/2022	Military Personnel Record	13	7031d192-d0de-49b3-91e1-8d75bc18f1dd
Beiret	3/16/2022	Military Personnel Record	15	7031d192-d0de-49b3-91e1-8d75bc18f1dd
Guam	3/16/2022	Military Personnel Record	23	881d57d3-932e-40c4-99b4-686946ca6c12
RVN	3/16/2022	Military Personnel Record	21	cbb42964-d4e2-480c-999b-19bc2e2659bc
Da Nang	2/25/2021	Logbooks	1	267a04af-b143-4945-9fc0-21349ce37c6d
Republic Of Vietnam	2/25/2021	VA Memo	1	8125aa58-2f35-4323-8ac2-00ab28fa7e9c
RVN	2/25/2021	VA Memo	2	8125aa58-2f35-4323-8ac2-00ab28fa7e9c
Cambodia	2/25/2021	VA Memo	3, 5	8125aa58-2f35-4323-8ac2-00ab28fa7e9c
Vietnam	2/25/2021	VA Memo	3, 5, 6	8125aa58-2f35-4323-8ac2-00ab28fa7e9c
Ho Chi Minho	2/25/2021	VA Memo	5	8125aa58-2f35-4323-8ac2-00ab28fa7e9c
Vung Tau	2/25/2021	VA Memo	5	8125aa58-2f35-4323-8ac2-00ab28fa7e9c
Iraqion	10/9/2020	Military Personnel Record	1	569fe55e-0484-44cc-9918-8ab159dda5ba
Jobpland	10/9/2020	Military Personnel Record	33	57048423-fcd3-421d-9641-e96dc37bae09
Iram	8/20/1991	STR - Medical	44	cc94d9f9-6cf4-4812-b8aa-c8c6f50f609a
Kuwae	8/20/1991	STR - Medical	35	f0e0537d-76a3-4e83-bc2c-1fff1b52e8ee
RVN	8/20/1991	STR - Medical	86	b1da76bb-6bb6-4400-ab0f-57eeab577664

Condition: Respiratory Cancer

Processing Type: Presumptive
Automation Outcome: RFD

Schedule for Rating Disabilities for Respiratory Cancer: https://www.ecfr.gov/current/title-38/chapter-I/part-4/subpart-B/subject-group-ECFR14fb86bcc86c2cb/section-4.97

Diagnosis for Respiratory Cancer

NAME	ICD CODE	DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Lung cancer (SNOMED CT 363358000)	D02.21	9/8/2024	VAMC Other Output Reports	0000090	fb87ee89-73dd-4867-87e2-4cbabd83ffe2
Lung cancer (SNOMED CT 363358000)	363358000	9/8/2024	VAMC Other Output Reports	0000090	fb87ee89-73dd-4867-87e2-4cbabd83ffe2

DBQ for Respiratory Cancer

TYPE OF DBQ	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Automation did not identify any DBQs for this condition within the records reviewed.				

Schedular Evidence for Respiratory Cancer Within the Review Period

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Lung cancer (SNOMED CT 363358000) SNOMED: 363358000	9/8/2024	VAMC Other Output Reports	0000090	fb87ee89-73dd-4867-87e2-4cbabd83ffe2
Resected Lung	8/15/2024	Correspondence	2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lobectomy	8/15/2024	Correspondence	2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lung Cancer	8/15/2024	Correspondence	2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lobectomy	8/15/2024	Correspondence	3	3204a41f-582c-4400-98d9-d55b5af54ade
Lobectomy	6/11/2024	Correspondence	4	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Metastasis	6/11/2024	Correspondence	5	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lobectomy	6/11/2024	Correspondence	3	88e2612a-d254-4489-95a9-4edaaf14a7b5
Lung Cancer	6/11/2024	Correspondence	1	b9e42416-7635-4ca4-9a4c-fd4456a401ba
Lobectomy	6/11/2024	Correspondence	1, 2	b9e42416-7635-4ca4-9a4c-fd4456a401ba
Lung Cancer	6/04/2024	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Lobectomy	6/04/2024	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Thoracotomy	5/01/2024	Correspondence	2	3204a41f-582c-4400-98d9-d55b5af54ade
96: FEV-1 %	4/30/2024	VAMC Other Output Reports	21	ec13246d-ffdb-4e7f-b767-3a2109ce4b8f
Lung Cancer	4/30/2024	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Lung Resection	4/30/2024	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Thoracotomy	4/30/2024	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Lobectomy	4/30/2024	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Such As Airborne Hazards And Open Burn Pit, Gulf War Related Exposures, Agent Orange, Radiation	4/20/2024	VAMC Other Output Reports	0000198	fb87ee89-73dd-4867-87e2-4cbabd83ffe2
Lung Cancer	4/15/2024	Correspondence	3	88e2612a-d254-4489-95a9-4edaaf14a7b5

Schedular Evidence for Respiratory Cancer Within the Review Period (16)				
EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Lung Cancer (17)	Non-confident date: **/** /1991	VA 21-526EZ, Fully Developed Claim (Compensation)	13	b0e5deb9-14b6-4f58-8f8b-1884a3d6bd9c (18)
Lung Cancer	No associated date	Correspondence	2	b9e42416-7635-4ca4-9a4c-fd4456a401ba
Lung Cancer	No associated date	Correspondence	2	7880c7e1-c883-489c-b765-46bc7aa5c963
96: FEV-1 %	No associated date	Correspondence	2	7880c7e1-c883-489c-b765-46bc7aa5c963
Lung Cancer	No associated date	Correspondence	1	aacc565d-6e76-4e83-98ef-3f0fe61152a8
96: FEV-1 %	No associated date	Correspondence	1	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Lung Cancer	No associated date	Correspondence	1	20b99a35-2486-4343-9128-32184a7f9d96
Stage Iv	No associated date	Correspondence	1	20b99a35-2486-4343-9128-32184a7f9d96
Lung Cancer	No associated date	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Lobectomy	No associated date	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade

Other Medical Evidence (19)

Schedular Evidence for Respiratory Cancer Outside the Review Period				
EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Resected Lung	1/15/2024	Correspondence	2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lobectomy	1/15/2024	Correspondence	2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lung Cancer	1/15/2024	Correspondence	2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lobectomy	1/15/2024	Correspondence	3	3204a41f-582c-4400-98d9-d55b5af54ade
Lobectomy	1/11/2024	Correspondence	4	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Metastasis	1/11/2024	Correspondence	5	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lobectomy	1/10/2024	Correspondence	3	88e2612a-d254-4489-95a9-4edaaf14a7b5
Lung Cancer	1/10/2024	Correspondence	1	b9e42416-7635-4ca4-9a4c-fd4456a401ba
Lobectomy	1/10/2024	Correspondence	1, 2	b9e42416-7635-4ca4-9a4c-fd4456a401ba
Lung Cancer	1/10/2024	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Lobectomy	1/10/2024	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Thoracotomy	1/10/2024	Correspondence	2	3204a41f-582c-4400-98d9-d55b5af54ade
96: FEV-1 %	11/3/2023	VAMC Other Output Reports	21	ec13246d-ffdb-4e7f-b767-3a2109ce4b8f
Lung Cancer	11/3/2023	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Lung Resection	11/3/2023	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Thoracotomy	11/3/2023	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Lobectomy	11/3/2023	Correspondence	4	aacc565d-6e76-4e83-98ef-3f0fe61152a8
(20) Such As Airborne Hazards And Open Burn Pit, Gulf War Related Exposures, Agent Orange, Radiation	7/11/2023	VAMC Other Output Reports	0000198	fb87ee89-73dd-4867-87e2-4cbabd83ffe2
Lung Cancer	11/7/2021	Correspondence	3	88e2612a-d254-4489-95a9-4edaaf14a7b5
Efudex	8/1/2019	STR - Dental - Photocopy	8	4acee020-8a85-482c-a42c-f25326dddef2
Efudex	6/17/2019	STR - Dental - Photocopy	3	4acee020-8a85-482c-a42c-f25326dddef2
Trachy	3/4/2012	Military Personnel Record	47	1960e76b-5fd0-487d-b0ee-343c6d9e5f9d
Electrocautery	1/28/2009	Medical Treatment Record - Non-Government Facility	10	a28d7aa1-10fd-426e-a723-3e2a7f258ab1
Isessg	2/27/1988	STR - Medical	85	f0e0537d-76a3-4e83-bc2c-1fff1b52e8ee
Lung Cancer	Non-confident date: **/** /1991	VA 21-526EZ, Fully Developed Claim (Compensation)	13	b0e5deb9-14b6-4f58-8f8b-1884a3d6bd9c
5 Fu	Non-confident date: **/** /1988	STR - Medical	27	279e7bfc-bbfe-45df-b7e8-952239b3e41e
Lung Cancer	No associated date	Correspondence	2	b9e42416-7635-4ca4-9a4c-fd4456a401ba
Lung Cancer	No associated date	Correspondence	2	7880c7e1-c883-489c-b765-46bc7aa5c963
96: FEV-1 %	No associated date	Correspondence	2	7880c7e1-c883-489c-b765-46bc7aa5c963
Lung Cancer	No associated date	Correspondence	1	aacc565d-6e76-4e83-98ef-3f0fe61152a8
96: FEV-1 %	No associated date	Correspondence	1	aacc565d-6e76-4e83-98ef-3f0fe61152a8

Schedular Evidence for Respiratory Cancer Outside the Review Period

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Lung Cancer	No associated date	Correspondence	1	20b99a35-2486-4343-9128-32184a7f9d96
Stage Iv	No associated date	Correspondence	1	20b99a35-2486-4343-9128-32184a7f9d96
Lung Cancer	No associated date	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Lobectomy	No associated date	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Efudex	No associated date	STR - Medical - Photocopy	2, 3	c8dea5c1-1984-4d11-a7d1-be7973468fee

(21) Other Medical Evidence for Respiratory Cancer

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
(22) With No Other Definite Metastatic Disease	4/16/2024	Correspondence	1	88e2612a-d254-4489-95a9-4edaaf14a7b5
Negative For Any Metastatic Carcinoma	4/16/2024	Correspondence	2	88e2612a-d254-4489-95a9-4edaaf14a7b5
Biopsy	4/16/2024	Correspondence	1	88e2612a-d254-4489-95a9-4edaaf14a7b5
Biopsy	1/15/2024	Correspondence	1, 2	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Biopsy	1/11/2024	Correspondence	4	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Negative For Metastatic Carcinoma	1/11/2024	Correspondence	4	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Negative For Metastatic	1/11/2024	Correspondence	4	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Lung Carcinoma Synchronous Tumors (Required If Morphologically Distinct Unrelated Multiple Primary Tumors Are Present): Not Applicable	1/11/2024	Correspondence	4	aaaa386b-993a-47e5-b3e5-ff47fb40ad3f
Biopsy	1/10/2024	Correspondence	3	88e2612a-d254-4489-95a9-4edaaf14a7b5
Biopsy	1/10/2024	Correspondence	1	3204a41f-582c-4400-98d9-d55b5af54ade
Biopsy	11/3/2023	VAMC Other Output Reports	21	ec13246d-ffdb-4e7f-b767-3a2109ce4b8f
Negative For Dizziness, Vertig 0, Seizures, Syncope, Facial Asymmetry And Speech Difficulty	11/3/2023	VAMC Other Output Reports	22	ec13246d-ffdb-4e7f-b767-3a2109ce4b8f
Negative For Dizziness, Vertigo, Seizures, Syncope, Facial Asymmetry And Speech Difficulty	11/3/2023	Correspondence	3	7880c7e1-c883-489c-b765-46bc7aa5c963
Negative For Dizziness, Vertigo, Seizures, Syncope, Facial Asymmetry And Speech Difficulty	11/3/2023	Correspondence	3	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Negative For Dizziness, Syncope, Speech Difficulty	6/17/2019	STR - Dental - Photocopy	3	4acee020-8a85-482c-a42c-f25326dddef2
Biopsy	3/20/2019	STR - Dental - Photocopy	2	4acee020-8a85-482c-a42c-f25326dddef2
Pulmonary Function Test	7/27/1988	STR - Medical	72	cc94d9f9-6cf4-4812-b8aa-c8c6f50f609a
Pulmonary Function Test	2/27/1988	STR - Medical - Photocopy	2	b861f2f0-265a-4a57-8786-a58cbd382364
Pulmonary Function Test	2/27/1988	STR - Medical	78	f0e0537d-76a3-4e83-bc2c-1fff1b52e8ee
PFT	1/16/1973	STR - Medical	75	f842c872-ef88-4155-bb61-20b090e51fb4
Pulmonary Function Test	Non-confident date: 07/10 /****	STR - Medical - Photocopy	1	b861f2f0-265a-4a57-8786-a58cbd382364
PFT	Non-confident date: **/** /1973	Medical Treatment Record - Non-Government Facility	1	f3894b4f-5945-4b95-b5e5-8c1c1ab4311c

Other Medical Evidence for Respiratory Cancer

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
PFT	Non-confident date: **/** /1982	STR - Medical	42	279e7bfc-bbfe-45df-b7e8-952239b3e41e
Pulmonary Function Test	Non-confident date: 07/10 /****	STR - Medical	71	cc94d9f9-6cf4-4812-b8aa-c8c6f50f609a
Pulmonary Function Test	Non-confident date: 07/10 /****	STR - Medical	77	f0e0537d-76a3-4e83-bc2c-1fff1b52e8ee
Biopsy	No associated date	Correspondence	2	7880c7e1-c883-489c-b765-46bc7aa5c963
PFT	No associated date	Correspondence	2	7880c7e1-c883-489c-b765-46bc7aa5c963
Biopsy	No associated date	Correspondence	1	aacc565d-6e76-4e83-98ef-3f0fe61152a8
PFT	No associated date	Correspondence	1	aacc565d-6e76-4e83-98ef-3f0fe61152a8
Non-Small Cell Lung Cancer	No associated date	Correspondence	1	20b99a35-2486-4343-9128-32184a7f9d96
Non-Small Cell Large Cell Stage Iiia Lung Cancer	No associated date	Correspondence	1	20b99a35-2486-4343-9128-32184a7f9d96
PFT	No associated date	STR - Medical - Photocopy	1	936b733e-7342-41a8-9513-082da620f501

Relevant Documents Unavailable for Automated Review (23)

DOCUMENT	VBMS RECEIPT DATE	DOCUMENT ID
All selected documents completed automated review		

End of Evidence Review Summary

The notes below correspond to the first example ARSD in the training. The notes are numbered and correspond to the numbers in each of the blue circles on pages 19-25. Please also feel free to add your own notes.

1. ITF - In this case, ADS identified a potentially relevant Intent to File date and output that date to the ARSD. Claims Processors should verify this ITF as part of effective date decision making.

2. Respiratory Cancer - The condition is hyperlinked. Selecting it will take you directly to the first page of the ARSD that contains information specific to Asthma. In this case, that may not be much faster than scrolling to page 3, but where multiple conditions are reviewed this can be a useful shortcut.

3. Processing Type - In this case, the Veteran was not already service-connected for diagnostic code 6820. ADS is configured to process contentions for respiratory cancer as presumptive due to PACT Act, so the ADS logic and processing type are assumed to be presumptive. Remember to always review STRs and other relevant documents to determine if the Veteran meets presumptive entitlement theories.

4. Outcome Reasoning - The Outcome Reasoning table includes short summary statements explaining why the claim reached the RFD outcome. In this case, both structured high confidence evidence and a VAMC diagnosis were found.

5. Contention Claimed - The Veteran claimed Lung Cancer and polycythemia (Blood Disorder) on their VA Form 21-526EZ. We can see that Lung Cancer was ADS-eligible and polycythemia was not (and is included in the Contentions not Processed by ADS).

6. Table of Contents - The table of contents is organized to display the most critical decision-making information first.

7. Key Terms - ADS searches through multiple different document types for key terms that could indicate a meaningful PACT Act-related service location. These terms appear on the ARSD for ease of reference and review.

8. Sec. 1119 or Sec. 1117 Flashes - In order for a presumptive contention to be eligible for ADS, the Sec. 1119 or Sec. 1117 flashes must be present on the Veteran's VBMS profile. They will also be displayed on the ARSD for reference.

9. ADS Version Number - ADS will include the version number of the ADS logic on each ARSD. This can be used to cross-reference the release notes from that release and to more deeply understand the logic that was in place when ADS generated the ARSD and reached ADS outcomes.

10. Processing Type and Automation Outcome - The ADS Processing Type and Automation Outcome are repeated from the first page of the ARSD, minimizing the need to scroll back and forth within the ARSD.

11. Code of Federal Regulations - For your convenience, the link to the relevant schedule for rating disabilities for the condition is displayed. Tip: To open the eCFR Schedule for Rating Disabilities in a new tab, select Ctrl while clicking on the link, or right click and select "open in a new tab."

12. Diagnosis - Information entered specifically as a diagnosis with accompanying structured diagnosis data, such as ICD 9, ICD 10, or SNOMED codes, will be recognized by ADS as a confirmed diagnosis. Private medical records or DBQs may also contain diagnoses, and when those codes or keywords are found they will be seen in the Schedular Evidence table.

13. DBQs - ADS searches through multiple different document types to try and recognize either the layout or structure of a Disability Benefits Questionnaire. This is because DBQs can sometimes be embedded in other documents or their document type can be incorrect. In this case, no relevant DBQs were found. ADS does not evaluate or review the strength of evidence in a DBQ - it only matches DBQs to the condition reviewed and verifies that key sections of the form are complete (such as signature and NPI number).

14. Schedular Evidence within the Review Period - We can see in this ARSD that there are a number of pieces of schedular evidence related to the eCFR schedule for respiratory cancer, including a procedure SNOMED code and references to lobectomy and lung resections in multiple documents. Claims Processors should open the original documents and review the evidence displayed within the ARSD, using the page numbers and event IDs to navigate quickly and confidently to the relevant section of the document.

15. Document IDs - The hyperlinks for document ID will navigate to the first page of the relevant document within the eFolder. Tip: To open the link in a separate tab, hold the Ctrl key on your keyboard while clicking on the link.

16. Schedular Evidence within the Review Period - The ADS review period for Respiratory Cancer is six months from date of claim, so in this case any schedular evidence found by ADS with an observation date more recent than 4/13/2024 will be displayed in the Schedular Evidence Within the Review Period table. Where ADS could not find a date in close enough proximity to the information, the keyterms and evidence will be output to the ARSD and ADS will write "No associated date" in the ARSD. Claims Processors should review the term found and potentially open the original document to learn more.

17. Non-confident Date - Where ADS identifies portions of a date but not the full MM/DD/YYYY, that observation date will be written with a statement "non-confident date". This is a transparent indicator that the information should be verified.

18. Event ID - Due to the way ADS creates the HDR VAMC Medical Records document, event IDs will be listed for all evidence sourced from the HDR. For all other documents, page numbers will be used. You can easily tell the difference between an event ID and a page number because event IDs start with at least two leading 0s and are always for a document type of "VAMC Other Output Reports" - the document type used to upload HDR records.

19. Schedular Evidence Outside the Review Period - The Schedular Evidence Outside the Review Period table includes evidence from structured and unstructured sources specific to the VASRD for Respiratory Cancer where the observation date was outside the ADS condition-specific review period. Because this evidence was found outside the 6 month review period for Respiratory Cancer, it did not impact the ADS outcome. However, Claims Processors may still find this information meaningful for their evaluation (particularly given this claim is presumptive).

20. False Positives - ADS is intentionally inclusive in the ARSD. If meaningful keywords defined by ABD and Compensation Service are present, ADS will surface them. Sometimes this means that general phrases not relevant to the specific Veteran are included. This phrase "such as airborne hazards and open burn pit, gulf war related exposures, agent orange, radiation" is likely an example of that, and sharing examples via the ADS Feedback tracker or email allows ABD to prioritize rules to not surface this phrase. ADS is always improving, and we appreciate your support in identifying language patterns that need to be accounted for in the ARSD.

21. Other Medical Evidence - The Other Medical Evidence table contains information that may not be specific enough to be used in ADS RFD and exam logic, but could be helpful context for decision-making. Examples of this include:
- References to the specific condition or diagnostic code that were not diagnoses in structured VAMC data.
- References to relevant tests that may have been performed, but where the document did not contain the results of the test.
- Cases where schedular key terms were used in a negated language pattern, such as "no history of" or "denies."

22. Negated Keyterms - ADS has been trained to identify negated keyterms - language patterns indicating that the Veteran does not have or experience a condition. When a term related to the CFR is found in close proximity in a sentence or statement to a negated language pattern, the full phrase will be output to the ARSD in the Other Medical Evidence table. These negated keyterms do not drive ADS logic, but can still be helpful for development and evaluation.

23. Relevant Documents Unavailable for Automated Review - You should always scroll to the last table in the ARSD in order to identify if any key documents could not be reviewed by ADS. If any documents are listed here, no evidence within the document was output to the ARSD and you should navigate to the document and review it manually.

Example Automated Review Summary Document (ARSD) – 2 of 4

The second example ARSD is included below. The blue circles are additional formatting added for the purpose of training to highlight key information or features. The numbers on each of these circles correspond to notes on pages 36-38. Please also feel free to add your own notes.

VA | U.S. Department of Veterans Affairs

EVIDENCE REVIEW SUMMARY

Veteran's Name:	TEST VETERAN
File Number:	123456789
Date of Evidence Review:	10/15/2024

Claim ID	987654321
Date Of Claim	10/14/2024 (1)
ITF	08/13/2024
EP	020

Claims Processors: This document summarizes data in the Veteran's record related to military service and disability evaluation criteria.

ARSD Contention Outcomes

CONTENTION CLAIMED (2)	CONDITION (3)	PROCESSING TYPE	AUTOMATION OUTCOME (4)
asbestosis	Interstitial Lung Disease (ILD)	Increase	RFD
Outcome Reasoning	Relevant structured medical evidence found within the review period.		
asbestosis	Respiratory Conditions to include (6600, 6603, 6604, and 6845)	Increase	RFD
Outcome Reasoning	Relevant structured medical evidence found within the review period.		

Contentions Not Processed by ADS (5)

CONTENTION CLAIMED	INELIGIBILITY REASON
All Conditions Eligible for Automation.	

Claim Outcome

CLAIM OUTCOME	OUTCOME REASON
RFD	One or more contentions Ready for Decision

Table of Contents

v4.17.0

Relevant Military Service Locations				
KEY TERM(S)	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
		No service identified based on automated review		

6

Condition: Interstitial Lung Disease (ILD)

Processing Type: Increase (7)
Automation Outcome: RFD

Schedule for Rating Disabilities for Interstitial Lung Disease (ILD): https://www.ecfr.gov/current/title-38/chapter-I/part-4/subpart-B/subject-group-ECFR14fb86bcc86c2cb/section-4.97 (8)

Diagnosis for Interstitial Lung Disease (ILD)

NAME	ICD CODE	DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Asbestosis (SCT 22607003)	22607003	6/15/2023	VAMC Other Output Reports	0000135	12345-8819-492f-86cf-3redacted40eb97
Asbestosis (SCT 22607003)	22607003	8/16/2022	VAMC Other Output Reports	0000157	12345-8819-492f-86cf-3redacted40eb97

(9)

DBQs for Interstitial Lung Disease (ILD)

DBQ	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Dbq Resp Respiratory Conditions (Other Than Tuberculosis And Sleep Apnea)	12/1/2022	DBQ	1	48b33f10-e18b-4404-a1d1-315redactedc2

(10)

Schedular Evidence for Interstitial Lung Disease (ILD) Within the Review Period (11) (12)

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Cor pulmonale	4/12/2024	VAMC Other Output Reports	0000135	12345-8819-492f-86cf-3redacted40eb97
Contact with and (Suspected) Exposure to Asbestos: Z77.090	4/12/2024	VAMC Other Output Reports	0000185	12345-8819-492f-86cf-3redacted40eb97
Diffusing Capacity: 94729	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
83 Pre / 87 Post: FEV-1 %	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
73 Pre / 75 Post: FEV-1/FVC %	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
72: DLCO % Predicted	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
Home Oxygen	3/6/2024	VAMC Other Output Reports	0000436	12345-8819-492f-86cf-3redacted40eb97
Diffusion Capacity	10/27/2023	VA 21-4138 Statement In Support of Claim	1	54321-5fb8-49b8-a823-70redactedb63b
Diffuse Capacity	8/20/2023	Medical Treatment Record - Non-Government Facility	3	98765-3b90-459f-a771-c21redacted8a15

ADS 201 Training Course
Content Handout - RVSR Track

Condition: Interstitial Lung Disease (ILD)

Processing Type: Increase
Automation Outcome: RFD
Schedule for Rating Disabilities for Interstitial Lung Disease (ILD): https://www.ecfr.gov/current/title-38/chapter-I/part-4/subpart-B/subject-group-ECFR14fb86bcc86c2cb/section-4.97

Diagnosis for Interstitial Lung Disease (ILD)

NAME	ICD CODE	DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Asbestosis (SCT 22607003)	22607003	6/15/2023	VAMC Other Output Reports	0000135	12345-8819-492f-86cf-3redacted40eb97
Asbestosis (SCT 22607003)	22607003	8/16/2022	VAMC Other Output Reports	0000157	12345-8819-492f-86cf-3redacted40eb97

DBQs for Interstitial Lung Disease (ILD)

DBQ	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Dbq Resp Respiratory Conditions (Other Than Tuberculosis And Sleep Apnea)	12/1/2022	DBQ	1	48b33f10-e18b-4404-a1d1-315redactedc2

Schedular Evidence for Interstitial Lung Disease (ILD) Within the Review Period

(13)

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Cor pulmonale	4/12/2024	VAMC Other Output Reports	0000135	12345-8819-492f-86cf-3redacted40eb97
Contact with and (Suspected) Exposure to Asbestos: Z77.090	4/12/2024	VAMC Other Output Reports	0000185	12345-8819-492f-86cf-3redacted40eb97
Diffusing Capacity: 94729	4/12/2024	VAMC Other Output Reports	0000644	12345-8819-492f-86cf-3redacted40eb97
83 Pre / 87 Post: FEV-1 %	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
73 Pre / 75 Post: FEV-1/FVC %	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
72: DLCO % Predicted	3/20/2024	Medical Treatment Record - Non-Government Facility	9	98765-3b90-459f-a771-c21redacted8a15
Home Oxygen	3/6/2024	VAMC Other Output Reports	0000436	12345-8819-492f-86cf-3redacted40eb97
Diffusion Capacity	10/27/2023	VA 21-4138 Statement In Support of Claim	1	54321-5fb8-49b8-a823-70redactedb63b
Diffuse Capacity	8/20/2023	Medical Treatment Record - Non-Government Facility	3	98765-3b90-459f-a771-c21redacted8a15

Other Medical Evidence (14)

Schedular Evidence for Interstitial Lung Disease (ILD) Outside the Review Period				
EVIDENCE	**OBSERVATION DATE**	**DOCUMENT**	**PAGE NUMBER(S) / EVENT ID(S)**	**DOCUMENT ID**
Diffusion Capacity	10/27/2017	VA 21-4138 Statement In Support of Claim	1	9fd70c96-5fb8-49b8-a823-706c5d9eb63b
Contact with and (Suspected) Exposure to Asbestos: Z77.090	9/7/2017	VAMC Other Output Reports	0000719	12345-8819-492f-86cf-3redacted40eb97
CO/MEMBANE DIFFUSE CAPACITY: 94729	9/7/2017	VAMC Other Output Reports	0000753	12345-8819-492f-86cf-3redacted40eb97
83 Pre / 87 Post: FEV-1 %	9/7/2017	C and P Exam	1, 3	4a216c9b-a6b6-4cbd-808c-1redacteddbe
73 Pre / 75 Post: FEV-1/FVC %	9/7/2017	C and P Exam	1, 3	4a216c9b-a6b6-4cbd-808c-1redacteddbe
Diffusing Capacity	9/7/2017	C and P Exam	1	4a216c9b-a6b6-4cbd-808c-1redacteddbe
Diffusing Capacity	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
75: FEV-1/FVC %	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
53: DLCO % Predicted	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
83: FEV-1 %	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
73: FEV-1/FVC %	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
Diffuse Capacity	Non-confident date: **/** /2006	Medical Treatment Record - Non-Government Facility	3	b381f6e2-3b90-459f-a771-c2redacted15

(15) **Other Medical Evidence for Interstitial Lung Disease (ILD)**				
EVIDENCE	**OBSERVATION DATE**	**DOCUMENT**	**PAGE NUMBER(S) / EVENT ID(S)**	**DOCUMENT ID**
Asbestosis	12/12/2023	VAMC Other Output Reports	0000321	12345-8819-492f-86cf-3redacted40eb97
Asbestosis	6/15/2023	VAMC Other Output Reports	0000332	12345-8819-492f-86cf-3redacted40eb97
Suggestive Of Essentially Stable Pleural-Parenchymal Changes Related To Asbestosis	4/27/2023	VAMC Other Output Reports	0000479	12345-8819-492f-86cf-3redacted40eb97
Asbestosis	12/15/2022	VAMC Other Output Reports	0000335	12345-8819-492f-86cf-3redacted40eb97
No New Shortness Of Breath, Cough Or Wheezing, +asbestosis	12/15/2022	VAMC Other Output Reports	0000335	12345-8819-492f-86cf-3redacted40eb97
Suggestive Of Essentially Stable Pleural-Parenchymal Changes Related To Asbestosis	12/15/2022	VAMC Other Output Reports	0000335	12345-8819-492f-86cf-3redacted40eb97
Plethysmography for Lung Volumes: 94726	7/5/2022	VAMC Other Output Reports	0000540	12345-8819-492f-86cf-3redacted40eb97
Spirometry/Forced Vital Capacity: 94010	7/5/2022	VAMC Other Output Reports	0000542	12345-8819-492f-86cf-3redacted40eb97
Asbestosis	6/16/2022	VAMC Other Output Reports	0000361	12345-8819-492f-86cf-3redacted40eb97

Schedular Evidence for Respiratory Conditions to include (6600, 6603, 6604, and 6845) Outside the Review Period

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Contact with and (Suspected) Exposure to Asbestos: Z77.090	9/7/2017	VAMC Other Output Reports	0000719	12345-8819-492f-86cf-3redacted40eb97
CO/MEMBANE DIFFUSE CAPACITY: 94729	9/7/2017	VAMC Other Output Reports	0000753	12345-8819-492f-86cf-3redacted40eb97
83 Pre / 87 Post: FEV-1 %	9/7/2017	C and P Exam	1, 3	4a216c9b-a6b6-4cbd-808c-113fa4dd0dbe
73 Pre / 75 Post: FEV-1/FVC %	9/7/2017	C and P Exam	1, 3	4a216c9b-a6b6-4cbd-808c-113fa4dd0dbe
Diffusing Capacity	9/7/2017	C and P Exam	1	4a216c9b-a6b6-4cbd-808c-113fa4dd0dbe
Diffusing Capacity	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
75: FEV-1/FVC %	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
53: DLCO % Predicted	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
83: FEV-1 %	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
73: FEV-1/FVC %	9/1/2017	VAMC Other Output Reports	0000736	12345-8819-492f-86cf-3redacted40eb97
Diffuse Capacity	Non-confident date: **/**/2006	Medical Treatment Record - Non-Government Facility	3	b381f6e2-3b90-459f-a771-c2redacted15

Other Medical Evidence for Respiratory Conditions to include (6600, 6603, 6604, and 6845)

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Pleural Plaques	4/18/2024	C and P Exam	2	35e46669-8c56-4057-81bf-8redacted3g8
Fibrothorax	4/18/2024	C and P Exam	2	35e46669-8c56-4057-81bf-8redacted3g8
No Pneumothorax	4/18/2024	C and P Exam	2	35e46669-8c56-4057-81bf-8redacted3g8
No Repeatability Calibrated 04/17/2024 Comments: Best Effort/ Sitting Db Coughing	4/17/2024	C and P Exam	4	35e46669-8c56-4057-81bf-8redacted3g8
Emphysema	3/7/2020	VAMC Other Output Reports	0000427	12345-8819-492f-86cf-3redacted40eb97
Emphysema	3/6/2020	VAMC Other Output Reports	0000485	12345-8819-492f-86cf-3redacted40eb97
Pleural Plaque	3/6/2020	VAMC Other Output Reports	0000485	12345-8819-492f-86cf-3redacted40eb97
Copd	10/27/2017	VA 21-4138 Statement In Support of Claim	1	9fd70c96-5fb8-49b8-a823-706c5d9eb63b
EVALUATION OF WHEEZING: 94060	9/7/2017	VAMC Other Output Reports	0000752	12345-8819-492f-86cf-3redacted40eb97
PULM FUNCT TST PLETHYSMOGRAP: 94726	9/7/2017	VAMC Other Output Reports	0000754	12345-8819-492f-86cf-3redacted40eb97
BREATHING CAPACITY TEST: 94010	9/7/2017	VAMC Other Output Reports	0000755	12345-8819-492f-86cf-3redacted40eb97
Pleural Plaques	4/27/2023	VAMC Other Output Reports	0000479	12345-8819-492f-86cf-3redacted40eb97
No Confluent Infiltrates, Pleural Effusion Or Pneumothorax	4/27/2023	VAMC Other Output Reports	0000479	12345-8819-492f-86cf-3redacted40eb97
Bronchitis	4/27/2023	VAMC Other Output Reports	0000479	12345-8819-492f-86cf-3redacted40eb97
Copd	12/15/2022	VAMC Other Output Reports	0000335	12345-8819-492f-86cf-3redacted40eb97
No New Shortness Of Breath, Cough Or Wheezing	12/15/2022	VAMC Other Output Reports	0000335	12345-8819-492f-86cf-3redacted40eb97
Refused Move Exam, Encouraged Weight Loss	12/15/2022	VAMC Other Output Reports	0000335	12345-8819-492f-86cf-3redacted40eb97
If Local Edema And Necrosis At Site Of Injection, Hives, Fast Heartbeat, Dizziness, Wheezing	11/21/2022	VAMC Other Output Reports	0000352	12345-8819-492f-86cf-3redacted40eb97

(16) — marker at "No Confluent Infiltrates, Pleural Effusion Or Pneumothorax" row

Other Medical Evidence for Respiratory Conditions to include (6600, 6603, 6604, and 6845)				
EVIDENCE	**OBSERVATION DATE**	**DOCUMENT**	**PAGE NUMBER(S) / EVENT ID(S)**	**DOCUMENT ID**
Copd	Non-confident date: 06/**/2017	Medical Treatment Record - Non-Government Facility	2	b381f6e2-3b90-459f-a771-c2redacted15
Copd	Non-confident date: **/**/2006	Medical Treatment Record - Non-Government Facility	2	b381f6e2-3b90-459f-a771-c2redacted15
Cough	Non-confident date: **/**/1980	Medical Treatment Record - Non-Government Facility	1	b381f6e2-3b90-459f-a771-c2redacted15
Pleural Thickening/Plaqing Suggested	Non-confident date: 06/**/2017	Medical Treatment Record - Non-Government Facility	2	b381f6e2-3b90-459f-a771-c2redacted15
Pleural Effusion	Non-confident date: **/**/1980	Medical Treatment Record - Non-Government Facility	3	b381f6e2-3b90-459f-a771-c2redacted15
Lung Function Test	Non-confident date: 09/01/****	Medical Treatment Record - Non-Government Facility	3	b381f6e2-3b90-459f-a771-c2redacted15
Respiratory Problems	No associated date	VA 21-4138 Statement In Support of Claim	1	512c4e5a-fe01-4fae-aa91-e0redacted30
Pleural Plaques	No associated date	Correspondence	1, 4, 5	8213a976-0f38-4965-a072-a12redacted27
Ploural Plaques	No associated date	Correspondence	4	8213a976-0f38-4965-a072-a12redacted27
Copd	No associated date	VA 21-526EZ, Fully Developed Claim (Compensation)	2	5372a1bc-172b-4ae6-bf9f-61redactedc
Copd	No associated date	VA 21-526EZ, Fully Developed Claim (Compensation)	2	fb649e47-422c-4770-96cb-redacted7a

(17)

Relevant Documents Unavailable for Automated Review		
DOCUMENT	**VBMS RECEIPT DATE**	**DOCUMENT ID**
All selected documents completed automated review.		

End of Evidence Review Summary

ADS 201 Training Course
Content Handout - RVSR Track

The notes below correspond to the second example ARSD in the training. The notes are numbered and correspond to the numbers in each of the blue circles on pages 29-35. Please also feel free to add your own notes.

1. ITF - In this case, ADS did not identify a relevant ITF. A best practice is to confirm there was not an ITF as you consider the correct effective date in your evaluation.

2. Contention Claimed - The Veteran claimed Asbestosis on the VA Form 21-526EZ. The Veteran had a combined coexisting service connection for 6830-6600, so the ARSD reviewed both conditions searching for the unique data elements.

3. Hyperlinked Condition - The condition is hyperlinked. Selecting it will take you directly to the first page of the ARSD that contains information specific to the condition. In this case, that may not be much faster than scrolling to page 3, but where multiple conditions are reviewed this can be a useful shortcut.

4. Processing Type - The Processing Type is included on the ARSD to indicate the key processing type logic ADS used. In this test case, because the Veteran was service connected for 6832-6600, Interstitial Lung Disease was reviewed as an Increase.

5. Outcome Reasoning - The Outcome Reasoning table includes short summary statements explaining why the claim reached the RFD outcome. In this case, structured high confidence evidence was found and should be reviewed in the ARSD tables below.

6. Relevant Military Service Locations - In this case, ADS did not find any relevant medical keywords within the Service Treatment Records (STRs). In this case, because this is an Increase claim, the lack of relevant military service keywords or Sec. 1119 or Sec. 1117 flashes did not influence the ADS Contention Outcome.

7. Processing Type & Automation Outcome - The ADS Processing Type and Automation Outcome are repeated from the first page of the ARSD, minimizing the need to scroll back and forth within the ARSD.

8. Schedule for Rating Disabilities - For your convenience, the link to the relevant schedular for rating disabilities for the condition is displayed. Tip: To open the eCFR Schedule for Rating Disabilities in a new tab, select Ctrl while clicking on the link, or right click and select "open in a new tab."

9. Diagnosis - Information entered specifically as a diagnosis with accompanying structured diagnosis data, such as ICD 9, ICD 10, or SNOMED codes, will be recognized by ADS as a confirmed diagnosis. Private medical records or DBQs may also contain diagnoses, and when those codes or keywords are found they will be seen in the Schedular Evidence table.

10. DBQs - ADS searches through multiple different document types to try and recognize either the layout or structure of a Disability Benefits Questionnaire. This is because DBQs can sometimes be embedded in other documents or their document type can be incorrect. In this case, no relevant DBQs were found. ADS does not evaluate or review the strength of evidence in a DBQ - it only matches DBQs to the condition reviewed and verifies that key sections of the form are complete (such as signature and NPI number).

11. Schedular Evidence Within the Review Period (Interstitial Lung Disease (ILD)) - There are a number of pieces of evidence related to the eCFR and VA Schedule for Rating Disabilities (VASRD). The ICD-10 for contact with (and suspected exposure) to Asbestosis is structured VAMC data in the HDR document and caused ADS to mark the contention RFD. Additional VASRD-specific unstructured evidence within the review period is listed in this table, including PFTs found in a private medical record. Claims Processors should open the original documents and review the evidence displayed within the ARSD, using the page numbers and event IDs to navigate quickly and confidently to the relevant section of the document.

12. Document IDs - The hyperlinks for document ID will navigate to the first page of the relevant document within the eFolder. Tip: To open the link in a separate tab, hold the Ctrl key on your keyboard while clicking on the link.

13. Schedular Evidence Within the Review Period (Respiratory Conditions) - Evidence found within structured and unstructured evidence specific to the VASRD in the review period for the condition is listed in reverse chronological order from most recent to least recent. In this example, this includes diffusing capacity measured on a 4/12/2024 VA Medical Center (VAMC) visit, Pulmonary Function Test (PFT) results from a private medical record, and a reference to home oxygen from a 3/6/2024 visit to a VAMC.

14. Other Medical Evidence Tables - The other Medical Evidence section is organized by condition with a table for Schedular Evidence Outside the Review Period and then an Other Medical Evidence table for each condition.

15. Other Medical Evidence Table - The Other Medical Evidence table contains information that may not be specific enough to be used in ADS RFD and exam logic, but could be helpful context for decision-making. Examples of this include:
      - References to the specific condition or diagnostic code that were not diagnoses in structured VAMC data.
      - References to relevant tests that may have been performed, but where the document did not contain the results of the test.
      - Cases where schedular key terms were used in a negated language pattern, such as "no history of" or "denies."

16. Negated and Non-definitive Terms - ADS has been trained to identify negated keyterms - language patterns indicating that the Veteran does not have or experience a condition. When a term related to the CFR is found in close proximity in a sentence or statement to a negated language pattern, the full phrase will be output to the ARSD in the Other Medical Evidence table. These negated keyterms do not drive ADS logic, but can still be helpful for development and evaluation.

17. Relevant Documents Unavailable for Automated Review - You should always scroll to the last table in the ARSD in order to identify if any key documents could not be reviewed by ADS. If any documents are listed here, no evidence within the document was output to the ARSD and you should navigate to the document and review it manually.

Chapter 4: How and When Should I Defer ADS Contentions?

What will we learn in this chapter?

- Where to look to see that the contention was ready for decision and why
- What deferral reasons are appropriate for ADS contentions

Why would an ADS claim be deferred?

There are two common reasons why an automated contention may be deferred:

1. An RVSR reviews a contention marked Ready for Decision (RFD) by ADS and determines that more evidence is needed before a rating decision can be made.
2. Some of the contentions on the claim were marked RFD and an RVSR makes a partial rating; the other contentions still need development.

When there are contentions that ADS marked RFD that can be rated, but other contentions require additional development, a **partial rating** should be completed.

RVSRs must defer the contention in both **VBMS Core and VBMS-R** for partial ratings.

When processing ADS claims, RVSRs are not required to review automation-ineligible contentions that have not been fully developed; **they should defer to VSRs for initial development.**
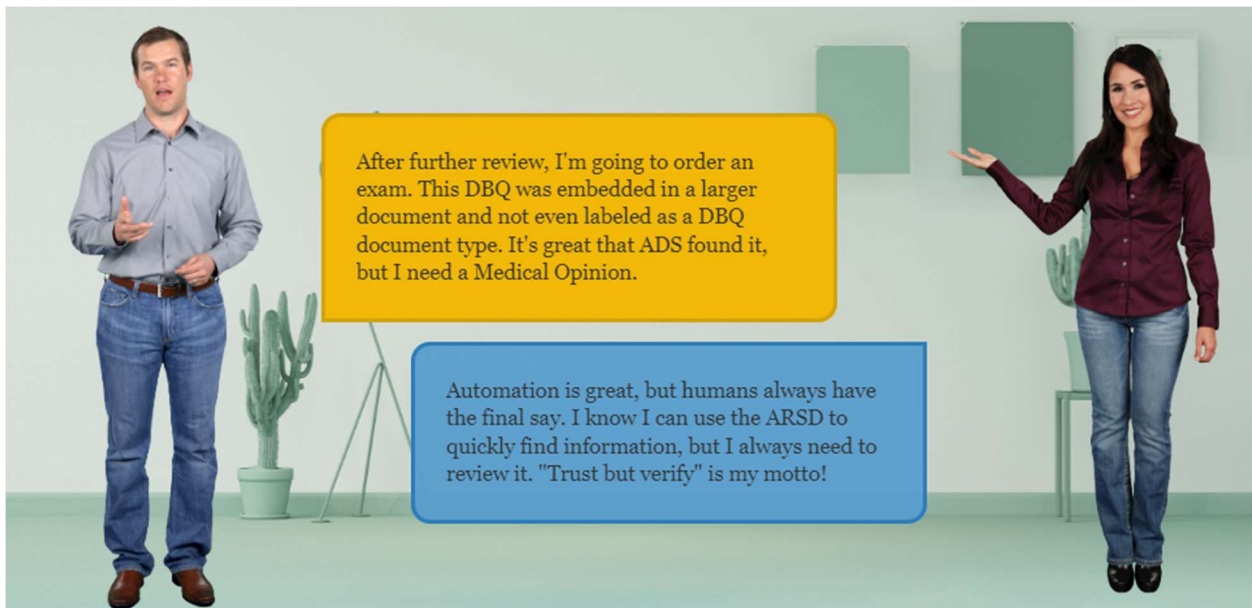
Scenario 1: More Evidence is Needed

As we covered in Chapter 2, ADS will provide a status or outcome for each individual contention. What happens when at least one of those contentions is marked RFD?

HI, I'M REBECCA, AN RVSR!

"I see ADS marked this contention RFD because a relevant Private Disability Benefits Questionnaire (DBQ) was submitted with the claim. I'm reviewing the DBQ and it raises some additional questions. I looked through the other evidence in the ARSD and those don't answer the questions either. We'd better get some more information. I'll defer the contention for further development, just as if a VSR had marked RFD."

Victor, a VSR, is assigned the deferred claim and sees Rebecca's notes. He also reviews the contention and then orders an exam, just as he would if the deferral had been on a non-ADS claim.

After further review, I'm going to order an exam. This DBQ was embedded in a larger document and not even labeled as a DBQ document type. It's great that ADS found it, but I need a Medical Opinion.

Automation is great, but humans always have the final say. I know I can use the ARSD to quickly find information, but I always need to review it. "Trust but verify" is my motto!

When it comes to a final rating decision, human judgment always wins.

Remember, you trained for your specific role. ADS is a helpful tool, and it is meant to assist, not replace, your decision-making.

Think of it like a pair of glasses: they can help focus your vision, but are not meant to replace your eyesight.
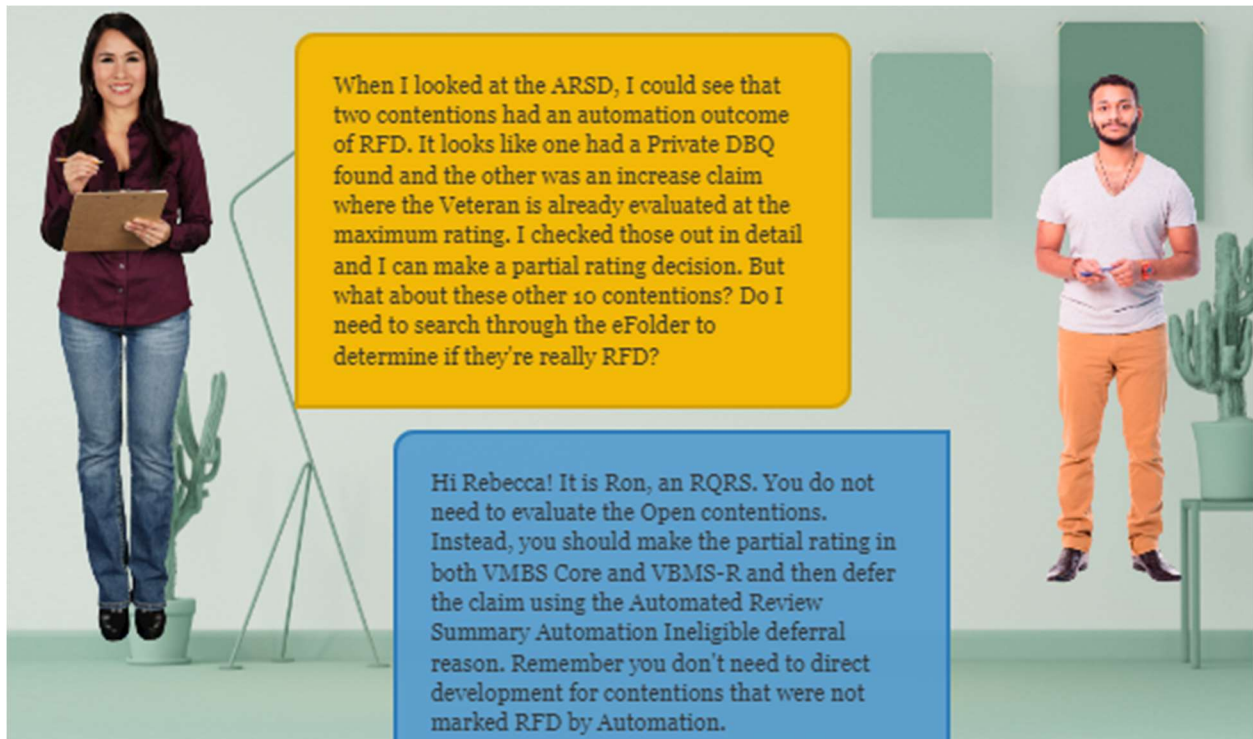
Scenario 2: Only Some Contentions are RFD

As we covered in Chapter 2, ADS will provide a status or outcome for each individual contention. What happens when at least one of those contentions is marked RFD, but others are not?

HELLO, IT'S REBECCA THE RVSR AGAIN

I just got a claim with 12 contentions on it, but only two are marked Ready for Decision. I saw the Rapid Ready for Decision special issue, so I knew I needed to look at the ARSD to learn more.

When I looked at the ARSD, I could see that two contentions had an automation outcome of RFD. It looks like one had a Private DBQ found and the other was an increase claim where the Veteran is already evaluated at the maximum rating. I checked those out in detail and I can make a partial rating decision. But what about these other 10 contentions? Do I need to search through the eFolder to determine if they're really RFD?

Hi Rebecca! It is Ron, an RQRS. You do not need to evaluate the Open contentions. Instead, you should make the partial rating in both VMBS Core and VBMS-R and then defer the claim using the Automated Review Summary Automation Ineligible deferral reason. Remember you don't need to direct development for contentions that were not marked RFD by Automation.

It's actually good news!

RVSRs should review any contention marked RFD on a claim and then defer the Open items back to the VSR for development.

View the ADS deferral video to review the correct deferral reasons to select when deferring an ADS contention:

https://dvagov.sharepoint.com/sites/vbaofficeofautomatedbenefitsdelivery/_layouts/15/stream.aspx?id=%2Fsites%2Fvbaofficeofautomatedbenefitsdelivery%2FSharedDocuments%2Fads%2Ddeferral%2Dguideance%2Dvideo%2Emp4&referrer=StreamWebApp%2EWeb&referrerScenario=AddressBarCopied%2Eview%2E050f2732%2D952a%2D4b1a%2Db3b9%2Dcb8a5762d660

ADS 201 Training Course Content Handout
- RVSR Track

Chapter 5: Why Would ADS Mark a Contention ARSD Generated?

What will we learn in this chapter?

- Why ADS may not reach an exam or RFD outcome
- How to use the outcome reasoning and evidence on the ARSD in your evaluation and decision-making
- How to read and evaluate example ARSDs

Why would ADS generate an ARSD and not order an exam or mark the contention RFD?

When ADS identifies certain development actions are needed or nuanced review of potential evidence of record is required, ADS will generate the ARSD to compile relevant information but not move forward with either an exam or RFD for that contention.

Any of the following circumstances will lead to the "ARSD Generated" or "Open" outcome.

NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS	EP 040	SECONDARY	RECENT VA FORM 21-4142/4142A	5103 LETTER IS NEEDED	SCHEDULAR EVIDENCE NEEDS REVIEW

| NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS | EP 040 | SECONDARY | RECENT VA FORM 21-4142/4142A | 5103 LETTER IS NEEDED | SCHEDULAR EVIDENCE NEEDS REVIEW |

NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS

If a VAMC diagnosis is not found for a Presumptive contention, ADS will not mark the contention RFD, even if there is clear scheduler evidence from medical records. This is because the VSR will have to determine if a TERA memo or other actions are needed prior to the RVSR's decision.

In order to avoid the Veteran being scheduled for an exam for conditions they may not be entitled to, ADS will also not order or draft an exam. Instead, an ARSD will be produced for VSR use in initial review.

In these cases, the Outcome Reasoning will reference that there is no confirmed diagnosis.

| NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS | EP 040 | SECONDARY | RECENT VA FORM 21-4142/4142A | 5103 LETTER IS NEEDED | SCHEDULAR EVIDENCE NEEDS REVIEW |

EP 040

Whenever contentions are claimed on a VA Form 20-0995 Decision Review Request: Supplemental Claim and EP 040, ADS will generate the ARSD and not mark RFD nor order or draft an exam, regardless of the evidence found and displayed in the ARSD.

| NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS | EP 040 | SECONDARY | RECENT VA FORM 21-4142/4142A | 5103 LETTER IS NEEDED | SCHEDULAR EVIDENCE NEEDS REVIEW |

SECONDARY

If the Veteran claims a contention using phrases indicating a potential secondary relationship, automation may reach an ARSD Generated outcome. For example, this may happen if the words "secondary to," "due to," "as a result of," or "2nd to," are used.

ADS logic supports an ARSD Generated outcome in these situations so that the VSR can evaluate if the condition is truly related to the service-connected primary condition and if that primary condition also needs to be evaluated (such as in cases to avoid pyramiding).

| NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS | EP 040 | SECONDARY | RECENT VA FORM 21-4142/4142A | 5103 LETTER IS NEEDED | SCHEDULAR EVIDENCE NEEDS REVIEW |

RECENT VA FORM 21-4142/4142A

ADS checks the mail packet and the eFolder to ensure the Veteran did not submit a VA Form 21-4142 or VA Form 21-4142a, indicating there is relevant information that needs to be retrieved from their private medical provider.

If a VA Form 21-4142/4142a was uploaded to the eFolder within the 7 days prior to the date of the claim, ADS will leave the claim Open and will not order or draft exams, regardless of what evidence is present.

This allows the information the Veteran requested to be returned and considered as part of the rating evaluation.

| NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS | EP 040 | SECONDARY | RECENT VA FORM 21-4142/4142A | 5103 LETTER IS NEEDED | SCHEDULAR EVIDENCE NEEDS REVIEW |

5103 LETTER IS NEEDED

ADS reviews the last year's worth of VA 21-526EZ and 20-0995 Forms within the eFolder to identify if the Veteran has acknowledged Section 5103 requirements. If they have not, then ADS will send the 5103 letter automatically via VBMS Letter Generator and this will result in an ADS ARSD Generated outcome.

The Outcome Reasoning will mention that a 5103 Letter is needed.

| NO DIAGNOSIS FOR PRESUMPTIVE CONDITIONS | EP 040 | SECONDARY | RECENT VA FORM 21-4142/4142A | 5103 LETTER IS NEEDED | SCHEDULAR EVIDENCE NEEDS REVIEW |

SCHEDULAR EVIDENCE NEEDS REVIEW

One of the central goals of ADS is to gather information that could be used for decision-making and potentially avoid an unnecessary exam.

When ADS identifies evidence in unstructured data that may be able to be used for decision-making but does not find structured data that meets RFD confidence thresholds, ADS will generate the ARSD for VSR review and evaluation.

When this is the case, the Outcome Reason will indicate there is schedular evidence that needs further review.

But isn't an ARSD always generated?

Yes, all ADS claims with a Rapid Ready for Decision special issue will include an ARSD in the eFolder! However, when ADS produces an "ARSD Generated" or "Open" outcome, it means that the criteria for RFD, Exam Ordered, or Exam Drafted weren't fully met. This is ADS's way of saying that a contention needs additional review before being marked Ready for Decision.

Wondering which contentions have been automated? Click the link below to view the Automation Eligible Diagnostic Codes Tracker or copy and paste the below link into your browser:
https://dvagov.sharepoint.com/sites/vbaofficeofautomatedbenefitsdelivery/SitePages/Automation-Eligible-Codes.aspx

Why is this relevant to RVSRs?

While contentions with ARSD Generated outcomes should first be reviewed by VSRs before they are marked RFD, confidently reading the ARSD and understanding what evidence was identified that may be able to be used for evaluation can simplify and accelerate your own review.

Example Automated Review Summary Document (ARSD) – 3 of 4

The third example ARSD is included below. The blue circles are additional formatting added for the purpose of training to highlight key information or features. The numbers on each of these circles correspond to notes on pages 51-53. Please also feel free to add your own notes.

VA | U.S. Department of Veterans Affairs

EVIDENCE REVIEW SUMMARY

Veteran's Name:	TEST VETERAN
File Number:	987654321
Date of Evidence Review:	10/15/2024

Claim ID	123456789
Date Of Claim	10/13/2024
ITF	10/1/2024
EP	020

Claims Processors: This document summarizes data in the Veteran's record related to military service and disability evaluation criteria.

ARSD Contention Outcomes

CONTENTION CLAIMED	CONDITION	PROCESSING TYPE	AUTOMATION OUTCOME
ASTHMA – TROUBLE BREATHING	Asthma	Presumptive	ARSD Generated
Outcome Reasoning	No diagnosis was found in structured medical evidence. Referred to claims processor to review all evidence for lay, or medical evidence of current disability.		

Contentions Not Processed by ADS

CONTENTION CLAIMED	INELIGIBILITY REASON
DYSPNEA	ADS does not currently automate this condition.

Claim Outcome

CLAIM OUTCOME	OUTCOME REASON
OPEN	This Claim has been placed in Open Status for further review by the Claims Processor. The Automation System has identified relevant schedular evidence that requires review on the Automated Review Summary Document.

Table of Contents

Relevant Military Service Locations				
KEY TERM(S)	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Toxic Exposure - Sec. 1119 Covered Veteran	N/A	VBMS Corporate Flash	N/A	N/A
Persian Gulf	1/27/2023	VA Memo	1	2bafd4ab-a5af-4f4e-bca1-adad84812b97
Arabian Gulf	6/22/2016	DPRIS Response	36	932ae1bb-5216-4558-92ae-ff005c778485
Southwest Asia Service Medal	6/22/2016	DPRIS Response	37	932ae1bb-5216-4558-92ae-ff005c778485

Condition: Asthma

Processing Type: Presumptive
Automation Outcome: ARSD Generated ⑨
Schedule for Rating Disabilities for Asthma: https://www.ecfr.gov/current/title-38/chapter-I/part-4/subpart-B/subject-group-ECFR14fb86bcc86c2cb/section-4.97 ⑩

Diagnosis for Asthma ⑪

NAME	ICD CODE	DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
None of the ICD codes associated with this condition were identified in the VA Healthcare records reviewed by automation					

DBQs for Asthma ⑫

DBQ	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Dbq Resp Respiratory Conditions (Other Than Tuberculosis And Sleep Apnea)	11/10/2023	DBQ ⑬	1	36b9771b-196c-4487-8bc9-2credactedc4e
Dbq Resp Respiratory Conditions (Other Than Tuberculosis And Sleep Apnea)	08/05/2020	Correspondence	6	a52b33d-2757-480b-a6d9-2d0redacteda93

Schedular Evidence for Asthma Within the Review Period ⑭

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Bronchodilators [Bronchodilator]	9/18/2024	VAMC Other Output Reports	0000242	2b24c224-8099-4aaf-98e9-0dccdredacted
Albuterol [Bronchodilator]	9/18/2024	VAMC Other Output Reports	0000242, 0000243	2b24c224-8099-4aaf-98e9-0dccdredacted
Montelukast [Bronchodilator]	9/18/2024	VAMC Other Output Reports	0000243	2b24c224-8099-4aaf-98e9-0dccdredacted
Fluticasone Prop [Inhalation Anti-Inflammatory]	9/18/2024	VAMC Other Output Reports	0000243	2b24c224-8099-4aaf-98e9-0dccdredacted
ALBUTEROL 0.083% SOLN,INHL Drug Class: BRONCHODILATORS,SYMPATHOMIMETIC,INHALATION	4/12/2024	VAMC Other Output Reports	0000224	2b24c224-8099-4aaf-98e9-0dccdredacted
Albuterol [Bronchodilator]	4/12/2024	VAMC Other Output Reports	0000224	2b24c224-8099-4aaf-98e9-0dccdredacted
Medrol [Systemic Corticosteroid]	3/27/2024	VAMC Other Output Reports	0000250	2b24c224-8099-4aaf-98e9-0dccdredacted
Wixela Inhaler [Inhalation Therapy And Bronchodilator]	3/27/2024	VAMC Other Output Reports	0000250	2b24c224-8099-4aaf-98e9-0dccdredacted
Fluticasone 250mcg/Salmeterol [Inhalation Therapy And Bronchodilator]	3/27/2024	VAMC Other Output Reports	0000225	2b24c224-8099-4aaf-98e9-0dccdredacted
Diffusing Capacity: 94729	2/12/2024	Medical Treatment Record - Non-Government Facility	3	98765-3b90-459f-a771-c21redacted8a15
83 Pre / 87 Post: FEV-1 %	2/12/2024	Medical Treatment Record - Non-Government Facility	3	98765-3b90-459f-a771-c21redacted8a15
73 Pre / 75 Post: FEV-1/FVC %	2/12/2024	Medical Treatment Record - Non-Government Facility	3	98765-3b90-459f-a771-c21redacted8a15
72: DLCO % Predicted	2/12/2024	Medical Treatment Record - Non-Government Facility	3	98765-3b90-459f-a771-c21redacted8a15

Other Medical Evidence

	Schedular Evidence for Asthma Outside the Review Period (15)			
EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Budesonide [Inhalation Anti-Inflammatory]	3/13/2020	VAMC Other Output Reports	0000332	2b24c224-8099-4aaf-98e9-0dccdredacted
Budesonide [Inhalation Anti-Inflammatory]	2/9/2020	VAMC Other Output Reports	0000234	2b24c224-8099-4aaf-98e9-0dccdredacted
Budesonide [Inhalation Anti-Inflammatory]	2/7/2020	VAMC Other Output Reports	0000338	2b24c224-8099-4aaf-98e9-0dccdredacted
Steroid [Systemic Corticosteroid]	8/2/2019	STR - Medical	75, 76, 77	a7a8027d-3f50-4df4-89ca-d02f4redacted
Spirometry	7/29/2013	STR - Medical	51	a7a8027d-3f50-4df4-89ca-d02f4redacted
Spirmetry	7/29/2013	STR - Medical	51	a7a8027d-3f50-4df4-89ca-d02f4redacted

	Other Medical Evidence for Asthma (16)			
EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Lung Volumes	5/7/2024	VAMC Other Output Reports	3	2b24c224-8099-4aaf-98e9-0dccdredacted
No Acute Response To Inhaled Bronchodilators [Bronchodilator]	4/19/2024 (17)	VAMC Other Output Reports	0000240	2b24c224-8099-4aaf-98e9-0dccdredacted
Lung Volumes	4/19/2024	VAMC Other Output Reports	0000240	2b24c224-8099-4aaf-98e9-0dccdredacted
Recommend Obtaining Lung Volumes	4/19/2024	VAMC Other Output Reports	0000240	2b24c224-8099-4aaf-98e9-0dccdredacted
Lung Volumes	4/3/2024	VAMC Other Output Reports	0000249, 0000360 (18)	2b24c224-8099-4aaf-98e9-0dccdredacted
Lung Volumes	3/27/2024	VAMC Other Output Reports	0000361	2b24c224-8099-4aaf-98e9-0dccdredacted
Denies Childhood History Of Asthma	3/27/2024	VAMC Other Output Reports	0000250	2b24c224-8099-4aaf-98e9-0dccdredacted
Asthma	2/25/1996	DPRIS Response	38	932ae1bb-5216-4558-92ae-ff005redacted
Asthma	8/2/1993	STR - Medical	67, 75, 76, 77	a7a8027d-3f50-4df4-89ca-d02f4redacted

	Relevant Documents Unavailable for Automated Review (19)	
DOCUMENT	VBMS RECEIPT DATE	DOCUMENT ID
All selected documents completed automated review		

End of Evidence Review Summary

The notes below correspond to the third example ARSD in the training. The notes are numbered and correspond to the numbers in each of the blue circles on pages 47-50. Please also feel free to add your own notes.

1. ITF - In this case, ADS identified a potentially relevant Intent to File date and output that date to the ARSD. Claims Processors should verify this ITF as part of effective date decision-making.

2. Contention Claimed - The Veteran claimed **Asthma - Trouble Breathing** and **Dyspnea** on their VA Form 21-526EZ. We can see that Asthma - Trouble Breathing was ADS-eligible and Dyspnea was not (and is included in the Contentions not Processed by ADS table).

3. Asthma - The condition is hyperlinked. Selecting it will take you directly to the first page of the ARSD which contains information specific to Asthma. In this case, that may not be much faster than scrolling to page 3, but where multiple conditions are reviewed this can be a useful shortcut.

4. Processing Type - In this case, the Veteran was not service-connected for diagnostic code 6602. ADS is configured to process contentions for diagnostic code 6602 as presumptive due to the PACT Act, so the ADS logic and processing type are assumed to be presumptive. Remember to always review STRs and other relevant documents to determine if the Veteran meets presumptive entitlement theories.

5. Automation Outcome - The Automation Outcome will not change after ADS uploads the ARSD. In other words, when this claim is routed to a VSR and they mark it RFD, the outcome on the ARSD will still read "ARSD Generated."

6. Table of Contents - The table of contents is organized to display the most critical decision-making information first.

7. Sec. 1119 or Sec. 1117 Flashes - In order for a presumptive contention to be eligible for ADS, the Sec. 1119 or Sec. 1117 flashes must be present on the Veteran's VBMS profile. They will also be displayed on the ARSD for reference.

8. Key Terms - ADS searches through multiple different document types for key terms that could indicate a meaningful PACT Act-related service location. These terms appear on the ARSD for ease of reference and review.

9. Processing Type & Automation Outcome - The ADS Processing Type and Automation Outcome are repeated from the first page of the ARSD, minimizing the need to scroll back and forth within the ARSD.

10. Schedule for Rating Disabilities - For your convenience, the link to the relevant schedule for rating disabilities for the condition is displayed. Tip: To open the eCFR Schedule for Rating Disabilities in a new tab, select Ctrl while clicking on the link, or right-click and select "open in a new tab."

11. Diagnosis - As described in the Outcome Reasoning on page 1, ADS did not observe any diagnoses within the VAMC data. Keep in mind that only information entered specifically as a diagnosis with accompanying structured diagnosis data, such as ICD 9, ICD 10, or SNOMED codes, will be recognized by ADS as a confirmed diagnosis. Claims Processors should review the schedular evidence to determine if there is a diagnosis made somewhere other than a VAMC.

12. Document IDs - The hyperlinks for document ID will navigate to the first page of the relevant document within the eFolder. Tip: To open the link in a separate tab, hold the Ctrl key on your keyboard while clicking on the link.

13. DBQs - ADS searches through multiple different document types to try and recognize either the layout or structure of a Disability Benefits Questionnaire. This is because DBQs can sometimes be embedded in other documents or their document type can be incorrect.
ADS does not evaluate or review the strength of evidence in a DBQ - it only matches DBQs to the condition reviewed and verifies that key sections of the form are complete (such as signature and NPI number).

14. Schedular Evidence Within the Review Period - We can see in this ARSD that there are a number of pieces of schedular evidence related to the eCFR schedule for asthma, including bronchodilator medications and pulmonary function test results. Claims Processors should open the original documents and review the evidence displayed within the ARSD, using the page numbers and event IDs to navigate quickly and confidently to the relevant section of the document.

15. Schedular Evidence Outside the Review Period- The ADS review period for Asthma is one year from date of claim or ITF, so in this case, any schedular evidence found by ADS with an observation date older than 9/30/2023 will be displayed in the Schedular Evidence Outside the Review Period table. In the schedular evidence outside the review period, we observe that there are some references to relevant medications as well as to additional pulmonary function tests from the past few years. Claims Processors should use their best judgment around whether this information should be used for decision-making.

16. Other Medical Evidence Table - The Other Medical Evidence table contains information that may not be specific enough to be used in ADS RFD and exam logic, but could be helpful context for decision-making. Examples of this include:
- References to the specific condition or diagnostic code that were not diagnoses in structured VAMC data.
- References to relevant tests that may have been performed, but where the document did not contain the results of the test.
- Cases where schedular key terms were used in a negated language pattern, such as "no history of" or "denies."

17. Observation Date - Observation dates are dates identified by ADS as most likely referring to the specific evidence displayed in that row of the ARSD. This is often the date of a medical appointment or a date referenced in the same sentence or line of the key term. ADS uses observation dates to try and avoid confusion in situations where a note is written describing past symptoms or a previous appointment. Claims Processors should use the ARSD as a table of contents to identify which document and page to review for more details, including confirming dates that are relevant for effective date decisions.

18. Event IDs - Due to the way ADS creates the HDR VAMC Medical Records document, event IDs will be listed for all evidence sourced from the HDR. For all other documents, page numbers will be used. You can easily tell the difference between an event ID and a page number because event IDs start with at least two leading 0s and are always for a document type of "VAMC Other Output Reports" - the document type used to upload HDR records.

19. Documents Unavailable for Automated Review - RVSRs should always scroll to the last table in the ARSD in order to identify if any key documents could not be reviewed by ADS. If any documents are listed here, no evidence within the document was output to the ARSD and you should navigate to the document and review it manually.

Example Automated Review Summary Document (ARSD) – 4 of 4

The fourth example ARSD is included below. The blue circles are additional formatting added for the purpose of training to highlight key information or features. The numbers on each of these circles correspond to notes on page 59. Please also feel free to add your own notes.

VA | U.S. Department of Veterans Affairs

EVIDENCE REVIEW SUMMARY

Veteran's Name:	TEST VETERAN
Date of Evidence Review:	123456789
Date of Evidence Review:	10/15/2024

Claim ID	555667788
Date Of Claim	10/15/2024
ITF	N/A
EP	020

Claims Processors: This document summarizes data in the Veteran's record related to military service and disability evaluation criteria.

ARSD Contention Outcomes

CONTENTION CLAIMED	CONDITION	PROCESSING TYPE	AUTOMATION OUTCOME
PROSTATE CANCER (GENITAL CANCER)	Prostate Cancer	Presumptive	Open
Outcome Reasoning	VA Form 21-4142/4142a found within 7 days of the date of claim (DOC) or intent to file (ITF). In this circumstance, ADS only summarizes relevant medical evidence. Claims Processor review may be required.		

Contentions Not Processed by ADS

CONTENTION CLAIMED	INELIGIBILITY REASON
All Conditions Eligible for Automation.	

Claim Outcome

CLAIM OUTCOME	OUTCOME REASON
OPEN	A VA Form 21-4142/4142a was received with application or in the 7 days prior to date of claim. As a result, this claim remained Open and ADS did not mark RFD or order exam.

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Relevant Military Service Locations				
KEY TERM(S)	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Toxic Exposure - Sec. 1119 Covered Veteran	N/A	VBMS Corporate Flash	N/A	N/A
Persian Gulf	1/27/2023	VA Memo	1	db863079-e303-4d38-a9ae-a55c5fc4fc30
Kuwait Liberation Medal	10/21/2021	Military Personnel Record	6	b9ffcbed-1c3a-4733-94ba-f0e6298a10ed
Kuwatt Liberation Medal	10/21/2021	Military Personnel Record	6	b9ffcbed-1c3a-4733-94ba-f0e6298a10ed
Desert Shield	10/21/2021	Military Personnel Record	75	b9ffcbed-1c3a-4733-94ba-f0e6298a10ed
Desert Storm	10/21/2021	Military Personnel Record	75	b9ffcbed-1c3a-4733-94ba-f0e6298a10ed
Ncbul	10/21/2021	Military Personnel Record	45	f9aeac91-68df-4e5b-9ff6-dcd2165623aa
Desert Shield	10/21/2021	Military Personnel Record	105	f9aeac91-68df-4e5b-9ff6-dcd2165623aa
Dalata	7/30/1999	STR - Medical	16	e77e0919-20b3-49ad-9d0e-81206a656b26
Desert Storm	7/30/1999	STR - Medical	60	e77e0919-20b3-49ad-9d0e-81206a656b26
Contum	7/30/1999	STR - Medical	62	e77e0919-20b3-49ad-9d0e-81206a656b26
Desert Storm	7/30/1999	STR - Medical	36	eea771eb-4028-423c-a649-6dcaef849422
Contum	7/30/1999	STR - Medical	39	eea771eb-4028-423c-a649-6dcaef849422
Desert Storm	7/30/1999	STR - Medical	5	f98dce0d-e19b-4137-9306-f2f94eb93b81

Condition: Prostate Cancer

Processing Type: Presumptive
Automation Outcome: Open

Schedule for Rating Disabilities for Prostate Cancer: https://www.ecfr.gov/current/title-38/chapter-I/part-4/subpart-B/subject-group-ECFR8198d98a7a48906/section-4.115b

Diagnosis for Prostate Cancer					
NAME	ICD CODE	DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Malignant tumor of prostate (SCT 399068003)	C61.	2/9/2024	VAMC Other Output Reports	0000202	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Malignant neoplasm of prostate	C61.	11/20/2019	VAMC Other Output Reports	0000404	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Malignant tumor of prostate (SCT 399068003)	399068003	2/9/2024	VAMC Other Output Reports	0000202	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Malignant tumor of prostate (SNOMED CT 399068003)	399068003	12/17/2019	VAMC Other Output Reports	0000401	7bf88bbf-ee76-40d9-a848-9bd28dee2e56

DBQ for Prostate Cancer				
TYPE OF DBQ	VBMS RECEIPT DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Automation did not identify any DBQs for this condition within the records reviewed.				

Schedular Evidence for Prostate Cancer Within the Review Period				
EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
Radiation	9/26/2024	VAMC Other Output Reports	0000571	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Pharmacotherapy	9/23/2024	VAMC Other Output Reports	0000573	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Pirads	9/15/2024	VAMC Other Output Reports	0000577	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Discussed With Patient That Pirads	9/15/2024	VAMC Other Output Reports	0000577	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Pharmacotherapy	6/28/2024	VAMC Other Output Reports	0000576	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Gfr	6/28/2024	VAMC Other Output Reports	0000576	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Active Surveillance	6/26/2024	VAMC Other Output Reports	9	79637b05-6b55-4e22-a8d4-8b1103697549
Pirads	6/26/2024	VAMC Other Output Reports	9	79637b05-6b55-4e22-a8d4-8b1103697549
Pirads 2-Most Probably	6/26/2024	VAMC Other Output Reports	9	79637b05-6b55-4e22-a8d4-8b1103697549
Pirads 4-Probable	6/26/2024	VAMC Other Output Reports	9	79637b05-6b55-4e22-a8d4-8b1103697549
Pirads	6/6/2024	VAMC Other Output Reports	0000579	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Recommend Either Surgery Or Radiation	6/6/2024	VAMC Other Output Reports	0000579	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
If You Have Recently (Within The Past Two Months) Experienced Any Of The Following: Uti (Urinary Tract Infection	5/5/2024	VAMC Other Output Reports	0000592	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Catheterization	5/5/2024	VAMC Other Output Reports	0000592	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urinary Frequency	4/30/2024	VAMC Other Output Reports	0000594	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Pharmacotherapy	4/30/2024	VAMC Other Output Reports	0000594	7bf88bbf-ee76-40d9-a848-9bd28dee2e56

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Other Medical Evidence

	Schedular Evidence for Prostate Cancer Outside the Review Period			
EVIDENCE	**OBSERVATION DATE**	**DOCUMENT**	**PAGE NUMBER(S) / EVENT ID(S)**	**DOCUMENT ID**
Recommend Treating With Hormone Therapy	12/17/2023	VAMC Other Output Reports	0000698	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
EBRT	12/17/2023	VAMC Other Output Reports	0000698	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
External Beam Radiotherapy	12/17/2023	VAMC Other Output Reports	0000698	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Discussed That For Intermediate And High Risk Patients Sometimes Xrt Is Given With Androgen Deprivation Therapy	12/17/2023	VAMC Other Output Reports	0000698	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Brachytherapy	12/17/2023	VAMC Other Output Reports	0000698	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Cryotherapy	12/17/2023	VAMC Other Output Reports	0000698	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urinary	11/20/2023	VAMC Other Output Reports	0000714	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urinary Tract Infection	11/20/2023	VAMC Other Output Reports	0000712	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urine	11/20/2023	VAMC Other Output Reports	0000712	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urination	11/20/2023	VAMC Other Output Reports	0000712	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Weak Stream	10/10/2020	VAMC Other Output Reports	0000718	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Nocturia	10/10/2020	VAMC Other Output Reports	0000718	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urinary	10/10/2020	VAMC Other Output Reports	0000718	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
If You Were To Spend The Rest Of Your Life With Your Urinary Condition	10/10/2020	VAMC Other Output Reports	0000718	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urination	10/10/2020	VAMC Other Output Reports	0000718	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Voiding	10/10/2019	VAMC Other Output Reports	0000716	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Discuss Elevated Psa, Vet States With Gu Meds Unrinaiton Statis Is Better (Tamsulosin	10/10/2020	VAMC Other Output Reports	0000718	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urinary Frequency	6/15/2019	VAMC Other Output Reports	0001357	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urine Frequency	6/13/2016	VAMC Other Output Reports	0001358	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Pad	10/14/2011	VAMC Other Output Reports	0002152	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urinary Incontinence	10/1/2009	VAMC Other Output Reports	0002212	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Urine Protein	5/26/2005	VAMC Other Output Reports	0002728	7bf88bbf-ee76-40d9-a848-9bd28dee2e56
Radiation	⑧ Non-confident date: **/** /2022	VA 21-526EZ, Fully Developed Claim (Compensation)	3	d47e8ce1-5fd9-4453-9580-0a5d981580a4
Radiation	No associated date ⑨	VA 21-526EZ, Fully Developed Claim (Compensation)	2	d47e8ce1-5fd9-4453-9580-0a5d981580a4

Other Medical Evidence for Prostate Cancer

EVIDENCE	OBSERVATION DATE	DOCUMENT	PAGE NUMBER(S) / EVENT ID(S)	DOCUMENT ID
No Edema	9/22/2023	VA Examination	5	a869eafc-e0e3-414e-8e15-c2d3e95665b8
Without Hesitation	9/22/2023	VA Examination	5	a869eafc-e0e3-414e-8e15-c2d3e95665b8
2 mg/dL: Creatinine	10/29/2022	STR - Medical	12	f32f4034-4b1f-4bcc-bb23-da2d4e73e781
Biopsy	12/13/2022	VAMC Other Output Reports	8	79637b05-6b55-4e22-a8d4-8b1103697549
3+4: Gleason	12/13/2022	VAMC Other Output Reports	8	79637b05-6b55-4e22-a8d4-8b1103697549
1 mg/dL: BUN	Non-confident date: **/ ** /2021	STR - Medical	21	eea771eb-4028-423c-a649-6dcaef849422
Edoma	No associated date	STR - Medical	9	eea771eb-4028-423c-a649-6dcaef849422
Erema	No associated date	STR - Medical	9	eea771eb-4028-423c-a649-6dcaef849422

Relevant Documents Unavailable for Automated Review

DOCUMENT	VBMS RECEIPT DATE	DOCUMENT ID
All selected documents completed automated review		

End of Evidence Review Summary

The notes below correspond to the fourth example ARSD in the training. The notes are numbered and correspond to the numbers in each of the blue circles on pages 54-58. Please also feel free to add your own notes.

1. Automation Outcome - The Automation Outcome is Open, which indicates Automation did not mark the Contention RFD nor draft or order an exam.

2. Outcome Reasoning - The ARSD indicates that a VA Form 21-4142 or 21-4142a form was found in the eFolder with a VBMS upload date in the 7 days prior to the date of claim.

3. Claim Outcome - The overall Claim Outcome after ADS review is Open due to the 21-4142/4142a. Keep in mind that ADS does not rerun once the 21-4142 tracked item is closed. Once the tracked item is closed and the claim is assigned, the Claim Processor should consider the evidence in the ARSD as well as the new documents retrieved via the requested 21-4142 record retrieval in order to make your decision of if the claim is ready for decision.

4. Diagnosis - The Veteran's VAMC records show diagnoses relevant to prostate cancer in 2019 and 2024.

5. Schedular Evidence within the Review Period - In the Schedular Evidence within the Review Period table, we can see that there are several references within the HDR document to radiation and potential active cancer treatments. These should be reviewed within the original document to determine if they satisfy the CFR rating criteria for decision-making. Note: If a 21-4142 had not been found, this contention would have been marked RFD by ADS.

6. Non-definitive Language - Where ADS recognizes that the key term was used in a phrase that is not definitive, such as "discussed with," "recommended," or "may prescribe," the full phrase will be displayed on the ARSD. The hope is that this prompts your review of the full sentence and context within the original document to determine if this information can be used for decision-making.

7. Non-definitive Language - This is another example of non-definitive language being displayed on the ARSD to help indicate further review may be particularly necessary.

8. Non-confident Date - Sometimes ADS cannot identify a full observation date. When this occurs, ADS will output an incomplete date with the label "non-confident date" and include any information that the system could confidently interpret. An example of this is a note where the Veteran writes "Radiation treatment started in 2022" and did not include the month or date.

9. No Associated Date - ADS will also identify when an observation date could not be found at all. These terms will have "No associated date" as their observation date and will be displayed at the bottom of the relevant table.

What will we learn in this chapter?

- The detailed logic ADS uses to determine an exam is needed
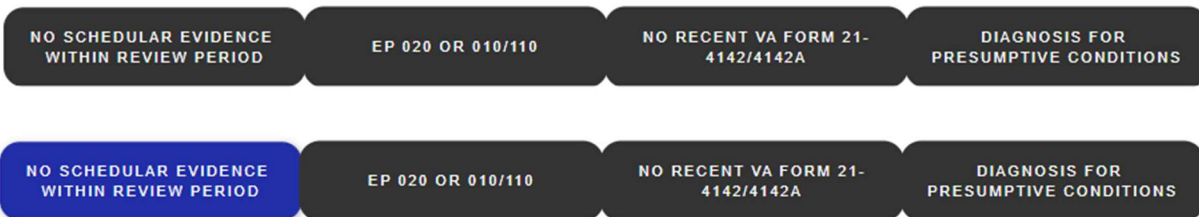- When ADS will draft an exam and when it will order one

What logic does ADS use to determine an exam may be needed?

ADS will reach an Exam or Draft Exam outcome when there is no schedular evidence within the review period defined for the condition.

- ADS will order an exam when all contentions claimed on the VA Form 21-526EZ were automated. This can lead to exams being ordered the day a claim is established.
- In cases where not all contentions are automation-eligible and ADS determines an exam is likely needed, ADS will only draft the exam. This is because ADS automation has been built to prioritize ordering a single examination for all claimed contentions in compliance with the general principles identified in M21-1 IV.i.1.A.1.d.
- When examination requests are drafted, the VSR retains jurisdiction to submit separate examination requests when warranted.

To avoid potentially unnecessary exams that could burden the Veteran, ADS is designed to only order or draft exams when there is **reasonable confidence that the existing evidence within the eFolder cannot be used for a rating decision.**

ADS will order or draft an exam when all of the following criteria are met:

| NO SCHEDULAR EVIDENCE WITHIN REVIEW PERIOD | EP 020 OR 010/110 | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

| **NO SCHEDULAR EVIDENCE WITHIN REVIEW PERIOD** | EP 020 OR 010/110 | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

NO SCHEDULAR EVIDENCE WITHIN REVIEW PERIOD

There is no evidence of record to support an RFD determination during the review period.

Notes:
- There may still be some evidence displayed in the schedular evidence table that did not meet the logic thresholds for ADS to mark the contention RFD.
- A DBQ was not found within 7 days of the date of claim.

| NO SCHEDULAR EVIDENCE WITHIN REVIEW PERIOD | **EP 020 OR 010/110** | NO RECENT VA FORM 21-4142/4142A | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

EP 020 OR 010/110

ADS will **only** order or draft exams when the contention was originally claimed on a VA Form 21-526EZ and is controlled by an EP 020 or 010/110.

ADS will **not** order or draft exams for contentions claimed on a VA Form 20-0995 or EP 040. This is because ADS assumes the EP 040 contentions may require a Claim Processor review of the original rating to determine if the Veteran is entitled to an exam.

| NO SCHEDULAR EVIDENCE WITHIN REVIEW PERIOD | EP 020 OR 010/110 | **NO RECENT VA FORM 21-4142/4142A** | DIAGNOSIS FOR PRESUMPTIVE CONDITIONS |

NO RECENT VA FORM 21-4142/4142A

ADS checks the mail packet and the eFolder to ensure the Veteran did not submit a VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs (VA) or VA Form 21-4142a, General Release for Medical Provider Information to the Department of Veterans Affairs.

If a VA Form 21-4142/4142a was uploaded to the eFolder within the 7 days prior to the date of claim, ADS will leave the claim Open and and not order or draft exams, regardless of what evidence is present.

This allows the information the Veteran requested to be returned and considered as part of the evaluation.

DIAGNOSIS FOR PRESUMPTIVE CONDITIONS

For contentions reviewed as Presumptive, where the Veteran does not have a service-connected rating for any of the claimed condition's diagnostic codes, ADS will only order or draft an exam if the VAMC diagnosis records include a relevant diagnosis. This safeguard avoids automation ordering an exam without additional VSR review to make sure the Veteran may be entitled under Presumptive entitlement theories.

How does ADS order or draft exams?

- ADS uses the VBMS Exam Management System to order and draft exams.
- All exams are sent to exam vendors unless maintained in draft form for review.
- ADS will not annotate specific documents and will instead reference the ARSD (which includes detailed annotations).
- Depending on the condition-specific requirements defined in coordination with the Medical Disability Examination Office (MDEO), ADS may mark the exam as ACE eligible, meaning that the exam vendor will review evidence from the eFolder, including the ARSD, instead of seeing the Veteran in person for an examination.

TIP 1

Check to see if ADS drafted an exam before entering a new exam request.
- This avoids wasting time drafting duplicate exam requests in the VBMS Exam Management System.
- When ADS drafts an exam, it is always a best practice to review and make sure instructions are as accurate and complete as possible.

TIP 2

Delete draft exams when you need to reroute a claim for specialized development!
- When a claim needs to be rerouted for specialized development (such as Camp Lejeune-related contentions), draft exams must be deleted prior to rerouting. It is not appropriate to mark a claim for NWQ recall and redistribution with an examination scheduling request in pending draft status.
- M21-1, Part IV, Subpart I, 1.A.1.d discusses the timing of examination/opinion determinations when other development is required. In relevant part, this block indicates that, when it is clear that pending development will be imminently completed, and it would be to the Veteran's advantage to await the development's completion, Claims Processors may wait to complete development before entering an examination request if doing so will help the Veteran avoid multiple, separate examination appointments. This determination must be made on a case-by-case basis.

Thank you for completing ADS 201!

For more information about Automated Decision Support and other ABD programs and services, visit:

https://dvagov.sharepoint.com/sites/vbaofficeofautomatedbenefitsdelivery