M21-1, Part IV, Subpart i, Chapter 1, Section A - Duty to Assist With Providing a Medical Examination or Opinion

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Chapter 01. Satisfying the Duty to Assist with Examination and Opinion Requests

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Overview

In This Section This section contains the topic "**Duty to Provide a Medical Examination or Opinion**."

1. Duty to Provide a Medical Examination or Opinion

Introduction This topic contains information on the obligation of the Department of Veterans Affairs (VA) to assist a claimant by obtaining a medical opinion or examination, including

- **purpose of obtaining medical examinations and opinions**
- **regulatory standard for finding an examination or medical opinion necessary**
- **reviewing evidence before determining an examination or opinion is necessary**
- **timing of examination or opinion determinations when other development is required**, and
- **documenting the status of examination review**.

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IV.i.1.A.1.a. Purpose of Obtaining Medical Examinations and Opinions

The submission of a substantially complete claim triggers the duty of the Department of Veterans Affairs (VA) to assist a claimant in obtaining a medical examination or opinion when necessary to substantiate the claim.

Exception: An examination or opinion is not part of the duty to assist in a supplemental claim unless new and relevant evidence is presented or secured.

The purpose is to obtain medical evidence

relevant to establishing entitlement to benefits, when the evidence of record is not sufficient to make a decision, such as information about

- diagnosis
- onset, or
- etiology.

References: For more information on

- supplemental claims, see **M21-1, Part II, Subpart iii, 2.B**
- the duty to assist in providing an examination or opinion, see
- **38 U.S.C. 5103A(d)**, and
- **38 CFR 3.159(c)(4)**
- requesting a medical opinion or examination, see **M21-1, Part IV, Subpart i, 2.A**
- scheduling a medical opinion or examination, see **M21-1, Part IV, Subpart i, 2.B**
- circumstances when VA may refrain from providing assistance, see **M21-1, Part I, Subpart i, 1.A.4.b**, and
- definitions of types of medical assessments, see **M21-1, Part V, Subpart ii, 1.A.3.b**.

IV.i.1.A.1.b. Regulatory Standard for Finding an Examination or Medical Opinion Necessary

The regulatory criteria for finding an examination or medical opinion necessary under the duty to assist are in **38 CFR 3.159(c)(4)**.

A medical opinion or examination is necessary when there is *not* sufficient medical evidence of record to make a decision on the claim, *and*

- there is competent lay or medical evidence of a current diagnosed disability or persistent or recurrent symptoms of disability
- the evidence establishes that the Veteran
- suffered an event, injury, or disease in service, *or*
- has a disease or symptoms of a disease listed in **38 CFR 3.309**, **38 CFR 3.313**, **38 CFR 3.316**, **38 CFR 3.317**, **38 CFR 3.318**, or **38 CFR 3.320** manifesting during an applicable presumptive period, and
- the evidence indicates that the claimed disability or symptoms may be associated with the established event, injury, or disease in service or with another service-connected disability.

Important: An examination and/or opinion is ***not*** warranted until ***all three*** elements described above are present in the evidence.

Notes:

- The bulleted criteria above primarily contemplate claims for compensation.
- **M21-1, Part IV, Subpart i, 1.B** provides guidance on how the elements of the standard are applied.
- For pension claims that require a permanent

and total (P&T) disability determination, a medical examination is necessary for all claims when there is insufficient medical evidence available to decide the claim.
References: For more information on

- when an examination is authorized, see
- **38 CFR 3.326**
- ***McLendon v. Nicholson***, 20 Vet.App. 79 (2006), and
- ***Waters v. Shinseki***, 601 F.3d 1274 (Fed. Cir. 2010)
- competent evidence, see **M21-1, Part V, Subpart ii, 1.A.2.c**
- the competency of lay evidence to establish a diagnosis, see ***Jandreau v. Nicholson***, 492 F.3d 1372 (Fed. Cir. 2007)
- evaluating medical evidence, see **M21-1, Part V, Subpart ii, 1.A.3**
- when a rating determination of P&T disability for pension purposes is required, see **M21-1, Part IX, Subpart i, 2.2.e**
- acceptable medical evidence for pension rating purposes, see **M21-1, Part IX, Subpart i, 2.2.f**, and
- when a VA examination is authorized for pension cases, see **M21-1, Part IX, Subpart i, 2.2.g**.

IV.i.1.A.1.c. Reviewing Evidence Before Determining an Examination or Opinion Is Necessary

An examination or opinion is only necessary under **38 CFR 3.159(c)(4)** when there is ***not*** sufficient medical evidence of record to make a decision on the claim.

38 CFR 3.326 similarly provides that an examination is authorized when medical evidence accompanying the claim is not adequate for rating purposes. To illustrate the principle, the regulation adds that any hospital report, any government or private institution examination report, or statement from a private physician can be used to decide a claim without an examination if adequate for rating purposes.

These provisions together mean that a review of the available medical evidence is required before deciding whether an examination or opinion is necessary.

This does not necessarily mean that *all* development must be completed before making the determination. However, if practical, delay making it until other relevant development is complete because the development may affect whether an examination or opinion is necessary.

Important: Apply this block in conjunction with **M21-1, Part IV, Subpart i, 1.A.1.d** and **e** (timing of examination or opinion determinations when additional development is required and documenting the status of examination review) as well as all pertinent regulations and M21-1 content.

References: For more information on

- the relationship between the need for an examination and the evidence of record, see **38 CFR 3.326(a)**
- when other records and examination reports can be used to decide a claim without a VA examination, see **38 CFR 3.326(b)-(c)**
- using medical evidence in lieu of examination, see **M21-1, Part IV, Subpart i, 1.B.1.a**
- ensuring that development actions have been completed prior to requesting an examination, see
- **M21-1, Part IV, Subpart i, 1.A.1.d**, and
- **M21-1, Part IV, Subpart i, 2.A.9.a**
- the requirement to identify relevant evidence for the examiner's review, see **M21-1, Part IV, Subpart i, 2.A.8.d**
- requesting examinations, see **M21-1, Part IV, Subpart i, 2.A**
- principles of reviewing evidence, see **M21-1, Part V, Subpart ii, 1**
- assertions by the claimant that an examination is not permitted, see ***Kowalski v. Nicholson***, 19 Vet.App. 171 (2005)
- when an examination is not necessary, see ***McLendon v. Nicholson***, 20 Vet.App. 79 (2006)
- when a rating determination of P&T disability for pension purposes is required, see **M21-1, Part IX, Subpart i, 2.2.e**
- acceptable medical evidence for pension rating purposes, see **M21-1, Part IX, Subpart i, 2.2.f**, and
- when a VA examination is authorized for pension cases, see **M21-1, Part IX, Subpart i, 2.2.g**.

IV.i.1.A.1.d. Timing of Examination or Opinion Determinations When Other Development Is Required

The timing for *determining that an exam or opinion is necessary* under the duty to assist and then *requesting* an examination or opinion may vary case-by-case and can depend on other required development.

As a general rule, apply the following principles unless there is specific development guidance to the contrary that is applicable to a particular type of claim:

- To the extent practical, wait to determine whether an examination or opinion is necessary under **38 CFR 3.159(c)(4)** until after the development of all other ***relevant*** evidence. If sufficient medical evidence is obtained that is adequate for rating purposes, it could make an examination unnecessary.
- Wait for completion of additional ***relevant*** development before inputting an examination or opinion request under **M21-1, Part IV, Subpart i, 2.A**, when the evidence requested is likely to be important to ensure that the examination or opinion are adequately informed or could enable an examiner to utilize the Acceptable Clinical Evidence process as an alternative to an in-person physical examination.

Important:

- Service Treatment Records (STRs) *must* be of record, unless after all required efforts they are unavailable, prior to requesting audiological examination for service connection (SC) for hearing loss because the results of any

in-service audiological testing, and potentially other records entries, are important to the audiologist's assessment on etiology of hearing loss.

- In some cases, an examination review may indicate that examination for some claimed conditions is necessary. However, development may be pending relevant to the examination review for other claimed conditions. When it is clear that the pending development will be imminently completed (within a week's time or less), and in judgment of the individual developing the claim it would be to the Veteran's advantage to wait for the development to be completed (for example, to avoid multiple scheduled examination appointments), it is appropriate to wait to enter the examination request.
- For foreign examinations, schedule all necessary exams at one time after needed development has been completed.
- For claims for increase, it is *generally* not necessary to delay scheduling of an examination while waiting for completion of additional development. However, waiting for completion of pending development may be warranted if
- the pending development is directly relevant to the contention for which an increased evaluation is claimed and has the potential to make an examination unnecessary (for example, a surgical report), or
- pending development relevant to other contentions is expected to be completed soon and waiting is deemed appropriate and to the Veteran's advantage, as discussed above.

Situation: A Vietnam Veteran with combat service claims SC for hearing loss, posttraumatic stress disorder (PTSD) with symptoms of sleep impairment, back pain due to a back injury in service, and gastroesophageal reflux disease (GERD) with reflux and stomach upset due to medication taken for his back condition. STRs are not yet of record but development has been initiated. Combat service as an infantryman is shown on the *DD Form 214, Certificate of Uniformed Service*. Development has been initiated for private treatment records pertaining to PTSD and the back condition.

Result:

- The evidentiary standards for requesting the PTSD and hearing loss examinations have been satisfied on the basis of the lay report of symptoms, combat service, and a plausible nexus. Request the PTSD examination, but wait until the STRs are received before requesting the audio examination. Although the private treatment records pertain to PTSD, the examination should be requested at the earliest point possible.
- Update the permanent claim-level notes, as directed at **M21-1, Part IV, Subpart i, 1.A.1.e**, to reflect that the examination review is partially complete, reviews for back pain and GERD with reflux and stomach upset need to be conducted after receipt of STRs, and STRs are required before the audiological examination may be requested. Although private treatment records pertain to the back claim, they are not expected to be specifically relevant to the determination as to whether examination is needed since the Veteran's lay report of symptoms

satisfies the Element 1 standard for evidence of a current disability. Although the private records are relevant to the claimed issue and the development must be completed, the determination as to whether examination is necessary is not contingent on receipt of the private records unless there is an indication that they may include evidence of service incurrence or development of a chronic disability listed in 38 CFR 3.309(a) during the appropriate presumptive period, which is generally not the case.
Note: Apply this block in conjunction with M21-1, Part IV, Subpart i, 1.A.1.c and e (reviewing evidence before determining an examination is necessary and documenting the status of examination review) as well as all other pertinent regulations and M21-1 content.
References: For more information on

- requesting examinations and opinions, see M21-1, Part IV, Subpart i, 2.A
- ensuring that development actions have been completed prior to requesting an examination, see M21-1, Part IV, Subpart i, 2.A.9.a
- the requirement to identify relevant evidence for the examiner's review, see M21-1, Part IV, Subpart i, 2.A.8.d
- the timing of requests for PTSD examinations in relation to other development, see
- M21-1, Part VIII, Subpart iv, 1.A.2.h
- M21-1, Part VIII, Subpart iv, 1.A.3.k and l
- M21-1, Part VIII, Subpart iv, 1.A.4.b and c
- M21-1, Part VIII, Subpart iv, 1.B.2.a, and
- M21-1, Part VIII, Subpart iv, 1.C.1.a
- insufficiency of examination reports when claims folder material is not reviewed, see M21-1, Part IV, Subpart i, 3.C.1.a
- insufficiency of PTSD examination reports when an examiner does not review claims folder material, see M21-1, Part VIII, Subpart iv, 1.C.2.a
- factors to consider, including timing, when ordering audiology examinations and opinions, see M21-1, Part V, Subpart iii, 2.B.1.d
- when an examination is necessary in a claim for increase, see M21-1, Part IV, Subpart i, 1.B.1.h
- determining that development under the duty to assist cannot be accomplished for Federal records, see M21-1, Part III, Subpart i, 2.C.1.c and d, and
- required efforts to obtain private records, see M21-1, Part III, Subpart i, 2.C.2.b.

IV.i.1.A.1.e. Documenting the Status of Examination Review

Fully document the status of examination review and associated development in the claims folder.

Follow the steps in the table below to accomplish documentation of the status of examination review during the development process.

Step	Action
1	At the time of initial development, insert a permanent claim-level note in the Veterans Benefits Management System (VBMS), entering *Exam Review* at the beginning of the

	note. Annotate the status of examination review either • in the note, preferably, or • on a separate document filed in the claims folder in the situation where a large number of contentions are claimed or the examination review is extensive or complicated • using *Worksheet: Compensation Worksheet* in the VBMS CATEGORY TYPE field, and • noting the precise location of the examination review document in the permanent claim-level note. Include the information below when annotating the status of the examination review. • Indicate whether it is • not yet performed • partially complete, or • complete for all issues. • If the review is complete for an issue and an examination is not warranted, include a brief explanation for each contention not warranting examination to reflect • which evidentiary element(s) required in **38 CFR 3.159(c)(4)** was/were absent, or • that an examination is unnecessary because the evidence of record is sufficient to make a decision on the claim. ***Example***: For a lack of evidence of • a current condition, state *no current condition* • an in-service-event, state *STRs negative*, and • an indication of an association, state *no nexus*. If the exam review is • not yet performed or partially complete, go to Step 2, or • complete for all issues, no further action is required. ***Important***: All notes pertaining to the status of examination review should begin with *Exam Review*. This text can then be entered into the search function to locate all notes pertaining to examination review.
2	When an exam review is not yet performed or partially complete • indicate in the permanent claim-level note what outstanding development is required before examination review may be conducted for the remaining issues • establish a tracked item using the applicable option (either *Exam Review – Not Performed* or *Exam Review – Partially Complete*) from the COMPMGT menu with a suspense date corresponding with the pending development, and • go to Step 3.
3	During subsequent stages of the development

	process • add a permanent claim-level note to accurately reflect the status of any outstanding contentions requiring examination review when the status of the development and/or examination review changes • maintain the applicable *Exam Review* tracked item, and update it as necessary, until examination review has been completed for all contentions to prevent the claim from reverting to ready for decision status before examination review is complete, and • when all examination reviews are complete, go to Step 4.
4	• Close the *Exam Review* tracked item. • Update the permanent claim-level note to reflect that examination review is complete. ***Note***: Ensure that if the examination review reveals an examination is required, the appropriate tracked items for requested examinations have been added before closing the *Exam Review* tracked item, to prevent the claim from being automatically routed as ready for decision. Tracked items for requested examinations are system-generated when the examination request is properly submitted and accepted in VBMS.

Examples of Exam Review Notes:

- *Exam Review partially complete. Exams requested for PTSD and hearing loss. Exam review incomplete for back and knee pending receipt of PMRs from Dr. Jones, but STRs negative. Exam not needed for GERD—STRs negative.*
- *Exam Review not yet performed, as STRs required to determine need for exam for all contentions. Development for STRs and PMRs pending.*

Notes:

- Apply this block in conjunction with **M21-1, Part IV, Subpart i, 1.A.1.c** and **d** (reviewing evidence before determining an examination is necessary, and timing of examination determinations when other development is required) as well as all other pertinent regulations and M21-1 content.
- Exercise caution in making a Step 1 (initial development) determination that the status of examination review is complete for all contentions and no examination is warranted when subsequent development is required. If subsequent development changes that determination, update the permanent note, change the review to partially complete, and proceed through the remainder of the table.

References: For more information on

- who may request an examination, see **M21-1, Part IV, Subpart i, 2.A.1.a**
- who may request a medical opinion, see**M21-1, Part IV, Subpart i, 2.A.7.a**
- referring claims for complex medical opinion review,

see **M21-1, Part IV, Subpart i, 2.A.7.b**
- routing procedures for complex medical opinions, see the ***National Work Queue Playbook***, and
- tracked items, see **M21-1, Part III, Subpart i, 2.F.3**.

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M21-1, Part IV, Subpart i, Chapter 1, Section B - Evidentiary Standards for Finding an Examination or Opinion Necessary

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Topics
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Overview

In This Section	This section contains the topic "**Applying the Standard for Determining Whether an Examination or Opinion Is Necessary**."

1. Applying the Standard for Determining Whether an Examination or Opinion Is Necessary

Introduction	This topic contains information on applying the regulatory standard for determining whether an examination or opinion is necessary

under the duty to assist, including

- using medical evidence in lieu of examination
- current disability or symptoms
- in-service event, injury, or disease
- indication of association
- secondary service connection (SC) and aggravation claims
- preservice aggravation claims
- presumptive SC claims, and
- increased evaluation claims.

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IV.i.1.B.1.a. Using Medical Evidence in Lieu of Examination

As noted in 38 CFR 3.326 and M21-1, Part IV, Subpart i, 1.A.1.c, medical evidence of record may be deemed adequate for rating purposes to make a decision on a claim ***without*** requesting an examination or medical opinion.

Under the provisions of 38 U.S.C. 5103A(d) and 38 CFR 3.159(c)(4), an examination or medical opinion is necessary *only if* the evidence of record does not contain sufficient medical evidence to make a decision on the claim. Accordingly, a review of the evidence of record to determine if it is adequate for rating purposes must be undertaken *prior to* determining whether an examination or opinion is necessary in accordance with the subsequent guidelines in this topic.

Generally, in claims for service connection (SC), for medical evidence of record to be considered adequate for rating purposes, the evidence must include sufficient details to determine whether SC can be established *and*, if SC is established, to determine the current level of disability. If the evidence of record includes information sufficient to grant SC but insufficient to determine the appropriate evaluation, an examination would generally be needed prior to deciding the claim.

Use the guidelines in the table below to determine if evidence of record can be used to decide a claim in lieu of requesting an examination. These guidelines should be applied to claims for SC where a nexus opinion is not needed (for example, with presumptive SC) *and* claims for increase.

If ...	Then ...
a claim is accompanied by medical evidence that is adequate for rating purposes as defined in 38 CFR 3.326	do *not* routinely request an examination for the issue(s) for which the evidence of record is sufficient to make a decision. ***Notes***: • This includes disability benefits questionnaires (DBQs) completed by a private or Department of Veterans Affairs (VA) provider that are deemed adequate for rating purposes. • Assess privately completed DBQs for sufficiency as described in M21-1, Part IV, Subpart i, 3.A.1.e.
the claim is for an increased evaluation	do *not* routinely request an examination without first assessing the medical evidence for sufficiency. ***Important***:

	• An examination is *not* automatically required for every claim for increase. • The existing evidence does *not* need to show that an increased evaluation is warranted in order to be adequate for rating purposes without an examination. • If the evidence of record is sufficient to determine the appropriate current evaluation, an examination is *not* necessary, even if the resulting decision will be to confirm and continue the current evaluation. ***Exception***: If the evidence of record shows findings warranting a *lower* evaluation than that currently assigned, an examination generally *would* be necessary before any action could be taken to propose a reduced evaluation. ***References***: For more information on • when an examination is necessary in an increased evaluation claim, see **M21-1, Part IV, Subpart i, 1.B.1.h**, and • the evidentiary standard for reduction due to improvement, see **M21-1, Part X, Subpart ii, 4.A.1.b**.
the claimed disability is currently evaluated at the schedular maximum evaluation	do *not* routinely request an examination. ***Important***: An examination for potential extra-schedular evaluation is warranted only when medical or other evidence demonstrates symptoms that render the schedular criteria insufficient to evaluate the disability.
a surgical or hospital admission report was submitted or identified by the Veteran	do *not* routinely request an examination without first determining if the surgical or hospital admission report is sufficient to decide the claim. ***Note***: In particular, a surgical or hospital admission report may provide sufficient evidence to decide claims for entitlement to increased benefits • under • **38 CFR 4.29**, or • **38 CFR 4.30**, or • due to joint replacement.
the claimed disability is a type of cancer that the evidence of record shows • is currently active • is undergoing treatment, or • otherwise warrants a 100-percent evaluation under the	do *not* routinely request an examination.

applicable diagnostic code	

Note: A decision to not order an examination shall be
- supported with adequate reasons and bases, and
- documented as described in **M21-1, Part IV, Subpart i, 1.A.1.e**.

Reference: For more information on nexus evidence, including when a medical opinion is not necessary, in a claim for direct SC, see **M21-1, Part V, Subpart ii, 2.A.1**.

IV.i.1.B.1.b. Current Disability or Symptoms

Element 1: The first element, found in **38 CFR 3.159(c)(4)(i)(A)**, that must be met before an examination is necessary under the duty to assist is the presence of competent evidence of
- a current disability, ***or***
- persistent or recurrent symptoms of disability.

Important: This element is applicable to exams in relation to claims for SC on any basis (direct, aggravation, presumptive, secondary).

Consider the points below when reviewing the evidence to determine whether Element 1 has been satisfied.
- Element 1 does not always require that a disability be *medically diagnosed*.
- Competent lay *or* medical evidence of current, persistent, or recurrent *symptoms* of disability may be sufficient to establish Element 1.
- However, certain conditions, such as cancers, require competent medical evidence of a diagnosis; in such cases lay evidence of symptoms is insufficient, and a diagnosis, or confirmation of a diagnosis, cannot be made on a VA examination when an invasive clinical procedure is required.
- For evidence to establish Element 1, it must be credible. However, there is no presumption of credibility for the purposes of determining whether Element 1 has been satisfied.
- Do not weigh evidence. If there is contradictory evidence as to whether a disability or symptom of a disability is or is not present, consider that the evidentiary standard for Element 1 has been met.
- A new examination may be required before a legacy appeal for service-connected (SC) hearing loss is transferred to the Board of Veterans' Appeals if
- the Veteran submits competent lay or medical evidence indicating a worsening of the hearing loss during the legacy appeal period, *and*
- SC is denied solely based upon the hearing loss not meeting the disability thresholds of **38 CFR 3.385**.
- To meet Element 1, the current disability or symptoms must represent a disability pattern that is potentially eligible for SC. Conditions that are legally ineligible for SC for compensation purposes do not warrant examination.

Example 1: A statement from the claimant in support of a claim for SC for a low back condition reveals complaints of severe low back pain, spasms, and shooting pain through the buttocks. Although there is no medical documentation of a low back condition, there is no evidence of record that otherwise contradicts the Veteran's credible statement.

Analysis: The Veteran is competent to describe the low back symptoms experienced, and the statement appears credible when reviewing it and all other evidence. Thus, the Veteran meets the

first element for determining whether an examination is warranted.

Example 2: The Veteran files a claim for SC for a right knee condition but does not provide any lay evidence describing symptoms of the claimed right knee condition. There is no medical evidence of record showing a diagnosis or any reported symptoms relating to the claimed condition.

Analysis: The evidence does not establish the presence of a current disability or persistent or recurrent symptoms of disability. The Veteran's claim for a right knee condition, without a description of related symptoms, is insufficient on its own to establish Element 1. Accordingly, an examination is not warranted, and the claim can be denied.

Example 3: The Veteran files a claim for compensation for periodontal disease. A review of current VA treatment records shows a diagnosis of this condition.

Analysis: As provided in **38 CFR 3.381(b)**, periodontal disease is legally ineligible for SC for compensation purposes. Therefore, a current disability sufficient to establish Element 1 is not shown and an examination is not warranted.

Note: As illustrated above, the threshold for evidence of a current disability or persistent or recurrent symptoms of disability for the purpose of determining whether to request an examination or opinion is low. It is lower than the threshold required to establish SC. However, claims processors may find it useful to review guidance in **M21-1, Part V, Subpart ii, 2.A.1** on current disability and recurrent symptoms for the purpose of establishing SC, as the criteria are conceptually similar.

References: For more information on

- requesting examinations, see **M21-1, Part IV, Subpart i, 2.A**
- diagnosis by biopsy, see **M21-1, Part V, Subpart iii, 7.3.b**
- considering conflicting evidence of current disability, see ***McLendon v. Nicholson***, 20 Vet.App. 79 (2006)
- competent evidence, see **M21-1, Part V, Subpart ii, 1.A.2.c**, and
- credible evidence, see **M21-1, Part V, Subpart ii, 1.A.2.b**.

IV.i.1.B.1.c. In-Service Event, Injury, or Disease

Element 2: The second element, found in **38 CFR 3.159(c)(4)(i)(B)**, for determining whether an examination is necessary is establishment of one of the following in service:

- an event
- an injury, or
- a disease.

Consider the points below when reviewing the evidence to determine whether Element 2 has been satisfied.

- This element relates most clearly and directly to direct SC claims based on incurrence. However, in-service findings and diagnoses are important to other claim types, specifically aggravation of a preservice condition and presumptive SC. Application of the regulatory criterion in those claim types is addressed in subsequent blocks.
- Whether there was an event, injury, or disease in service relevant to the claimed disability is a factual determination. Making the determination requires evaluating factors including the competency of a witness as well as the probative value and potentially the relative weight of items of evidence.
- In many cases, an entry in the service treatment records (STRs) of a specific treatment or injury satisfies this element.
- The absence of specific documentation in the STRs does not

automatically preclude finding the element is met. The element may also be met with lay evidence when

- a Veteran provides credible lay statement(s) that the disability occurred from an in-service event, injury, or disease, and
- the statement(s) is consistent with the places, types, and circumstances of military service.
- VA cannot determine that lay evidence lacks credibility merely because it is unaccompanied by contemporaneous medical evidence.
- When direct SC has been claimed but evidence shows that the claimed disability clearly and unmistakably existed prior to service, follow the procedures at **M21-1, Part IV, Subpart i, 1.B.1.f** to determine whether examination and/or medical opinion for aggravation of a preservice disability is warranted.

Example 1: Veteran claims SC for a right shoulder injury and asserts that the condition originated from loading heavy cargo onto an airplane during an exercise in Korea in June 2009. A statement from the Veteran's spouse indicated remembering that the Veteran complained of the injury upon returning home from the exercise. Although the STRs are silent for treatment for a right shoulder injury, the personnel records verify the Veteran was a loadmaster and did participate in an exercise in Korea in June 2009.

Analysis: Because the Veteran's and spouse's statements are credible and consistent with the circumstances of service, the second element for an in-service injury, disease, or event is established for purposes of ordering an examination. Assuming that the Veteran has submitted evidence of a current disability or symptoms as well as indication of an association between the current condition and the in-service event, an examination is warranted.

Example 2: Veteran claims eyesight deterioration due to exposure to gas and chemical tests during two months of active duty in the Navy. Service records do not reveal any treatment for the condition nor do they document any exposure to gas or chemicals during service. The Veteran does provide sufficient evidence of a current disability and association to service.

Analysis: The Veteran's statement of an in-service event is rejected because the statement is found incredible and not consistent with circumstances of service. The Veteran's statement regarding an in-service event is weighed along with other facts of the case (i.e., no documentation of tests in service and short period of active-duty time). The preponderance of evidence weighs against the Veteran, and the statement is rejected. Thus, the standard for evidence of an in-service event, injury, or disease is not met and examination is not warranted.

References: For more information on

- concepts and principles related to evidence, see **M21-1, Part V, Subpart ii, 1.A**
- the factual assessment necessary in determining if the evidentiary standard is met for evidence of an in-service event, see ***McLendon v. Nicholson***, 20 Vet.App. 79 (2006)
- considering lay evidence, see **38 U.S.C. 1154(a)**
- credibility of lay evidence without associated contemporaneous medical evidence, see ***Buchanan v. Nicholson***, 451 F.3d 1331 (Fed. Cir. 2006), and

- weighing lay evidence, see ***Bardwell v. Shinseki***, 24 Vet.App.36 (2010).

IV.i.1.B.1.d. Indication of Association

Element 3: The third element that must be met to warrant an examination under **38 CFR 3.159(c)(4)(i)(C)** is an indication that the diagnosis or symptoms may be associated with the established event, injury, or disease in service.

This language primarily contemplates claims for direct SC. Guidance on reviewing for indication of association in other claim types is addressed in subsequent blocks.
Consider the points below when reviewing the evidence to determine whether Element 3 has been satisfied.

- The threshold for determining whether an association may be present is low. Medical assessments that do not support a decision on the merits can still be sufficient to establish an indication of an association for the purposes of requesting an examination.
- *Medically competent evidence* is *not* required to serve as an indication of an association for purposes of determining whether an examination is necessary.
- Lay evidence only has to indicate a possible connection to the in-service event, injury, or disease to warrant an examination.
- Examples of adequate lay evidence include
- an assertion that the condition has existed since service, or
- a statement indicating continuous symptoms since service.
- A generalized statement merely asserting a conclusion that a condition is related to an in-service event, injury, or disease is not sufficient to establish an indication of an association.
- Consider and assign weight to lay evidence in determining whether there is sufficient indication of an association to warrant requesting an examination.

Example 1: The Veteran claimed SC for a knee disability. There was one complaint of knee pain in service with a negative separation examination. No other lay or medical evidence was submitted in support of the claim.

Analysis: The Veteran's current claim provided no medical evidence indicating an association and no statement alleging continuous symptoms since service or that the current disability persisted since military service. Therefore, Element 3 has not been satisfied. Further, there is no medical or lay evidence of a current disability, so Element 1 is also not satisfied. Element 2 is satisfied based on the single indication of knee pain in service. As all three elements must be satisfied before examination is warranted, the claim can be denied without an examination/opinion.

Example 2: STRs show a single complaint of knee strain in service with a negative separation examination. The Veteran's claim states, "I hurt my knee when I fell off of a truck in Vietnam, and it has hurt ever since that time." The Veteran claims SC for knee pain.

Analysis: An examination with a nexus opinion is warranted as all three elements have been satisfied. Element 1 is satisfied based on the Veteran's lay complaint of current knee pain. The Veteran is competent to attest to symptoms of pain. Element 2 is satisfied by the single indication of treatment for in-service knee strain. Element 3 is satisfied by the Veteran's lay description of persistent symptoms since service.

References: For more information on

- the low threshold for requesting examinations, see ***McLendon v. Nicholson***, 20 Vet.App. 79 (2006)
- considering lay evidence to establish indication of an association for the purposes of requesting examination, see ***Colantonio v. Shinseki***, 606 F.3d 1378 (Fed. Cir. 2010), and
- why the competency standard does not apply when establishing indication of an association for the purposes of requesting examinations, see ***Waters v. Shinseki***, 601 F.3d 1274 (Fed. Cir. 2010).

IV.i.1.B.1.e. Secondary SC and Aggravation Claims

Determinations as to the need for examination or medical opinions in claims for secondary SC are governed by 38 CFR 3.159(c)(4)(i). Therefore, the three evidentiary elements, as discussed in M21-1, Part IV, Subpart i, 1.B.1.b-d, must be satisfied prior to requesting an examination on a secondary claim. The three elements are

- lay or medical evidence of a current disability or symptoms
- evidence of an SC primary disability (which substitutes for the in-service event, injury, or disease), and
- indication that the claimed secondary condition may be associated with the primary disability.

SC on the basis of aggravation of a non-service-connected (NSC) disability may be specifically claimed or may be considered as a part of the claim for secondary SC as provided in M21-1, Part V, Subpart ii, 3.A.3.a. Pursuant to 38 CFR 3.310(b) and M21-1, Part V, Subpart ii, 2.D.1.d, the following additional factors apply when determining whether examination is warranted:

- a baseline level of disability, ***as shown by medical evidence***, must be present for an examiner to opine whether aggravation has occurred, and
- the Veteran's statement alone, without medical evidence of record showing the baseline level of the claimed disability, is not sufficient to order an examination.

Medical expertise is ultimately required to establish entitlement to SC on a secondary basis, but the threshold for ordering an examination is low. However, there is still a threshold that must be met before an examination is provided.

- Medical examinations are not to be automatically provided in all cases. Some degree of judgment must be used in determining whether the threshold has been met to schedule an examination.
- Consider whether satisfactory evidence exists that shows the presence of the claimed disability and its association with the existing SC disability.
- A medical diagnosis up front is not always required to show
- the presence of the claimed disability, or
- its link to an SC disability.
- A generalized statement merely asserting a conclusion that a condition is secondary to an SC disability is not sufficient to satisfy the Element 3 standard for requesting an examination.
- To determine whether the evidence shows that the claimed condition may be associated with the primary SC disability, review the specificity of the claimant's statement and other evidence of record.
- Assess the *credibility and merit* of the claim prior to ordering an examination.
- The following types of evidence may give credibility to the claim:
- medical evidence showing a relationship between the primary SC disability and the claimed secondary disability
- the Veteran's lay statement describing the symptoms present and

how they are related to the claimed primary disability
- medical treatise establishing a known relationship between the primary SC disability and the claimed secondary disability, ***or***
- a VA regulation or procedure exists that defines a relationship between the primary SC disability and the claimed secondary disability.

Example 1: A Veteran claims stomach problems secondary to an SC heart condition. A statement in support of claim contends that since starting prescribed medications two years ago for the heart condition, the Veteran has experienced stomach problems to include constipation, pain, and indigestion. There are no specific diagnoses relating to stomach symptoms noted in the evidence of record.

Analysis: While the Veteran's lay statement is not sufficient to ultimately prove the claim, it is sufficient in this instance to warrant an examination. The Veteran is competent to describe symptoms and the possible association of symptoms to the SC condition. Furthermore, the statement appears credible when considering the evidence at hand.

Example 2: A Veteran submits a statement claiming hypertension secondary to an SC low back condition. Medical evidence of record shows no treatment for hypertension and normal blood pressure readings over the last three years.

Analysis: Although the claimant is competent to describe symptoms of a disability, the statement reporting hypertension secondary to the low back condition is not credible, because competent medical evidence in this case is required to show elevated blood pressure readings or establish a diagnosis of hypertension. Although Veterans are competent to attest to their symptoms, they are not generally competent to make their own medical diagnoses. The Veteran could attest to symptoms potentially associated with hypertension, such as dizziness or headaches, but a lay person is not competent to make a medical diagnosis of hypertension. The reason medical evidence would be required in this case is because the medical evidence of record shows normal blood pressure readings over the last three years and no diagnosis of hypertension. Consequently, the Element 1 standard requiring medical or lay evidence of a current disability has not been met. The substitute evidence from the Element 2 standard is met on the basis that there is an SC disability, a low back condition, present and the claim is being made on a secondary basis. However, the Element 3 standard is not met because the Veteran has submitted a generalized statement suggesting the conclusion that the hypertension is secondary to the back condition, but there is no specific discussion or evidence correlating the hypertension to the back condition. Additionally, there is no VA regulation, procedure, or medical treatise establishing an association. Because the three evidentiary elements are not satisfied, no examination is warranted.

References: For more information on
- considering claims for SC based on aggravation of an NSC condition by an SC condition, see
- **38 CFR 3.310(b)**, and
- **M21-1, Part V, Subpart ii, 2.D**
- the threshold that must be met before examinations are provided in secondary claims, see ***Waters v. Shinseki***, 601 F.3d 1274 (Fed. Cir. 2010), and
- claims that are inherently incredible or lack merit, see

- 38 CFR 3.159(d)
- M21-1, Part I, Subpart i, 1.A.4.c, and
- M21-1, Part II, Subpart iii, 1.C.2.f.

IV.i.1.B.1.f. Preservice Aggravation Claims

Determinations as to the need for examination or medical opinions in claims for SC under 38 CFR 3.306 for a disability that existed prior to service and permanently increased in severity beyond natural progression are governed by 38 CFR 3.159(c)(4)(i). Therefore, the three evidentiary elements, as discussed in M21-1, Part IV, Subpart i, 1.B.1.b-d, must be satisfied prior to requesting an examination for a claim based on aggravation of a preservice disability.

- Element 1 requires lay or medical evidence of a current disability or symptoms.
- Element 2 requires evidence showing that a disability which clearly existed prior to service required treatment or otherwise worsened in service.
- In *Davis v. Principi*, 276 F.3d 1341 (Fed. Cir. 2002), the United States Court of Appeals for the Federal Circuit held that recurrence and/or temporary flare-ups of symptoms do not constitute an increase in severity of the preservice condition.
- In *Maxson v. Gober*, 230 F.3d 1330 (Fed. Cir 2000), the United States Court of Appeals for the Federal Circuit held that evidence of a prolonged period without medical complaint, along with other factors concerning the Veteran's health and medical treatment during and after military service, may be considered in determining whether a disability increased during service.
- In *Verdon v. Brown*, 8 Vet.App 529 (1996), the Court of Appeals for Veterans Claims (CAVC) held that if medical or surgical treatment in service worsened an aspect of the preexisting condition, this would constitute evidence of an increase in severity.
- In *Jensen v. Brown*, 19 F.3d 1413 (Fed. Cir. 1994), the United States Court of Appeals for the Federal Circuit found that the evidentiary presumption created by 38 CFR 3.304(d) in favor of combat Veterans applies in preservice aggravation claims. Aggravation will be established if a Veteran produces satisfactory lay or other evidence of symptomatic manifestations of a preexisting disability during or proximate to combat. Once a combat Veteran provides lay testimony or other informal evidence of symptomatic manifestations, whether temporary or otherwise, of incurrence or aggravation, the government has the burden to rebut by clear and convincing proof that there has been no increase in the severity of the preexisting condition or that any increase was the result of natural progression.
- In *Paulson v. Brown*, 7 Vet.App. 466 (1995), CAVC held that independent medical evidence is needed to support a finding that the preexisting disorder increased in severity in service.
- Element 3 is satisfied, so long as the evidence for Element 2 is present, by the presumption of aggravation in claims associated with active service unless the evidence clearly and unmistakably shows the worsening of the condition was due to natural progression.

Use the table below to determine proper actions to take when reviewing for examinations pertaining to preservice aggravation.

When SC on the basis of preservice aggravation is ...	Then conduct an examination review to determine whether the evidentiary elements have been satisfied for examination on ...
claimed, and	• the basis of direct SC, and

• no preservice disability is shown in the records, and/or • the presumption of soundness is applicable	• request examination and/or opinion on a direct basis if the elements are satisfied.
not claimed, but • a preservice disability is clearly shown to have existed, and • the presumption of soundness is rebutted	• the basis of preservice aggravation, and • request examination and/or opinion on the basis of preservice aggravation if the elements are satisfied.

Example: A Veteran claims SC for a right knee condition with chronic knee pain on a direct basis. Enlistment examination revealed history of slight right knee pain with excessive running due to meniscal injury and repair from a high school football injury but indicated the condition was asymptomatic. The STRs show recurrent treatment for right knee pain and, later in service, the development of arthritis. STRs do show an orthopedic specialist suspected the arthritis was likely due to the meniscal injury.

Analysis: Although the Veteran claimed SC on a direct basis, the evidence shows that a knee condition clearly and unmistakably existed prior to service, although it was asymptomatic on enlistment. The presumption of soundness is overcome by clear evidence of the preservice injury. Since the Veteran was treated for recurrent right knee pain and developed arthritis during service, which the STRs show was suspected to be due to the prior meniscal injury, the presumption of aggravation applies and can only be rebutted by medical evidence showing that the increase in severity was due to natural progression. An examination and opinion is warranted on the basis that

- Element 1 is satisfied by the Veteran's lay reports of chronic knee pain
- Element 2 is satisfied by the evidence of in-service treatment for the knee condition reflecting more than temporary or intermittent flare-ups of symptoms, and
- Element 3 is satisfied on the basis that
- the evidence is present for Element 2
- the presumption of aggravation applies, and
- there is no clear evidence that the worsening was due to natural progression.

Important: When considering claims based on aggravation of a preservice disability, the presumption of soundness applies when deciding whether a claimed condition clearly and unmistakably existed prior to service.

References: For more information on

- considering claims for SC on the basis of aggravation of a preservice condition, see
- **38 CFR 3.306**
- **38 CFR 4.22**, and
- **M21-1, Part V, Subpart ii, 2.C**
- preservice disabilities noted in service, see **38 CFR 3.303(c)**
- general principles for the application of presumption of soundness, see

- 38 CFR 3.304(b), and
- M21-1, Part V, Subpart ii, 2.A
- the presumption of soundness associated with
- active service, see M21-1, Part V, Subpart ii, 2.C.1, and
- active duty for training (ADT), see M21-1, Part V, Subpart ii, 2.A.2.e
- the presumption of aggravation associated with
- active service, see M21-1, Part V, Subpart ii, 2.C.2.b, and
- ADT and inactive duty for training, see
- M21-1, Part III, Subpart i, 1.A.2.j, and
- M21-1, Part V, Subpart ii, 2.C.2.c
- considering the aggravation of a hereditary disease in service, see
- M21-1, Part V, Subpart ii, 2.E.1.f, and
- VAOPGCPREC 82-1990, and
- who may request a medical opinion in claims based on pre-service aggravation, see M21-1, Part IV, Subpart i, 2.A.7.a.

IV.i.1.B.1.g. Presumptive SC Claims

Determining whether examinations are necessary as part of the duty to assist in claims for presumptive SC still warrants application of the regular three-element standard, although Elements 2 and 3 are satisfied differently in presumptive claims than in claims for direct SC. 38 CFR 3.159(c)(4)(i)(B) provides that in claims for presumptive SC, part of the standard for determining whether an examination or opinion is necessary is the establishment of

- required service or triggering event qualifying for the presumption (which substitutes for the in-service injury, event, or disease), and
- manifestation during the presumptive period (which substitutes for the indication of an association) of either
- a disease listed in a regulatory presumptive provision, or
- symptoms of a disease listed in a regulatory presumptive period.

The evidence in support of the claim must still include lay or medical evidence of a current disability or symptoms as provided in M21-1, Part IV, Subpart i, 1.B.1.b.

Example: A Veteran claims SC for hypertension on a presumptive basis. STRs show no evidence of a diagnosis of hypertension or evidence of elevated blood pressure readings. VA treatment records do show that 11 months following discharge, the Veteran underwent a five-day blood pressure screening that did confirm a diagnosis of hypertension. Medication was prescribed.

Analysis: VA treatment records showing a diagnosis of hypertension satisfy the Element 1 standard for evidence of a current disability. The Element 2 standard is satisfied on the basis of the Veteran's active duty service which meets the qualifying criteria for chronic diseases subject to presumptive SC as defined in 38 CFR 3.307 and 38 CFR 3.309(a). The Element 3 standard is satisfied on the basis of the legally established presumption of SC as defined in 38 CFR 3.309(a). As all three elements have been satisfied, an examination is warranted (if the evidence of record is insufficient to assign an evaluation). Note that no nexus opinion is necessary because the presumptive relationship establishes the nexus.

IV.i.1.B.1.h. Increased Evaluation Claims

In a claim for increase in the evaluation of an SC condition, the three specific elements identified in 38 CFR 3.159(c)(4)(i)(A-C) are neither applicable to, nor required to be demonstrated for, examination purposes. There is no prescribed standard for evidence that must be present prior to requesting an examination in a typical claim for

increase, *except* that 38 CFR 3.159(c)(4)(i) directs that the examination will be provided if VA determines there is insufficient competent medical evidence to decide the claim.

When a claim for increase is received, review the evidence of record to determine if it is sufficient to assign the appropriate current evaluation, as discussed in M21-1, Part IV, Subpart i, 1.B.1.a. If the available evidence is *insufficient to assign an evaluation*, then request an examination for the claimed condition, regardless of whether a statement of worsening is received or whether an examination for the claimed condition was completed within the last year.

Notes:

- For issues under legacy appeal, VA is not required under its duty to assist obligation to order an examination solely because of the passage of time since an otherwise adequate examination was performed. However, when the appellant asserts that the disability in question has undergone an increase in severity since the time of the prior examination, additional examination may be warranted.
- Claims for a total rating based on individual unemployability (IU) are a type of claim for increased compensation. However, a medical examination is not automatically required in every IU claim. An examination is required if the information and evidence of record do not contain sufficient competent medical evidence to decide the claim.

Example 1: The Veteran submits a claim for increased evaluation of an SC back disability. The back disability has been evaluated as 10-percent disabling. There is no medical evidence submitted showing any recent treatment for the back.

Analysis: There is no evidentiary standard that must be met prior to requesting the examination for increase. As there is no evidence of record that is adequate to evaluate the claim, request an examination.

Example 2: The Veteran submits a claim for increased evaluation of an SC knee condition, noting recent surgery and submitting the surgical report showing a total knee replacement that occurred five months prior.

Analysis: Although the Veteran is claiming an increased evaluation, since the surgical report was submitted and shows that a surgery has occurred, no examination is warranted.

Example 3: The Veteran submits a claim for increased evaluation of SC hypothyroidism, currently evaluated as 30-percent disabling. The Veteran did recently have an examination within the past year for a prior claim for increased evaluation. Veterans Health Administration (VHA) treatment records obtained in connection with the claim show that the Veteran is treated for hypothyroidism. The treatment records dated within one year prior to the claim show no indication that symptoms have increased or that the hypothyroidism has required treatment other than the continued prescription of Synthroid. Particularly, there is no evidence in the treatment records showing that the Veteran has been treated for myxedema-related symptoms or mental disturbances attributed to hypothyroidism.

Analysis: VHA treatment records in this case are sufficient to establish that the criteria for the higher evaluation are not shown. No examination is warranted, and the evaluation of hypothyroidism

should be confirmed and continued.

References: For more information on

- requesting examinations in claims for increase, see
- ***Proscelle v. Derwinski***, 2 Vet.App. 629 (1992), and
- **VAOPGCPREC 11-1995**
- considering entitlement to extra-schedular evaluations, see
- **M21-1, Part V, Subpart ii, 3.D.3**, and
- **VAOPGCPREC 6-1996**, and
- examinations in claims for total disability based on IU, see **M21-1, Part VIII, Subpart iv, 3.B.2**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180495/M21-1-Part-IV-Subpart-i-Chapter-1-Section-B-Evidentiary-Standards-for-Finding-an-Examination-or-Opinion-Necessary>

M21-1, Part IV, Subpart i, Chapter 2, Section A - Examination Requests Overview

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Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 02. Requesting Examinations

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Overview

In This Section

This section contains the following topics:

Topic	Topic Name
1	General Information on Examination Requests
2	Examination Request Tools
3	Disability Benefits Questionnaires (DBQs)

4	Acceptable Clinical Evidence (ACE) Examinations
5	General Medical Examinations
6	Specialist Examinations
7	Medical Opinions
8	Examiner Review of the Claims Folder
9	Inputting Examination Requests in the Compensation and Pension Record Interchange (CAPRI)
10	Examination Scheduling Requests (ESRs) in the Veterans Benefits Management System (VBMS)

1. General Information on Examination Requests

Introduction

This topic contains general information about examination requests, including

- who may request an examination
- definition of an appropriate examination facility
- mandatory use of the Examination Request Routing Assistant (ERRA) tool
- scope of practice relative to examinations
- definition of
- general medical examination
- specialty examination, and
- specialist examination
- Veteran's legal rights at an examination
- contract examination exclusions, and
- examination requests for conditions affected by revised rating schedule criteria.

Change Date February 15, 2024

IV.i.2.A.1.a. Who May Request an Examination

Development activity personnel have the primary responsibility for requesting examinations.

The rating activity may provide guidance as necessary and also has authority to request examinations.

In addition, a Veterans Service Center Manager (VSCM), Pension Management Center Manager (PMCM), or designee may authorize an examination in any case in which they believe it is warranted.

IV.i.2.A.1.b. Definition: Appropriate Examination Facility

An ***appropriate examination facility*** is a Department of Veterans Affairs (VA) examination facility or contract examination provider *that can complete the examination(s) required by the specific claim*.

Regional offices (ROs) have the flexibility to request an

examination from the VA medical center (VAMC) closest to where the claimant lives or receives regular medical treatment and/or the designated contract provider.

References: For more information on

- mandatory use of the Examination Request Routing Assistant (ERRA) tool, see **M21-1, Part IV, Subpart i, 2.A.1.c**, and
- splitting examination requests between VAMCs and contract providers, see **M21-1, Part IV, Subpart i, 2.A.2.d**.

IV.i.2.A.1.c. Mandatory Use of the ERRA Tool

Claims processors ***must*** use the **ERRA** tool when requesting examinations in support of claims for service-connected (SC) compensation, Veterans Pension, and survivors benefits. VA resources will be utilized to the fullest extent possible in performing examinations, but the use of contract/vendor resources is authorized whenever a VA examination facility has reached or exceeded maximum capacity. When queried, the **ERRA** tool will identify the

- 10 VA examination facilities nearest the zip code entered, and
- examination categories that should be routed to a contract examiner, if applicable.

Note: Requests for non-Veterans Health Administration (VHA) examinations scheduled through a designated contractor are limited to the geographic area specified by the contractual agreement between the vendor and the Veterans Benefits Administration (VBA).

Exceptions:

- The **ERRA** tool's use is ***not*** required at Integrated Disability Evaluation System (IDES) or Benefits Delivery at Discharge (BDD) intake sites where existing agreements specify the provider(s) responsible for local IDES or BDD examinations.
- The **ERRA** tool's use is ***not*** required for requests involving
- examination clarification
- examination addenda
- corrections to insufficient/inadequate examinations
- medical opinions in support of claims filed under **38 U.S.C. 1151**, or
- acceptable clinical evidence (ACE) examinations completed by a VHA practitioner assigned to serve the RO.

Reference: For more information on the **ERRA** tool, see **M21-1, Part IV, Subpart i, 2.A.2.c** and **d**.

IV.i.2.A.1.d. Scope of Practice Relative to Examination

The purpose of obtaining a medical examination and/or opinion is discussed in **M21-1, Part IV, Subpart i, 1.A**. Generally, the VA examination is intended to serve as an evidentiary element that informs the rating activity's decision-making and facilitates application of the rating schedule for evaluation purposes.

The examination appointment is *not*, however, an appropriate venue for treatment. Certain diagnostic activities may require the examiner be able to provide treatment or follow-up care and, as such, are considered outside of the scope of VA examination practice.

Furthermore, certain disabilities require initial diagnosis via invasive procedural means. Invasive procedures are surgical or

exploratory methods that require consideration of anesthesia, infection, shared decision-making between clinician and patient, and informed consent with acknowledgment of known risks; they range broadly in level of severity but include such common diagnostic measures as biopsy, excision, and laparoscopy.

Follow procedural guidance found in **M21-1, Part IV, Subpart i, 1.B** to review for satisfactory evidence of a current disability or symptoms. In situations where evidence of a current diagnosis and treatment is not of record for the examiner to review, do not request an examination to render a diagnosis that requires the Veteran to be sedated and/or undergo an invasive procedure. Performing such a procedure surpasses the VA examination model's scope of practice.

IV.i.2.A.1.e. Definition: General Medical Examination

The main purpose of a ***general medical examination*** is to screen all body systems and either

- document normal findings, or
- identify disabilities that are found or suspected.

Note: The examiner must fully evaluate any disability that is found or suspected according to the applicable disability benefits questionnaires (DBQs). Opinions addressing etiology and relationship to service are not typically provided by general medical examinations.

References: For more information on

- general medical examinations, see **M21-1, Part IV, Subpart i, 2.A.5**, and
- general medical examination DBQs, see the ***DBQ Switchboard***.

IV.i.2.A.1.f. Definition: Specialty Examination

A ***specialty examination*** focuses on the disabilities that are specifically at issue in the Veteran's claim. For example, if a Veteran claims that SC hypertension has worsened and an examination is deemed necessary, use the *Hypertension Disability Benefits Questionnaire*.

Notes:

- Specialty examinations generally do not address disorders that are not at issue in the claim, even if the disorders are found or suspected during the examination.
- Specialty examinations may be (and usually are) performed by non-specialist clinicians, but in unusual cases, or as requested by a Board of Veterans' Appeals (BVA) remand, it may be necessary for the specialty examination to be performed by a specialist.

IV.i.2.A.1.g. Definition: Specialist Examination

A ***specialist examination*** is any examination that is conducted by a clinician who specializes in a particular field.

Notes:

- All vision, hearing, dental, and psychiatric examinations *must* be conducted by a specialist.
- In unusual cases, or as requested by a BVA remand, it may be necessary to request a specialist examination for other types of disabilities.

References: For more information on

- specialist examinations, see **M21-1, Part IV, Subpart i, 2.A.6**, and
- requesting examinations for BVA remands, see **M21-5, Chapter 7, G.4.c**.

IV.i.2.A.1.h. Veteran's Legal Rights at an Examination

A Veteran has no legal right to
- be accompanied by counsel during an examination, or
- record an examination.

IV.i.2.A.1.i. Contract Examination Exclusions

Examinations ***must not*** be requested from contract examiners under the circumstances specified in the ***Contract Exam Exclusions List***. Use discretion based on RO expertise and consultation with VA Central Office (CO) when determining whether a contract examination is warranted.

Important: Annotate in the Compensation and Pension Record Interchange (CAPRI) REMARKS section when an examination cannot be performed by a contract examiner.

Example of required annotation: *Veteran has filed a claim for [excluded condition] – cannot submit to VBA contract examination provider*.

IV.i.2.A.1.j. Examination Requests for Conditions Affected by Revised Rating Schedule Criteria

When VA issues an amendment to the rating schedule while an initial or increased rating claim is pending, ensure that examination requests (whether initiated through CAPRI or the Veterans Benefits Management System (VBMS)) for conditions affected by the amendment include any appropriate condition-specific historical rating criteria language found in the ***Supplemental Language Matrix***.

Claims processors must consider historical rating criteria and associated examination results in order to properly decide claims in such instances.

Note: This guidance applies equally if/when a rating claim received *after* a rating schedule amendment was preceded by an active intent to file (ITF) submitted prior to the amendment date.

Reference: For more information on the ***Supplemental Language Matrix***, see **M21-1, Part IV, Subpart i, 2.A.10.b**.

2. Examination Request Tools

Introduction

This topic contains information about tools used for requesting examinations, including
- **overview of examination request tools**

- Exam Scheduling Assistant (ESA) tool
- ERRA tool
- interpreting the ERRA tool's results
- Index of DBQ/Exams by Disability tool, and
- selecting the appropriate application for entering examination requests.

Change Date August 22, 2024

IV.i.2.A.2.a. Overview of Examination Request Tools

The examination request tools listed in this topic allow users to

- obtain assistance in determining whether an examination and/or medical opinion is warranted
- identify the examining facility location closest to the Veteran
- identify the DBQs for the claimed disabilities
- build the examination request, and
- enter the examination request to the VHA or VA contract examination facility.

IV.i.2.A.2.b. ESA Tool

The Exam Scheduling Assistant (ESA) tool allows users to answer a series of questions for *each contention* to receive guidance regarding whether an examination and/or medical opinion is warranted for the contention. Claims processors are encouraged to use the ESA tool during claims development.

Important: While the ESA tool is an aid to assist in determining when examinations and/or medical opinions are needed, claims processors are responsible for following guidance in M21-1, Part IV, Subpart i, 1.B to review evidence for the three elements that must be met to necessitate an examination and/or medical opinion. As provided in 38 U.S.C. 5103A(d) and 38 CFR 3.159(c)(4), an examination or medical opinion is *not* necessary if the evidence of record is sufficient to make a decision for a claimed contention.

References: For more information on

- the ESA tool, see the *Medical Disability Examination Office Policy and Program Management* page, and
- reviewing evidence before determining an examination or opinion is necessary, see
- M21-1, Part IV, Subpart i, 1.A.1.c, and
- M21-1, Part IV, Subpart i, 1.B.1.a.

IV.i.2.A.2.c. ERRA Tool

Examination facilities designated to conduct examinations are found in the ERRA tool.

The ERRA tool's search results include information about the

- application to use for submitting the examination request
- facility routing location
- routing location and examination list comments
- examination type details, and
- approximate distance (from the zip code entered, including driving distance and estimated time).

Important:

- This tool is designed as a guide to assist in the routing of compensation and pension (C&P) examination requests. Its use is mandatory, as discussed in M21-1, Part IV, Subpart i,

2.A.1.c. When routing an examination request to a VHA facility, take into account any

- claimant preferences, or
- topography/driving concerns.
- The ERRA tool's data are refreshed daily. Therefore, it is imperative to check zip codes daily, as the suitability of a claimant's direction to a VHA or contract examination facility may vary in response to demand and facility availability. Routing location and examination type comments may also be subject to daily updates.

Notes:

- The ERRA tool identifies whether a VHA facility has capacity to complete examinations timely and suggests a contract provider/vendor be used if necessary.
- Any justifiable deviation from the ERRA tool's recommendations must be explained as a remark in the examination request's body.

References: For more information on the

- appropriate application for entering examination requests, see M21-1, Part IV, Subpart i, 2.A.2.f, and
- ERRA tool, see the *Medical Disability Examination Office Policy and Program Management* page.

IV.i.2.A.2.d. Interpreting the ERRA Tool's Results

Use the table below to interpret the ERRA tool's results and determine the appropriate examination facility to which an examination request should be routed.

If ...	Then route the examination request to the identified ...
• the ERRA tool's results direct, *Please route examination requests to the appropriate VA facility* • the ERRA tool recommends sending all DBQs required to adjudicate the claim to *VA* • the claim involves one or more of the contract examination exclusions referenced in M21-1, Part IV, Subpart i, 2.A.1.i, or • the Veteran has expressed a preference that their examination be conducted at a VHA facility	VHA facility. ***Exception***: If the Veteran has expressed a preference for examination by VHA, but the ERRA tool's results indicate that the VHA facility nearest their home does not have current capacity/resources to complete the examination, route the examination request to the contract examination vendor.
• the claim ***does not*** involve one or more of the contract examination exclusions referenced in M21-1, Part IV, Subpart i,	contract examination vendor.

2.A.1.i, and • the ERRA tool recommends sending all required DBQ(s) to *Vendor*	
the ERRA tool recommends sending • at least one required DBQ to *VA*, and • at least one required DBQ to *Vendor*	• VHA facility, *and* • contract examination vendor. ***Note***: The splitting of examination requests between VHA and contract examination vendors is contingent upon VHA capacity. There may be instances where • the ERRA tool recommends routing at least one required DBQ to *VA* based on available capacity at the time the request is entered, but • the VHA facility's capacity changes while the request is pending.
the VHA facility • cancels an examination request that was previously split between VHA and a contract examination vendor, and • cites lack of capacity as the cancellation reason	contract examination vendor.

Important: Follow the instructions in the ***Electronic Health Record Modernization (EHRM) National Process Memorandum*** when the ERRA tool recommends submitting the examination request to an EHRM VHA facility.

Note: If, after reviewing the ERRA tool's results, the proper VHA routing location is not clear, VA clinics may be contacted to request clarification. Identify points of contact (POCs) by using the VHA ***C&P POC List***.

References: For more information on
- the ERRA tool's functionality, see the ***Medical Disability Examination Office Policy and Program Management*** page, and
- EHRM and special claims processing, see **M21-1, Part III, Subpart ii, 1.A.2.c**.

IV.i.2.A.2.e. Index of DBQ/Exams by Disability Tool

The **Index of DBQ/Exams by Disability** tool allows users to search by a particular word, phrase, or diagnostic code (DC). Input information in the SEARCH CRITERIA text box, and the tool will generate suggested DBQs, DCs, and relevant legacy examination worksheets.

IV.i.2.A.2.f. Selecting the Appropriate Application for Entering Examination Requests

Use the table below to determine which application to use in preparing and submitting an examination
- request, or

- scheduling request.

If the necessary examination must be conducted by a ...	Then submit the request using ...
VHA facility	CAPRI.
contract examination provider/vendor	VBMS.

References: For more information on
- interpreting the **ERRA** tool's results, see **M21-1, Part IV, Subpart i, 2.A.2.d**
- steps to inputting examination requests, see **M21-1, Part IV, Subpart i, 2.A.9** and **10**
- examination requests in
- CAPRI, see the ***CAPRI User Manual***, and
- VBMS, see the *VBMS Core User Guide*, and
- contract examination exclusions, see **M21-1, Part IV, Subpart i, 2.A.1.i**.

3. DBQs

Introduction

This topic contains information about DBQs, including
- **definition of DBQs**, and
- **use and acceptance of DBQs for VA examination and opinion purposes**.

Change Date March 1, 2021

IV.i.2.A.3.a. Definition: DBQs

Disability benefits questionnaires (DBQs) are documents used to
- elicit medical information needed to make decisions on claims, and
- provide a standardized report format for medical examinations and opinions.

DBQs are designed for internal use by both VHA and contract examiners. Most are also approved for public use by private providers.

Reference: For more information on DBQs, see the ***DBQ Switchboard***.

IV.i.2.A.3.b. Use and Acceptance of DBQs for VA Examination and Opinion Purposes

Use of DBQs to record the results of VA examinations and medical opinions is required.

However, if there is not a DBQ appropriate for a particular type of examination, or examination results or an opinion is submitted in another format, ***do not*** return the report as insufficient for rating purposes ***on that basis alone***.

In lieu of a DBQ completed by a VA or contract examiner, decision makers can accept the following,

provided the findings and conclusions needed to make the necessary regulatory determinations on the issues (as described in 38 CFR 3.326 and 38 CFR 4.2) are documented:

- a DBQ *or* other medical/opinion report completed by a VA or private health care provider, or
- VA examination/opinion results reported in a legacy/non-DBQ format.

References: For more information on

- examination requirements and sufficiency, see M21-1, Part IV, Subpart i, 3
- returning examination reports as insufficient for rating purposes in
- general, see M21-1, Part IV, Subpart i, 3.C
- CAPRI, see the *CAPRI User Manual*, and
- VBMS, see the *VBMS Core User Guide*
- principles for reviewing and weighing evidence, see M21-1, Part V, Subpart ii, 1.A, and
- VA's authority to develop for all evidence sufficient to render an informed decision, see *Douglas v. Shinseki*, 23 Vet.App. 19 (2009).

4. ACE Examinations

Introduction

This topic contains information on ACE examinations, including

- examinations based on ACE
- categories of examinations for which the ACE Process is prohibited, and
- examination requests and ACE.

Change Date June 6, 2024

IV.i.2.A.4.a. Examinations Based on ACE

In lieu of scheduling an in-person examination, VHA and contract examiners generally (subject to some limitations) have the option to complete a DBQ based on review of existing paper and/or electronic medical evidence. They may also conduct an interview with the claimant. Examinations based upon medical records and history without an in-person clinical examination or testing are known as ***ACE examinations*** or the ***ACE Process***.

IV.i.2.A.4.b. Categories of Examinations for Which the ACE Process Is Prohibited

The ACE Process is *not* available in the following categories of examinations:

- examinations when necessary electronic medical records are not available for examiner review
- Separation Health Assessments (SHAs) in support of IDES and BDD claims
- general medical examinations
- initial and review traumatic brain injury (TBI) examinations, and

- mental disorder examinations.

Exceptions: The ACE Process *may* be used to

- resolve requests for clarification of, or addendum to, an SHA where the service member's previous *General Medical – Separation Health Assessment Disability Benefits Questionnaire* was completed in person, or
- complete individual specialty and/or specialist DBQs for pre-discharge contentions, provided the
- service member's *General Medical – Separation Health Assessment Disability Benefits Questionnaire* was completed in person, and
- other exclusion principles discussed in this block are not applicable.

For any contention or examination type that is not prohibited from being completed via the ACE Process, claims processors must indicate in the examination request that the contention is eligible for ACE, as directed in **M21-1, Part IV, Subpart i, 2.A.4.c**. However, VBA *may* specifically require an in-person examination in certain cases, such as when requested by a BVA remand.

Reference: For more information on the requirement to identify evidence for the examiner's review, see **M21-1, Part IV, Subpart i, 2.A.8.d**.

IV.i.2.A.4.c. Examination Requests and ACE

When entering an examination request in CAPRI or VBMS, ensure that the examination request

- specifies that the ACE Process is permitted, or
- clearly states that the ACE Process may not be used, and an in-person examination is required to complete the DBQ.

Note: The DBQ templates include ACE check boxes that contain the rationale for the use of ACE, requiring the clinician to identify the materials relied on when using ACE to prepare the DBQ.

Reference: For more information on requirements for ACE examinations, see **M21-1, Part IV, Subpart i, 3.A.1.m**.

5. General Medical Examinations

Introduction

This topic contains information about general medical examinations, including

- **when to request a general medical examination**
- **when a general medical examination is not necessary**
- **conducting a general medical examination**, and
- **citing medical conditions to be examined**.

Change Date September 5, 2023

IV.i.2.A.5.a. When to Request a General

A general medical examination containing a full report of complaints and functional impairments is the preferred type of examination for compensation claims involving recent discharge from military service.

Medical Examination

Request a general medical examination if

- an initial claim is received within one year of discharge from any period (original or non-original) of
- active service, as defined in 38 CFR 3.6(a), or
- full-time duty performed in the National Guard, as defined in 38 CFR 3.6(c)(3), ***or***
- an ITF is received within one year of such discharge, and a substantially complete application is received within one year of the ITF.

It may also be appropriate to request a general medical examination to obtain evidence in claims for

- individual unemployability (IU)
- service connection (SC) under 38 CFR 3.317, or
- Veterans Pension.

Important:

- When requesting a general medical examination to evaluate an initial compensation claim received within one year of discharge, do not request that the examiner also complete specific, individual DBQs for each claimed disability except in cases where claimed contentions require examination by a specialist, as discussed in M21-1, Part IV, Subpart i, 2.A.6. This policy applies to examinations requested from VHA, as well as from private providers under VA contract.
- When an initial claim is received within one year of discharge as described above and an examination is needed for one or more claimed issues under the provisions of 38 CFR 3.317, follow the instructions in M21-1, Part VIII, Subpart ii, 1.B.2. If a *Gulf War General Medical Examination Disability Benefits Questionnaire* is required, do ***not*** also request a *General Medical – Compensation Disability Benefits Questionnaire*, as this may result in duplication of DBQs completed as part of the general medical examination.

Notes:

- A fully sufficient general medical examination is usually of greater value than a number of uncorrelated specialty examinations.
- If a claim for one or more additional contentions is received within the initial year following discharge, but *after* a general medical examination has been conducted, *do not* order an additional general medical examination to evaluate the disability(ies) contended.
- Request a general medical examination for Veterans Pension claims that require a permanent and total (P&T) disability determination when there is insufficient medical evidence to decide the claim.

References: For more information on

- ITF, see
- 38 CFR 3.155(b), and
- M21-1, Part II, Subpart iii, 2.A
- specialist examinations, see M21-1, Part IV, Subpart i, 2.A.6
- requesting examinations related to claims for IU, see M21-1, Part VIII, Subpart iv, 3.B.2
- when a rating determination of P&T disability for pension purposes is required, see M21-1, Part IX, Subpart i, 2.2.e
- acceptable medical evidence for pension rating purposes, M21-1, Part IX, Subpart i, 2.2.f, and
- when a VA examination is authorized for pension cases, see M21-1, Part IX, Subpart i, 2.2.g.

IV.i.2.A.5.b. When a General Medical Examination Is Not Necessary

It is not necessary to request a general medical examination if

- an original claim for compensation is being rated many years after separation from service, or
- a Veterans Pension claim that requires a P&T disability determination contains sufficient medical evidence to decide the claim.

Exception: In claims for IU, SC under **38 CFR 3.317**, or Veterans Pension filed more than one year after service, a general medical examination may be appropriate. General medical DBQs exist for compensation, Veterans Pension, and Gulf War claims.

Reference: For more information on acceptable medical evidence for pension rating purposes, **M21-1, Part IX, Subpart i, 2.2.f**.

IV.i.2.A.5.c. Conducting a General Medical Examination

The medical examiner conducting the examination should confirm the existence of and evaluate

- all disabilities listed in the examination request, and
- any other disabilities the Veteran identifies during the examination.

Notes:

- Opinions addressing etiology and relationship to service are *not* typically provided by general medical examinations.
- Unclaimed disabilities that are not listed in the examination request, but that are reported or suspected during the examination, must be addressed in the applicable general medical DBQ along with any appropriate additional DBQ(s) when abnormal findings are identified. However, the examiner is not required to complete additional DBQ(s) in conjunction with a general medical examination for subjective complaints reported at the time of examination if objective findings are not noted by the examiner.

References: For more information on

- DBQs used for general medical examinations, see the ***DBQ Switchboard***, and
- soliciting claims for unclaimed, chronic disabilities shown by the evidence, see **M21-1, Part V, Subpart ii, 3.A.3.a**.

IV.i.2.A.5.d. Citing Medical Conditions to Be Examined

The examination request for a general medical examination should clearly cite the conditions or particular diagnoses that require attention.

6. Specialist Examinations

Introduction

This topic contains information about specialist examinations, including

- **examinations routinely performed by specialists**
- **who may request other types of specialist examinations**
- **when to request a specialist examination**, and
- **who determines the choice of examiner**.

Change Date March 12, 2018

IV.i.2.A.6.a. Examinations Routinely Performed by Specialists

Some examinations are routinely performed by specialists. These examinations include

- hearing
- vision
- dental, and
- psychiatric.

IV.i.2.A.6.b. Who May Request Other Types of Specialist Examinations

In certain circumstances, specialist examinations for other conditions can be requested by

- the development or rating activity
- the medical examiner, or
- BVA.

IV.i.2.A.6.c. When to Request a Specialist Examination

Request a specialist examination only if it is considered essential for rating purposes.
Example: A specialist examination may be requested

- if an issue is unusually complex
- if there are conflicting opinions or diagnoses that must be reconciled, or
- based on a BVA remand.

Reference: For more information on requesting examinations for BVA remands, see **M21-5, Chapter 7, G.4.c**.

IV.i.2.A.6.d. Who Determines the Choice of Examiner

The choice of examiners is up to the VA medical facility or contract vendor conducting the examination, unless the BVA remand specifies that the examination must be conducted by a

- *Board-certified specialist in …*, or
- *specialist who is Board qualified*.

Some DBQs require a specialist to complete the examination. The DBQ will identify specialist requirements in one of the first paragraphs on the form.
Note: In the absence of a BVA remand, ROs may not designate qualification requirements for a specialist examination.

7. Medical Opinions

Introduction

This topic contains information about medical opinions, including

- **who may request a medical opinion**
- **referring claims for complex medical opinion review**
- **completing medical opinion requests using the VBMS Exam Management System (EMS) with CAPRI**

- **procedure for identifying the evidence in a medical opinion request**
- **maintaining objectivity in medical opinion requests**
- **medical opinions required for remands**
- **requesting medical opinions in claims under 38 U.S.C. 1151**
- medical opinions and the
- ***Hearing Loss and Tinnitus Disability Benefits Questionnaire***, and
- ***Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire***, and
- **avoiding asking for legal conclusions in medical opinion requests**.

Change Date February 15, 2024

IV.i.2.A.7.a. Who May Request a Medical Opinion

Development activity personnel and Military Services Coordinators (MSCs) who have completed training specified by CO are authorized to prepare basic or straightforward medical opinion requests without rating activity review.

The VSCM or PMCM will designate categories of opinions that are sufficiently basic or straightforward for preparation by the development activity. However, medical opinion requests of a complex nature, including the following types, must be prepared by the rating activity:

- medical opinions based on stressors involving military sexual trauma
- compensation under **38 U.S.C. 1151**
- aggravation (including *Allen* aggravation)
- diagnostic variation or conflicting medical evidence
- questions of credibility of evidence presented to the examiner, or
- any other matters specified by the VSCM or PMCM, such as
- rare disorders/rare etiologies, or
- sensitive or high priority claims.

Exceptions:

- **M21-1, Part X, Subpart i, 6.F.2.g**, authorizes MSCs to independently prepare medical opinion requests regarding in-service aggravation of pre-service disabilities as they pertain to IDES, BDD, and BDD-excluded claims. If, however, MSCs recognize the need for other "complex" medical opinion types described above, they must refer them for review in accordance with guidance found in **M21-1, Part X, Subpart i, 6.F.2.h**.
- When a BVA remand directs development for an aggravation opinion (including *Allen* aggravation), the development activity may prepare and order the medical opinion based on BVA's instructions. If, however, the development activity recognizes the need for other "complex" medical opinion types described above, the claim must be referred to the rating activity for review as discussed in **M21-1, Part IV, Subpart i, 2.A.7.b**.

Notes:

- A VSCM or PMCM may authorize a medical opinion in any case in which they believe it is warranted.
- Generally, any development activity employee or MSC may order an examination using the *Hearing Loss and Tinnitus Disability Benefits Questionnaire*, which includes certain routine etiology opinions. However, in cases where (1) a separate medical opinion DBQ is required to solicit an opinion not included on the

audiological DBQ, or (2) the type of opinion needed is consistent with one of the "complex" exceptions identified above, the opinion request should be prepared by the rating activity.

- Most medical opinions regarding secondary causation are considered of sufficient simplicity to be requested by the development activity without rating oversight. When, however, a Veteran contends entitlement on the basis of *Allen* aggravation, or a secondary claim is accompanied by competent medical evidence of the contended disability, such that aggravation may be implicated, follow the procedures in **M21-1, Part IV, Subpart i, 2.A.7.b**, to refer the claim for complex medical opinion review, unless the opinion request is directed by a BVA remand, as discussed above.

References: For more information on

- determining when an examination or medical opinion is necessary, see **M21-1, Part IV, Subpart i, 1**
- medical opinions and the *Hearing Loss and Tinnitus Disability Benefits Questionnaire*, see **M21-1, Part IV, Subpart i, 2.A.7.h**, and
- medical opinion training requirements, see **M21-3, Part I, A.3.g**.

IV.i.2.A.7.b. Referring Claims for Complex Medical Opinion Review

The table below describes the responsibilities of the development and rating activities in ensuring that complex medical opinions are appropriately routed for preparation and entry.

Stage	Who Is Responsible	Description
1	development activity	• Reviews the claim and all associated evidence. • Determines that a complex medical opinion, as discussed in **M21-1, Part IV, Subpart i, 2.A.7.a**, is warranted to resolve one or more contended issues.
2	development activity	Prevents the claim's recall by the National Work Queue (NWQ) and routes it for the rating activity's review by performing the following actions within the timelines established in the ***NWQ Playbook*** section entitled *Disability Examination Requests: RVSR Review for Examination*: • appends the *RVSR Examination* special issue to at least one contention requiring complex medical opinion review • adds the *Review Complex Exam* tracked item, and • follows local procedures to ensure the claim's assignment to the rating activity for review.
3	rating activity	• Reviews the claim and all associated evidence to confirm that a medical opinion is warranted. • Reflects the medical opinion review's completion by performing the following actions within the timelines established

		in the ***NWQ Playbook*** section entitled *Disability Examination Requests: RVSR Review for Examination*: • marks the *Review Complex Exam* tracked item as received, and • removes the *RVSR Examination* special issue indicator(s).
4	rating activity	Prepares and enters in the appropriate examination-requesting application a request for any medical opinion deemed necessary by the review.

References: For more information on
- special issue indicators, see **M21-4, Appendix E, 2**, and
- tracked items, see **M21-4, Appendix D, 1**.

IV.i.2.A.7.c. Completing Medical Opinion Requests Using the VBMS EMS With CAPRI

Use of the VBMS Exam Management System (EMS) is mandatory in all CAPRI medical opinion requests.

When requesting a medical opinion in CAPRI, follow the steps in the table below.

Step	Action
1	Determine the appropriate examination facility. ***Reference***: For assistance with locating the appropriate examination facility, see the **ERRA** tool.
2	• Select the appropriate medical opinion template, and • populate all required fields in EMS. ***Reference***: For more information on appropriate selections and required fields, see the • *VBMS Core User Guide*, and • ***EMS User Guide***.
3	Open CAPRI.
4	Select all required examinations and medical opinion DBQs.
5	Paste the EMS examination request language into the REMARKS field. ***Note***: Edit the generated language, as necessary, to ensure it is case-specific and will result in an adequate opinion.

Note: Tracked items will be generated once the user has certified within EMS that they have submitted the examination request in CAPRI.

References: For more information on inputting a(n)

- examination request in CAPRI, see **M21-1, Part IV, Subpart i, 2.A.9**, and
- medical opinion request in CAPRI, see the ***CAPRI User Manual***.

IV.i.2.A.7.d. Procedure for Identifying the Evidence in a Medical Opinion Request

To identify all pertinent evidence for the examiner to review in connection with the medical opinion requested, in the TABBED EVIDENCE DESCRIPTION field in EMS, provide at a minimum the

- tab label
- document receipt date
- document type, and
- date(s) of treatment, injury, or event.

Example:
Tab A – Pulmonary function test for asthma.
Document Receipt Date – 10/02/2020.
Document Type – CAPRI.
Date of Treatment – 07/15/2020.

References: For more information on

- EMS, see the
- *VBMS Core User Guide*, and
- ***EMS User Guide***, and
- requirement to identify relevant evidence for an examiner's review, see **M21-1, Part IV, Subpart i, 2.A.8.d**.

IV.i.2.A.7.e. Maintaining Objectivity in Medical Opinion Requests

When requesting medical opinions, RO employees should identify all relevant evidence for the examiner's review, both favorable and unfavorable. However, maintain objectivity when preparing medical opinion requests.

- Use a neutral and unbiased tone.
- Do not slant the facts.
- Do *not* communicate that VA prefers one answer or outcome over another.

References: For more information on

- requesting a medical opinion in an impartial manner, see ***Douglas v. Shinseki***, 23 Vet.App. 19 (2009), and
- the attitude of rating officers, see **38 CFR 4.23**.

IV.i.2.A.7.f. Medical Opinions Required for Remands

When requesting an opinion in compliance with BVA remand instructions, specifically explain what information is needed.
Quoting the instructions from BVA on the medical opinion request may be helpful, but try to avoid legal jargon.

Important: Do *not* simply refer the examiner to the claims folder containing the remand instructions.

IV.i.2.A.7.g. Requesting Medical Opinions in Claims Under 38

When requesting a medical opinion for a claim involving benefits under **38 U.S.C. 1151**, submit the request to the appropriate contract examination vendor ***in all instances***, and use existing VBMS examination management medical opinion

U.S.C. 1151

templates to generate the appropriate language. Ensure the generated request asks the provider only the specific opinion(s) required by the facts of the case.

Important: Do *not* route medical opinion requests of this nature to VHA. Follow-up examination requests involving evaluations of disabilities for which benefits have been established under **38 U.S.C. 1151** may, however, be directed to VHA.

Reference: For more information on disability examinations involving claims under **38 U.S.C. 1151**, see the ***DMA C&P Procedure Manual***.

IV.i.2.A.7.h. Medical Opinions and the Hearing Loss and Tinnitus DBQ

The DBQ for hearing loss and tinnitus contains specific sections for etiology opinions. However, examiners generally are not expected to provide unsolicited medical opinions, and in some types of hearing loss and tinnitus claims (such as claims for an increased evaluation), an opinion may not be routinely required.

In any case involving SC for hearing loss or tinnitus where an etiology opinion is required, follow the medical opinion procedures outlined in **M21-1, Part IV, Subpart i, 2.A.7.d**.

Exception: If tinnitus is not claimed, but reported during the course of the examination, examiners will provide this etiology opinion even when not solicited as long as tinnitus is not already SC. For this reason, when preparing any audiological examination and/or opinion request, include a note/comment informing the examiner whether tinnitus is or is not SC.

Important: Do not request a separate medical opinion DBQ unless a medical opinion that is not included on the *Hearing Loss and Tinnitus Disability Benefits Questionnaire* is needed.

References: For more information on

- who may request a medical opinion, see **M21-1, Part IV, Subpart i, 2.A.7.a**, and
- the body and content of the *Hearing Loss and Tinnitus Disability Benefits Questionnaire*, see the ***DBQ Switchboard***.

IV.i.2.A.7.i. Medical Opinions and the Initial PTSD DBQ

The *Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* elicits from the examiner information relevant to the Veteran's contended stressor(s), including an assessment of potential relationship to, and adequacy to support, the underlying diagnosis of PTSD. Because this questioning sequence is inherent within the general PTSD examination protocol, do not routinely request a separate medical opinion DBQ unless a medical opinion that is not otherwise satisfied by completion of the *Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire* is needed.

References: For more information on

- examinations in claims for SC for PTSD, see **M21-1, Part VIII, Subpart iv, 1.C**, and

- the *Initial Post Traumatic Stress Disorder (PTSD) Disability Benefits Questionnaire*, see the ***DBQ Switchboard***.

IV.i.2.A.7.j. Avoiding Asking for Legal Conclusions in Medical Opinion Requests

Do *not* request that a medical authority make conclusions of law, as this is a responsibility inherent to the rating activity. To prevent confusion, avoid using the word "opinion" when asking the examiner a question about any issue that does not require a formal medical opinion.

Examples:

- Do *not* request the medical authority to determine if there is "loss of use" of an extremity. Instead, ask for a description of the remaining function of the extremity.
- Do *not* ask the medical authority to determine if a particular disability is "service-connected" or "SC." Instead, identify the in-service injury, event, or illness, as well as current disability, and ask the examiner to provide an opinion as to whether or not the current disability was caused by or the result of the identified in-service injury, event, or illness.
- Do *not* ask the medical authority to provide an opinion as to whether a Veteran is "unemployable" or "entitled to individual unemployability." Instead, in the REMARKS section of the examination request, ask the examiner to *comment* on the Veteran's ability to function in an occupational environment and to describe functional limitations.
  Note: The language generated upon selection of the EMPLOYMENT IMPACT ASSESSMENT REQUESTED? field in VBMS is legally sufficient to elicit the information necessary to adjudicate the issue of IU.

References: For more information on requesting examinations

- to determine loss of use of an extremity, see **M21-1, Part VIII, Subpart iv, 4.A.1.c**, and
- in IU claims, see **M21-1, Part VIII, Subpart iv, 3.B.2**.

8. Examiner Review of the Claims Folder

Introduction

This topic contains information about examiner review of the claims folder, including

- **importance of claims folder review**
- **examinations requiring claims folder review**
- **requesting examiner review of the claims folder**, and
- **requirement to identify relevant evidence for the examiner's review**.

Change Date June 6, 2024

IV.i.2.A.8.a. Importance of Claims Folder

Folder review helps VA ensure that the examiner is given the fullest evidentiary picture possible. The claims folder often contains a history of treatment of the disability at issue. In order

Review

to provide an adequate basis for the findings and conclusions of an examination, the examiner needs access to that history.

Reference: For more information on sending the claims folder in connection with a VA examination or opinion, see **VAOPGCPREC 20-1995**.

IV.i.2.A.8.b. Examinations Requiring Claims Folder Review

For the reasons discussed in **M21-1, Part IV, Subpart i, 2.A.8.a**, an examiner's review of claims folder contents is potentially beneficial and encouraged in all claim types. However, for examinations or medical opinions requested by VBA, the examiner *must* review the claims folder for the following DBQs or claim types:

- SC under **38 CFR 3.317**
- cold injury residuals
- former prisoner of war (FPOW) protocol
- Gulf War general medical
- medical opinions, including etiology opinions in hearing loss and tinnitus claims
- mental health examinations
- TBI examinations
- musculoskeletal examinations involving the
- ankle
- back (thoracolumbar spine)
- elbow/forearm
- foot, including pes planus
- hand/finger(s)
- hip/thigh
- knee/lower leg
- neck (cervical spine)
- shoulder/arm
- temporomandibular joint, and/or
- wrist
- BVA remands
- 1151 claims
- ACE
- environmental hazards in Iraq, Afghanistan, and other military installations, and
- IDES claims.

Notes:

- For pension claims, sending the claims folder for review is not required. However, medical records received with the claim relevant to the issue of whether the claimant is currently permanently and totally disabled due to non-service-connected causes must be uploaded into the electronic claims folder (eFolder).
- Privately completed DBQs are *not* subject to the requirement for claims folder review for the DBQs or claim types listed above. Additionally, medical evidence not in a DBQ format that is deemed adequate for rating purposes in lieu of examination, as discussed in **M21-1, Part IV, Subpart i, 2.A.3.b**, is not subject to the requirement for claims folder review. This is an internal requirement that applies *only* to examinations and medical opinions requested by VBA.

References: For more information on

- requesting medical opinions, see **M21-1, Part IV, Subpart i,**

2.A.7

- requesting examinations in claims for SC under 38 CFR 3.317, see M21-1, Part VIII, Subpart ii, 1.B.2
- ordering initial FPOW protocol examinations, see M21-1, Part VIII, Subpart iv, 2.C.2
- examinations based on ACE, see M21-1, Part IV, Subpart i, 2.A.4
- maintenance of eFolders, see M21-1, Part II, Subpart ii, 2.A
- assessing privately completed DBQs and action to take when a decision cannot be made without additional information that requires an examiner's claims folder review, see M21-1, Part IV, Subpart i, 3.A.1.e, and
- review of evidence in connection with medical opinions involving speculation, see
- M21-1, Part IV, Subpart i, 3.A.1.q, and
- *Sharp v. Shulkin*, 29 Vet.App. 26 (2017).

IV.i.2.A.8.c. Requesting Examiner Review of the Claims Folder

Examination scheduling requests (ESRs) prepared using VBMS examination management functionality will generate the necessary language indicative of the need for folder review without further user intervention.

IV.i.2.A.8.d. Requirement to Identify Relevant Evidence for the Examiner's Review

RO employees must ensure that each piece of relevant evidence in the

- paper claims folder is tabbed, or
- eFolder is either bookmarked *or* annotated using the functionality described in the *VBMS Core User Guide*.

Important:

- All relevant evidence (to include service treatment records when their review is relevant to the underlying request), must be scanned into the eFolder prior to requesting any examination. This includes any case for which an examiner may complete an ACE examination.
- If any of the following forms are of record in the eFolder, the most recent form(s) must be annotated prior to submitting an ESR to a contract examination vendor:
- *VA Form 21-0845, Authorization to Disclose Personal Information to a Third Party*
- *VA Form 21-22, Appointment of Veterans Service Organization as Claimant's Representative*, and
- *VA Form 21-22a, Appointment of Individual as Claimant's Representative*.

Note: Current functionality allows contract examination vendors to view bookmarks and annotations when the eFolder is automatically transmitted upon submission of an ESR. However, in certain circumstances (including rework requests, sensitive files, or files that require downloading when the eFolder fails to transmit), vendors are unable to physically view the bookmarks and some annotations prescribed in the *VBMS Core User Guide* and the *EMS User Guide*. It remains important to apply bookmarks and annotations in all cases as they are significantly beneficial to the underlying process of claim adjudication and provide a means by which evidence relevant to the claim and examination/opinion can be readily and more easily distinguished.

References: For more information on

- obtaining VA medical records, see M21-1, Part III, Subpart ii,

1.A.2
- timing of the duty to obtain an examination or opinion, see M21-1, Part IV, Subpart i, 1.A.1.d
- the definition of relevant records, see M21-1, Part III, Subpart i, 2.E.1.a
- review of evidence to determine when an examination or medical opinion is necessary, see M21-1, Part IV, Subpart i, 1.B
- procedures for identifying medical opinion evidence, see M21-1, Part IV, Subpart i, 2.A.7.d
- VBMS functionality available to maintain the eFolder, see M21-1, Part II, Subpart ii, 2.A.1.h
- categories of examinations for which the ACE Process is prohibited, see M21-1, Part IV, Subpart i, 2.A.4.b, and
- annotating evidence in VBMS, see the *EMS User Guide*.

9. Inputting Examination Requests in CAPRI

Introduction This topic contains information about inputting examination requests in CAPRI, including
- steps to requesting an examination in CAPRI
- completing a CAPRI examination request, and
- mandatory entry of requestor's contact information.

Change Date February 15, 2024

IV.i.2.A.9.a. Steps to Requesting an Examination in CAPRI

Follow the steps below when inputting an examination request in CAPRI.

Step	Action
1	Prior to requesting an examination, ensure all development actions sufficient to warrant the scheduling of an examination, as discussed in M21-1, Part IV, Subpart i, 1.B, have been completed.
2	Ensure the evidence which substantiates the examination request meets the requirements under 38 CFR 3.159(c)(4), as discussed in M21-1, Part IV, Subpart i, 1.B.
3	Identify the appropriate examination facility using the ERRA tool. ***References***: For more information on • appropriate examination facilities, see M21-1, Part IV, Subpart i, 2.A.1.b, and • the ERRA tool, see M21-1, Part IV, Subpart i, 2.A.2.c and d.
4	Identify all appropriate DBQs and/or medical opinions for all claimed contentions when an examination is warranted. ***Reference***: For more information on DBQs, see

	the **Index of DBQ/Exams by Disability** tool.
5	Identify the examinations which require a claims folder review by the examiner. ***Reference***: For more information on claims folder review, see **M21-1, Part IV, Subpart i, 2.A.8**.
6	If folder review is required, ensure all necessary records are • uploaded into VBMS or in the paper claims folder, and • either • annotated or bookmarked in the eFolder, or • tabbed in the paper claims folder. ***Reference***: For more information on bookmarking and annotating records, see **M21-1, Part IV, Subpart i, 2.A.8.d**.
7	Use EMS to generate standardized text for the examination request. ***Note***: Include any historical rating criteria language needed in connection with procedures found in **M21-1, Part IV, Subpart i, 2.A.1.j**.
8	Paste the EMS-generated text (to include entries to the customizable remark/information fields) into the COMMENTS field in CAPRI.
9	Complete all other required entries in CAPRI.
10	Upload the examination request into the eFolder. ***Notes***: • In the CATEGORY-TYPE field enter *Medical Records – VAX & AMIE- Request Worksheets: VA 21-2507a Request for Physical Examination.* • The claims processor must certify within EMS that the request was submitted in CAPRI. This will trigger applicable tracked items to generate in VBMS. ***References***: For more information on • certifying submission of a CAPRI examination request, see the • *VBMS Core User Guide*, and • ***EMS User Guide***, and • uploading the CAPRI examination request into the eFolder, see the ***Uploading VAMC Exam Requests Job Aid***.

IV.i.2.A.9.b. Completing a CAPRI Examination Request

Fully complete all fields on the examination request screen in CAPRI, ensuring that those discussed below are appropriately populated.

- The examination location selected should be the appropriate facility identified using the guidance in **M21-1, Part IV, Subpart i, 2.A.2.c** and **d**.
- Under LIST OF EXAMS, select all appropriate DBQs. Do not check DBQs for specific body systems if requesting a general

medical examination unless the claim also requires the performance of one or more specialist examination(s) discussed in **M21-1, Part IV, Subpart i, 2.A.6.a**.

- Under the CLAIM TYPE field, select the relevant claim type. Only one selection can be made.
- Under the SPECIAL CONSIDERATIONS field, select any priority processing reason(s) that applies, including
- AGE OF CLAIM
- FDC
- HOMELESS
- NOT APPLICABLE
- POW, and/or
- TERMINAL.
- For the LAST RATING EXAM DATE field, the default entry is *N/A*. However, where there was a prior examination pertinent to the examination being entered, delete *N/A* and enter the date of the pertinent prior examination.
- In REMARKS
- include all generated and manually entered text
- do not use manual, regulation, or code citations
- avoid using acronyms or VBA jargon, and
- if the examinee is rated incompetent, note that fact.

Important: Entering the ITF date is key to correct examination of claims pending at the time of a rating schedule change. This will alert the examiner as to the need to provide historical DBQ information.

References: For more information on

- completing a CAPRI examination request, see the ***CAPRI User Manual***
- examinations of non-Veteran claimants, see **M21-1, Part IV, Subpart i, 2.E.2**, and
- the ***Supplemental Language Matrix***, see **M21-1, Part IV, Subpart i, 2.A.10.b**.

IV.i.2.A.9.c. Mandatory Entry of Requestor's Contact Information

Examination requests submitted through CAPRI ***must*** include the primary requestor's contact information, to include, at a minimum, a(n)

- first and last name
- e-mail address, and
- 10-digit telephone number.

Important: ESRs prepared and submitted through VBMS for contract examinations ***do not*** require inclusion of the primary requestor's contact information, as any subsequent clarification the contract examination provider/vendor deems necessary will be requested electronically.

Note: The telephone number provided must be one that is accessible during any authorized periods of telework the requestor may perform.

10. ESRs in VBMS

Introduction	This topic contains information about ESRs in VBMS, including • **entering an ESR** • **types of requests requiring supplemental language** • **definition of a request for clarification**, and • **responding to a request for clarification for vendor examinations**.
Change Date	June 6, 2024

IV.i.2.A.10.a. Entering an ESR

As discussed in **M21-1, Part IV, Subpart i, 2.A.2.f**, and subject to the **ERRA** tool's recommendations, requests for contract examinations must be prepared and submitted via VBMS.

Follow the steps outlined in the *VBMS Core User Guide* to prepare an ESR in VBMS.

Important:

- Requests for VHA examinations must still be entered in CAPRI.
- As is required with all automated tools, users must ensure that all VBMS system-generated language is legally and procedurally adequate before finalizing an ESR. This includes ensuring that the ADDITIONAL INFORMATION field is completed so as to include information needed by the examiner, but not automatically generated.
- Report any
- corrected information needed by submitting a trouble ticket, or
- additional questions or concerns via e-mail to **VAVBAWAS/CO/Contract Examination Inquiries**.

Notes:

- ESR submission and acceptance in VBMS will automate the creation of one tracked item for each contention identified in the request.
- If unique circumstances exist in a particular case (for example, the Veteran is immobile or unable to drive due to advanced age), these situational factors should be referred in accordance with the ***Contract Examination Inquiry Guidelines*** for assistance in determining if, and what, contract examination mitigation may be necessary.

References: For more information on

- types of requests requiring supplemental language, see **M21-1, Part IV, Subpart i, 2.A.10.b**
- examination suspense dates, see **M21-1, Part IV, Subpart i, 2.C.1.a**
- contract examination exclusion reasons, see **M21-1, Part IV, Subpart i, 2.A.1.i**, and
- tracked item suspense and automation relative to examination management, see the
- *VBMS Core User Guide*, and
- ***EMS User Guide***.

IV.i.2.A.10.b. Types of Requests Requiring Supplemental

Use the ***Supplemental Language Matrix*** to identify the

Language

- claim components or attributes for which ESRs in VBMS must be supplemented, and
- language needed to ensure request adequacy and consistency.

Reference: For more information on entering an ESR in VBMS, see

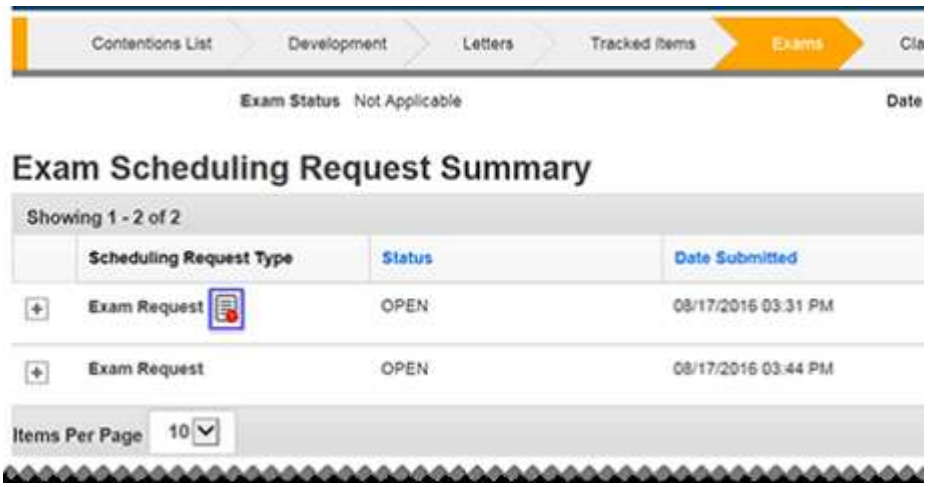
- **M21-1, Part IV, Subpart i, 2.A.10.a**
- the *VBMS Core User Guide*, and
- ***EMS User Guide***.

IV.i.2.A.10.c. Definition: Request for Clarification

In the context of VBMS examination management, a ***request for clarification*** is a communication from the examining facility, indicating that additional information about an examination request or individual contention is needed. The request generates an *Exam Request – Request for Clarification* tracked item, which triggers an NWQ event and electronic routing for review and subsequent action by claims processing personnel.

When an examining facility generates a request for clarification, its receipt is reflected by a graphic indicator that appears next to the request in the *Exam Scheduling Request Summary* table view.

Example:



Reference: For more information on responding to requests for clarification, see

- **M21-1, Part IV, Subpart i, 2.A.10.d**, and
- the *VBMS Core User Guide*.

IV.i.2.A.10.d. Responding to a Request for Clarification for Vendor Examinations

The response to an examining provider's request for clarification can be provided with a full edit to the previously submitted ESR, or with a claim- or contention-specific narrative response that addresses specific questions posed, depending upon the nature of the information elicited and the processing stage at which the request is received.

The following guidelines must be adhered to when responding to requests for clarification from contract examination vendors:

- Responses must be written in a professional manner.
- Responses should be clear and concise regarding any corrective actions taken to resolve the request for clarification.
- All questions posed, information and/or clarification requested, or specific actions indicated must be resolved prior to returning the request for clarification to the contract examination vendor.
- Do not request the contract examination vendor to cancel the examination in the response to a request for clarification.
- Responses must not indicate actions that are contractual in nature. For example, do not make statements indicating that no payment will be rendered for services or informing the contract examination vendor that the ESR will be sent to a different vendor.
- Do not add additional requests, contentions, diagnostics, or requirements that were not included in the original ESR. ***Reference***: For more information on responding to requests for clarification, see the
- *VBMS Core User Guide*, and
- ***EMS User Guide***.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180498/M21-1-Part-IV-Subpart-i-Chapter-2-Section-A-Examination-Requests-Overview>

M21-1, Part IV, Subpart i, Chapter 2, Section B - Scheduling Examinations

Article ID: 554400000180501
Updated Mar 12, 2025
Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 02. Requesting Examinations

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Overview

In This Section	This section contains the topic "**General Information on Scheduling Examinations**."

1. General Information on Scheduling Examinations

Introduction	This topic contains general information about scheduling examinations, including • **general information on scheduling examinations** • **examinations for Department of Veterans Affairs (VA)-employee claimants** • **exceptions for employees who work at an examining facility** • **scheduling examinations for conditions subject to temporary or episodic improvement**, and • **scheduling specialist examinations**.
Change Date	April 10, 2020
IV.i.2.B.1.a. General Information on Scheduling Examinations	"Scheduling examinations" refers to the process by which the Veterans Benefits Administration (VBA) and either a Veterans Health Administration examining facility or a contract examiner work together to set up a particular examination. VBA will request the examination, which may involve notation of information pertinent to the time and place of the examination. However, the examining facility will actually • set up the examination, and • advise the claimant of the time and place of the scheduled appointment. ***References***: For more information on • examination requests, see **M21-1, Part IV, Subpart i, 2.A** • scheduling problems and rescheduling examinations, see **M21-1, Part IV, Subpart i, 2.F**.

IV.i.2.B.1.b. Examinations for VA-Employee Claimants

In any case where an examination is needed and the claims folder contains *VA Form 20-0344*, *Annual Certification of Veteran Status and Veteran Relatives,* or there is a *VA Employee* flash associated with the record, refer to the table below for appropriate action.

If examination by a contract facility is …	Then clearly note on the examination request that the Veteran is an employee, and schedule the examination at the nearest ...
available	contract facility that ***does not*** employ the Veteran.
not available	Department of Veterans Affairs (VA) facility that ***does not*** employ the Veteran.

Important: Make every attempt to avoid a conflict of interest when scheduling the examinations of VA employees. If the need for an exception arises, follow the guidance in **M21-1, Part IV, Subpart i, 2.B.1.c**.

Reference: For more information on handling claims from employees and their relatives, see **M21-1, Part II, Subpart i, 2.D.5**.

IV.i.2.B.1.c. Exceptions for Employees Who Work at an Examining Facility

If an employee works at an examining facility and requires an examination in connection with a pending claim, request the examination from a different facility, as described in **M21-1, Part IV, Subpart i, 2.B.1.b**, ***unless*** the Veterans Service Center Manager (VSCM) determines an examination at the employing facility will not affect its integrity.

When a VSCM chooses to allow an examination of an employee at the employing facility, the VSCM must

- prepare a signed memorandum explaining the reason(s) for allowing the examination, and
- file the memorandum in the claims folder.

Important: An examining facility will reject an examination request if, while processing the request,

- it recognizes the Veteran as an employee of the facility, and
- there is no indication in the claims folder (if provided) or the request that the VSCM has
- acknowledged the employee-employer relationship, and
- approved examination of the employee at the facility.

IV.i.2.B.1.d. Scheduling Examinations for Conditions Subject to Temporary or Episodic Improvement

Schedule the examination of disabilities subject to temporary or episodic improvement, such as skin conditions and other disabilities listed in **38 CFR 3.344**, when the conditions are most likely to show representative or claimed symptoms.

If there is specific competent information that a disability is worse at predictable times, schedule the examination based on that information.

Examples:

- If a Veteran's symptoms become worse after work, the examining facility should be asked to examine the Veteran at the end of the day.
- If a disability is subject to periodic flare-ups, and the record does not contain specific competent information on when a flare-up can be observed, the Veteran can provide the information about the peak periods of the disability and

contact the regional office when the condition worsens. (***Note***: If the Veteran received treatment for the worsened condition, ask the Veteran to submit evidence of the treatment.)
Important: Under the Acceptable Clinical Evidence (ACE) Process, examiners may be able to complete a fully adequate disability benefits questionnaire capturing representative or claimed symptoms, to include periods of exacerbation and improvement, based on review of existing evidence and/or an interview in lieu of an in-person clinical examination or testing.

References: For more information on
- submitting evidence of a worsened condition, see
- ***Bowers v. Derwinski***, 2 Vet. App. 675 (1992), and
- ***Ardison v. Brown***, 6 Vet. App. 405 (1994), and
- ACE examinations, see **M21-1, Part IV, Subpart i, 2.A.4**.

IV.i.2.B.1.e. Scheduling Specialist Examinations

VA examination providers schedule specialist examinations only when requested to do so.
Reference: For more information on specialist examinations, see **M21-1, Part IV, Subpart i, 2.A.6**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180501/M21-1-Part-IV-Subpart-i-Chapter-2-Section-B-Scheduling-Examinations>

M21-1, Part IV, Subpart i, Chapter 2, Section C - Control of Examinations

Article ID: 554400000180502
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Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 02. Requesting Examinations

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Overview

In This Section This section contains the topic "Control of and Follow-Up on Examination Requests."

1. Control of and Follow-Up on Examination Requests

Introduction This topic contains information about control of and follow-up on examination requests, including

- determining the appropriate suspense date for examinations
- checking the status of examination requests under special circumstances
- modifying and canceling examination scheduling requests (ESRs) in the Veterans Benefits Management System (VBMS)
- continued end product (EP) control when examinations are rescheduled
- disability benefits questionnaires (DBQs) and examination cancellations
- documenting examination cancellations and rejections, and
- obtaining examination reports.

Change Date January 7, 2025

IV.i.2.C.1.a. Determining the Appropriate Suspense Date for Examinations

The initial suspense date of the pending end product (EP) is established automatically based on the suspense reason selected in the Veterans Benefits Management System (VBMS).

If the examination has not been completed once the suspense date matures,

- review the status in the
- Compensation and Pension Record Interchange (CAPRI), or
- appropriate contract vendor customer service portal, and
- update the suspense date based on the anticipated completion date of the examination.

Note: Contract examination scheduling requests (ESRs) prepared in VBMS, once accepted by the scheduling activity, will automatically generate corresponding tracked items that

- initially reflect 30-day suspense dates, and
- automatically update based on scheduling, modification, cancellation, and/or completion of individual examination appointment(s).

References: For more information on

- how to receive automated e-mail notifications when examinations requested through CAPRI are completed or canceled, see the ***Guide for Updating Forwarding E-mail Addresses in CAPRI***
- contract examination vendor customer service portals, see the ***Exam Liaison Resource*** page, and

- VBMS examination management tracked items and suspense dates, see the *VBMS Core User Guide*.

IV.i.2.C.1.b. Checking the Status of Examination Requests Under Special Circumstances

Use the table below to check the status of expedited or overdue examination requests.

If the issue relates to a(n) ...	And the examination is pending performance by a …	Then use the information provided in the ...
• expedited follow-up required by special circumstances • request for expedited examination, or • inquiry on the status of an overdue examination	Veterans Health Administration (VHA) provider	***Compensation and Pension (C&P) Clinic Point of Contact (POC) List*** to reach the examination facility's designated POC by telephone, instant message, or e-mail, as necessary.
	Veterans Benefits Administration (VBA) contract provider	***Contract Exam Inquiry Guidelines*** to contact the corresponding contract examination vendor.

Note: If the rating activity determines that a necessary examination was canceled without a *valid* reason, it must submit a new examination request to the examining facility and specify why the previous cancellation was inappropriate.

IV.i.2.C.1.c. Modifying and Canceling ESRs in VBMS

Once an ESR has been submitted and accepted in the VBMS examination management environment, a *modification* request may be created to accomplish any of the following:

- cancellation of the entire ESR
- cancellation of one or more individual contentions
- change of address
- modification of appointments, and/or
- addition of special instructions.

Reference: For more information on preparing requests for modification to ESRs in VBMS, see the

- *VBMS Core User Guide*, and
- ***Exam Management System (EMS) User Guide***.

IV.i.2.C.1.d. Continued EP Control When

Regional office (RO) personnel must maintain EP control over claims in which the examination facility or contract examination vendor of jurisdiction reschedules an appointment or directs

Examinations Are Rescheduled

resubmission of an examination request, to include by way of a request for clarification.

Note: Contract examination vendors use clarification requests with a variety of narrative reason values to denote examination appointment scheduling irregularities. The ***only*** such reason value that may be appropriately considered equivalent to a failure to report for examination, thus warranting application of procedures discussed in M21-1, Part IV, Subpart i, 2.F, is *No Show*.

Use the table below to determine what actions to take when examination scheduling issues arise.

If the ...	Then ...
examination facility reschedules an appointment and extends the pending examination request	• maintain continued EP control over the claim, and • take ***no*** rating action to resolve the claim until • the requested examination has been conducted, and its results associated with the claims folder, ***or*** • the examination request has been canceled by reason of the Veteran's failure to • report for examination, or • RSVP to the VHA examination facility.
examination facility cancels a pending examination request, directing that it be resubmitted for action by another, more appropriate facility	• resubmit an examination request to the appropriate facility • maintain continued EP control over the claim, and • take ***no*** rating action to resolve the claim until • the requested examination has been conducted, and its results associated with the claims folder, ***or*** • the examination request has been canceled by reason of the Veteran's failure to • report for examination, or • RSVP to the VHA examination facility.
examination facility cancels a pending examination request based on a Veteran's election to submit a privately prepared disability benefits questionnaire (DBQ) in lieu of reporting for a	follow guidance as it appears in M21-1, Part IV, Subpart i, 2.C.1.e.

clinical appointment	
examination request is canceled or contraindicated in light of the Veteran's return to active duty service	follow guidance as it appears in M21-1, Part X, Subpart v, 2.A.1.b and c.
Veteran anticipates an inability to attend an examination and notifies the RO of the unavailability before an examination is requested	• invite submission of a privately prepared DBQ in lieu of Department of Veterans Affairs (VA) examination, allowing 30 days for a response, and • take ***no*** rating action to resolve the claim until the • completed DBQ is received, *or* • 30-day evidentiary submission period has elapsed. ***Exception***: If the contention(s) at issue is one associated with a DBQ approved for internal VA use only, decide the claim based on the evidence of record.

References: For more information on

- appropriate suspense dates for exams, see M21-1, Part IV, Subpart i, 2.C.1.a
- protocol for scheduling exams using VHA's RSVP scheduling program, see M21-1, Part IV, Subpart i, 2.F.2, and
- requests for clarification as they pertain to ESRs in VBMS, see
- M21-1, Part IV, Subpart i, 2.A.10, and
- the *VBMS Core User Guide*.

IV.i.2.C.1.e. DBQs and Examination Cancellations

Use the table below to handle cases when notified that a scheduled examination(s) has been canceled because the claimant intends on submitting a DBQ completed by a private provider.

Note: RO personnel must attempt to contact the claimant via telephone prior to making a rating decision.

If telephone contact is ...	**Then ...**
successful	• document the call on *VA Form 27-0820, Report of General Information*, and • inform the Veteran that the DBQ should be submitted within 30 days.
not successful	send the Veteran a follow-up letter including text to the following effect: **[Insert name of examination facility/provider]** *advised us that they attempted to schedule you for an examination. However, you*

	informed them that you would be submitting a disability benefits questionnaire (DBQ) from your primary care provider and would not be attending an examination. Please provide this information within 30 days. If we do not receive the evidence within 30 days from the date of this letter, we will rate your claim with the evidence we have. If this is incorrect information, please notify us, and we will reschedule your examination.

IV.i.2.C.1.f. Documenting Examination Cancellations and Rejections

VHA examination facilities may communicate cancellation of an examination appointment or rejection of a request by directly e-mailing the claims processor responsible for the request's submission. If notice of an examination's cancellation or rejection is received or discovered in the course of subsequent claims folder review, the claims processor *must* ensure that the examination's cancellation/rejection is

- documented in the claims folder, and
- reflected in associated tracked items.

Following receipt of notification or discovery of an examination's cancellation/rejection,

- convert any cancellation/rejection notice or notification e-mail to portable document format (PDF)
- upload the PDF file to the corresponding electronic claims folder (eFolder)
- close all tracked items associated with the examination request, and
- resubmit the examination request if necessary and/or appropriate.

Exceptions: The specific actions outlined above are *not* required if

- review of the corresponding Veteran's claims folder and electronic record indicates that the examination's status has already been appropriately updated via automated or system-generated means, and/or
- notice of the examination's cancellation - or the ESR's rejection - is being handled using the VBMS examination management system.

References: For more information on

- inputting examination requests, see **M21-1, Part IV, Subpart i, 2.A**
- rescheduling examinations, see **M21-1, Part IV, Subpart i, 2.C.1.d**
- converting and uploading a document into PDF format, see **M21-1, Part II, Subpart ii, 2.A.1.b**, and
- documenting notice of examination cancellation or rejection, see the ***National Work Queue (NWQ) Playbook***.

IV.i.2.C.1.g. Obtaining Examination Reports

Examination reports are automatically uploaded into VBMS, whether completed by VHA examination facilities or VBA contract examiners.

If the report from an examination completed by a VHA facility fails to automatically upload into VBMS, claims processors may retrieve the examination report from CAPRI and upload it to the eFolder. Reports that are viewable by VBA personnel in CAPRI are considered finalized.

Important:

- Claims processors must *not* manually upload reports from the contract examination vendor portals, because these results are not considered finalized.
- Contract examination reports located in a vendor portal that have not yet been uploaded into VBMS
- must go through the contract vendor's quality and review processes before they can be released to the RO, and
- may still be modified by an examiner and/or the contract vendor.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180502/M21-1-Part-IV-Subpart-i-Chapter-2-Section-C-Control-of-Examinations>

M21-1, Part IV, Subpart i, Chapter 2, Section D - Medical Examination Coordinators

Article ID: 554400000180504
Updated Sep 15, 2021
Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 02. Requesting Examinations

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Overview

In This Section	This section contains the topic "**Medical Examination Coordinators**."

1. Medical Examination Coordinators

Introduction This topic contains information about establishing and maintaining a liaison with VA medical facilities, including

- personnel designated as Medical Examination Coordinators
- responsibilities of Medical Examination Coordinators
- scheduling joint conferences between the rans Benefits Administration (VBA) and Veterans Health Administration (VHA)
- purpose of joint conferences
- topics to be discussed at joint conferences
- maintenance of joint conference minutes, and
- role of Quality Review Specialists (QRSs).

Change Date April 6, 2015

IV.i.2.D.1.a. Personnel Designated as Medical Examination Coordinators

The personnel designated as Medical Examination Coordinators are

- the Veterans Service Center Manager (VSCM) or appropriate designee, at each regional office (RO), and
- an employee at each Department of Veterans Affairs (VA) medical center.

IV.i.2.D.1.b. Responsibilities of Medical Examination Coordinators

Medical Examination Coordinators are responsible for ensuring that

- examinations meet quality and timeliness standards, and
- appropriate action is taken to correct any deficiencies.

IV.i.2.D.1.c. Scheduling Joint Conferences Between VBA and VHA

RO officials shall develop and maintain a partnership with Veterans Health Administration (VHA) medical professionals who perform disability evaluations.

Joint conferences shall be held with VHA health care facility personnel as frequently as needed, but *at least* once a year.

IV.i.2.D.1.d. Purpose of Joint Conferences

The purpose of conferences between the Veterans Benefits Administration (VBA) and VHA is to provide a collaborative forum for discussing Compensation and Pension examination issues to ensure that both administrations provide the highest quality of service and benefits delivery to our Nation's Veterans.

Note: Meetings with VHA Medical Examination Coordinators should be an integral part of liaison visits.

IV.i.2.D.1.e. Topics To Be Discussed at Joint Conferences

At joint conferences, the conferees should discuss the

- sufficiency of disability benefits questionnaires and Compensation and Pension examination requests for rating purposes
- adequacy of medical opinions and requests for medical opinions
- timeliness of examination reports
- administrative procedures to include access to appropriate personnel to clarify examination requests

from ROs and examination reports from the medical facility
- sufficiency of the Acceptable Clinical Evidence Process
- logistical concerns for co-located VHA and/or VBA personnel at facilities, and
- other issues of mutual interest to both VBA and VHA employees.

IV.i.2.D.1.f. Maintenance of Joint Conference Minutes

The VSCM, Pension Management Center Manger (PMCM), or designee maintains the minutes of the joint conferences.

Note: When problems are encountered that require the assistance of Central Office, submit a report to Compensation Service or Pension and Fiduciary Service.

IV.i.2.D.1.g. Role of QRSs

Quality Review Specialists (QRSs) will identify and communicate examination concerns and trends to the RO's Medical Examination Coordinator.

If necessary, QRSs will work with Medical Examination Coordinators to ensure the necessary training is conducted with appropriate VHA personnel either at the joint conferences or at a separate time.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180504/M21-1-Part-IV-Subpart-i-Chapter-2-Section-D-Medical-Examination-Coordinators>

M21-1, Part IV, Subpart i, Chapter 2, Section E - Examinations in Special Situations

Article ID: 554400000180507
Updated Jan 08, 2025
Topics

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Aid and Attendance (A&A) and Housebound Examinations
2	Special Issue Claims and Other Types of Examination Requests
3	Pre-Discharge Examinations
4	Examinations of Pregnant Claimants
5	Independent Medical Opinions (IMOs)

1. A&A and Housebound Examinations

Introduction This topic contains information about A&A and housebound examinations, including

- purpose of an A&A and housebound examination
- when an A&A and housebound examination may be useful
- requesting an A&A and housebound examination, and
- locally devised checklists.

Change Date September 22, 2023

IV.i.2.E.1.a. Purpose of an A&A and Housebound Examination

The aid and attendance (A&A) and housebound examination is designed to

- pinpoint findings relevant to A&A determinations under 38 CFR 3.351 and 38 CFR 3.352, and
- provide a basis for determining if the housebound benefit may be paid if the need for A&A is not shown.

IV.i.2.E.1.b. When an A&A and Housebound Examination May Be Useful

It may be useful to request an A&A and housebound examination before a final determination is made, especially if the evidence of record demonstrates a reasonable probability of entitlement to A&A or housebound benefits but is not sufficient to allow the

benefit.

Note: As provided in 38 CFR 3.326, an examination is not required and should not be pursued if the evidentiary record is otherwise sufficient to independently support entitlement to A&A or housebound benefits.

IV.i.2.E.1.c. Requesting an A&A and Housebound Examination

Use the table below when requesting an A&A and housebound examination.

Notes:

- A disability benefits questionnaire (DBQ) does not exist at this time for A&A and housebound examinations.
- A&A examinations do not require condition-specific DBQs unless a claim for an increased rating is received or found to be within scope of the claim for special monthly compensation (SMC) as noted in M21-1, Part II, Subpart iii, 1.A.3.c.

If the examination is being requested via use of the ...	**Then ...**
Compensation and Pension Record Interchange (CAPRI)	• select *AID AND ATTENDANCE OR HOUSEBOUND EXAMINATION* from the LIST OF EXAMS menu, and • ensure any relevant information for the examiner is placed in the COMMENTS field.
Veterans Benefits Management System (VBMS)	• add the specific service-connected (SC) condition(s) upon which the claim is based to the A&A contention in the RATED ISSUE(S) field under the CONTENTIONS chevron in VBMS • associate the examination scheduling request (ESR) with the A&A contention, ensuring that its classification type is *Special Monthly Compensation – Aid and Attendance/Housebound* • ensure any other relevant information for the examiner is placed in the ADDITIONAL INFORMATION field, and • ensure the *DBQ A&A Worksheet – VA Form 21-2680* is selected. ***Note***: When the SC condition(s) applicable to the claim for A&A or housebound benefits is/are added to the A&A contention, as described above, standard language will automatically populate in the ESR indicating that the Veteran is claiming A&A or housebound benefits based on the selected SC condition(s).

References: For more information on

- developing for A&A and housebound status under 38 CFR 3.351, see M21-1, Part IX, Subpart ii, 1.A.3, and
- requesting examinations in
- general, see M21-1, Part IV, Subpart i, 2.A

- CAPRI, see the ***CAPRI User Manual***, and
- VBMS Exam Management System (EMS), see the
- *VBMS Core User Guide*, and
- ***EMS User Guide***.

IV.i.2.E.1.d. Locally Devised Checklists

Regional offices (ROs) are not authorized to create local checklists for A&A and/or housebound examinations.

Checklists created and submitted by individual treatment providers should be evaluated as any other item of evidence. However, *Yes* or *No* blocks do not provide sufficient descriptive information to assess the extent of a claimant's incapacitation.

2. Special Issue Claims and Other Types of Examination Requests

Introduction

This topic contains information about other types of examination requests, including

- **examinations of non-Veteran claimants and beneficiaries**
- **hospital observation**
- **field examinations**
- **examinations of incarcerated Veterans**
- **board examinations**
- **reexaminations by a different examiner**
- **homeless Veterans examination requests**, and
- **examinations in claims involving foreign residence**.

Change Date January 8, 2025

IV.i.2.E.2.a. Examinations of Non-Veteran Claimants and Beneficiaries

As the facts of an individual case demand, the rating activity may schedule examinations of non-Veteran claimants and beneficiaries

- only after approval by the Veterans Service Center Manager or Pension Management Center Manager or their designated reviewer, or
- to determine if a
- claimant is entitled to A&A or housebound benefits
- Chapter 18 birth defect diagnosis exists
- claimant was insane at the time they caused the death of the Veteran
- dependent child or child claimant is incapable of self-support and/or incompetent, and/or
- beneficiary is competent to handle funds.

References: For more information on

- Chapter 18 birth defects eligibility and development, see **M21-1, Part VIII, Subpart i, 3.C**
- determining when an examination is required to

resolve the question of permanent incapacity for self-support, see **M21-1, Part X, Subpart ii, 6.B.2.b**
- the facts to be considered in a wrongful and intentional death, see **M21-1, Part X, Subpart iv, 2.B.3**, and
- submitting ESRs in VBMS for non-Veteran claimants/beneficiaries, see the ***EMS User Guide***.

IV.i.2.E.2.b. Hospital Observation

To properly visualize and evaluate complex disability issues, the rating activity may request a period of hospitalization for observation and examination.

IV.i.2.E.2.c. Field Examinations

Request a field examination when it is not possible, through the routine examination process, to
- determine the competency of the beneficiary
- assess employment and social adjustment, or
- substantiate items of evidence regarding the existence of disease or injury prior to enlistment.

Reference: For more information on requests for field examinations, see **M21-1, Part X, Subpart v, 1.E**.

IV.i.2.E.2.d. Examinations of Incarcerated Veterans

An incarcerated Veteran is entitled to a Department of Veterans Affairs (VA) compensation examination as part of the duty to assist.

When examination of an incarcerated Veteran is required, the RO, Veterans Benefits Administration (VBA) contract examination provider, and/or local Veterans Health Administration (VHA) Medical Examination Coordinator must confer with prison authorities to determine whether the Veteran should be
- escorted to a VA medical facility for examination by VHA personnel, or
- examined at the prison by
- VBA contract examination providers
- VHA personnel, or
- fee-basis providers contracted by VHA.

Important:
- Because some State laws restrict the movement of and access to prison inmates, the above options may not be possible. In such cases, documentation of substantial efforts to schedule and conduct the examination must be added to the claims folder.
- ROs must include the following information, to the extent that it is known, in examination requests for incarcerated Veterans:
- name of the correctional facility
- location of the correctional facility
- circumstances of confinement (nature/type of conviction, level of institutional security, etc.), and
- whether the Veteran is considered violent.
- ROs must document all efforts made to schedule an examination, including identifying and requesting the assistance of the appropriate prison officials.
- VHA compensation clinics and VBA contract examination vendors are required to provide documentation that they have
- made substantial attempts to schedule and conduct the examination, and

- exhausted all possible avenues for obtaining access to the incarcerated Veteran for the examination.
- If the examination provider has exhausted examination efforts to no avail, treat a Veteran's inability to attend a necessary examination (claim-related *or* review) by reason of incarceration as the equivalent of a failure to report, and take appropriate action in accordance with **M21-1, Part IV, Subpart i, 2.F**. If the evidence shows that failures in scheduling or conducting an examination are associated with the Veteran's release from incarceration or transfer to another facility, then a showing of good cause should be liberally construed.

Notes:

- When requesting an examination for an incarcerated Veteran, ensure that the *Incarceration* corporate flash discussed in **M21-1, Part VI, Subpart iii, 1.A.3.f**, has been properly applied to the associated corporate record.
- When requesting an examination for an incarcerated Veteran through VBMS, claims processors must select *Incarcerated Veteran* from the VETERAN PRIORITY ISSUES drop-down menu under the CLAIM INFORMATION tab.
- Request any examination(s) needed in support of an incarcerated Veteran's claim for individual unemployability (IU) benefits, as discussed in **M21-1, Part VIII, Subpart iv, 3.B.2**, even though there may be no award of such benefits while the Veteran is incarcerated.

References: For more information on

- requesting examinations in VBMS, see the *VBMS Core User Guide*
- limitations on payment of compensation for incarcerated Veterans, see
- **M21-1, Part VI, Subpart iii, 1.A.2.a**, and
- **38 U.S.C. 5313**
- effect of incarceration on ratings of IU, see
- **M21-1, Part VI, Subpart iii, 1.A.2.b**, and
- **M21-1, Part VIII, Subpart iv, 3.C.4.c**
- VA's duty to examine incarcerated Veterans, see
- ***Bolton v. Brown***, 8 Vet.App. 185 (1995), and
- ***Wood v. Derwinski***, 1 Vet.App. 190 (1991), and
- VHA policy on incarcerated Veteran examinations, see the ***DMA C&P Disability Examinations Procedure Manual***.

IV.i.2.E.2.e. Board Examinations

There should be at least two physicians, preferably three, on "board examinations," and at least one (but preferably all) should be a recognized specialist in the particular field involved.

The rating activity has the authority to request board examinations to

- reconcile differing diagnoses, or
- resolve particularly complex issues concerning
- awards of SMC, or
- entitlement to specially adapted housing.

IV.i.2.E.2.f. Reexaminations by a Different Examiner

The rating activity may request that the claimant be reexamined by another medical examiner if compelling reasons exist.

To request a reexamination

- prepare another examination request
- annotate it to show that reexamination is necessary
- identify any specific information needed in the examination report, and
- include the name and the facility of the medical examiner who conducted the prior examination.

Reference: For more information on preparing examination requests, see **M21-1, Part IV, Subpart i, 2.A**.

IV.i.2.E.2.g. Homeless Veteran Examination Requests

ROs must expedite the processing of all claims submitted by Veterans who are

- homeless, or
- at immediate risk of homelessness.

Depending upon the **Examination Request Routing Assistant (ERRA)** tool's recommendations, use the appropriate system to request these examinations, and ensure that the following comment (or its near equivalent) is included in the body of the examination request:

Claim for a homeless or at imminent risk of homelessness Veteran. Expeditious processing is requested.

References: For more information on

- priority processing of claims from homeless Veterans, see **M21-1, Part X, Subpart i, 1**
- interpreting the **ERRA** tool's results, see **M21-1, Part IV, Subpart i, 2.A.2.d**, and
- selecting the appropriate application for requesting examinations, see **M21-1, Part IV, Subpart i, 2.A.2.f**.

IV.i.2.E.2.h. Examinations in Claims Involving Foreign Residence

Examinations in claims involving foreign residence should only be requested by claims processors at a station with jurisdiction to process the foreign claim.

After a designated foreign claims processor has requested an examination for a claimant residing in a foreign country, a contract examination vendor may generate a request for clarification indicating that particular contentions require examination outside of the contract vendor's network. In such cases, the contract vendor will identify one of the following processes as required to examine the specified contention(s):

- Alternative Medical Evidence (AME) Process, or
- Single Source Subcontracted Examination (SSSCE) Process.

Following receipt of this communication from the contract vendor, a foreign claims processor will apply the appropriate Foreign Out-of-Network (FOON) special issue indicator to the specified contention(s), either the *FOONAME* or *FOONSSSCE* special issue indicator.

Important:

- The *FOONAME* and *FOONSSSCE* special issue indicators should only be applied by designated foreign claims processors at stations with jurisdiction over foreign claims.
- If one or more of the FOON special issue indicators is discovered upon review of a claim, verify the location of the claimant's address. If the claimant has a domestic address, remove the special issue indicator(s) from all contentions.

References: For more information on
- jurisdiction of claims involving foreign residence, see
- **M21-1, Part II, Subpart ii, 3.1.b**, and
- **M21-1, Part X, Subpart i, 3.A.2.a**
- requests for clarification, see **M21-1, Part IV, Subpart i, 2.A.10.c**, and
- special issue indicators, see **M21-4, Appendix E, 2**.

3. Pre-Discharge Examinations

Introduction

This topic contains information about pre-discharge examinations, including
- **who is eligible for pre-discharge examination**
- **what the Separation Health Assessment (SHA) covers and its usage**, and
- **general medical examinations and the SHA**.

Change Date May 11, 2023

IV.i.2.E.3.a. Who Is Eligible for Pre-Discharge Examination

Pre-Discharge claim submission is available to service members with no more than 180 days remaining until discharge.

References: For more information on
- who may file a pre-discharge claim, see **M21-1, Part X, Subpart i, 6.A.1.b**, and
- claims that are not processed prior to discharge, see **M21-1, Part X, Subpart i, 6.B.1.b**.

IV.i.2.E.3.b. What the SHA Examination Covers and Its Usage

The Separation Health Assessment (SHA) is a single examination that supports transitioning service members seeking VA disability compensation under the Benefits Delivery at Discharge (BDD) or Integrated Disability Evaluation System (IDES) programs. The SHA also
- satisfies Department of Defense (DoD) requirements for separation/retirement, and
- provides service members with an improved general medical examination, to include an audiogram and a full laboratory analysis via VA examination protocols.

To reduce duplication of agency efforts, VA will provide DoD an electronic copy of the SHA for BDD and IDES participants. For those not participating in the BDD or IDES programs, DoD will conduct its Separation History Physical Examination and include the assessment in the service member's service treatment records (STRs). Prior to VA conducting the SHA, the service member must submit a *Separation Health Assessment – Part A*

Self Assessment (SHA, Part A).

Pre-discharge claims processors must ensure an SHA, Part A, is in the service member's electronic claims folder prior to requesting the SHA in VBMS.

Notes:

- All claimed and reported issues at the SHA examination must be addressed by VA completing the appropriate DBQ for each issue; however, in order to add any conditions to a pending claim, the claimant is required to file a claim on the appropriate form.
- All unclaimed but reported or suspected issues at the examination must be addressed in the *General Medical – Separation Health Assessment Disability Benefits Questionnaire*, along with any abnormal findings identified and any appropriate additional DBQ(s). There is no requirement, however, for the examiner to complete additional DBQs in conjunction with the *General Medical – Separation Health Assessment Disability Benefits Questionnaire* for subjective complaints rendered at the time of examination without objective findings noted at that time.
- If a service member complains of ringing in the ears or tinnitus during the examination, a *Hearing Loss And Tinnitus Disability Benefits Questionnaire* must be completed by the examiner. A specific claim for tinnitus is not required in order for the audio examination to be required, or for the audio examiner to be required to address tinnitus.

References: For more information on

- hearing loss and tinnitus medical opinions, see **M21-1, Part IV, Subpart i, 2.A.7.h**, and
- special claims-handling procedures for BDD claims, see **M21-1, Part X, Subpart i, 6.C.1.b**.

IV.i.2.E.3.c. General Medical Examinations and the SHA

Effective October 2013, all eligible BDD claimants receive an SHA in lieu of a general medical examination. Those claimants who file pre-separation claims that are excluded from the BDD program, however, will continue to require a general medical examination and should not be examined under the SHA protocol.

When ordering an examination for a BDD claim, select the *General Medical - Separation Health Assessment Disability Benefits Questionnaire* and add the following comment: *BDD claim*.

References: For more information on

- the *General Medical - Separation Health Assessment Disability Benefits Questionnaire*, see ***DMA Fact Sheet 24-001, Pre-Discharge Examinations and Referral of Service Members for Mental Health Services During Transition***
- pre-discharge claims, eligibility requirements, and exclusion from BDD processing, see **M21-1, Part X, Subpart i, 6.A** and **B**
- the responsibility of BDD coordinators in ensuring that appropriate examinations are conducted, see **M21-1, Part X, Subpart i, 6.B.3.b**
- handling when an initial examination for a pre-discharge claim is requested after discharge, see **M21-1, Part X, Subpart i, 6.B.3.f**

- claims-handling procedures for BDD claims, including entering examination requests, see **M21-1, Part X, Subpart i, 6.C.1.b**
- follow-up requirements for BDD examinations, see **M21-1, Part X, Subpart i, 6.C.1.e**
- special considerations on requesting examinations for BDD-excluded claimants, see **M21-1, Part X, Subpart i, 6.C.2.e** , and
- responsibilities in the SHA exchange with DoD, see **M21-1, Part X, Subpart i, 6.C.3.c**.

4. Examinations of Pregnant Claimants

Introduction

This topic contains information about examinations for pregnant claimants, including

- **general information on examinations for pregnant claimants**
- **ancillary conditions of pregnancy**
- **tests not recommended for pregnant claimants**
- **how pregnancy affects participation in pre-discharge programs**, and
- **options for processing claims for pregnant claimants**.

Change Date May 11, 2023

IV.i.2.E.4.a. General Information on Examinations for Pregnant Claimants

Many pregnant claimants submit claims for conditions that are either

- directly related to pregnancy, or
- acute and transitory and expected to resolve upon delivery.

Some physical examinations and routine tests required to accurately evaluate the disabilities identified in claims are complicated and not recommended for or normally performed on pregnant women since they may pose a significant health risk to the woman or baby.

Note: To the extent permissible and/or possible, utilize the Acceptable Clinical Evidence (ACE) Process to examine pregnant claimants.

IV.i.2.E.4.b. Ancillary Conditions of Pregnancy

Some ancillary conditions common to pregnancy are

- anemia
- back pain
- edema in the legs
- gestational diabetes
- hypertension
- shortness of breath, and
- urinary tract infections.

IV.i.2.E.4.c. Tests Not Recommended for Pregnant Claimants

The prevention of unnecessary risks or negative outcomes is a priority for both the mother and unborn child. Examination validity during pregnancy is also a concern due to mechanical, hormonal, and metabolic changes in the mother during pregnancy.

Tests and procedures that are not recommended for pregnant claimants include

- x-rays
- pulmonary function tests (PFTs)
- range of motion examinations
- gait testing
- laboratory testing, and
- any other examination or procedure that may place the mother and/or unborn child at risk.

Note: When pregnancy is known, include in the examination request a comment indicating that the claimant is pregnant.

IV.i.2.E.4.d. How Pregnancy Affects Participation in Pre-Discharge Programs

Pregnant service members may file pre-discharge claims up to 180 days prior to separation/retirement.

Since pregnancy prohibits certain diagnostic tests and procedures, the examiner may be unable to accurately assess the claimant's medical condition. This may preclude completion of an examination and the rating process for certain issues until conclusion of the pregnancy.

Claims processors must include the following remarks in any examination request for a pregnant pre-discharge claimant:

> *Please be advised that this individual has indicated a current pregnancy. If the examining physician determines that this examination (or any part of this examination) is medically contraindicated, please clearly indicate which parts of the examination were not completed due to the pregnancy.*
>
> *Further, the examiner should indicate the earliest date that the examination may be safely completed.*

For pre-discharge claims, the receiving RO will rate any claimed conditions that may be awarded based on the existing STRs, evidence of record, and examination findings, and defer consideration of any additional disabilities that could not be examined until conclusion of the pregnancy.

Note: For examination purposes, conclusion of the pregnancy is generally considered to be three months following delivery.

References: For more information on

- partial rating decisions and deferrals, see **M21-1, Part V, Subpart ii, 3.B**, and
- handling cases involving pregnant IDES participants, see **M21-1, Part X, Subpart i, 6.K.3**.

IV.i.2.E.4.e. Options for Processing Claims for Pregnant Claimants

There are three options for processing claims for pregnant claimants. The receiving RO should determine, on an individual basis, which of the following actions is appropriate based on the claimed contentions:

- defer the entire examination until conclusion of the pregnancy
- rate the entire claim based on existing STRs and evidence of record, or
- rate any claimed conditions that may be awarded based on existing STRs and evidence of record, and defer consideration of any additional disabilities that may not be examined until conclusion of the pregnancy.
  Example: Service connection for an amputated finger can be awarded based on STRs, but the other claimed issues require specific tests that are prohibited due to pregnancy and must be deferred until the pregnancy concludes and a full examination can be conducted.

Exception: If the pregnant claimant is a participant in a pre-discharge program, refer to guidance in **M21-1, Part IV, Subpart i, 2.E.4.d**.

Reference: For more information on partial rating decisions and deferred issues, see **M21-1, Part V, Subpart ii, 3.B**.

5. IMOs

Introduction This topic contains information about IMOs, including

- **definition of an IMO**
- **who may initiate a request for an IMO**
- **submitting a request for an IMO**, and
- **processing requests for an IMO**.

Change Date August 22, 2024

IV.i.2.E.5.a. Definition: IMO

An ***independent medical opinion (IMO)***, as discussed in **38 CFR 3.328**, is

- a type of advisory medical opinion that may be obtained from one or more recognized medical experts who are *not* VA employees, and
- only warranted in connection with
- claims of significant medical complexity and/or controversy, and/or
- fulfillment of instructions contained in a remand order from the Board of Veterans Appeals (BVA).
  Note: As discussed in **M21-1, Part IV, Subpart i, 2.E.5.d**, VA Central Office has the responsibility for deciding if the IMO is warranted.

IV.i.2.E.5.b. Who May Initiate a Request for an

A request for an IMO under **38 CFR 3.328**, in conjunction with a pending claim, may be initiated

IMO

by the
- RO
- claimant
- claimant's representative, or
- BVA.

IV.i.2.E.5.c. Submitting a Request for an IMO

Submit a request for an IMO
- in writing
- through a designated reviewer, and
- by stating, in detail,
- the reasons why the opinion is necessary, and
- the specific information or opinion required.

IV.i.2.E.5.d. Processing Requests for an IMO

The table below describes how to process a request for an IMO under 38 CFR 3.328 and identifies the responsible parties.

Stage	Who Is Responsible	Description
1	• rating activity, or • service organization representative	Brings the request for an IMO to the attention of the designated reviewer.
2	designated reviewer	Decides whether the request has merit.
3	designated reviewer	Does the request have merit? • If *yes*, refers the • compensation claim request to Compensation Service following procedures outlined in M21-1, Part X, Subpart v, 1.A.1.g, or • pension/survivor's request to Pension and Fiduciary (P&F) Service for review • containing all required information outlined in M21-1, Part X, Subpart v, 1.A.1.e • including a block for P&F Service Director or designee signature to satisfy 38 CFR 3.328, and • following procedures outlined in M21-1, Part X, Subpart v, 1.A.1.f. • If *no*, denies the request without the need for referral to Compensation Service or P&F Service. ***Important***: This determination may only be contested as part of a legacy appeal or notice of disagreement (NOD) to BVA on the primary issue under consideration.
4	• Compensation Service, or	Decides whether the request has merit and notifies the designated

	• P&F Service	reviewer as to the appropriate action to take.
5	designated reviewer	Does the request have merit? • If *yes*, • notifies the claimant that the request has been approved • obtains the opinion from the appropriate medical expert, and • sends a copy of the opinion to the claimant when it is available. • If *no*, notifies the claimant, if initiated by the claimant or duly appointed representative. ***Important***: This determination may only be contested as part of a legacy appeal or NOD to BVA on the primary issue under consideration.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180507/M21-1-Part-IV-Subpart-i-Chapter-2-Section-E-Examinations-in-Special-Situations>

M21-1, Part IV, Subpart i, Chapter 2, Section F - Failure to Report and Rescheduling Examinations

Article ID: 554400000180508
Updated Sep 21, 2023
Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 02. Requesting Examinations

<-- Previous Section Next Section -->

Overview

In This Section This section contains the following topics:

Topic	Topic Name
1	Handling Failure to Report for a Scheduled Examination
2	Protocol for Scheduling Examinations Using the Veterans Health Administration (VHA) RSVP Scheduling Program

1. Handling Failure to Report for a Scheduled Examination

Introduction This topic contains information on handling a Veteran's failure to report for a scheduled examination, including

- effect of non-cooperation on the duty to provide an examination or opinion
- definition of good cause
- review of returned mail notifying the Veteran of a scheduled examination
- action taken after attempting to locate a better address
- allegations of non-receipt of scheduling notice, and
- initial scheduling problems and rescheduling examinations.

Change Date August 7, 2023

IV.i.2.F.1.a. Effect of Non-Cooperation on the Duty to Provide an Examination or Opinion

While the Department of Veterans Affairs (VA) is obligated under 38 CFR 3.159(c)(4) to provide medical examinations or obtain medical opinions to assist in substantiating claims, the claimant must cooperate by reporting for such examination.

38 CFR 3.655 provides that when entitlement or continued entitlement to a benefit cannot be established or confirmed without a current VA examination and the claimant fails to report *without good cause*, action will be taken as provided in 38 CFR 3.655(b) and (c). See the table below for a summary of the actions to take.

If the failure to report for examination without good cause is in connection with a(n) ...	**Then ...**
• original compensation claim, or • new claim (for a new benefit or new disability)	decide the claim based on the evidence of record.
• increased evaluation claim • supplemental claim for a previously denied benefit, or • original claim for a benefit other than compensation	deny the claim.
examination ordered to assess continuing entitlement when there is a running award	• discontinue payment for the benefit, or • reduce payment for the disability for which examination was scheduled to a • minimum evaluation established under 38 CFR Part 4, or • lower protected evaluation under 38 CFR 3.951(b). ***Notes***: • Discontinuance or reduction is only

	finalized after due process, as provided in M21-1, Part IV, Subpart ii, 2.B. • Reduction or discontinuance will not be finalized when the claimant submits evidence during the proposed reduction period justifying continuation of the benefit or indicates a willingness to report for examination.

Important:
- For the purpose of the table above, the phrase ***without good cause*** means that good cause for a claimant's failure to report (defined in M21-1, Part IV, Subpart i, 2.F.1.b) was not provided before a decision was issued in the claim for which the examination was necessary.
- Documentation supporting the good cause offered is generally not required.
- Although M21-1, Part IV, Subpart i, 2.F.1.f provides that good cause must be accepted at any time before a decision is issued, in cases of *repeated* (two or more) failures to attend a VA examination, proceed with a decision on the claim. Clear rationale for rejecting an offer of good cause must be included in the rating narrative.
  Note: If the Veterans Health Administration (VHA) attempted to schedule the exam under their RSVP program, follow the procedures in M21-1, Part IV, Subpart i, 2.F.2.

References: For more information on
- allegations of non-receipt of a notice that an examination was scheduled, see M21-1, Part IV, Subpart i, 2.F.1.e, and
- initial scheduling problems and rescheduling examinations, see M21-1, Part IV, Subpart i, 2.F.1.f.

IV.i.2.F.1.b. Definition: Good Cause

Good cause means a reason that justifies failure to report for VA examination.

VA will generally accept *any* reason offered by the individual as good cause for failure to report for an exam. Examples of good cause include, but are not limited to, illness or hospitalization of the claimant or death of an immediate family member.

Exception: Good cause is ***not*** established if the claimant
- fails to provide any reason for failing to report
- indicates failure to report was based on general concerns about being exposed to and/or contracting an illness while undergoing examination, or
- indicates notice of the scheduled examination was not received.

References: For more information on
- effect of non-cooperation on the duty to provide an examination or opinion, see M21-1, Part IV, Subpart i, 2.F.1.a
- allegations of non-receipt of examination notice, see M21-1, Part IV, Subpart i, 2.F.1.e, and
- cases where a claimant expresses a willingness to report for examination, see M21-1, Part IV, Subpart i, 2.F.1.f.

IV.i.2.F.1.c. Rev Regional offices (ROs) have the duty to ensure that

iew of Returned Mail Notifying the Veteran of a Scheduled Examination

examination notices are sent to the proper address in all situations, including during the traditional claims process as well as when associated with the scheduling of routine future examinations. If a VA medical facility advises that mail notifying a Veteran of a scheduled VA examination has been returned because the Postal Service reported the letter was undeliverable at the address provided, review the claims folder to determine whether

- the mail was erroneously addressed
- a more recent address is of record, or
- a valid address is available from non-VA sources, such as the Internet or telephone directory assistance.

Notes:

- VA is authorized to use the Internet address locator service CLEAR (**https://clear.thomsonreuters.com/clear_home/index.jsp**) to obtain current address information for claimants.
- If the Veteran receives VA benefits via direct deposit/electronic funds transfer, send a letter to the Veteran's financial institution asking for a current mailing address.

Reference: For more information on using the CLEAR service, see the ***CLEAR Quick-Start Training Guide and Reference Manual***.

IV.i.2.F.1.d. Action Taken After Attempting to Locate a Better Address

When notification is received from a VA medical facility that an examination could not be scheduled due to notice that was undeliverable at the address provided, use the table below to determine the action to take after attempting to locate a better address.

If a better address is …	Then ...
identified	• provide the new address to the VA medical facility • request that the VA medical facility • reschedule the examination, and • notify the Veteran at the new address of the pending examination, and • update the corporate record.
not identified	proceed with failure to report analysis under **38 CFR 3.655**.

IV.i.2.F.1.e. Allegations of Non-Receipt of Scheduling Notice

A Veteran's allegation that notice of a scheduled VA examination was not received is not considered *good cause* for failure to report.

An assertion that a notice was not received does not rebut the presumption of administrative regularity that VA discharged its duty to schedule an examination and notify the Veteran of the scheduled examination.

A copy of an examination scheduling notice from the examining facility does not need to appear in the claims folder for the presumption of regularity to apply.

If evidence is available that rebuts the presumption of regularity, such as the failure of VA to timely update the claimant's address or an assertion that the exam notice was received after the date of the examination, then that evidence must be considered.

References: For more information on

- allegations of non-receipt of a scheduling notice, see ***Kyhn v. Shinseki***, 24 Vet. App. 228 (2011)
- effect of non-cooperation on the duty to provide an examination or opinion, see **M21-1, Part IV, Subpart i, 2.F.1.a**, and
- the definition of good cause, see **M21-1, Part IV, Subpart i, 2.F.1.b**.

IV.i.2.F.1.f. Initial Scheduling Problems and Rescheduling Examinations

Consider the following guidance on how duty to assist concepts and principles apply when there is

- a delay or other problems with the medical provider initially scheduling an examination, or
- the claimant fails to report to a scheduled examination and thereafter
- offers good cause, or
- expresses a willingness to attend a previously missed exam.

Notes:

- Known impediments to scheduling an examination will generally be resolved by the provider and claimant *in advance of* the scheduled examination date. This may result in delay of the examination to another date, but is not considered a failure to report and does not implicate claimant non-cooperation with the duty to assist.
- When notification is received from a VA medical facility that an examination could not be scheduled because a scheduling notice mailed to the claimant's address of record was returned as undeliverable, take action as specified in **M21-1, Part IV, Subpart i, 2.F.1.c** and **d**. When the claimant's correct address is subsequently located, request that the medical facility reschedule the examination.
- If an examinee fails to report for a scheduled examination but offers good cause *on or after* the examination and *before* a decision is issued, request that the examination provider reschedule the examination before issuing a decision. However, see **M21-1, Part IV, Subpart i, 2.F.1.a** for cases of repeated failure to report.
- Expressing willingness to report without some reason offered for failing to report to an examination is not the same as good cause. However, in two situations a claimant expressing a willingness to report for a missed examination is sufficient for another exam to be authorized.
- When the claimant expresses willingness to report for a previously missed VA examination *after* a decision is made – even in the context of an allegation of non-receipt of a scheduling notice or other absence of good cause – that statement is sufficient new and relevant evidence for supplemental claim purposes and an examination is authorized.
- **38 CFR 3.655(c)(3)** provides that in cases of failure to report in connection with examination *on continuing entitlement*, if notice of willingness to report is received *before* payment has been discontinued or reduced, action to adjust payment

should be deferred and the reexamination must be rescheduled. However, if there is another failure to report final action to reduce or discontinue payments will be taken. ***Important***: Apply this block in conjunction with all other blocks in this topic.

2. Protocol for Scheduling Examinations Using the VHA RSVP Scheduling Program

Introduction

This topic contains information on the VHA RSVP program, including

- **VHA RSVP scheduling program**
- **VHA RSVP examination cancellations**, and
- **effect of a Veteran's failure to RSVP**.

Change Date February 27, 2017

IV.i.2.F.2.a. VHA RSVP Scheduling Program

Based on historical data, when Veterans do not have the opportunity to participate in the scheduling process, they are more likely to fail to report to scheduled examinations. This results in the non-use of examination appointments that could have been appropriated to other Veterans.

Consequently, VHA established an RSVP program to help ensure Veterans attend their scheduled examinations. Through this program, VHA attempts to reach Veterans by telephone and via mail in order to schedule examinations.

Important: VHA examining facilities are not required to participate in the RSVP scheduling program.

IV.i.2.F.2.b. VHA RSVP Examination Cancellations

When VHA receives *VA Form 21-2507, Request for Physical Examination,* from an RO that includes the Veteran's telephone number and address, they will make several attempts to contact the Veteran and schedule the examination.

If a claimant fails to respond to the attempts to schedule the examination in the RSVP program, VHA will cancel the examination request. The cancellation notification will reflect that the cancellation was due to the claimant's failure to respond to the RSVP scheduling process.

The documented information indicating the Veteran failed to RSVP to schedule an examination at a mutually convenient time is considered the same as a failure to report for an examination for the purpose of claims processing.

VHA is responsible for ensuring that all procedures and timelines required in the RSVP process were followed.

Reference: For more information on the VHA RSVP

scheduling procedure, see the Office of Disability and Medical Assessment **Fact Sheet 23-002**.

IV.i.2.F.2.c. Effect of a Veteran's Failure to RSVP

When VHA provides notification that the Veteran failed to RSVP, the RO must

- attempt to locate a better or more current address, as discussed in **M21-1, Part IV, Subpart i, 2.F.1.c** and **d**, and/or
- handle the situation as commensurate with a failure to report for examination, following the procedures outlined in **M21-1, Part IV, Subpart i, 2.F.1.a**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180508/M21-1-Part-IV-Subpart-i-Chapter-2-Section-F-Failure-to-Report-and-Rescheduling-Examinations>

M21-1, Part IV, Subpart i, Chapter 3, Section A - General Criteria for Sufficiency of Examination Reports

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Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 03. Sufficiency of Examinations

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Overview

In This Section This section contains the topic "Examination Report Requirements."

1. Examination Report Requirements

Introduction This topic contains information about reviewing examination reports, including

- who must sign examination reports
- examiner qualifications and signature requirements
- TeleCompensation and Pension (Tele-C&P) and telemental health examinations
- review of disability benefits questionnaires (DBQs)
- assessing sufficiency of DBQs completed by non-Department of Veterans Affairs (VA) providers
- authenticity of DBQs
- potential indicators of DBQ inauthenticity
- DBQs completed by Veterans who are physicians/health care providers
- qualification requirements of examiners –
- psychological examinations
- traumatic brain injury (TBI) examinations, and
- hearing loss and tinnitus
- requirements for
- examination reports, and
- acceptable clinical evidence (ACE) examination reports
- evaluating disability diagnoses
- questions from claimants or their representatives about competency and/or validity of examinations
- accepting a fee-based examiner's report, and
- examiner statements that an opinion would be speculative.

Change Date August 21, 2024

IV.i.3.A.1.a. Who Must Sign Examination Reports

All examination reports *must* be signed by the examining health care provider.

Notes:

- Examination reports transmitted electronically by either a Department of Veterans Affairs (VA) medical center or a contract examination provider must be digitally signed.
- Generally, examination reports and the required signatures are documented on disability benefits questionnaires (DBQs) specific to the body system or disability being examined.
  Reference: For more information on DBQs, see M21-1, Part IV, Subpart i, 2.A.3.

IV.i.3.A.1.b. Examiner Qualifications and Signature Requirements

VA medical facilities (or the medical examination contractor) are responsible for ensuring that examiners are adequately qualified.

Regional office (RO) employees are *not* expected to routinely scrutinize or question the credentials of clinical personnel to determine the acceptability of their reports, unless there is contradictory evidence of record. However, examination reports (and DBQs, if they are to be used in lieu of examination) *must* include a valid signature by the certifying professional.

Use the table below to determine what certification elements are required to accept an examination provider's signature and qualifications.

If the DBQ or examination report was prepared by a ...	Then the certification and signature block must contain the following: ...
Veterans Health Administration (VHA) clinician	• signature, and • printed name and credentials (for example, M.D., D.O., F.N.P.).
Veterans Benefits Administration (VBA)-contracted examination provider	• signature • credentials, and • area of practice/specialty (for example, cardiology, orthopedics, internal medicine).
non-VA health care provider	• signature • printed name and credentials • area of practice/specialty • phone and/or fax number • medical license number, and • National Provider Identifier (NPI) number. ***Exceptions***: Inclusion of a(n) • phone and/or fax number is *not* required if the • DBQ is otherwise satisfactorily completed, and • provider's contact information can be verified via internet search, and • NPI number is *not* required if the DBQ was prepared in support of a foreign claim and/or by an international health care provider.

Notes:

- In all cases involving completion of a DBQ or examination report by a non-VA health care provider, the area of practice/specialty of the provider must be identified. For a DBQ or examination report completed by a VHA or VBA contract examiner, the area of practice/specialty must be evident if a specialist examination is required or requested.
- Health care providers participating in the Clinicians in Residence program at ROs must be registered and certified VHA clinicians.
- Where the above-outlined signature and certification

requirements are not met, follow the procedures discussed in

- M21-1, Part IV, Subpart i, 3.C.1.e or f, to return the examination report as insufficient if it was completed by a VHA or VBA contract examiner, or
- M21-1, Part IV, Subpart i, 3.A.1.e, to reconcile deficiencies in the DBQ if it was completed by a non-VA health care provider.

References: For more information on

- who must sign examination reports, see M21-1, Part IV, Subpart i, 3.A.1.a
- the review of DBQs, see M21-1, Part IV, Subpart i, 3.A.1.d
- types of examinations that require a specialist, see M21-1, Part IV, Subpart i, 2.A.1.g, and
- insufficient examination reports, see M21-1, Part IV, Subpart i, 3.C.

IV.i.3.A.1.c. Tele-C&P and Telemental Health Examination

TeleCompensation and Pension (Tele-C&P) disability evaluations can provide accurate and fully descriptive face-to-face evaluations for VBA rating purposes through use of telehealth video technologies.

When an examiner elects to conduct a Tele-C&P (or telemental health) examination utilizing telehealth video technologies in lieu of performing an in-person examination, assess the report for sufficiency under the same standards applicable to in-person examinations.

Important: When reviewing DBQs or medical/examination reports prepared *by private, non-VA providers* via means of telehealth/telemental health, for the purposes of determining adequacy for rating purposes, exercise prudent judgment by

- applying the general assessment principles discussed in M21-1, Part IV, Subpart i, 3.A.1.e, and
- considering the
- credibility and probative value associated with variables disclosed in the DBQ/report, to include the
- clinician's knowledge of the claimant's relevant history
- length of time the clinician has treated the Veteran, and
- extent to which medical records and/or other records were reviewed and considered, and
- compatibility of the DBQ/report submitted with the types identified as suitable for performance via telehealth technology in the ***Office of Disability and Medical Assessment (DMA) Fact Sheet 20-002, Telehealth for Compensation and Pension (C&P) Examinations***.

IV.i.3.A.1.d. Review of DBQs

Review DBQs to ensure

- the health care provider meets any specialty requirement for the examination conducted, and
- the DBQ is sufficient for rating purposes.

Note: DBQs completed by a licensed health care provider, to include a nurse practitioner or physician's assistant, are acceptable for VA examinations.

References: For more information on

- DBQs approved for public use, see the ***Public Disability Benefits Questionnaires*** page
- requirements for examination reports, see M21-1, Part IV,

Subpart i, 3.A.1.l
- examiner qualifications and signature requirements, see M21-1, Part IV, Subpart i, 3.A.1.b
- use and acceptance of DBQs for VA examinations and opinions, see M21-1, Part IV, Subpart i, 2.A.3.b ,and
- qualification requirements for
- psychological examinations, see M21-1, Part IV, Subpart i, 3.A.1.i
- traumatic brain injury (TBI) examinations, see M21-1, Part IV, Subpart i, 3.A.1.j, and
- audiology examinations, see M21-1, Part IV, Subpart i, 3.A.1.k.

IV.i.3.A.1.e. Assessing Sufficiency of DBQs Completed by Non-VA Providers

If the evidentiary record contains a privately completed DBQ, generally, claims processors must
- assess the authenticity of the information reported, as described in M21-1, Part IV, Subpart i, 3.A.1.f and g, bearing in mind that it should generally be accepted at face value *unless there is reason to doubt or question it*
- evaluate it under the evidentiary principles discussed in M21-1, Part V, Subpart ii, 1.A, and
- determine if a VA examination is still warranted in accordance with
- M21-1, Part IV, Subpart i, 3.A.1.d
- M21-1, Part IV, Subpart i, 2.A.3.b, and
- M21-1, Part IV, Subpart i, 1.B.

Use the table below to determine what action must be taken after receiving a DBQ that has been
- completed by a private, non-VA provider, and
- deemed insufficient for rating purposes for the reasons described in the table.

If the DBQ ...	Then ...
is missing information or contains blank or contradictory values in fields that are relevant to the rating activity	• attempt to contact the certifying provider by telephone to resolve insufficiencies, and • document any successful effort at telephone contact on ***VA Form 27-0820, Report of General Information***. ***Note***: If the provider cannot be reached by telephone, document any unsuccessful attempt at contact as a permanent note in in the Veterans Benefits Management System (VBMS), including the • date, time, and purpose of the call, and • provider's • name, and • telephone number.
was completed by a non-VA provider whose records the Veteran has requested be considered in connection with the claim via submission of	ensure that all necessary developmental efforts to secure relevant private medical records have been undertaken. ***Reference***: For more

• ***VA Form 21-4142, Authorization to Disclose Information to the Department of Veterans Affairs (VA)***, and • ***VA Form 21-4142a, General Release for Medical Provider Information to the Department of Veterans Affairs (VA)***	information on requesting evidence from private health care providers, see **M21-1, Part III, Subpart ii, 3**.
requires additional examination components, such as • a review of service treatment records • performance of specific confirmatory or laboratory testing, and/or • rendition of a medical opinion	ask a VA examiner to perform only those missing requirements.

Notes:
- No action to develop an insufficient privately completed DBQ need be taken if the facts of the case would not otherwise necessitate providing an examination and/or opinion.
- When a privately completed DBQ is deemed insufficient for rating purposes and a VA examination is requested as a result, claims processors must add a permanent VBMS note explaining the reason for finding the privately completed DBQ insufficient.

IV.i.3.A.1.f. Authenticity of DBQs

In general, as with other items of evidence, DBQs from treatment providers should be taken at face value.

However, all DBQs completed by treatment providers are subject to review to ensure the information provided is seemingly authentic, consistent with the evidentiary record, and free from improper alteration.

DBQs released for public use inform the provider that
- the patient is applying for VA benefits and VA will consider the information provided in processing the claim
- the physician's signature constitutes a certification that the information provided on the form is accurate, complete, and current, and
- VA may request medical information, including additional examinations, if necessary to complete VA's review of a claimant's application.

Where a review of the DBQ raises questions of authenticity or improper alteration, determine whether additional development is necessary. This may include
- validation of results by the treatment provider
- obtaining medical records, and/or
- a VA examination.

Informal contact with the Office of Inspector General or a fraud referral may also be appropriate, particularly if the record shows

any of the potential indicators of inauthenticity described in M21-1, Part IV, Subpart i, 3.A.1.g.

Important:

- Claims processors may not dismiss a privately completed DBQ without a justifiable and documented reason.
- If a claims processor determines that a privately completed DBQ is potentially inauthentic and a VA examination is needed, then the claims processor ***must*** add a permanent VBMS note stating *PDBQ* followed by the reason the DBQ appears inauthentic.
  Example: *PDBQ – Provider contact information unverifiable*.
  References: For more information on
- when development to obtain additional evidence may be needed, see M21-1, Part V, Subpart ii, 3.B.1.a
- taking evidence at face value, see M21-1, Part V, Subpart ii, 1.A
- handling fraudulent cases, see M21-1, Part X, Subpart iv, 3.A
- potential indicators of DBQ inauthenticity, see M21-1, Part IV, Subpart i, 3.A.1.g, and
- adding a permanent VBMS note, see
- M21-1, Part II, Subpart ii, 2.A.1.c, and
- the *VBMS Core User Guide*.

IV.i.3.A.1.g. Potential Indicators of DBQ Inauthenticity

While privately completed DBQs should generally be accepted at face value, as discussed in M21-1, Part IV, Subpart i, 3.A.1.e and f, there may be factors that warrant closer scrutiny to assess the authenticity of the information provided.

Indicators of *potential* inauthenticity include, but are not limited to, the following:

- The non-VA provider identified on the DBQ
- has contact information that is unverifiable or contains discrepancies, or
- is located an unreasonable distance (generally, more than 100 miles) from the Veteran's place of residence, yet the provider reported
- regularly seeing the Veteran as a patient, and/or
- that the examination was completed in person.
- The privately completed DBQ contains
- information that conflicts with the overall evidentiary record, particularly concerning details that impact the outcome of the claim, or
- signs of improper alteration (for example, inconsistent appearance of text and formatting, such as the examiner certification and signature section being visually different than other sections of the DBQ).
- VA determines the privately completed DBQ is insufficient for rating purposes and orders an examination, but the Veteran refuses to report for the examination.
  Important:
- The presence of one or more of these potential indicators of inauthenticity does *not* automatically mean that a privately completed DBQ is inauthentic or fraudulent. However, the presence of one or more of these indicators may *call into question* the authenticity of the information provided and may warrant additional development, as discussed in M21-1, Part IV, Subpart i, 3.A.1.f, and/or referral for possible fraud review. This is necessarily a case-by-case determination.

- The distance between the non-VA provider's location and the Veteran's place of residence should not be considered an indicator of potential inauthenticity, as described above, if the Veteran
- lives in a remote area, such that driving more than 100 miles to see a health care provider would not be considered unreasonable, or
- regularly or periodically travels more than 100 miles to see the particular health care provider for a specific reason (for example, to receive specialized treatment at a cancer center or research hospital).
- A privately completed DBQ should *not* be routinely rejected or automatically deemed potentially inauthentic or fraudulent solely because it supports entitlement to a maximum schedular (or other increased) evaluation for the condition, unless such a disability picture is clearly inconsistent with the overall evidentiary record.

Notes:

- Claims processors have a duty to evaluate and weigh all evidence of record, including privately completed DBQs. If it is determined that a privately completed DBQ contains indicator(s) of inauthenticity that are substantive enough to deem it potentially inauthentic or fraudulent, claims processors have the authority to assign low or no probative value to the privately completed DBQ.
- If a privately completed DBQ is erroneously deemed insufficient and the Veteran fails to report for an examination that was requested on the basis of the DBQ being inadequate for rating purposes, then the privately completed DBQ should *not* be assigned lower probative value.

References: For more information on

- reviewing DBQs prepared by private, non-VA providers via telehealth technology, see **M21-1, Part IV, Subpart i, 3.A.1.c**
- a Veteran's submission of evidence and refusal to attend a VA examination, see ***Kowalski v. Nicholson***, 19 Vet.App. 171 (2005)
- the definition of fraud, see
- **38 CFR 3.901(a)**, and
- **M21-1, Part X, Subpart iv, 3.A.1.a**
- handling cases of fraud, see **M21-1, Part X, Subpart iv, 3.A.2**, and
- evaluating evidence and determining probative value, see **M21-1, Part V, Subpart ii, 1.A**.

IV.i.3.A.1.h. DBQs Completed by Veterans Who Are Physicians/Health Care Providers

VA cannot summarily discount otherwise competent medical evidence from a Veteran who is a physician or health care provider. DBQ reports completed by these individuals will be reviewed under the same criteria for reviewing DBQs submitted by a third-party health care provider.

In effect, VA claims adjudicators must subject the evidence of record to some degree of scrutiny to determine its probative worth. It is improper in VA practice to "exclude" evidence. Decision makers must weigh the probative value of the evidence and discuss its probative value in the decision narrative.

Note: Exercise the same weighing of probative value for

internal-use DBQs that are completed by an external non-VA provider.

Important: Ensure the *Disability Benefits Questionnaire (DBQ) – Veteran Provided* DOCUMENT TYPE under VBMS UNSOLICITED EVIDENCE tab has been updated for DBQs submitted from non-VA providers.

References: For more information on
- reviewing DBQs, see **M21-1, Part IV, Subpart i, 3.A.1.d**
- evidentiary concepts, see **M21-1, Part V, Subpart ii, 1.A.2**
- written testimony submitted by the claimant, see **38 CFR 3.200(b)**, and
- case law supporting adequacy of examination completed by a Veteran-health care provider, see ***Pond v. West***, 12 Vet.App. 341 (1999).

IV.i.3.A.1.i. Qualification Requirements of Examiners – Psychological Examinations

The following credentialed mental health professionals are qualified to perform C&P psychological examinations:

- board-certified or board-eligible psychiatrists
- licensed doctorate-level psychologists, or
- the following other mental health professionals, under the close supervision of a board-certified or board-eligible psychiatrist or licensed doctorate-level psychologist:
- non-licensed doctorate-level psychologists working toward licensure
- psychiatry residents, and
- clinical or counseling psychologists completing a one-year internship or residency.

Note: "Close supervision" means that the supervising psychiatrist or psychologist met with the Veteran and conferred with the examining mental health professional in providing the diagnosis and the final assessment. The supervising psychiatrist or psychologist must co-sign the examination report.

Important: For a claim for service connection (SC) for posttraumatic stress disorder based upon a stressor related to the Veteran's fear of hostile military or terrorist activity, **38 CFR 3.304(f)(3)** directs that the examination must be conducted by a VA psychiatrist or psychologist, or a psychiatrist or psychologist with whom VA has contracted.

Reference: For more information on qualifications of examiners for psychological examinations, see the ***DBQ Switchboard***.

IV.i.3.A.1.j. Qualification Requirements of Examiners – TBI Examinations

The *initial* diagnosis of TBI must be made by one of the following specialists:
- physiatrists
- psychiatrists
- neurosurgeons, or
- neurologists.

Note: A generalist clinician who has successfully completed the Disability Examination Management Office

TBI training module may conduct a TBI examination, if a TBI diagnosis is of record and was established by one of the aforementioned specialty providers.

Reference: For more information on qualifications of examiners for TBI examinations, see the *Initial Evaluation of Residuals of Traumatic Brain Injury (TBI) Disability Benefits Questionnaire* in the ***DBQ Switchboard***.

IV.i.3.A.1.k. Qualification Requirements of Examiners –Hearing Loss and Tinnitus

Hearing loss examinations must be completed by a state-licensed audiologist.

If only a tinnitus examination is being requested, the examination may be conducted by either an audiologist or non-audiologist clinician, if a hearing loss examination is of record.

Notes:

- It is appropriate to request an examination for tinnitus alone when
- a Veteran claims SC for tinnitus on the basis that it is due to a disability *other than* hearing loss, and/or
- tinnitus was treated during military service.
- For other situations – particularly those in which the etiology of tinnitus is unclear or unspecified – it is necessary to request both hearing loss and tinnitus examinations.

References: For more information on

- qualifications of examiners for hearing loss and tinnitus examinations, see the *Hearing Loss and Tinnitus Disability Benefits Questionnaire* in the ***DBQ Switchboard***, and
- evaluating hearing loss and tinnitus, see
- **38 CFR 4.85**
- **38 CFR 4.87**, and
- **M21-1, Part V, Subpart iii, 2.B**.

IV.i.3.A.1.l. Requirements for Examination Reports

VA examinations are to be conducted using DBQs which are disease- and condition-specific, organized as a documentation tool to provide the precise medical evidence needed to rate specific disabilities. The examiner is asked to

- complete the form step by step
- answer the questions posed, and
- provide additional information as required by examination findings.

Note: The report must have a definite and unambiguous description of the disability for each complaint or claimed condition.

Common features of DBQs include

- a diagnosis section
- medical history
- objective findings
- results of diagnostic testing performed, and
- a remarks section for any necessary explanation.

Additional sections may be found on some DBQs, depending on the specialty involved.

Reference: For more information on DBQs, see the ***DBQ Switchboard***.

IV.i.3.A.1.m. Requirements for ACE Examination Reports

When an examination provider uses acceptable clinical evidence (ACE) in lieu of conducting an in-person examination, review the report for sufficiency.

The report must

- note use of the ACE Process
- clearly identify the specific evidence material to the report's findings or opinion, with as much detail as necessary, and
- document the rationale for relying on ACE rather than an in-person examination.

Reference: For more information on ACE examinations, see **M21-1, Part IV, Subpart i, 2.A.4**.

IV.i.3.A.1.n. Evaluating Disability Diagnoses

The precise cause of a disability is often difficult to determine. It is important that

- the same disability is not covered by more than one diagnosis, and
- a definite and unambiguous diagnosis is made for each complaint or symptom having a medical cause.

The table below describes various examination scenarios and what is required for a sufficient diagnosis.

If ...	Then ...
there are no findings on examination	a diagnosis of a disability should not be rendered by the examiner. ***Example***: Examiner states "normal left knee" and examination shows normal range of motion (ROM), normal stability, and no complaints of pain or other symptoms.
there are findings on examination	a definitive diagnosis of a disability *should* be rendered by the examiner. ***Example***: Examiner diagnoses "left knee patellofemoral syndrome" and examination shows limited ROM with pain. ***Important***: • Non-committal diagnoses, such as those including the terms "rule-out" and/or "differential," are not sufficient for rating purposes. • As discussed in **M21-1, Part V, Subpart ii, 3.C.2.b**, symptoms, even in the absence of a specific diagnosis, may constitute a disability sufficient for rating purposes if they produce functional impairment of earning capacity.
a disability exists	the examiner should describe the disability

but a definite name cannot be given	and indicate that it is of unknown etiology. ***Example***: "Respiratory insufficiency of unknown etiology."
the examiner states further studies, evaluations, or laboratory tests are needed	the additional studies, evaluations, or testing must be performed before the diagnosis on examination can be considered final.
a previously established diagnosis is changed by the examiner	the examiner must state whether the current diagnosis represents • a new disability, or • a progression of the former disability.

Reference: For more information on handling examinations insufficient for rating purposes, see **M21-1, Part IV, Subpart i, 3.C**.

IV.i.3.A.1.o. Questions From Claimants or Their Representatives About Competency and/or Validity of Examinations

Duly consider concerns raised by the claimant or recognized representative about a completed examination or opinion. Communications raising concerns may take the form of (but are not necessarily limited to)

- complaints about the examiner
- requests for information about the examiner's qualifications
- assertions that records or other relevant information or evidence was not considered, and/or
- requests for another examination or opinion.

Important: The mere fact that such a communication is received does *not* mean that the examination is insufficient or in need of clarification, or that there is a further duty to assist to obtain records or another examination. However, consideration must be given to whether one or more of those remedies is appropriate. Do *not* request a new examination or return an examination as insufficient *solely* on the basis of a complaint from the claimant or representative. The substance of the communication must be analyzed as discussed below.

The table below provides guidance on interpreting communications from claimants or a representative raising concerns about examinations and what action to take, as applicable.

If the substance of the communication is ...	**Then ...**
that the examiner was not qualified to perform the examination or issue the opinion	• review **M21-1, Part IV, Subpart i, 3.A.1.b** and additional blocks in this topic on qualifications for specific types of examinations, and • consider the guidance on competency of medical evidence in **M21-1, Part V, Subpart ii, 1.A**. When that review leads to a conclusion that

	the examiner did *not* have the appropriate qualifications, or that the conclusions of the examination or opinion were otherwise not competent, use the table below to determine the appropriate action. **If ... / Then ...** • the examination in question was completed by a VHA facility, *and* • a decision has *not* been made on the associated claim — follow the guidance in M21-1, Part IV, Subpart i, 3.C.1.e for returning an insufficient VHA examination. • the examination in question was completed by a contract vendor, *and* • a decision has *not* been made on the associated claim — follow the guidance in M21-1, Part IV, Subpart i, 3.C.1.f for returning an insufficient contract examination. • a decision *has* been made on the associated claim, *or* • the time period for returning a VHA examination as insufficient has already passed — request a new examination for *only* those contentions where the prior examination was found to be insufficient. ***Notes***: • Where an examiner is basically competent, matters like specialty, board certification, experience, and other related factors will merely be considerations in determining probative value of the examination report or opinion. • VHA facilities and contract examination vendors are responsible for selecting examiners and ensuring they are adequately qualified. Accordingly, there is a presumption that a selected medical examiner is qualified and competent.
that the examination was not sufficient or requires clarification	review M21-1, Part IV, Subpart i, 3.B and C, and take any action required by those sections.
that additional material evidence must	review procedures on the duty to assist, as discussed in • M21-1, Part III, Subpart i, 2.C, and

be obtained to substantiate the claim	• M21-1, Part IV, Subpart i, 1.A and B.

Notes:

- VA's C&P claim adjudication system does not have a procedure for completion of interrogatories by VA personnel. ***Interrogatories*** are written questions that, in some court proceedings, must be answered under oath. If the claimant or representative submits a communication characterized as an interrogatory
- ***do not***
- complete and return the document, or
- refer it to the examiner, ***but***
- ***do***
- look at the substance of the communication as indicated above in this block, and
- determine if it is raising questions about examiner competency, adequacy of the examination, or satisfaction of the duty to assist.
- When needed to fulfill a claimant's request or a requirement of the Board of Veterans Appeals, the curriculum vitae (CV) of a VHA or VBA contract examiner must be requested via e-mail to **VAVBAWAS/CO/Contract Examination Inquiries**.
- Each request should contain as much detail as possible, to include
- the name of the examiner
- the examiner's title, credentials, and/or area of practice/specialty (such as M.D., Ph.D., psychology, or dentistry)
- the geographic location in which the examination in question took place (with attention to such information as the Veterans Integrated Services Network (VISN) of jurisdiction (if known), State, and facility name)
- the year in which the examination in question took place
- indication as to whether the request pertains to a VHA or VBA contract examiner, and
- for VBA contract examiners, the individual vendor with whom they contract.
- Enter a permanent note in VBMS to document when a CV is requested or received.
- Upload the CV to the electronic claims folder upon receipt, as applicable.

Exception: If a request is received directly from a private attorney for the CV of a VHA or VBA contract examiner, send the CV request to the VBA Freedom of Information Act (FOIA) Office at **VAVBAWAS/CO/FOIA**.

References: For more information on a claimant's

- request for information, or complaints, about a VA examination or opinion, see ***Nohr v. McDonald***, 27 Vet.App. 124 (2014), and
- rights to access an examiner's CV, see ***Francway v. Wilkie***, 930 F.3d 1377 (Fed. Cir. 2019).

IV.i.3.A.1.p. Accepting a Fee-Based Examiner's Report

There is no prohibition against acceptance of a VA examination report for rating purposes from a fee-based medical examiner who has previously submitted a statement on the claimant's behalf.

IV.i.3.A.1.q. Examiner Statements That an Opinion Would Be Speculative

Pay careful attention to any conclusion by the examiner that an opinion could not be provided without resorting to mere speculation (or any similar language to that effect).

VA may only accept a medical examiner's conclusion that an opinion would be speculative if

- the examiner has
- explained the basis for such an opinion, identifying what facts cannot be determined, and
- demonstrated consideration of all procurable and relevant information (to include medical treatment records and/or lay testimony), or
- the basis for the opinion is otherwise apparent in VA's review of the evidence.

The medical opinion may be insufficient for rating purposes if an examiner's conclusion

- is not adequately justified, or
- implies a general lack of knowledge or an aversion to opining on matters beyond direct observation.

In such instances, seek clarification of the conclusion.

Note: If the examiner specifically states that a medical opinion cannot be provided unless specific evidence is made available, VA's duty to assist requires that VA determine whether that evidence may be reasonably obtained. If so, VA is to make efforts to obtain it and then seek an additional medical opinion which considers the relevant information.

Reference: For more information on speculative opinions, see

- ***Daves v. Nicholson***, 21 Vet.App. 46 (2007)
- ***Jones (Michael H.) v. Shinseki***, 23 Vet.App. 382 (2010), and
- ***Sharp v. Shulkin***, 29 Vet.App. 26 (2017).

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180514/M21-1-Part-IV-Subpart-i-Chapter-3-Section-A-General-Criteria-for-Sufficiency-of-Examination-Reports>

M21-1, Part IV, Subpart i, Chapter 3, Section B - Examination Sufficiency for Specific Disabilities

Article ID: 554400000180516
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Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 03. Sufficiency of Examinations

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Overview

In This Section	This section contains the topic "**Reviewing Examination Reports for Rating Criteria**."

1. Reviewing Examination Reports for Rating Criteria

Introduction	This topic contains information about examination considerations specific to certain disabilities and body systems, including • **eye examination report review** • **headache examination report review** • **hearing loss and tinnitus examination report review** • **mental health examination report review** • **heart conditions examination report review for metabolic**

equivalents of task (METs)
- musculoskeletal examination report review for
- range of motion (ROM),
- functional loss, and
- X-rays
- nerves examination report review
- respiratory examination report review for pulmonary function tests (PFTs)
- skin and scars examination report review
- sleep disorders examination report review
- temporomandibular disorder (TMD) examination report review, and
- traumatic brain injury (TBI) examination report review.

Change Date May 27, 2020

IV.i.3.B.1.a. Eye Examination Report Review

When a visual field defect is perceived, examiners must perform any necessary visual field testing using either
- Goldmann kinetic perimetry, or
- automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability.

If the examination was not performed using the proper testing method, then the examination report should be returned as insufficient. An examination sufficient for rating purposes must include, at minimum,
- documentation of numerical values for all required fields as measured by a perimetric device, ***or***
- results documented on a Goldmann chart.

Important: Irrespective of the eye condition being examined, no visual field testing is required if the examiner indicates that the Veteran does *not* suffer a visual field defect. The absence of visual field testing results does not, in these instances, render an examination report insufficient for rating purposes.

Reference: For more information about eye conditions, see
- 38 CFR 4.75
- 38 CFR 4.76(b)(3)
- 38 CFR 4.77
- 38 CFR 4.79, and
- M21-1, Part V, Subpart iii, 2.A.

IV.i.3.B.1.b. Headache Examination Report Review

A neurological headache examination report will be considered insufficient if it does not indicate the frequency of prostrating headaches and whether the headaches are migraine-type or non-migraine type.

Reference: For more information on rating migraines, see
- 38 CFR 4.124a, and
- M21-1, Part V, Subpart iii, 12.

IV.i.3.B.1.c. Hearing Loss and Tinnitus Examination Report Review

A hearing loss and tinnitus examination report may be considered insufficient if an opinion was requested by the RO and is not provided in the report.

Unusual circumstances may arise during the examination, requiring the examiner to

- identify any audiometric frequencies that could not be tested (CNT) and explain why testing could not be done
- provide an explanation of why speech discrimination testing was not performed on the Veteran, or why a speech discrimination score is not appropriate in his/her case, and/or
- state the functional impact of tinnitus.

Reference: For more information on requesting audiometric examinations and medical opinions, see **M21-1, Part V, Subpart iii, 2.B.1.d**.

IV.i.3.B.1.d. Mental Health Examination Report Review

Mental health examinations can be complex when there are psychological symptoms existing simultaneously with and usually independently of another medical condition, such as posttraumatic stress disorder and traumatic brain injury (TBI) symptoms of memory loss.

An examination report may be insufficient if

- there is more than one mental disorder diagnosed, and the examiner does not address the criteria for all the diagnoses
- there is a diagnosis of a mental disorder and TBI, and the examiner does not
- differentiate and list which symptom(s) is/are attributable to each diagnosis, or
- provide a reason that it is not possible to differentiate what portion of each symptom is attributable to each diagnosis
- the *Occupational and Social Impairment* section of the report is not completed, or
- the examiner fails to address the question of the claimant's competency.

Reference: For more information on considering a change in the diagnosis of a psychiatric disorder, see **M21-1, Part V, Subpart iii, 13**.

IV.i.3.B.1.e. Heart Conditions Examination Report Review for METs

The metabolic equivalents of task (METs) score for heart conditions can be provided as an estimate, as indicated on the disability benefits questionnaires (DBQs). If the Veteran has co-morbid conditions that prevent the examiner from performing METs testing or providing an interview-based METs estimate, then the

- examiner must indicate why
- METs testing could not be performed, or
- a METs estimate could not be provided, and
- regional office will evaluate the condition based on the remaining examination results and evidence of record.

Reference: For information on rating heart conditions, see **M21-1, Part V, Subpart iii, 5**.

IV.i.3.B.1.f. Musculoskeletal Examination Report Review for ROM

In order to address the Court of Appeals of Veterans' Claims (CAVC's) interpretation of Department of Veterans Affairs regulations in *DeLuca* and *Mitchell*, musculoskeletal joint examination reports must address range of motion (ROM) criteria for repetitive motion and flare-ups.

Following the initial assessment of ROM, the examiner must perform repetitive-use testing to the extent permitted by the disability under evaluation. After the initial measurement, the examiner must reassess ROM after three repetitions and report the post-test measurements.

The examination report is insufficient if the examiner does not

- repeat ROM testing during the examination and report any additional functional loss, or
- provide a rational explanation for why repetitive-use testing could not be accomplished, if applicable.

In order to address CAVC's holdings in *Corriea* and ensure adequacy for rating purposes, musculoskeletal examination reports must also reflect testing of

- involved joints for pain
- on both active and passive motion, and
- in states of weight-bearing and nonweight-bearing, and
- ROM of the opposite, undamaged joint, if applicable and medically feasible.

Musculoskeletal examination reports containing self-evident contradictory findings, conclusions, and/or terminology will also be rendered insufficient or require additional clarification. Examples of such contradictory examination features include, but are not limited to, the following:

- annotations of "unaffected gait" and "walks with a cane" in the same report
- indication that a joint has required surgery, accompanied by the annotation "scar not addressed", and
- conclusion that a joint warrants no clinical diagnosis, accompanied by coexisting objective findings of unqualified
- irregular limitation of motion (LOM)
- pain on ROM testing, and/or
- degenerative changes or arthritis.

References: For more information on

- rating musculoskeletal conditions, see **M21-1, Part V, Subpart iii, 1.A-F**
- musculoskeletal review for
- functional loss, see **M21-1, Part IV, Subpart i, 3.B.1.g**, and
- x-rays, see **M21-1, Part IV, Subpart i, 3.B.1.h**
- additional functional impairment during flare-ups or with repeated use over time, see
- ***DeLuca v. Brown***, 8 Vet.App. 202 (1995), and
- ***Mitchell v. Shinseki***, 25 Vet.App. 32 (2011), and
- required ROM testing, see ***Correia v. McDonald***, 28 Vet.App. 158 (2016).

IV.i.3.B.1.g. Musculoskeletal Examination Report Review for Functional Loss

The clinician conducting a musculoskeletal examination must address additional functional limitation or LOM during flare-ups or following repeated use over time, based on the Veteran's history and the examiner's clinical judgment.

The examination report must address whether the functional ability of a joint is significantly limited during flare-ups or when the joint is used repeatedly over a period of time due to

- pain
- weakness
- fatigability, and/or
- incoordination.

If such opinion is not feasible, then the examiner must state so and provide an explanation as to why the opinion cannot be rendered.

Example: John Smith reports severe knee pain with repeated use over time when walking back and forth to the store several times a day. During those flare-ups, the capacity for knee flexion is demonstrated/reported to be 0-110 degrees.

Important: The examiner conducting an initial or review musculoskeletal examination must consider all the evidence of record when estimating functional loss due to flare-ups. The examiner must review the claims folder in order to adequately meet this requirement.

References: For more information on

- requirement for claims folder review in a musculoskeletal examination, see
- ***Sharp v. Shulkin***, 29 Vet.App. 26 (2017), and
- **M21-1, Part IV, Subpart i, 2.A.8.b**, and
- musculoskeletal examination report review for
- ROM, see **M21-1, Part IV, Subpart i, 3.B.1.f**, and
- x-rays, see **M21-1, Part IV, Subpart i, 3.B.1.h**.

IV.i.3.B.1.h. Musculoskeletal Examination Report Review for X-Rays

During review of musculoskeletal examination reports, check to ensure that x-rays were obtained when necessary.

A diagnosis of arthritis must be confirmed by x-ray or other radiographic testing before service connection may be established.

Where there is a claim of *non-specific joint pain* in a joint or multiple joints, x-rays will not be provided prior to the Veteran being seen by the examiner.

- The examiner will determine if x-rays are needed in order to provide a diagnosis consistent with the history and symptomatology.
- If there is a diagnosis other than arthritis or a determination that no diagnosable disability exists, do not return the examination as insufficient merely because x-rays were not provided.

However, when arthritis is *claimed* or *diagnosed*, the examination and/or medical evidence of record *must* include x-rays of the joint at issue. If the examination does not include x-rays, and none are otherwise available for consideration, then return the examination report as insufficient.

Note: Once arthritic changes are shown in a joint, no further x-rays will ever be required for that joint to support a diagnosis of arthritis.

References: For more information on musculoskeletal examination report review for

- ROM, see **M21-1, Part IV, Subpart i, 3.B.1.f**, and

- functional loss, see M21-1, Part IV, Subpart i, 3.B.1.g.

IV.i.3.B.1.i. Nerves Examination Report Review

Examiners must, to the extent possible, identify the nerve that best correlates to the area affected even if the condition is a spinal cord nerve condition.

This information will allow the rating decision to address the functional impairment of the area affected.

Reference: For more information on diseases of the peripheral nerves, see
- 38 CFR 4.120, and
- M21-1, Part V, Subpart iii, 12.

IV.i.3.B.1.j. Respiratory Examination Report Review for PFTs

Pulmonary function tests (PFTs) are required for most respiratory conditions unless

- there is a recent study in the Veteran's records that accurately reflects the Veteran's current condition, or
- the examiner provides an explanation on the special exceptions listed in 38 CFR 4.96(d)(i) through (iv). Obtaining and reporting the PFT is only half of the requirement. The other half of the requirement is for the examiner to interpret the PFT in relation to the claimed condition.

References: For more information on
- when PFTs are required, see M21-1, Part V, Subpart iii, 4.A.1.e, and
- assigning disability evaluations based on the results of PFTs, see M21-1, Part V, Subpart iii, 4.A.1.f.

IV.i.3.B.1.k. Skin and Scars Examination Report Review

Use the table below to ensure a skin or scar examination report is not considered insufficient for rating purposes.

If the disability being assessed is a ...	Then the ...
skin condition (e.g. dermatitis, eczema, etc.) whose evaluation criteria involve consideration of its effects on bodily areas	*Skin Diseases Disability Benefits Questionnaire* must identify the total body surface area and exposed body surface area (both expressed as percentages) affected.
scar	*Scars/Disfigurement Disability Benefits Questionnaire* must identify the scar's • location (e.g. left lower extremity, right upper extremity, etc.) • type (e.g. linear, superficial non-linear, painful, etc.), and • dimensions of measurement (i.e. length and width). ***Note***: Non-scar DBQs identifying residual scars that are *not* painful/unstable or greater than 39 square

	centimeters in area are also sufficient for rating purposes.

Notes:

- If color photographs are not included with a skin or scar examination report, do not return the examination report as insufficient to request photographs ***unless*** the report clearly indicates that photographs *were* captured at the time of examination, but fails to provide them. In this instance, the photographs must be obtained for rating consideration.
- If photographs are included, then consider the evidence when evaluating the condition(s) at issue.

Reference: For more information on rating skin conditions and scars, see

- **38 CFR 4.118**, and
- **M21-1, Part V, Subpart iii, 10**.

IV.i.3.B.1.l. Sleep Disorders Examination Review

Sleep apnea must be diagnosed with a sleep study. Review the sleep study to ensure the condition is interpreted in relationship to the claimed condition.

If there is a service-connected (SC) condition that is co-morbid to the sleep apnea that requires a PFT, like asthma, ensure that such testing was completed.

Sleep disturbances, such as insomnia, may be claimed as secondary manifestations of other primary conditions, including, but not limited to,

- mental health disorders
- pain experienced from an SC disability, and/or
- signs or symptoms of undiagnosed illness and medically unexplained chronic multi-symptom illnesses.

Notes:

- When the *Sleep Apnea Disability Benefits Questionnaire* is negative for a diagnosis of sleep apnea, but the examiner provides information about sleep disturbances, such as insomnia, then review the report in accordance with **M21-1, Part V, Subpart iii, 13.1.l** to determine if any additional medical opinion is required.
- As expressed in **M21-1, Part V, Subpart iii, 4.A.5.f**, upper airway resistance syndrome is neither synonymous with sleep apnea nor considered a ratable disability for compensation purposes. As such, its diagnosis does *not* warrant requesting any examination, medical opinion, or clarification of existing examination results.

References: For more information on

- determining when an examination or medical opinion is necessary, see **M21-1, Part IV, Subpart i, 1.A**
- subthreshold diagnoses, see **M21-1, Part V, Subpart ii, 3.C.1.b**
- sleep apnea and sleep studies, see **M21-1, Part V, Subpart iii, 4.A.5.a**
- sleep apnea schedule of ratings, see **38 CFR 4.97, diagnostic code (DC) 6847**, and
- the *Sleep Apnea Disability Benefits Questionnaire*, see the ***DBQ Switchboard***.

IV.i.3.B.1.m. TMD There is no need to return a temporomandibular disorder

Examination Report Review

(TMD) examination report simply because a dentist did not perform the examination. TMD is musculoskeletal in nature.

Important: As part of the musculoskeletal requirements, the *Temporomandibular Disorders (TMDs) Disability Benefits Questionnaire* requires the examiner to address

- flare-ups that impact the function of the temporomandibular joint
- initial ROM measurements
- ROM measurement after repetitive-use testing
- functional loss and additional limitation in ROM, and
- pain (pain on palpation) and crepitus.

References: For more information about

- rating TMD, see **38 CFR 4.150, DC 9905**, and
- the *Temporomandibular Disorders (TMDs) Disability Benefits Questionnaire*, see the ***DBQ Switchboard***.

IV.i.3.B.1.n. TBI Examination Report Review

Ensure the initial TBI diagnosis is provided by a qualified examiner.

The examiner must address

- all the facets of the TBI diagnosis, and if any facets are left blank, it must be indicated in the *Remarks* section of the DBQ that the symptoms are related to a non-TBI condition, with an explanation provided
- any additional residuals, other findings, diagnostic testing, functional impact of the diagnosis, and an explanation regarding conflicting diagnoses from medical versus mental health clinicians, if applicable
- other pertinent physical findings, scars, complications, conditions, signs and/or symptoms, such as mental, physical, or neurological conditions or residuals attributable to a TBI (such as migraine headaches or Meniere's disease), and
- the functional impact on the Veteran's ability to work.

A mental health evaluation alone is not sufficient in addressing TBI. A TBI examination completed by a medical clinician, with input from a mental health examiner, needs to be completed when attributable signs and symptoms co-exist.

Objective evidence and neuropsychiatric testing may be required when cognitive impairment symptoms are identified. Some examples of cognitive impairment symptomology include

- memory loss, and
- reduced attention, concentration, and executive functioning.

References: For more information on

- TBI examiner qualifications, see **M21-1, Part IV, Subpart i, 3.A.1.j**, and
- evaluating TBI, see
- **38 CFR 4.124a**, and
- **M21-1, Part V, Subpart iii, 12.B**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180516/M21-1-Part-IV-Subpart-i-Chapter-3-Section-B-Examination-Sufficiency-for-Specific-Disabilities>

M21-1, Part IV, Subpart i, Chapter 3, Section C - Insufficient Examinations

Article ID: 554400000180517
Updated Aug 19, 2024
Topics
M21-1 Adjudication Procedures Manual >
Part 04 (Part IV). Examinations >
Subpart i. Examination Requests in Support of Claims >
Chapter 03. Sufficiency of Examinations

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Overview

In This Section This section contains the topic, "**Handling Examination and Other Medical Reports That Are Insufficient for Rating Purposes**."

1. Handling Examination and Other Medical Reports That Are Insufficient for Rating Purposes

Introduction This topic contains information about handling insufficient examination reports, including

- insufficient examination reports
- handling insufficient examination reports that were erroneously requested
- clarification of examination reports
- resolving inconsistencies
- returning examination reports requested through the
- Compensation and Pension Record Interchange (CAPRI), and
- Veterans Benefits Management System (VBMS)
- determining whether a rework request or new examination scheduling request (ESR) in VBMS is required
- handling non-Department of Veterans Affairs (VA) hospital reports that are insufficient for rating purposes, and
- requesting clarification from private physicians.

Change Date June 6, 2024

IV.i.3.C.1.a. Insufficient Examination Reports

A Department of Veterans Affairs (VA) examination report submitted to the rating activity must be as complete as possible.

Any missing, required information on the report makes the examination report insufficient for rating purposes. The following are examples of deficiencies that would render an examination report insufficient:

- The examination report is unsigned.
- The examination report does not address all disabilities for which an examination was requested.
- The required question(s) on the disability benefits questionnaire (DBQ) is/are unanswered.
- The required review of the claims folder was not accomplished, when applicable.
- The report is missing information pertinent to the specific disability under review, such as the impact of musculoskeletal pain on the functional loss of an affected joint.
- A medical opinion is not properly supported by a valid rationale and/or by the evidence of record.
- A requested medical opinion was not furnished.

Note: If the rating activity determines that a necessary examination was canceled without a valid reason, it must submit a new examination request to the examining facility and specify why the previous cancellation was inappropriate.

Example: An examination requested in connection with a claim for a knee condition was not completed because "the claimed condition was not documented and diagnosed in the service treatment records on examiner review." If the rating activity determines that such examination is needed, the existing report or cancellation notice should be returned to the examining facility as insufficient for rating purposes.

Important: There are instances where missing information in an examination report does not make the examination itself insufficient. However, claims processors must seek and obtain the missing information via communication with and clarification by the examiner, as discussed in M21-1, Part IV, Subpart i,

3.C.1.c, before issuing a final decision on the underlying claim.

References: For more information on
- inadequate examinations, see
- 38 CFR 4.2, and
- 38 CFR 4.70
- circumstances under which further development may be needed, see M21-1, Part V, Subpart ii, 3.B.1.a
- resolving inconsistencies, see M21-1, Part IV, Subpart i, 3.C.1.d
- descriptions of pain affecting functional loss, see ***Floyd v. Brown***, 9 Vet.App. 88 (1996), and
- the requirement for a supporting rationale for medical opinions, see M21-1, Part V, Subpart ii, 1.A.3.g.

IV.i.3.C.1.b. Handling Insufficient Examination Reports That Were Erroneously Requested

In ***Barr v. Nicholson***, 21 Vet.App. 303 (2007), the Court of Appeals for Veterans Claims held that if VA provides an examination when developing a claim for service connection (SC), even if not statutorily obligated to do so,
- the examination must be adequate, or
- the Veteran must be notified as to why one will not or cannot be provided.

Exception: The above requirement for adequacy does not apply to examination reports initiated by the Veterans Health Administration (VHA) that do not
- relate to the contentions under consideration in the pending claim, or
- potentially impact existing benefit entitlement.

IV.i.3.C.1.c. Clarification of Examination Reports

An examination report which needs clarification must be discussed with or returned to the examiner. Such instances include, but are not limited to, the following:
- The same disability is diagnosed differently by different examiners.
- Conclusions or findings have been expressed in ambiguous or equivocal terms.
- An examination report shows a change in the diagnosis or etiology for a disability previously recognized as service-connected.
- An examination was conducted prior to the issuance of an amendment to the rating schedule, and additional information is needed to fully consider and properly evaluate the disability at issue in light of newly implemented criteria.
- An examination report provides information that
- contradicts or conflicts with other information within the same DBQ, or
- requires additional context for rating purposes.

Note: It is not uncommon for VA to receive evidence both in favor of and against a claim. The mere presence of both positive and negative evidence does not necessarily require clarification or reconciliation by an examiner. It is the responsibility of the rating activity to review and weigh all relevant evidence and to make determinations as to the probative value and persuasiveness of the evidence. Clarification or reconciliation by an examiner is only necessary if the medical evidence of record is insufficient to support a conclusion.

Reference: For more information on reviewing and weighing evidence, see M21-1, Part V, Subpart ii, 1.A.

IV.i.3.C.1.d. Resolving Inconsistencies

If any inconsistency or conflicting findings of various medical examiners renders the evidence of record insufficient for rating purposes, resolve the inconsistency or conflict by requesting a medical opinion from a different examiner.

References: For more information on requesting

- independent medical opinions, see
- 38 CFR 3.328, and
- M21-1, Part IV, Subpart i, 2.E.5, and
- medical opinions, see M21-1, Part IV, Subpart i, 2.A.7.

IV.i.3.C.1.e. Returning Examination Reports Requested Through CAPRI

Refer to the table below to determine how to return an insufficient or inadequate examination report to the appropriate provider when the examination was originally requested through the Compensation and Pension Record Interchange (CAPRI).

If the examination report ...	Then ...
is deemed insufficient *within 45 days* of its receipt	return the examination as insufficient through CAPRI.
is deemed insufficient *more than 45 days* following its receipt	prepare and submit a new examination request using CAPRI.
requires additional clarification	• call or e-mail the examiner or point of contact at the examination facility to try to resolve the issue(s), or • input a medical opinion DBQ request for the necessary supplemental information in CAPRI if the issue(s) is/are complex or cannot be resolved by telephone or e-mail.
presents an opinion or diagnosis that conflicts with other evidence of record *and* the conflict cannot be resolved via review of the evidentiary record	input a new medical opinion DBQ request in CAPRI.

Important:

- Avoid using language that can be construed as adversarial when returning reports for clarification. Use the term *insufficient for rating purposes* rather than *inadequate examination*.
- Clearly describe the issue(s) needing clarification or resolution.

Notes:

- For VHA examinations, try to resolve any questions or need for clarification with regional office resident clinicians as often as possible in order to promote timely claims processing and efficient customer service.

- When the best interest of the Veteran will be advanced by a personal conference or e-mail with the examiner, such measures should always be considered.

References: For more information on

- navigation of and data entry in CAPRI, see the ***CAPRI User Manual***
- deficiencies that would render an examination report insufficient, see **M21-1, Part IV, Subpart i, 3.C.1.a**, and
- when an examination report would need clarification, see **M21-1, Part IV, Subpart i, 3.C.1.c**.

IV.i.3.C.1.f. Returning Examination Reports Requested Through VBMS

Refer to the table below to determine how to return an insufficient or inadequate examination report to the appropriate provider when the examination was originally requested through the Veterans Benefits Management System (VBMS).

If the examination report ...	Then ...
is deemed insufficient	return the examination report by • accessing the EXAMS chevron in VBMS, and • selecting • *Rework* from the ACTIONS menu • each contention requiring additional attention • *Insufficiency* as the rework type, and • one or more bases for the report's return from the AVAILABLE REWORK REASONS drop-down menu, and • entering a clear description of the issue(s) needing clarification or resolution in the DETAILED RATIONALE FOR REWORK field. ***Important***: • When a contract examination report is found to be insufficient, it should *not* be resolved by VHA examiners. • A rework request must be routed to the vendor that produced the insufficient examination report. Rework requests must not be routed to a new vendor. ***Note***: Insufficient examination reports include those which are missing • information on the requested DBQ that is needed for rating purposes, or • an entire requested DBQ. ***Reference***: For more information on deficiencies that would render an examination

	report insufficient, see **M21-1, Part IV, Subpart i, 3.C.1.a**.
requires clarification	return the examination report by • accessing the EXAMS chevron in VBMS, and • selecting • *Rework* from the ACTIONS menu • each contention requiring additional attention • *Clarification* as the rework type, and • one or more bases for the report's return from the AVAILABLE REWORK REASONS drop-down menu, and • entering a clear description of the issue(s) needing clarification or resolution in the DETAILED RATIONALE FOR REWORK field. ***Important***: When submitting a clarification rework request for a contract examination, it is recommended to cite the exact language in the DBQ that requires clarification and specify the clarification(s) needed. ***Reference***: For more information on when an examination report would need clarification, see **M21-1, Part IV, Subpart i, 3.C.1.c**.
presents an opinion or diagnosis that conflicts with other evidence of record *and* the conflict cannot be resolved via review of the evidentiary record	input a new medical opinion DBQ request in VBMS.

Important:

- Avoid using language that can be construed as adversarial when returning reports for clarification. Use the term *insufficient for rating purposes* rather than *inadequate examination*.
- An examination scheduling request (ESR) must be in a *Completed* status before a rework request can be submitted in VBMS.

Note: Contract examination providers have a maximum of 14 days to clarify any insufficiency to avoid an insufficiency call. If the insufficiency or need for clarification is not rectified within the time allotted, the examination will be deemed *insufficient*.

References: For more information on

- navigation of and data entry in VBMS, see the *VBMS Core User Guide*
- entering a rework request in VBMS, see the ***Exam Management System (EMS) User Guide***, and

- when a rework request in VBMS is not appropriate, see **M21-1, Part IV, Subpart i, 3.C.1.g**.

IV.i.3.C.1.g. Determining Whether a Rework Request or New ESR in VBMS Is Required

If necessary information was not requested in the original ESR, a *new* ESR must be submitted. It is not appropriate to return an examination report as a rework request in VBMS to obtain new information that was not requested on the original ESR. Refer to the table below for guidance on whether an examination rework request in VBMS is appropriate or a new ESR is required.

If a(n) ...	Then a ...
specific DBQ is deemed necessary but was not included in *or* triggered by the request on the original ESR	• *new* ESR is required, and • rework request in VBMS is not appropriate. ***Example***: The original ESR requested a *Shoulder and Arm Conditions Disability Benefits Questionnaire* for the claimed condition of arm pain, but the claims processor determines an *Elbow and Forearm Conditions Disability Benefits Questionnaire* is required instead.
medical opinion is deemed necessary but the specific opinion required was not requested on the original ESR	• *new* ESR is required, and • rework request in VBMS is not appropriate. ***Example***: A direct medical opinion was requested on the original ESR but, after review, the claims processor determines an aggravation medical opinion is needed.
examination is needed for a contention not included on the original ESR	• *new* ESR is required, and • rework request in VBMS is not appropriate. ***Examples***: • The claims processor missed a contention that requires an examination when entering the original ESR. • After the original ESR was entered, a subsequent claim was received for an additional contention that requires an examination.
• examination is needed for one or more contention(s) and/or specific DBQ(s) not included on the original ESR, ***but*** • examination for the additional contention(s) and/or completion of the additional DBQ(s) is ***triggered*** by the findings and examiner instructions on the originally requested DBQ(s)	• *new* ESR is ***not*** required, and • rework request in VBMS ***is*** appropriate. ***Example***: The original ESR requested a *Diabetes Mellitus Disability Benefits Questionnaire* for the claimed condition of diabetes. At the time of examination, the Veteran reported symptoms of peripheral neuropathy, which would trigger the examiner to also complete the *Diabetic Sensory-Motor Peripheral Neuropathy Disability Benefits Questionnaire*. However, the examiner failed to complete the *Diabetic Sensory-Motor Peripheral Neuropathy Disability Benefits Questionnaire*. ***Analysis***: This is an insufficient examination as the examiner did not

	follow the instructions in the *Diabetes Mellitus Disability Benefits Questionnaire*, and a rework request should be submitted in VBMS as directed in **M21-1, Part IV, Subpart i, 3.C.1.f**.

Note: If a rework request is submitted in VBMS to a contract vendor but a *new* ESR should have been submitted instead, the vendor will send the ESR rework request back as a request for clarification with instructions seeking the submission of a new ESR.
Reference: For more information on requests for clarification on examinations requested through VBMS, see **M21-1, Part IV, Subpart i, 2.A.10.c**.

IV.i.3.C.1.h. Handling Non-VA Hospital Reports That Are Insufficient for Rating Purposes

Request clarification of any hospital report that is insufficient for rating purposes and is received from a

- State hospital
- county hospital
- municipal hospital
- contract hospital, or
- private hospital.

Important: Authorize a VA examination if a satisfactory corrected report cannot be obtained within a reasonable period of time.

IV.i.3.C.1.i. Requesting Clarification From Private Physicians

VA, pursuant to **38 U.S.C. 5103A(a)**, has a duty to return for clarification unclear or insufficient private examination reports or VA progress notes if it reasonably appears that a request for clarification could provide relevant information necessary to properly decide a claim that is otherwise not in the record and cannot be obtained in some other way. VA's duty is limited to those instances in which the missing information is relevant, factual, and objective – not a matter of opinion – and bears greatly on the probative value of the private medical examination report.

If a private medical examination report reasonably appears to contain information necessary to properly decide a claim, but is unclear or not suitable for rating purposes and the information contained in the report otherwise cannot be obtained, VA has a duty to either

- ask the private examiner to clarify the report
- request that the claimant obtain the necessary information to clarify the report
- request a VA examination or medical opinion to remedy the lacking element(s), or
- explain why clarification is not needed.

Any request for clarification to a private examiner or claimant should clearly indicate what further action needs to be taken to make the insufficient private examination report acceptable for VA consideration. If no response is received from the private examiner or claimant, continue adjudicating the claim.
Note: When an examination or opinion is requested to remedy a lacking element, the exam and/or opinion may be requested specific to only the lacking element. A complete examination

need not be requested to remedy a lacking element when the evidence of record will otherwise be sufficient once the examination or opinion is received.

References: For more information on

- requesting clarification of medical reports, see
- **38 CFR 4.2**, and
- ***Savage v.Shinseki***, 24 Vet.App. 259 (2011)
- handling privately completed DBQs, see **M21-1, Part IV, Subpart i, 3.A**, and
- requesting non-Federal or private records, see **M21-1, Part III, Subpart i, 2.C.2**.

From <https://vaww.vrm.km.va.gov/system/templates/selfservice/va_kanew/help/agent/locale/en-US/portal/554400000001034/content/554400000180517/M21-1-Part-IV-Subpart-i-Chapter-3-Section-C-Insufficient-Examinations>