

January 14, 2013

DOCUMENTATION OF MEDICAL EVIDENCE FOR DISABILITY EVALUATION PURPOSES

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy for the use of Disability Benefit Questionnaires (DBQs) to provide medical information for disability evaluations or examinations for eligible Veterans in support of the disability compensation process. **AUTHORITY:** Title 38 United States Code 5103A and Title 38 Code of Federal Regulations 3.159.

2. BACKGROUND

a. VHA supports the Veterans Benefit Administration (VBA) in its mission to provide compensation and pension benefits to eligible Veterans, in part, by assigning personnel to conduct disability examinations including claims for service connection or claims for increased disability benefits. This process is a major responsibility for VHA and is of great importance to Veterans and other stakeholders. VHA's goal is for Veterans to describe the disability examination process as "informative, supportive, caring, and even delightful."

b. DBQs are disease and condition specific, and are designed to be easy for clinicians to use, while succinctly providing the precise medical evidence needed by VBA Rating Veterans Service Representatives (RVSRs) to make decisions on Veterans' disability benefits claims.

(1) DBQs are a documentation tool that provides sufficient medical evidence needed for disability claims adjudication.

(2) DBQs are intended for use by disability examiners (including disability contract clinicians), VHA primary care and specialty care providers, and private sector physicians. DBQs provide a standardized format for communication of medical evidence for disability purposes. The professional qualifications required to assess certain conditions (such as post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and audiology) are not changed by this Directive. When applicable, restrictions as to who can complete a DBQ is in accordance with current VA practice or identified on the specific DBQ.

(3) Veterans may also have their private physicians complete DBQs. The forms are designed for easy use and can be completed by physicians who do not have specific experience evaluating patients for disability purposes. Guidance to providers on the use of DBQs can be found at <http://www.benefits.va.gov/TRANSFORMATION/dbqs/providerinstruct.asp>. The Department of Veterans Affairs (VA) will not reimburse Veterans for costs they may incur when private physicians complete DBQs.

3. POLICY: It is VHA policy that DBQs be used to provide medical evidence in support of any Veteran's claims.

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4. ACTION

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for the quality and timeliness of VHA compensation and pension (C&P) disability examinations and for ensuring that resources are allocated in support of the disability examination process.

b. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Ensuring implementation and compliance with this Directive.

(2) In coordination with the Disability and Medical Assessment Office (DMA), and Patient Care Services (PCS), providing guidance to disability examiners when questions arise, and when content or process changes are made.

(3) Ensuring disability examiners maintain registration and certification training to conduct disability examinations.

(4) Ensuring training and support for completing DBQs are provided to appropriate VHA staff.

(5) Ensuring that performance measures are met for quality and timeliness of disability examinations.

(6) Making recommendations for process changes and improvements.

c. **Patient Care Services (PCS).** PCS is responsible for:

(1) Providing subject matter experts as requested to validate medical accuracy of DBQs.

(2) Making suggestions to DMA to improve DBQs.

(3) Coordinating with DMA to provide guidance to examiners when questions arise.

(4) Ensuring that VA's Veteran-centric approach is applied to disability examinations, including establishing processes to complete requests for DBQs that come directly from Veterans and are not associated with a VBA request for a disability examination.

(a) A "no wrong door" philosophy must be adopted to accommodate Veterans bringing a DBQ to a VHA facility. Veterans may ask their Primary Care Providers (PCPs) and Specialists to complete a DBQ for conditions which are already diagnosed and documented and for which the PCP or Specialist is treating the Veteran. DBQs can be completed during a routine office visit when there is sufficient time and the medical information is available. DBQs can also be completed outside of an office visit, or an appointment can be scheduled for completion. A DBQ completed by a PCP or Specialist is considered by VBA as medical evidence to support the Veteran's claim.

(b) If the VHA clinician is not confident completing a DBQ or finds the DBQ requires diagnostic testing not indicated in the history or current symptoms, or would otherwise be inappropriate to complete, the VHA clinician must not complete the DBQ but assist the Veteran in filing a claim for disability benefits. Depending on local processes, this may include directing the Veteran to the Veterans On-Line Application (VONAPP); to the VA benefits call center at 1-800-827-1000; to a Veterans Service Organization representative; or to other local resources.

(c) VHA clinicians who are not disability examiners may complete DBQs via the CAPRI or SMART programs, when available. DBQs may also be completed through the Web site: <http://www.benefits.va.gov/TRANSFORMATION/disabilityexams/>. If a paper version of a DBQ is presented by a Veteran for completion, staff must copy the completed form to scan into the Computerized Patient Record System (CPRS). The original DBQ form must be returned to the Veteran so that the Veteran can submit it to VBA.

(d) A DBQ is not a claim for VA disability benefits. If the Veteran has not previously claimed VA disability benefits, the Veteran must submit VA Form 21-526, Veteran's Application for Compensation and Pension, to the Regional Office.

(e) Disability examination certification is not required for VHA clinicians who are not disability examiners to complete a DBQ as the DBQ is being completed to provide medical information at their patient's request and not in response to a VBA request as part of a claim for disability benefits.

d. **Veterans Integrated Service Network (VISN) Directors.** Each VISN Director is responsible for:

(1) Ensuring that a Veteran-centric and forward-looking approach to disability examinations is established.

(2) Ensuring that C&P facility leadership at the local level provides adequate resources in support of the disability examination process.

(3) Ensuring close collaboration with VBA to promote efficiency and enhance communication. For example, VHA and VBA staff may assist at each other's facilities to review disability examination requests, medical evidence and provide clarifications as necessary of medical terms, opinions, diagnoses and treatment information of record, as well as medical opinions.

e. **Facility Director.** Each facility Director is responsible for:

(1) Ensuring DBQs are submitted in accordance with the following guidelines:

(a) C&P staffs have primary responsibility for completing DBQs in response to VBA disability examination requests.

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(b) VHA certification, credentialing, and privileging requirements apply to VHA disability examiners. Recognizing the disability examination is an administrative function rather than a medical treatment function; VHA examiners who are credentialed, privileged, and certified to perform disability examinations at any one facility may conduct disability examinations at other VHA facilities without additional separate privileging.

(c) For mental health disability examination requests, it is recommended that the Veteran's treating provider not complete the disability examination to maintain the integrity of the patient-provider relationship.

(d) VHA clinicians who are not disability examiners are permitted to complete DBQs on behalf of their Veteran patients. This guidance is contained in subparagraph 4d of VHA Directive 2008-071, Provision of Medical Statements and Completion of Forms by VA Health Care Providers regarding Medical Statements to Support VA Benefits Claims. This provision refers to Veterans who request to have their DBQs completed by a clinician other than a C&P disability examiner.

(e) Once VBA personnel have requested an examination or opinion, the appropriate VHA staff will determine the method by which the medical information needed to complete the DBQ will be obtained. This can be through a review of existing medical records, telephone interview, telehealth examination or through an in-person medical examination, as appropriate, in accordance with Acceptable Clinical Evidence (ACE) guidance.

(2) Training specific to the use of DBQs has been completed by C&P providers and administrative support staff. This training is available through the Employee Education System (EES) and DMA.

(3) Monitoring DBQ-related workload and adjusting staffing resources as required.

(4) Working in collaboration with the affiliated VBA Regional Office to develop procedures to rapidly incorporate the use of DBQs. At a minimum, these procedures must include provisions for:

(a) Ensuring a clear message from the facility Director that the disability examination is a central VHA mission.

(b) Ensuring close attention to the process at the facility to ensure that Veterans feel welcomed and supported.

(c) Ensuring procedures exist to expedite the processing of DBQs.

(d) Ensuring a clear delineation of responsibilities among the disability program, primary care, and specialty care, as well as stressing the need for ongoing collaboration.

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(5) Ensuring that all clinical staff completing DBQs discuss any findings requiring medical or psychiatric follow-up or care with the Veteran at the time of service to foster an atmosphere of transparency and respect. This also extends to notifying Veterans of abnormal diagnostic test results after the Veteran has left the office, including documentation of that contact in the medical record, and to ensure immediate care if a Veteran appears to be in distress during a disability examination.

(6) Ensuring that close collaboration and frequent communication with VBA is established and maintained.

(7) Ensuring Veterans, Veteran Service Organizations, and other stakeholders are educated concerning the disability examination process at the facility.

5. REFERENCES

- a. Title 38 U.S.C. section 5103A, Duty to assist claimants.
- b. VHA Directive 2012-025, Acceptable Clinical Evidence (ACE) to Support the Compensation and Pension (C&P) Disability Evaluation Process.
- c. VHA Directive 2008-071, Provision of Medical Statements and Completion of Forms by VA Health Care Providers.

6. RESPONSIBLE OFFICE: The Office of Disability and Medical Assessment (10NC8) is responsible for the contents of this VHA Directive. Questions may be referred to the Senior Medical Advisor, at 202-461-6699.

7. RECISSIONS: VHA Directive 2010-045, issued October 1, 2010 is rescinded. This VHA Directive is scheduled for recertification on or before the last working day of January 2018.

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