

Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part V, Chapter 1 General Information.

Notes:

- **[M29-1, Part V, Chapter 1 General Information]** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic, and
 - update the labels of individual blocks and the titles of sections and topics to reflect their content more accurately.

Reason(s) for Notable Change	Citation
Updated guidance to allow for the VA Form 29-357 to be completed and signed by a licensed practitioner of the healing arts acting within the scope of their practice.	M29-1, Part V, Chapter 1, Subsection 1.15(a)

Reason(s) for Change	Citation

Rescissions None

Authority By Direction of the Under Secretary for Benefits

Signature
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Key Changes

Changes Included in This Revision

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Chapter 1 Introduction.

Notes:

- **M29-1, Part 5, Chapter 1, Introduction** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 5, Chapter 1 Introduction** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Removes language referring to physical examination reports and other medical evidence as no longer applicable to the insurance programs	Subchapter 1.01
Changes from 140 to 300 the number of debits available to applicants for the purpose of meeting the good health requirements standard; and eliminates language stating favorable debits are subtracted from the total number of debits as no longer part of the medical underwriting process	Subchapter 1.01
Clarifies that the claim examiner’s chief role is to determine if an applicant has met the standards of good health (underwriting) and that additional medical evidence should be requested, if it is needed; removes language referring to a lay medical approver’s role in the medical underwriting process as no longer applicable to the insurance programs	Subchapter 1.02
Removes language regarding the role of the medical consultants as no longer applicable to the insurance programs	Prior Subchapter 1.03

Clarifies that additional medical information should be requested if needed, but only if the evidence needed is not available in VA records; clarifies how to rate for cause (RFC) of a condition; explains that the preferred procedures for contacting applicants for additional information should be first by phone, then by mail, if needed; removes language regarding the medical review process that is no longer applicable to the insurance programs	Prior Subchapter 1.04/New Subchapter 1.03
Removed language regarding special examination reports as no longer applicable to the insurance programs	Prior Subchapter 1.05
Clarifies that additional medical evidence, which may be obtained from VA systems, rather than an Attending Physician Statement, will be requested in cases where the condition is temporary, minor, or of short duration.	Prior Subchapter 1.06/New Subchapter 1.04
Clarifies that a basic rating should be obtained first using the debit manual, rather than build chart which is no longer used; also clarifies that any additional debits should be obtained by using the debit manual guidance for complicating factors or RFC; clarifies that a list of debits is provided in the manual for each impairment; changes from 140 to 300 the number of debits available to applicants for the purpose of meeting the good health requirements standard; clarifies that medical underwriting debit calculations should be prepared for all applications, except for those denied for non-medical reasons	Prior Subchapter 1.07/New Subchapter 1.05
Removes medical consultant and lay medical approver roles as no longer applicable to the insurance programs	Prior Subchapter 1.07/New Subchapter 1.05
Eliminates class rating chart based on numerical debit rating as no longer applicable to insurance	Prior Subchapter 1.07/New Subchapter 1.05
Removes language regarding VA forms that are no longer used as part of the application process	Prior Subchapter 1.07/New Subchapter 1.05
Clarifies that any debits needed for the rating of impairments will be added together to obtain the final number of debits; removes reference to build charts as no longer used in the medical underwriting process; updates example used to illustrate the adding of debits	Prior Subchapter 1.08/New Subchapter 1.06
Removes language regarding requesting in-service medical records for incomplete or informal applications from members who are currently serving as no longer applicable to insurance programs	Subchapter 1.09
Removes language regarding the Total Disability Income Provision (TDIP) as no longer applicable to the insurance programs	Subchapter 1.10
Removes language regarding the charging of an extra monthly premium in the Veterans Non-Service Disabled Insurance Program (JS) as no longer applicable to the insurance programs	Subchapter 1.11

Clarifies that when evaluating an RH application the examiner should use all VA records available to evaluate both service-connected and non- service connected conditions; explains that for additional evidence, if needed, the applicant should be contacted first by phone, then by mail; explains that the debit limit for non-service connected conditions may not exceed 300 debits; explains that non-service conditions should not be developed if it is clear that they will never exceed 0 debits; explains that the examiner should following the debit manual for evaluation of non- service connected conditions and should not associate service-connected with non-service connected conditions	Prior Subchapter 1.12/New Subchapter 1.07
Removes language requiring referrals to medical consultant and lay medical approver for certain conditions as no longer applicable to the insurance programs; removes language requiring medical consultant to review all medical rejects as no longer applicable to the insurance programs	Prior Subchapter 1.12/New Subchapter 1.07
Explains the process for reinstatement of insurance that has been lapsed for less than 6 months; also clarifies how comparative health statements from the applicant should be evaluated during the application process; removes language involving medical consultant's role in the application process as no longer applicable to insurance	Prior Subchapter 1.13/New Subchapter 1.08
Explains the process for reinstatement of insurance that has been lapsed for more than 6 months, clarifies how an applicant's health statement should be evaluated during the application process	Prior Subchapter 1.14/New Subchapter 1.09
Clarifies that an applicant should be permitted at least 31 days to submit supplementary medical evidence if needed during the application process	Prior Subchapter 1.15/New Subchapter 1.10
Clarifies the reasons why an application may be disapproved, including untimely submission (more than 2 years after the date of the applicant's notification of receipt of a new service-connected disability); removes reasons that no longer apply to the Insurance programs and reference to physical examinations that are no longer required	Prior Subchapter 1.17/New Subchapter 1.11
States that procedures for handling the issues of notice and waiver should are in M-29-1, Part 1, Chapter 31, Subchapter 5; removed reference to lay medical approvers and medical consultants as no longer applicable to the insurance programs, explains that an application should be developed for potential fraud if information is submitted that conflicts with information already on file; if an examiner determines that potential fraud may exist, the procedures outlined in M-29-1, Part 1, Chapter 28.02 should be followed	Prior Subchapter 1.18/New Subchapter 1.12
Removes language regarding the role of the examining physicians in the application process as no longer applicable to the insurance programs	Subchapter 1.19

Explains that when processing an application that provides current disability status, staff should first review VA systems for additional information, and then request supplementary medical information from the applicant, if needed, to properly evaluate the application in its entirety	Prior Subchapter 1.21/New Subchapter 1.14
Eliminates section on the disposition of clinical medical and dental records as no longer applicable to the insurance programs	Subchapter 1.22
Eliminates section on insurance paper claims folders as no longer applicable to the insurance programs	Subchapter 1.23
Explains that a determination by the Live Claims Section staff of the Insurance Center as to whether an applicant is totally disabled will be final; removes requirement for memorandum in case of referral for disability benefits	Prior Subchapter 1.24/New Subchapter 1.15
Explains that in death claims where medical review was still pending at the time of the insured's death, the case will be fully developed if the insured's death was due to a non-service-connected cause; eliminates retail credit reports, in-service records, etc. as part of the development process; eliminates the necessity for a medical consultant opinion on	Prior Subchapter 1.25/New Subchapter 1.16

contributory causes of death as no longer applicable to insurance programs	
Removes the following reasons for referring cases to the Assistant Director, Program Management for action: 1) when they would be in best position to obtain documents, 2) Gratuitous S-DVI, and 3) upon disagreement between reviewer and medical consultant. These situations are no longer applicable to the insurance programs.	Prior Subchapter 1.26/New Subchapter 1.17
Removes references to lay medical approver, medical consultant, and physical examination report as no longer applicable to insurance programs; eliminates reference to lay terms for certain medical conditions, eliminates reference to TDIP and waiting periods as no longer applicable to the insurance programs	Prior Subchapter 1.27/New Subchapter 1.18
Removes references to physical examination report as no longer applicable to insurance programs	Prior Subchapter 1.28/New Subchapter 1.19

Reason(s) for Change	Citation
Eliminates this subchapter as providing information about supplementary data requests is already in M29-1, Part 1, Chapter 4.	Subchapter 1.16
Updates the statutory and regulatory citations that refer to the acceptance or rejection of an application	Prior Subchapter 1.20/New Subchapter 1.13

Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Appendix 1.

Notes:

- **M29-1, Part 5, Appendix 1** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 5, Appendix 1** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
 - update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and
 - bring the document into conformance with M29-1 standards.

Reason(s) for Notable Change	Citation
Replaced with website link of http://www.globalrph.com/medical-terminology-B.htm that provides updated information. Prior reference information outdated.	Appendix 1

Reason(s) for Change	Citation

Rescissions None

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Vincent E. Markey, Director
Insurance Service

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Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Appendix 2.

Notes:

- **M29-1, Part 5, Appendix 2** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
 - add references
 - update incorrect or obsolete references
 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 5, Appendix 2** so that it flows more logically
 - reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic
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Reason(s) for Notable Change	Citation
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Reason(s) for Change	Citation

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Key Changes

**Changes
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 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Appendix 3.

Notes:

- **M29-1, Part 5, Appendix 3** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
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Reason(s) for Notable Change	Citation
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Reason(s) for Change	Citation

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Key Changes

**Changes
 Included in
 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Appendix 4.

Notes:

- **M29-1, Part 5, Appendix 4** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
- Minor editorial changes have also been made to
 - improve clarity and readability
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 - update obsolete terminology, where appropriate
 - reorganize/relocate content within **M29-1, Part 5, Appendix 4** so that it flows more logically
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Reason(s) for Notable Change	Citation
Replaced with website link of http://www.globalrph.com/medical-terminology-B.htm that provides updated information. Prior reference information outdated.	Appendix 4

Reason(s) for Change	Citation

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Key Changes

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The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Appendix 5.

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Reason(s) for Notable Change	Citation
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Reason(s) for Change	Citation

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Key Changes

**Changes
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 This Revision**

The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 5, Appendix 6

Notes:

- **M29-1, Part 5, Appendix 6** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below.
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Reason(s) for Notable Change	Citation
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Reason(s) for Change	Citation

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