## Section D. Respiratory Conditions

#### Overview

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| In This Section | This section contains the following topics: |

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| Topic | Topic Name |
| 1 | General Information on Respiratory Conditions |
| 2 | General Information on Tuberculosis |
| 3 | Arrested Tuberculosis |
| 4 | Exhibit 1: Examples of Ratings for Arrested Tuberculosis |

#### 1. General Information on Respiratory Conditions

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| Introduction | This topic contains general information about respiratory conditions, including* types of chronic upper respiratory tract infections
* evaluating sinusitis
* identifying the cause of coexisting chronic upper respiratory tract infections
* continuous upper respiratory tract infections first manifest after discharge
* relationship between upper and lower respiratory tract infections
* [evaluating spontaneous pneumothorax](#_e.__Evaluating)
* evaluating coexisting respiratory disabilities
* evaluating gunshot wounds (GSWs) of muscle groups (MGs) I to IV and XXI
* when pulmonary function tests (PFTs) are required
* assigning disability evaluations based on the results of PFTs
* post-bronchodilator studies requirements and evaluations
* complete organic aphonia and special monthly compensation (SMC)
* sleep apnea and sleep studies
* processing claims for increase in sleep apnea, and
* service connection (SC) for deviated nasal septum.
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| Change Date | February 8, 2016 |

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| a. Types of Chronic Upper Respiratory Tract Infections | Chronic upper respiratory tract infections include* chronic rhinitis
* chronic sinusitis
* chronic tonsillitis, and
* chronic laryngitis.
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| b. Evaluating Sinusitis | Evaluate sinusitis under [38 CFR 4.97, diagnostic codes (DCs) 6510 through 6514](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8).When applying the higher of two possible evaluations under [38 CFR 4.7](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_17&rgn=div8), a history of radical surgery or repeated surgeries is *not* required if the criteria under the rating formula are otherwise met.***Example***: The application of [38 CFR 4.7](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_17&rgn=div8) results in an evaluation of 50 percent when the evidence shows* chronic osteomyelitis, *or*
* near constant sinusitis, characterized by
* headaches
* pain and tenderness of affected sinus, and
* purulent discharge, *and*
* no evidence of radical surgery or repeated surgery.

***Reference***: For more information on the schedule of rating respiratory conditions, see [38 CFR 4.97](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8). |

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| c. Identifying the Cause of Coexisting Chronic Upper Respiratory Tract Infections | The cause of two or more coexisting chronic upper respiratory tract infections is commonly the same infectious process. However, if two or more chronic infections persist over a period of years, give the probability of causation by separate types of organisms due weight. |

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| d. Continuous Upper Respiratory Tract Infections First Manifest After Discharge | If all respiratory conditions do not originate in service, there must be evidence of a fairly continuous infection in one or more parts of the upper respiratory tract to warrant service connection (SC) for other conditions first manifest after discharge.Carefully consider the character of the infection and possible intervening causes. |

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| e. Relationship Between Upper and Lower Respiratory Tract Infections | There may be a close relationship between disease of the upper respiratory tract and a subsequently-developing chronic process in the lower respiratory tract, especially in the bronchi. |

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| f. Evaluating Spontaneous Pneumothorax | Provide an evaluation of 100 percent following episodes of total spontaneous pneumothorax as of the date of hospital admission, continuing for three months from the first day of the month after hospital discharge. Evaluate pneumothorax under [38 CFR 4.97, DC 6843](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8). |

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| g. Evaluating Coexisting Respiratory Disabilities | [38 CFR 4.96(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_196&rgn=div8) prohibits the assignment of separate evaluations for co-existing respiratory conditions rated under [38 CFR 4.97, DCs 6600 through 6817 and 6822 through 6847](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8).[38 CFR 4.97, DCs 6819 and 6820](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8) (malignant and benign neoplasms) are rated on residuals, including any residual disability of the respiratory system. Therefore, where there is lung or pleural involvement, separate evaluations under [38 CFR 4.97, DCs 6819 and 6820](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8)are prohibited. If an evaluation has already been assigned under either [38 CFR 4.97, DCs 6819 or 6820](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8), separate evaluations are also prohibited under [38 CFR 4.97, DCs 6600 through 6817 and 6822 through 6847](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8). Under these provisions, a single rating will be assigned under the DC which reflects the predominant disability with elevation to the next higher evaluation, when the severity of the overall disability warrants such elevation.***Example***: A Veteran who is service-connected (SC) for emphysema and for a chronic lung abscess would receive one evaluation under either [38 CFR 4.97, DC 6603 or 6824](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8), whichever would provide for the higher evaluation. ***Reference***: For more information on pyramiding, see * [38 CFR 4.14](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_114&rgn=div8), and
* [*Esteban v. Brown*](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bme), 6 Vet.App. 259 (1994).
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| **h. Evaluating GSWs of MGs I to IV and XXI** | When evaluating gunshot wounds (GSWs) of muscle groups (MGs) I through IV and MG XXI, an evaluation under the general rating formula for restrictive lung disease, which covers [38 CFR 4.97, DCs 6840 through 6845](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8), *must* be considered.A minimum evaluation of 20 percent must be assigned if there is* a bullet or missile retained in the lung
* pain or discomfort on exertion
* scattered rales
* limitation of excursion of diaphragm, or
* limitation of excursion of lower chest expansion.

***Notes***: * Separate ratings may be awarded for MGs I through IV and ratings for respiratory impairment.
* A GSW of MG XXI will *not* be separately evaluated from the respiratory disability under restrictive lung disease criteria. Assign a single evaluation for injury to MG XXI and any respiratory impairment.
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| **i. When PFTs Are Required**  | When the rating schedule criteria includes pulmonary function test (PFT) results, PFTs must be obtained except when* the results of a maximum exercise capacity test are of record and are 20 milliliters/per kilogram of body weight per minute (ml/kg/min) or less
* pulmonary hypertension has been diagnosed
* cor pulmonale has been diagnosed
* right ventricular hypertrophy has been diagnosed
* there have been one or more episodes of acute respiratory failure, or
* outpatient oxygen therapy is required.

***Notes***:* If a maximum exercise capacity test is not of record, evaluate based on alternative criteria.
* A diagnosis of pulmonary hypertension requires objective documentation by an echocardiogram or cardiac catheterization.

***Reference***: For more information on when PFTs are required, see [38 CFR 4.96(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_196&rgn=div8). |

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| **j. Assigning Disability Evaluations Based on the Results of PFTs** | The table below contains instructions for assigning disability evaluations based on the results of PFTs. |

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| **If …** | **And …** | **Then …** |
| PFTs are not consistent with clinical findings | the examiner *does* *not* state why PFTs are not a valid indication of respiratory disability | evaluate based on PFTs. |
| PFTs are not consistent with clinical findings | the examiner states why PFTs are not a valid indication of respiratory disability | evaluate based on alternative criteria. |
| there is a disparity between PFT results (Forced Expiratory Volume in one second (FEV-1), Forced Vital Capacity (FVC), FEV-1/FVC, Diffusion Capacity of the Lung for Carbon Monoxide (DLCO)) | the evaluation would differ depending on the test result used | use the test result that the examiner states most accurately reflects the level of disability. |
| FEV-1 is greater than 100 percent | FVC is greater than 100 percent | do not assign a compensable evaluation based on a decreased FEV-1/FVC ratio. |
| DLCO is not of record | the examiner states why DLCO would not be useful or valid | evaluate based on alternative criteria. |
| DLCO is not of record | the examiner *does not* state why DLCO would not be useful or valid | return the examination as insufficient and request clarification. |

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| **k. Post-Bronchodilator Studies Requirements and Evaluations** | Post-bronchodilator studies are required when PFTs are done for disability evaluation purposes *except* when * the results of pre-bronchodilator PFTs are normal
* the examiner determines that post-bronchodilator studies should not be done and states why, or
* using the DLCO score values (Clinicians have stated that bronchodilator use has no effect on DLCO values.)

When evaluating based on PFTs, use post-bronchodilator results unless the post-bronchodilator results were poorer than the pre-bronchodilator results. In those cases, use the pre-bronchodilator values for rating purposes. |

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| **l. Complete Organic Aphonia and SMC** | Award special monthly compensation (SMC) if complete organic aphonia results in the constant inability to communicate by speech.***Reference***: For more information, see * [38 CFR 3.350(a)(6)](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1350&rgn=div8)
* [38 CFR 4.96](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_196&rgn=div8),
* [38 CFR, DC 6519](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8)
* M21-1, Part IV, Subpart ii, 2.H.4.i, and
* M21-1, Part IV, Subpart ii, 2.I.2.g.
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| m. Sleep Apnea and Sleep Studies | The diagnosis of sleep apnea must be confirmed by sleep study for compensation rating purposes. Receipt of medical evidence disclosing a diagnosis of sleep apnea without confirmation by a sleep study is sufficient to trigger the duty to assist for scheduling an examination if the other provisions of [38 CFR 3.159(c)(4)](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1159&rgn=div8) have been satisfied. However, such evidence is *not* sufficient to award SC for sleep apnea.***Important***:A home sleep study is only accepted if* it has been clinically determined that the Veteran can be appropriately evaluated by a home sleep study, and
* a competent medical provider has evaluated the results.
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| **n. Processing Claims for Increase in Sleep Apnea** | Follow the steps in the table below to process a claim for increase in sleep apnea. |

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| **Step** | **Action** |
| 1 | Is there a sleep study confirming the diagnosis of sleep apnea?* If *yes*, go to Step 6.
* If *no*, go to Step 2.
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| 2 | Has SC for sleep apnea been in effect for 10 years or more?* If *yes*, go to Step 6.
* If *no*, go to Step 3.
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| 3 | * Request an examination with sleep study to confirm the diagnosis.
* Go to Step 4.
 |
| 4 | Does the sleep study confirm the diagnosis of sleep apnea?* If *yes*, go to Step 6.
* If *no*, go to Step 5.
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| 5 | Prepare a proposal to sever SC for sleep apnea in accordance with [38 CFR 3.105(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1105&rgn=div8). ***Reference***: For more information on preparing proposed rating decisions, see M21-1, Part III, Subpart iv, 8.B.1. |
| 6 | Perform any additional development as necessary, continue SC for sleep apnea, and assign an evaluation based on the evidence of record. |

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| o. SC for Deviated Nasal Septum | SC cannot be granted for a deviation of the nasal septum unless trauma is shown. |

#### 2. General Information on Tuberculosis

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| Introduction | This topic contains general information about tuberculosis, including* tuberculosis classification standards
* considering infection caused by other mycobacteria
* diagnosing infection caused by other mycobacteria
* classifying disease caused by other mycobacteria
* considering chest x-rays under 38 CFR 3.370 and 38 CFR 3.371
* referrals for x-ray interpretation under 38 CF. 3.370 and 38 CFR 3.371, and
* processing claims based on tuberculin reaction.
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| Change Date | April 15, 2015 |

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| a. Tuberculosis Classification Standards | Become familiar with the following classification standards adopted by the American Lung Association under *The* *Diagnostic Standards and Classification of Tuberculosis in Adults and Children*, *1999*:* Classify an individual as *Tuberculosis Suspect* until diagnostic procedures are complete. (***Note***: Do not use the classification *Tuberculosis Suspect* for more than three months.)
* Classify disease caused by other mycobacteria as *Other Mycobacterial Diseases*. (***Note***: Disease caused by other mycobacteria is indistinguishable clinically, radiologically, and histologically from mycobacterium (M.) tuberculosis.)

***Reference***: For more information on the classification standards, see [*The* *Diagnostic Standards and Classification of Tuberculosis in Adults and Children*, *1999*](http://www.atsjournals.org/doi/full/10.1164/ajrccm.161.4.16141).  |

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| b. Considering Infection Caused by Other Mycobacteria | Other mycobacteria that may commonly be involved as pathogens are * M. kansasii
* M. intracellulare, and
* M. scrofulaceum.

***Note***: M. bovis is * rarely responsible for disease where there is effective control of tuberculosis in cattle and pasteurization of milk and milk products, and
* indistinguishable from M. tuberculosis except by culture.
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| c. Diagnosing Infection Caused by Other Mycobacteria | A definitive diagnosis for infection caused by other mycobacteria requires * evidence of disease (such as an infiltrate visible on a chest x-ray)
* no other cause established by careful clinical and laboratory studies, and
* either
* appearance of the same strain of mycobacteria repeatedly, or
* isolation of the mycobacteria from a closed lesion from which the specimen has been collected and handled under sterile conditions.

***Note***: Diagnosis of other mycobacterial infection by skin test is not possible. The current antigens for mycobacteria other than M. tuberculosis have high cross-reactivity and low specificity. |

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| d. Classifying Disease Caused by Other Mycobacteria | With certain modifications, the classification for tuberculosis is adaptable for classifying other mycobacterial diseases.When classifying mycobacterial diseases, do *not* use the following three categories used for tuberculosis* “*no exposure, not infected*”
* “*exposure, no evidence of infection*,” or
* “*infection, without disease*.”
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| e. Considering Chest X-Rays Under 38 CFR 3.370 and 38 CFR 3.371 | If active pulmonary tuberculosis is claimed to be SC and entitlement is not established by other evidence, then consider the x-ray evidence in accordance with [38 CFR 3.370](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1370&rgn=div8) and [38 CFR 3.371](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1371&rgn=div8).Reports of x-ray interpretations *must* be adequate for rating purposes.Use the table below to determine which x-ray films are required to prove SC. |

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| **To Prove …** | **Films Required are …** |
| direct SC | all service films. |
| presumptive SC | discharge film (or a service film used for this) and an adequate number of post-service films. |

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| f. Referrals for X-Ray Interpretation Under 38 CFR 3.370 and 38 CFR 3.371 | Only designees of the Under Secretary for Health are authorized to interpret x-ray films under [38 CFR 3.370](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1370&rgn=div8) and [38 CFR 3.371](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1371&rgn=div8). Refer requests for interpretations to the VA medical facility for the local regional office (RO). ***Note***: If the local VA medical facility is not authorized to make such interpretations, the Director will keep the RO informed of the current location of the designated interpreter for the RO area. In such a case, refer requests directly to the clinic, center, or hospital. |

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| g. Processing Claims Based on Tuberculin Reaction | ***Reference***: For more information on claims based on positive tuberculin reaction, see M21-1, Part IV, Subpart ii, 1.I.1. |

#### 3. Arrested Tuberculosis

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| Introduction | This topic contains information about arrested tuberculosis, including* processing graduated ratings in effect on August 19, 1968
* processing ratings in effect after August 19, 1968
* requesting examinations during the graduated rating period
* processing notification of failure to follow treatment or submit to examination, and
* processing cases of irregular discharge.
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| Change Date | August 3, 2011 |

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| a. Processing Graduated Ratings in Effect on August 19, 1968 | For graduated ratings in effect on August 19, 1968,* award a total evaluation for two years after the date of complete arrest or inactivity established under [38 CFR 3.375(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1375&rgn=div8)
* as set forth under the general rating formula following [38 CFR 4.97, DC 6724](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8) of the rating schedule
* reduce the evaluation to 50 percent for four years, and
* reduce the evaluation to 30 percent for another five years, and
* after the expiration of the 11-year period
* continue the 30-percent evaluation, if far advanced active lesions exist
* assign a 20-percent evaluation, if there are moderately advanced lesions with continued disability, or
* assign a 0-percent evaluation if the first two criteria do not apply.
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| b. Processing Ratings in Effect After August 19, 1968 | If pulmonary tuberculosis is established *after* August 19, 1968, * continue the 100-percent evaluation for one year after the date of inactivity established under [38 CFR 3.375(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1375&rgn=div8), and
* thereafter apply the general rating formula for residuals in the rating schedule under [38 CFR 4.97, DC 6731](http://www.ecfr.gov/cgi-bin/text-idx?SID=fba5f58206272739e8530dca72f7e5de&mc=true&node=se38.1.4_197&rgn=div8).
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| c. Requesting Examinations During the Graduated Rating Period | Do *not* request an examination for rating purposes during the period covered by the graduated ratings. |

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| d. Processing Notification of Failure to Follow Treatment or Submit to Examination | Medical authorities will notify the RO of a Veteran’s failure to follow prescribed treatment or submit to examination requested for treatment purposes during the period of total disability following complete arrest of the tuberculosis. After the notification is received, follow the due process procedures of [38 CFR 3.655](http://www.ecfr.gov/cgi-bin/text-idx?SID=75e91c496dce5ed5644ffe9c98fc27aa&mc=true&node=se38.1.3_1655&rgn=div8) and furnish the Veteran a notice of proposed adverse action. Upon expiration of the due process period* reduce the 100-percent evaluation to 50 percent by rating action, and
* adjust the Veteran’s award as of the date of the last payment or the date indicated in the notice of proposed adverse action, whichever is later.

***Notes***: * The reduction of the 100-percent evaluation upon failure to submit to examination or follow prescribed treatment is applicable *only* when the tuberculosis has reached a stage of complete arrest or inactivity.
* If the Veteran complies with the request for examination during the original two-year time frame for the 100-percent graduated rating, restore the 100-percent rating effective the date of reduction.
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| e. Processing Cases of Irregular Discharge | Do not suspend or discontinue payments merely because a Veteran with active tuberculosis receives an irregular discharge. An irregular discharge is received for disciplinary reasons, the refusal to accept or follow treatment, the refusal to accept transfer, or failure to return from an authorized absence.In the case of irregular discharge,* continue the 100-percent evaluation based on activity, and
* request an examination six months from the date of irregular discharge.

If the Veteran fails to report for this examination, consider the tuberculosis to be completely arrested from the date of failure to report for examination. Apply the provisions of graduated ratings based upon inactivity from this date.***Note***: Compensation payments are based upon the degree of disability, *not* on the basis of a Veteran’s willingness to accept treatment.  |

#### 4. Exhibit 1: Examples of Ratings for Arrested Tuberculosis

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| Introduction | This exhibit contains four examples of ratings for arrested tuberculosis. |

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| Change Date | December 29, 2007 |

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| a. Example 1 | ***Situation***: A Veteran is 30-percent disabled based upon residuals of far advanced, inactive, pulmonary tuberculosis. The rating for tuberculosis was in effect on August 19, 1968. The tuberculosis became active on September 10, 2002. ***Result***: Based upon the reactivation of pulmonary tuberculosis, reinstate the 100-percent evaluation for active tuberculosis and maintain control to ascertain the date of inactivity. |

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| *Coded Conclusion* |  |
| 1. SC (KC PRES) |  |
| 6701 | Tuberculosis, pulmonary, chronic, far advanced, active |
| 30% from 08/01/1964 |  |
| 100% from 09/10/2002 |  |

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| b. Example 2 | ***Situation***: Same facts as in Example 1. Examination reveals tuberculosis was inactive as of May 10, 2003.***Result***: Continue the 100-percent evaluation for two years after the date of inactivity, followed by graduated reduction to 50 percent thereafter for four years. Reduce to 30 percent from May 10, 2009, and thereafter based on far advanced lesions.  |

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| *Coded Conclusion* |  |
| 1. SC (KC PRES) |  |
| 6721 | Tuberculosis, pulmonary, chronic, far advanced inactive |
| 100% from 09/10/2002 |  |
| 100% from 05/10/2003 |  |
| 50% from 05/10/2005 |  |
| 30% from 05/10/2009 |  |

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| c. Example 3 | ***Situation***: Same facts as in Example 2. Medical authorities provide notification of the Veteran’s failure to submit to examination for treatment purposes. The notice of proposed adverse action advised that payments would be reduced effective June 1, 2004, but the date of last payment at the expiration of the due process period was July 1, 2004.***Result***: Reduce the evaluation for pulmonary tuberculosis to 50 percent effective the date of last payment and to 30 percent four years later.  |

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| *Coded Conclusion* |  |
| 1. SC (KC PRES) |  |
| 6721 | Tuberculosis, pulmonary, chronic, far advanced inactive |
| 100% from 05/10/2003 |  |
| 50% from 07/01/2004 |  |
| 30% from 07/01/2008 |  |

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| d. Example 4 | ***Situation***: Same facts as in Example 3. Medical authorities provide notification the Veteran has reported for examination on March 10, 2005. The tuberculosis remains inactive.***Result***: Reinstate the 100-percent evaluation and reduce the evaluation to 50 percent two years after the date of inactivity of pulmonary tuberculosis. Reduce to 30 percent four years later. |

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| *Coded Conclusion*: |  |
| 1. SC (KC PRES) |  |
| 6721 | Tuberculosis, pulmonary, chronic, far advanced inactive |
| 100% from 05/10/2003 |  |
| 50% from 05/10/2005 |  |
| 30% from 05/10/2009 |  |