#### Department of Veterans Affairs M21-1, Part III, Subpart iv

**Veterans Benefits Administration June 12, 2015**

**Washington, DC 20420**

#### Transmittal Sheet

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| Changes Included in This Revision | The table below describes the changes included in this revision of Veterans Benefits Manual M21-1, Part III, “General Claims Process,” Subpart iv, “General Rating Process.”  ***Notes***:   * The term regional office (RO) also includes pension management center (PMC), where appropriate. * Unless otherwise noted, the term “claims folder” refers to the official, numbered, Department of Veterans Affairs (VA) repository – whether paper or electronic – for all documentation relating to claims that a Veteran and/or his/her survivors file with VA. * Minor editorial changes have also been made to * remove references to rescinded portions of M21-1 * update incorrect or obsolete references * update the term “veteran” to “Veteran” * update obsolete terminology, where appropriate * renumber each topic based on the standard that the first topic in each section is Topic 1 * reassign alphabetical designations to individual blocks and repaginate, where necessary, to account for new and/or deleted blocks within a topic * update section and topic titles to more accurately reflect their content * clarify block labels and/or block text, and * bring the document into conformance with M21-1 standards. |

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| Reason(s) for the Change | Citation |
| To include language to clarify that service connection (SC) for hemorrhoids must first be properly established before considering post-service recurrences as SC. | M21-1, Part III, Subpart iv, Chapter 4, Section I, Topic 1, Block c  (III.iv.4.I.1.c) |
| To add new Blocks incorporating guidance on evaluating hepatitis that was previously included in Fast Letter (FL) 99-94*, Rating Hepatitis*, FL 98-110*, Infectious Hepatitis*, and Training Letter (TL) 01-02*, Hepatitis C Review*. | III.iv.4.I.1.d-p |
| To remove the information previously included in the former Block d on the definition of infectious hepatitis as the new Block d includes a definition of the types of hepatitis. | III.iv.4.I.1.d |
| To remove the information previously included in the former Block e titled “Occurrence of Infectious Hepatitis” as this information is now included as a note in Block e. | III.iv.4.I.1.e |
| To remove the information previously included in Block f titled “Determining Service Connection for Infectious Hepatitis” as more current and complete information is included on this subject throughout Blocks d-p. | III.iv.4.I.1.f |
| To relocate information on rating gynecological conditions from Topic 2 to a new separate Topic 3. | III.iv.4.I.2 and 3 |
| To reorganize the order of Blocks within the genitourinary Topic. | III.iv.4.I.2 |
| To remove old Blocks b and c with information related to the definition and evaluation of Female Sexual Arousal Disorder (FSAD) from Topic 2 and relocate to Topic 3. | III.iv.4.I.2.b and c |
| To add a new Block b with guidance previously included in Frequently Asked Questions (FAQs) on considering entitlement to special monthly compensation (SMC) associated with erectile dysfunction. | III.iv.4.I.2.b |
| To add a new Block e with information previously included in TL 00-02*, Prostatic Hypertrophy and Prostate Cancer*, on evaluating benign prostatic hypertrophy. | III.iv.4.I.2.e |
| To remove old Block f information related to residuals of venereal disease or Human Immunodeficiency Virus (HIV)-related illness and relocate to Block d. | III.iv.4.I.2.f |
| To add new Blocks f-h with information on rating prostate cancer previously included in TL 00-02, TL 00-04*, Correction of TL 00-02*, and in FAQs. | III.iv.4.I.2.f-h |
| To add a new Block i with information on evaluating genitourinary conditions using blood urea nitrogen (BUN) values previously included in July 2014 *Compensation Service Bulletin*. | III.iv.4.I.2.i |
| To update procedures for annual review of evaluations based on hemodialysis to comply with electronic claims processing. | III.iv.4.I.2.j |
| To remove the prior non-substantive information on processing claims for spina bifida and other covered birth defects, as this is covered elsewhere in M21-1. | III.iv.4.I.3 |
| * To move information on FSAD previously included at III.iv.4.I.2.b-c and add new Blocks a-c. * To add information on examination and rating considerations for claims for FSAD. | III.iv.4.I.3.a-c |
| * To add a new Block d with information previously included in FL 99-115, *Service Connection for Laboratory Findings* and FAQ. * To clarify procedures for considering claims for SC for fibrocystic breast disease. | III.iv.4.I.3.d |
| * To add a new Block e to incorporate information previously included in FL 99-115 and FAQ. * To clarify procedures for considering claims for SC for cervical dysplasia. | III.iv.4.I.3.e |
| * To add a new Block f to incorporate information previously included in FL 99-115 and FAQ. * To clarify procedures for considering claims for SC for Human Papilloma Virus (HPV). | III.iv.4.I.3.f |
| To add a new Block g with information previously included in FAQ dated January 28, 2003, on assigning a permanent and total evaluation for multiple myeloma. | III.iv.4.I.4.g |
| To add a new Block h with information previously included in TL 06-05, *Lymphoid Malignancies, with Emphasis on Chronic Lymphocytic Leukemia*, on assigning a permanent and total evaluation for chronic lymphocytic leukemia. | III.iv.4.I.4.h |
| * To add a new Block i with information on considering claims for SC of mycosis fungoides. * To clarify that past CUEs for failure to grant SC for mycosis fungoides can be adjudicated at the local station level. | III.iv.4.I.4.i |
| To add procedures for proper evaluation of mycosis fungoides. | III.iv.4.I.4.j |

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| Rescissions | None |

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| Authority | By Direction of the Under Secretary for Benefits |

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| Signature | Thomas J. Murphy, Director  Compensation Service |

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