## Section D. Respiratory Conditions

#### Overview

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

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| [17](#Topic17) | General Information on Tuberculosis | 4-D-5 |
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#### 16. General Information on Respiratory Conditions

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| Introduction | This topic contains general information about respiratory conditions, including   * [the types of chronic upper air passage infections](#_a.__Types) * [coexisting chronic upper air passage infections](#_b.__Coexisting) * [considering multiple upper respiratory tract infections](#_c.__Considering) * [considering lower respiratory tract infection](#_d.__Considering) * [evaluating spontaneous pneumothorax](#_e.__Evaluating) * [assigning separate repiratory evaluations](#_f.__Assigning), and * [sleep apnea and sleep studies](#_g.__Sleep). |

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| Change Date | September 23, 2014 |

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| a. Types of Chronic Upper Air Passage Infections | Chronic upper air passage infections include   * chronic rhinitis * chronic sinusitis * chronic middle ear disease * chronic tonsillitis, and * chronic laryngitis. |

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| b. Coexisting Chronic Upper Air Passage Infections | The cause of two or more coexisting chronic upper air passage 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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| c. Considering Multiple Upper Respiratory Tract Infections | If all 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 for other conditions first manifested after discharge.  Carefully consider the character of the infection and possible intervening causes. |

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16. General Information on Respiratory Conditions, Continued

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| d. Considering Lower Respiratory Tract Infection | There may be a close relationship between disease of the upper air passage and a subsequently developing chronic process in the lower respiratory tract, especially in the bronchi. |

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| e. 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 diagnostic code (DC) 6843. ([38 CFR 4.97](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKC/PART4/S4_97.doc)) |

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| f. Assigning Separate Respiratory Evaluations | The regulations involving the respiratory system include specific rules under [38 CFR 4.96(a)](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKC/PART4/S4_96.doc) that prohibit the assignment of separate evaluations under DCs 6600 through 6817 and 6822 through 6847. Disabilties evaluated under DCs 6819 and 6820 (malignant and benign neoplasms) are rated on residuals, including any residual disability of the respiratory system. If these residuals are evaluated under the range of DCs noted in [4.96(a)](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKC/PART4/S4_96.doc), separate evaluations for co-existing service-connected (SC) disabilities under 6600 through 6817 and 6822 through 6847 are prohibited. Under these provisions, a single rating will be assigned under the DC which reflects the predominant disability with elevation to the next higher evaluation, if warranted.  ***Example***: A Veteran who is SC for emphysema and for a chronic lung abscess would receive one evaluation under either DC 6603 or 6824, whichever would provide for the higher evaluation.  ***Note***: Note 3 under the [General Rating Formula for Restrictive Lung Disease](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKC/PART4/S4_97.doc), which covers DCs 6840 through 6845, contains relevant instructions when evaluating gunshot wounds (GSW) of Muscle Groups I to IV and XXI. A GSW of Muscle Group XXI ([DC 5321](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKC/PART4/S4_73.doc)) will not be separately evaluated from the respiratory disability under restrictive lung disease criteria. Assign a single evaluation for injury to Muscle Group XXI and any restrictive lung disease.  ***References***: For more information on pyramiding, see   * [38 CFR 4.14](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKC/PART4/S4_14.DOC), and * [*Esteban v. Brown*](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bme), 6 Vet.App. 259 (1994) |

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16. General Information on Respiratory Conditions, Continued

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| g. 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.benefits.va.gov/WARMS/docs/regs/38cfr/bookb/part3/S3_159.doc) have been satisfied.  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. The study’s results must be evaluated by a competent medical provider.  ***Important***: If service connection for sleep apnea has already been established without confirmation by a sleep study, an examination with sleep study should be conducted to clinically confirm the diagnosis of sleep apnea. Such development is not necessary if the grant of service connection has been in effect for 10 years or more under [38 U.S.C. 1159](http://www.law.cornell.edu/uscode/text/38/1159). If the sleep study fails to verify the sleep apnea diagnosis, consider a proposal to sever service connection for sleep apnea with application of [38 CFR 3.105(d)](http://www.benefits.va.gov/WARMS/docs/regs/38cfr/bookb/part3/S3_105.doc). |

#### 17. General Information on Tuberculosis

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| Introduction | This topic contains general information about tuberculosis, including   * [using tuberculosis classification standards](#_a.__Using) * [considering infection caused by other mycobacteria](#_b.__Considering) * [diagnosing infection caused by other mycobacteria](#_c.__Diagnosing) * [classifying disease caused by other mycobacteria](#_d.__Classifying) * [considering chest x-rays under 38 CFR 3.370 and 38 CFR 3.371](#_e.__Considering) * [handling referrals for x-ray interpretation under 38 CF. 3.370 and 38 CFR 3.371](#_f.__Handling), and * [handling claims based on tuberculin reaction](#_g.__Handling). |

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| Change Date | December 13, 2005 |

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| a. Using 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://ajrccm.atsjournals.org/cgi/content/full/161/4/1376). |

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17. General Information on Tuberculosis, Continued

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| b. Considering Infection Caused by Other Mycobacteria | Other mycobacterium (M) 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 Mycobateria | A definitive diagnosis for infection caused by other mycobacteria requires   * evidence of disease, such as an infiltrate visible on a chest x-ray, with 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 first three categories used for tuberculosis:   * “*no exposure, not infected*” * “*exposure, no evidence of infection*,” or * “*infection, without disease*.” |

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17. General Information on Tuberculosis, Continued

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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 service-connected and entitlement is not established by other evidence, then under [38 CFR 3.370](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_370.DOC) and [38 CFR 3.371](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_371.DOC)   * consider the x-ray evidence, and * refer to the x-ray evidence in the *Reasons for Decision* of the rating decision.   ***Notes***:   * To prove * direct service connection, all service films are required. * presumptive service connection, at least the discharge film (or a service film used for this) is necessary, along with an adequate number of post-service films. * Reports of x-ray interpretations *must* be adequate for rating purposes. |

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| f. Handling 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 of x-ray films under [38 CFR 3.370](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_370.DOC) and [38 CFR 3.371](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_371.DOC). Refer requests for interpretations to the outpatient clinic for the local regional office (RO).  ***Note***: If the local clinic 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. Handling Claims Based on Tuberculin Reaction | ***Reference***: For more information on claims based on positive tuberculin reaction, see [M21-1MR, Part IV, Subpart ii, 1.H.26](imi-internal:M21-1MRIV.ii.1.H.26). |

#### 18. Arrested Tuberculosis

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| Introduction | This topic contains information about arrested tuberculosis, including   * [handling graduated ratings in effect on August 19, 1968](#_a.__Handling) * [handling ratings in effect after August 19, 1968](#_b.__Handling) * [requesting examinations during the graduated rating period](#_c.__Requesting) * [handling notification of failure to follow treatment or submit to examination](#_d.__Handling), and * [handling cases of irregular discharge](#_e.__Handling). |

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| Change Date | August 3, 2011 |

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| a. Handling Graduated Ratings in Effect on August 19, 1968 | For graduated ratings in effect on August 19, 1968,   * grant a total evaluation for two years after the date of complete arrest or inactivity established under [38 CFR 3.375(a)](http://www.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_374.DOC) * as set forth under the general rating formula following DC 6724 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 zero percent evaluation if the first two criteria do not apply. |

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| b. Handling 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.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_374.DOC), and * thereafter apply the general rating formula for residuals in the rating schedule under DC 6731. |

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18. Arrested Tuberculosis, Continued

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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. Handling 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.benefits.va.gov/warms/docs/regs/38CFR/BOOKB/PART3/S3_655.DOC) 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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18. Arrested Tuberculosis, Continued

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| e. Handling Cases of Irregular Discharge | Do not suspend or terminate 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 rating 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. |

#### 19. 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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19. Exhibit 1: Examples of Ratings for Arrested Tuberculosis, Continued

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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 |  |