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

**Veterans Benefits Administration May 8, 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.”  ***Note***: Minor editorial changes have also been made to   * update incorrect or obsolete references * 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, where necessary, to account for new and/or deleted blocks within a topic * 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 clarify information regarding the requirement for current blood pressure readings to grant service connection for hypertensive vascular disease. | Part III, Subpart iv, Chapter 4, Section E, Topic 1, Block b (III.iv.4.E.1.b) |
| * To clarify the importance of evaluating evidence in claims for hypertension. * To provide references for more information on evaluating evidence and/or ordering examinations. | III.iv.4.E.1.c |
| To add references for further information on considering conflicting evidence and returning examination reports as insufficient for rating purposes. | III.iv.4.E.1.d |
| * To clarify text regarding effective dates. * To add a new row to the table that provides information on the pertinent evidence when considering a history of predominant blood pressure for the purposes of a 10 percent evaluation under diagnostic code (DC) 7101. | III.iv.4.E.1.e |
| To add a new Block h that provides details on the documentation required to support a diagnosis of arteriosclerotic heart disease. | III.iv.4.E.1.h |
| To add a new Block I that provides details on the requirements for documentation of cardiac hypertrophy, dilatation, or the need for continuous medication. | III.iv.4.E.1.i |
| To add a new Block j that defines Metabolic Equivalent (MET). | III.iv.4.E.1.j |
| To add a new Block k that provides details on the requirements and exceptions of METs testing when evaluating certain cardiovascular disabilities. | III.iv.4.E.1.k |
| To add a new Block l that provides details on considering estimated METs when evaluating certain cardiovascular disabilities. | III.iv.4.E.1.l |
| To add a new Block m that provides information on the impact of non-service-connected (NSC) conditions on the evaluation of METs. | III.iv.4.E.1.m |
| * To clarify the requirement for a claim prior to adjudicating an arteriosclerotic manifestation of hypertension. * To add a reference for more information on secondary service connection. | III.iv.4.E.1.n |
| To add a new block that provides information of effective dates for arteriosclerotic manifestations granted secondary to hypertension. | III.iv.4.E.1.o |
| To clarify the information regarding manifestations of arteriosclerotic disease in service by re-formatting much of the text in the existing block. | III.iv.4.E.1.p |
| To clarify the circumstances under which secondary service connection should not be extended for systemic manifestations if the Veteran is service-connected for rheumatic heart disease. | III.iv.4.E.1.s |
| To add a reference for more information on secondary service connection. | III.iv.4.E.1.t |
| To add a new Block e that provides information on when to grant separate evaluations for residuals of cold injuries. | III.iv.4.E.2.e |

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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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