### Section D. Service Connection (SC) for Qualifying Disabilities Associated With Service in Southwest Asia

#### Overview

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

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| 5 | Denying SC for Qualifying Disabilities |

#### 1. General Information on Qualifying Disabilities Associated With Service in Southwest Asia

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| Introduction | This topic contains general information on qualifying disabilities associated with service in Southwest Asia, including the   * provisions of * the Persian Gulf War (GW) Veterans’ Benefits Act * the GW Veterans’ Act of 1998 * the Veterans Education and Benefits Expansion Act of 2001, and * 38 CFR 3.317 * definitions of * qualifying Veteran under 38 CFR 3.317, and * Southwest Asia theater of operations * qualifying chronic disability under 38 CFR 3.317 * definitions of * undiagnosed illness * medically unexplained chronic multi-symptom illnesses (MUCMI), and * functional gastrointestinal disorders (FGIDs) * examination requirement for MUCMIs * partially understood MUCMIs * presumptive period for manifestation of disability under 38 CFR 3.317 * signs and symptoms of undiagnosed illnesses or MUCMIs * determining chronicity for qualifying disabilities * presumptive SC for infectious diseases under 38 CFR 3.317(c), and * considering long-term health effects potentially associated with infectious diseases. |

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| a. Provisions of the Persian GW Veterans’ Benefits Act | On November 2, 1994, Congress enacted the “*Persian Gulf War Veterans’ Benefits Act*,” Title I of the “*Veterans’ Benefits Improvements Act of 1994*,” *Public Law (PL) 103-446*.  The PL added a new section, [38 U.S.C. 1117](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001117----000-.html), authorizing the Department of Veterans Affairs (VA) to compensate any Gulf War (GW) Veteran suffering from a chronic disability resulting from an undiagnosed illness or combination of undiagnosed illnesses which manifested either   * during active duty in the Southwest Asia theater of operations during the GW, or * to a degree of 10 percent or more within a presumptive period following service in the Southwest Asia theater of operations during the GW. |

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| b. Provisions of the GW Veterans’ Act of 1998 | The “*Persian Gulf War Veterans’ Act of 1998*,” *PL 105-277*, authorized VA to compensate GW Veterans for diagnosed or undiagnosed disabilities that are determined by VA regulation to warrant a presumption of service connection (SC) based on a positive association with exposure to one of the following as a result of GW service   * a toxic agent * an environmental or wartime hazard, or * a preventive medication or vaccine.   ***Note***: This PL added [38 U.S.C. 1118](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001118----000-.html). |

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| c. Provisions of the Veterans Education and Benefits Expansion Act of 2001 | The “*Veterans Education and Benefits Expansion Act of 2001*,” *PL 107-103*, expanded the definition of “qualifying chronic disability” under [38 U.S.C. 1117](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001117----000-.html) to include, effective March 1, 2002, not only a disability resulting from an undiagnosed illness but also   * a medically unexplained chronic multi-symptom illness (MUCMI) that is defined by a cluster of signs and symptoms, and * any diagnosed illness that is determined by VA regulation to warrant presumption of SC.   ***Reference***: For more information on MUCMIs, see M21-1, Part IV, Subpart ii, 2.D.1.i. |

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| d. Provisions of 38 CFR 3.317 | [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8) implements [38 U.S.C. 1117](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001117----000-.html) by defining certain key terms and providing for presumptive SC for   * undiagnosed illness or MUCMIs, and * a list of infectious diseases. |

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| e. Definition: Qualifying Veteran Under 38 CFR 3.317 | A ***qualifying Veteran,*** under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8), is a Veteran who served on active military, naval, or air service in the Southwest Asia theater of operations during the GW period.  Per [38 U.S.C. 101(33)](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00000101----000-.html), the GW period extends from August 2, 1990, through a date yet to be determined by law or Presidential proclamation.  ***Reference***: For a definition of the Southwest Asia theater of operations, see   * [38 CFR 3.317(e)(2)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8), and * M21-1, Part IV, Subpart ii, 2.D.1.f. |

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| f. Definition: Southwest Asia Theater of Operations | The ***Southwest Asia theater of operations*** includes the following locations and the airspace above them   * Iraq * Kuwait * Saudi Arabia * the neutral zone between Iraq and Saudi Arabia * United Arab Emirates * Bahrain * Qatar * Oman * the Gulf of Aden * the Gulf of Oman * the Persian Gulf * the Arabian Sea, and * the Red Sea. |

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| g. Qualifying Chronic Disability Under 38 CFR 3.317 | ***Qualifying chronic disability,*** under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8), means a chronic disability resulting from any of the following or any combination of the following   * an undiagnosed illness, or * an MUCMI.   ***References***: For more information on   * determining chronicity, see M21-1, Part IV, Subpart ii, 2.D.1.o, and * rating action to be taken based on specific disability patterns, see M21-1, Part IV, Subpart ii, 2.D.2.h. |

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| h. Definition: Undiagnosed Illness | An ***undiagnosed illness*** is a type of chronic qualifying disability where qualifying signs and/or symptoms cannot be attributed to any known clinical diagnosis by history, physical examination and laboratory tests.  ***References***: For more information on   * signs and symptoms of undiagnosed illness, see M21-1, Part IV, Subpart ii, 2.D.1.n, and * the examiner’s determination of disability pattern, see M21-1, Part IV, Subpart ii, 2.D.2.g. |

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| i. Definition: MUCMI | An ***MUCMI*** isa type of chronic qualifying disability in which there is a *diagnosed* illness that has   * both * an inconclusive pathophysiology, and * an inconclusive etiology * overlapping symptoms and signs, and * features such as * fatigue and pain * disability out of proportion to physical findings, and * inconsistent demonstration of laboratory abnormalities.   MUCMIs include but are not limited to   * chronic fatigue syndrome * fibromyalgia, or * functional gastrointestinal disorders (FGIDs), excluding structural gastrointestinal diseases. |

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| j. Definition: FGIDs | ***FGIDs*** are a group of diagnosed conditions that are a type of MUCMI. They are characterized by chronic or recurrent symptoms that are   * unexplained by any structural, endoscopic, laboratory, or other objective signs of injury or disease, and * may be related to any part of the gastrointestinal tract.   Characteristic FGID symptoms include     * abdominal pain, * substernal burning or pain, * nausea, * vomiting, * altered bowel habits (including diarrhea, constipation), * indigestion, * bloating, * postprandial fullness, and * painful or difficult swallowing.   FGID diagnoses include but are not limited to   * irritable bowel syndrome, and * functional * dyspepsia, * vomiting, * constipation, * bloating, * abdominal pain syndrome, or * dysphagia.   Diagnosis of a FGID under generally accepted medical principles normally requires   * symptom onset at least six months prior to diagnosis, and * the presence of symptoms sufficient to diagnose the specific disorder at least three months prior to diagnosis.   ***Important***: FGIDs do not include structural gastrointestinal diseases, such as inflammatory bowel disease (such as ulcerative colitis or Crohn's  disease) and gastroesophageal reflux disease, as these conditions are considered to be organic or structural diseases characterized by abnormalities seen on x-ray, endoscopy, or through laboratory tests.  ***Note***: The effective date of the amendment to [38 CFR 3.317(a)(2)(i)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8) to include FGIDs was July 15, 2011. |

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| k. Examination Requirement for MUCMIs | In general, when a Veteran with GW service claims symptoms fitting the description of an MUCMI, as described in [38 CFR 3.317(a)(2)(ii)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8), *before proceeding with a decision*, ensure that an examination with a medical opinion has been obtained.  The opinion must classify the symptom as an MUCMI without conclusive pathology or etiology before SC under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8) can be awarded.  ***Exception***: If the diagnosis shown in medical records involves one of the MUCMIs described in [38 CFR 3.317(a)(2)(i)(B)](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8) (chronic fatigue syndrome, fibromyalgia, or functional gastrointestinal disorders), then SC is appropriate and a VA examination may only be necessary to determine current level of severity. |

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| l. Partially Understood Chronic Multi-symptom Illnesses | Chronic multi-symptom illnesses of partially explained etiology and pathophysiology, such as diabetes and multiple sclerosis, are not considered medically unexplained and cannot be considered a qualifying chronic disability for purposes of [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=4a5b9a7df43cb7a73d24ccc53aaa9e97&node=se38.1.3_1317&rgn=div8).  When adjudicating conditions with partially explained etiology, SC can only be awarded on another basis such as direct SC under [38 CFR 3.303](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1303&rgn=div8) or presumptive SC under [38 CFR 3.307](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1307&rgn=div8) and [38 CFR 3.309(a)](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=aa6c041a4b795a4928356f44d4283eec&mc=true&r=SECTION&n=se38.1.3_1309). |

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| m. Presumptive Period for Manifestation of Disability Under 38 CFR 3.317 | The presumptive period for manifestation of qualifying chronic disability under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8)   * begins on the date following last performance of active military, naval, or air service in the Southwest Asia theater of operations during the GW, and * extends through December 31, 2016. |

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| n. Signs and Symptoms of Undiagnosed Illnesses or MUCMIs | [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) specifies the following 13 categories of signs or symptoms that may be manifestations of an undiagnosed illness or an MUCMI   * joint pain * muscle pain * neurological signs or symptoms * headache * neuropsychological signs or symptoms * gastrointestinal signs or symptoms * abnormal weight loss * fatigue * sleep disturbances. * respiratory signs and symptoms (upper and lower) * cardiovascular signs or symptoms * skin signs and symptoms, and * menstrual disorders.   ***Notes***:   * The list of categories is not exclusive; signs or symptoms not represented by one of the listed categories may also qualify for consideration under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8). * A disability that is affirmatively shown to have resulted from a cause other than Southwest Asia service may not be compensated. See [38 CFR 3.317(a)(7)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8).   ***Example***: Sleep apnea cannot be presumptively service-connected (SC) under the provisions of [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) since it is a diagnosable condition. If claimed, sleep apnea must be considered on a non-presumptive SC basis. |

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| o. Determining Chronicity for Qualifying Disabilities | To establish SC for a disability under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8), the claimed disability must be chronic, that is, it *must* have persisted for a period of six months.  Measure the six-month period of chronicity from the earliest date on which *all pertinent evidence* establishes that the signs or symptoms of the disability first manifested.  ***Note***: If a disability is subject to intermittent episodes of improvement and worsening within a six-month period, consider the disability to be chronic.  ***Reference***: For a discussion on the types of evidence that may be accepted to establish “objective indications” of a chronic disability, see M21-1, Part IV, Subpart ii, 2.D.2.c-e |

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| p. Presumptive SC for Infectious Diseases Under 38 CFR 3.317(c) | Effective September 29, 2010, presumptive SC is established under [38 CFR 3.317(c)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) for the infectious diseases listed in the table below if   * the Veteran served on active duty * in the Southwest Asia theater of operations during the GW, as indicated in * M21-1, Part IV, Subpart ii, 2.D.1.e, and * M21-1, Part IV, Subpart ii, 2.D.1.f, or * in Afghanistan on or after September 19, 2001, and * the disease becomes manifest to a compensable degree within the time limit specified in the table. |

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| Infectious Disease | Time Limit for Manifestation |
| Brucellosis | one year |
| Campylobacter jejuni | one year |
| Coxiella burnetii (Q fever) | one year |
| Malaria | * one year, or * at a time when standard or accepted treatises indicate that the incubation period began during a qualifying period of service |
| Mycobacterium tuberculosis | no time limit |
| Nontyphoid Salmonella | one year |
| Shigella | one year |
| Visceral leishmaniasis | no time limit |
| West Nile virus | one year |

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| q. Considering Long-Term Health Effects Potentially Associated with Infectious Diseases | The Institute of Medicine of the National Academy of Sciences has identified the conditions listed in column B in the table below as potential long-term health effects associated with the infectious diseases (column A) shown in M21-1, Part IV, Subpart ii, 2.D.1.p.  If a Veteran who is presumed SC for a disease listed in column A is diagnosed with a disease in column B within the time period specified in the table (if no time period is specified, at any time), VA will request a medical opinion as to whether it is at least as likely as not that the condition was caused by the Veteran having had the associated disease in column A.  ***Note***: This does not preclude a finding that other manifestations of disability or secondary conditions were caused by an infectious disease.  ***Reference***: For more information on requesting a medical opinion, see M21-1, Part III, Subpart iv, 3.A.7. |

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| Column A – Infectious Disease | Column B – Associated Condition(s) |
| Brucellosis | * arthritis * cardiovascular, nervous, and respiratory system infections * chronic meningitis and mengocephalitis * episcleritis * fatigue, inattention, amnesia, and depression * Guillain-Barre syndrome * hepatic abnormalities, including granulomatous hepatitis * multifocal choroiditis * myelitis-radiculoneuritis * nummular keratitis * papilledema * optic neuritis * orchioepididymitis and infections of the genitourinary system * sensorineural hearing loss * spondylitis * uveitis |
| Campylobacter jejuni | * Guillain-Barre syndrome if manifest within two months of the infection * reactive arthritis if manifest within three months of the infection * uveitis if manifest within one month of the infection |
| Coxiella burnetti (Q fever) | * chronic hepatitis * endocarditis * osteomyelitis * post-Q-fever chronic fatigue syndrome * vascular infection |
| Malaria | * demyelinating polyneuropathy * Guillain-Barre syndrome * hematologic manifestations (particularly anemia after falciparum malaria and splenic rupture after vivax malaria) * immune-complex glomerulonephritis * neurologic disease, neuropsychiatric disease, or both * ophthalmologic manifestations, particularly retinal hemorrhage and scarring * *Plasmodium falciparum* * *Plasmodium ovale* * *Plasmodium vivax* * renal disease, especially nephrotic syndrome |
| Mycobacterium tuberculosis | * active tuberculosis * long-term adverse health outcomes due to irreversible tissue damage from severe forms of pulmonary and extrapulmonary tuberculosis and active tuberculosis |
| Nontyphoid Salmonella | reactive arthritis if manifest within three months of the infection |
| Shigella | * hemolytic-uremic syndrome if manifest within one month of the infection * reactive arthritis if manifest within three months of the infection |
| Visceral leishmaniasis | * delayed presentation of the acute clinical syndrome * post-kala-azar dermal leishmaniasis if manifest within two years of the infection * reactivation of visceral leishmaniasis in the context of future immunosuppression |
| West Nile virus | variable physical, functional, or cognitive disability |

#### 2. Rating Claims for SC for Qualifying Disabilities

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| Introduction | This topic contains information about rating claims for SC for qualifying disabilities under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8), including   * rating symptoms of a chronic qualifying disability as a single or multiple issue * information required to decide the issue of SC for a chronic qualifying disability * role of the Veteran’s testimony in establishing signs or symptoms * role of third party lay evidence in establishing signs or symptoms * role of non-medical indicators in establishing signs or symptoms * considering Veterans Heath Administration (VHA) Persian Gulf Health Registry examinations * VA examiner’s determination of disability pattern for claims based on Southwest Asia service * rating action taken based on disability pattern determination, and * considering the need for a future examination of an undiagnosed illness. |

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| a. Rating Symptoms of a Qualifying Chronic Disability as a Single or Multiple Issue | The decision to rate multiple symptoms or signs of a qualifying chronic disability together as a single issue or separately as multiple issues depends on the outcome most favorable to the Veteran.  Although rating multiple manifestations under a single body system will in most cases provide the maximum benefit, be alert to symptoms affecting fundamentally different body systems that may clearly warrant separate consideration.  ***Notes***:   * If SC for several symptoms or signs is denied for the same reason, consider such symptoms and signs as a single issue. * Assign one hyphenated diagnostic code (DC) on the codesheet to each issue that is separately considered, whether SC is awarded or denied. |

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| b.  Information Required to Decide the Issue of SC for a Chronic Qualifying Disability | The following information is required to determine whether SC for a chronic qualifying disability is in order:   * when the disability arose * whether the disability was severe enough to warrant the award of a compensable evaluation at any time during the presumptive period, unless manifested while in the Southwest Asia theater, and * whether the disability chronically persisted for at least six months.   ***Reference***: For more information on development requirements for claims based on service in Southwest Asia, see M21-1, Part IV, Subpart ii, 1.E. |

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| c.  Role of the Veteran’s Testimony in Establishing Signs or Symptoms | When considering disabilities under the provisions of [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8), a Veteran’s lay statement describing his or her own symptoms of a qualifying disability takes on a greater importance than when considering other claims under direct SC principles.  First, as indicated in M21-1, Part IV, Subpart ii, 1.E.2.a, the threshold for ordering an examination based on claims under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) is low, as the claimant’s statement alone, describing symptoms, may be sufficient to trigger an examination.  Second, lay evidence describing symptoms unsupported by clinical findings is sufficient to establish SC under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) as long as there is ***medical evidence showing that “no medical diagnosis” is present***.  ***Important***: The Federal Circuit, in [*Joyner v. McDonald*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmj), 766 F.3d 1939 (Fed. Cir. 2014) held that “neck pain,” that was unsupported by physical examination findings or laboratory tests, may establish an undiagnosed illness that causes a qualifying chronic disability. This demonstrates the importance of the Veteran’s testimony, which is essentially all that is needed for the examiner to characterize the symptoms as an “undiagnosed illness” and for SC to be granted, if all other SC requirements are otherwise met.  ***References***: For more information on   * requesting examinations in GW claims, see M21-1, Part III, Subpart iv, 3.A, and * the need for an adequate characterization of the disability, see M21-1, Part IV, Subpart ii, 2.D.2.g |

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| d. Role of Third Party Lay Evidence in Establishing Signs or Symptoms | Lay statements from third party lay witnesses that are competent and credible may help establish the presence of objective indications of a chronic disability.  Such statements may cover   * what the Veteran complained of * when complaints began * how long complaints lasted, and * nature/severity of witnessed signs or symptoms.   ***Reference***: For more information on when evidence is competent and credible, see M21-1, Part III, Subpart iv, 5. |

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| e. Role of Non-Medical Indicators in Establishing Signs and Symptoms | Non-medical indicators may help establish signs and symptoms of a qualifying disability. Non-medical indicators may include   * time lost from work * evidence that the Veteran sought medical treatment for his/her symptoms, and * relevant observations, such as changes in the Veteran’s * appearance * physical abilities, and/or * mental or emotional status. |

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| f.  Considering VHA Persian Gulf Health Registry Examinations | In all cases when the Veteran has been examined as part of the Veterans Heath Administration (VHA) Persian Gulf Health Registry, ensure those results have been obtained and considered when rating the GW-related issues.  ***Reference***: For more information on developing for the Gulf War Registry examination, see M21-1 Part IV, Subpart ii, 1.E.1.b. |

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| g. VA Examiner’s Determination of Disability Pattern for Claims Based on Southwest Asia Service | Ensure, before making a decision, that the examination report contains the examiner’s determination of disability pattern.  If it does not   * send the examination report and claims folder back to the examiner with a copy of the “notice to examiner” shown in M21-1, Part IV, Subpart ii, 1.E.2.g, and included in the Examination Request Builder - ordering a GW Disability Benefits Questionnaire, and * ask the examiner to characterize the specific claimed issue(s), as requested in the notice.   ***Important***: The Federal Circuit, in [*Joyner v. McDonald*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmj), 766 F.3d 1393 (Fed. Cir. 2014) held that a medical professional does not have to have eliminated all possible diagnoses before the Veteran can be compensated for a disability due to an undiagnosed illness. |

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| h. Rating Action Taken Based on Disability Pattern Determination | The table below shows the rating action taken based on the VA examiner’s determination of disability pattern. |

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| If the examiner determined the Veteran’s disability pattern to be … | Then … |
| * an undiagnosed illness, or * a diagnosable but medically unexplained chronic multi-symptom illness of unknown etiology | award SC under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) if the Veteran is otherwise eligible. |
| * a diagnosable chronic multi-symptom illness with a partially explained etiology, such as diabetes or multiple sclerosis, or * a disease with a clear and specific etiology | SC   * cannot be awarded under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8), and * may be awarded only if the medical evidence is sufficient to establish SC on a direct or other presumptive basis. |
| * an undiagnosed illness, and * the examiner opines that the undiagnosed illness is *not* related to GW service but does *not* provide a statement that the condition was caused by a specific supervening condition or event, or was due to willful misconduct or alcohol or drugs | award SC under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8).  ***Note***: See [38 CFR 3.317(a)(7)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) regarding what constitutes affirmative evidence that would prevent payment of qualifying GW condition. |
| * an undiagnosed illness, and * the examiner opines that the undiagnosed illness is *not* related to GW service but instead is related to a supervening condition or an event that occurred after service. The examiner supports the opinion with a clear medical rationale | SC cannot be awarded under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8). |

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| ***Important***: As held in [*Gutierrez v. Principi*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmg), 19 Vet.App. 1 (2004) the Veteran is not required to provide evidence linking a qualifying chronic disability listed in [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) to events in service, as long as the Veteran meets all other requirements in [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8). |

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| i. Considering the Need for a Future Examination of an Undiagnosed Illness | Because the course of an undiagnosed illness cannot be predicted, monitor it by establishing the necessary controls for a future examination within 24 months of the last examination of record.  At the expiration of the control period, review the evidence of record to determine whether reexamination is necessary. |

#### 3. General Information About Rating Decisions for Qualifying Disabilities

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| Introduction | This topic contains general information about rating decisions for qualifying disabilities, including   * stating the issue in rating decisions for undiagnosed qualifying chronic disabilities * language for the *Decision* section of the rating decision * referencing relevant dates in the rating decision * termination or reduction of benefits previously awarded under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8), and * Southwest Asia Veterans’ participation in VA-sponsored research projects. |

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| a. Stating the Issue in Rating Decisions for Undiagnosed Qualifying Chronic Disabilities | State the issue in the rating decision in claims for undiagnosed qualifying chronic disabilities as *Service connection for* **[specify signs or symptoms]** *as due to a qualifying chronic disability*. |

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| b. Language for the *Decision* Section of the Rating Decision | For every disability for which SC was considered, state the following in the *Decision* section of the rating decision: *Service connection for* **[disability]** *is denied*, or *Service connection for* **[disability]** *is awarded with an evaluation of* **[percent]** *percent effective* **[date]**.  ***Note***: The earliest effective date for entitlement to SC under the provisions of [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) is November 2, 1994. |

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| c. Referencing Relevant Dates in the Rating Decision | In the rating decision, explicitly refer to any date that is pertinent to the decision.  This particularly includes the   * dates during which the Veteran served in the Southwest Asia theater of operations, and * earliest date that a qualifying chronic disability may have become manifest.   ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| d. Termination or Reduction of Benefits Previously Awarded Under 38 CFR 3.317 | Situations may arise that will require termination or reduction of payments previously awarded under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8).  Follow the normal procedures for reduction of benefits or severance of SC outlined in M21-1, Part I, 2.  ***Notes***:   * Termination or reduction of benefits paid under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) does not preclude continuation of payments if entitlement can be established for SC based on incurrence or aggravation under the provisions of [38 CFR 3.303](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1303&rgn=div8) and [38 CFR 3.306](http://www.ecfr.gov/cgi-bin/text-idx?SID=2644dbbb9209e8e6cc9d38962c258ddc&node=se38.1.3_1306&rgn=div8), respectively, or based on presumption under the provisions of [38 CFR 3.307](http://www.ecfr.gov/cgi-bin/text-idx?SID=2644dbbb9209e8e6cc9d38962c258ddc&node=se38.1.3_1307&rgn=div8). * [38 CFR 3.500](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1500&rgn=div8) was amended by the addition of [38 CFR 3.500(y)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1500&rgn=div8), which specifically requires that severance of SC or reduction of benefits under [38 CFR 3.105(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1105&rgn=div8) or [38 CFR 3.105 (e)](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1105&rgn=div8) be effective the first of the month, 60 days after final notice of the adverse action has been issued to the Veteran.   ***Example***: A physician indicates that the Veteran’s condition, which had previously been characterized as an undiagnosed illness that was compensated under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8), is now a clinically diagnosed condition with a clear etiology. |

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| e.  Southwest Asia Veterans’ Participation in VA-Sponsored Research Projects | Effective December 27, 2001, if a Veteran with Southwest Asia service participates in a VA-sponsored medical research project, SC established for a disability under [38 U.S.C. 1117](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001117----000-.html) or [38 U.S.C. 1118](http://www.law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001118----000-.html) is protected, regardless of the project’s findings.  ***Exception***: SC is not protected if the original award was based on fraud, or military records clearly show that the Veteran did not have the requisite service or character of discharge.  ***Note***: A list of VA-sponsored medical research projects for which SC is protected is published in the Federal Register. |

#### 4. Awarding SC for Qualifying Disabilities

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| Introduction | This topic contains information about awarding SC for qualifying disabilities, including   * establishing SC for a qualifying chronic disability that began during Southwest Asia service * establishing SC for a compensable qualifying chronic disability that arose during the presumptive period * evaluating the level of impairment from an undiagnosed disability by analogy * using hyphenated DCs for undiagnosed disabilities * assigning appropriate DCs for disabilities under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=9f0ce8e46464a943446b3eabce7d0edb&node=se38.1.3_1317&rgn=div8) * list of appropriate DCs for undiagnosed disabilities, and * examples of analogous codes for undiagnosed disabilities. |

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| a. Establishing SC for Qualifying Chronic Disability That Began During Southwest Asia Service | Establish SC if the qualifying chronic disability, per M21-1, Part IV, Subpart ii, 2.D.1.i, manifested, whether to a compensable degree or not, while the claimant was on active service in the Southwest Asia theater of operations during the GW period.  Include the following sentence in the rating decision: *Service connection is established for* **[disability]** *as due to an undiagnosed illness which began in the Southwest Asia theater of operations during the Gulf War period*.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| b. Establishing SC for a Compensable Qualifying Chronic Disability That Arose During the Presumptive Period | Establish SC if the qualifying chronic disability arose to a compensable degree after the Veteran last served in the Southwest Asia theater of operations during the GW period, regardless of the Veteran’s active duty status at the time.  If SC is established during the presumptive period, include the following statement in the rating decision: *Service connection may be presumed for disabilities resulting from undiagnosed illnesses or diagnosed illnesses which arose to a compensable degree after service in the Southwest Asia theater of operations during the Gulf War period. Service connection for* **[disability]** *has been awarded on the basis of this presumption*.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| c. Evaluating the Level of Impairment From an Undiagnosed Disability by Analogy | Evaluate the level of impairment of qualifying chronic undiagnosed disabilities by drawing an analogy to an existing DC in the rating schedule per [38 CFR 4.27](http://www.ecfr.gov/cgi-bin/text-idx?SID=d672e020c675fe0b1e527d621e26aaa6&node=se38.1.4_127&rgn=div8).  Precede a discussion of the evaluation criteria in the rating decision with the following statement: *Since the disability at issue does not have its own evaluation criteria assigned in VA regulations, a closely related disease or injury was used for this purpose*.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| d. Using Hyphenated DCs for Undiagnosed Disabilities | Use hyphenated DCs for all undiagnosed disabilities.  The table below describes each of the codes that comprise a complete hyphenated DC  ***Reference***: For more information on analogous DCs, see   * M21-1, Part IV, Subpart ii, 2.D.4.f, and * M21-1, Part IV, Subpart ii, 2.D.4.g. |

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| Code | Description | Example | Reference |
| First DC | Should always be one of the DCs established for the undiagnosed illness | 8863, for diseases analogous to systemic diseases | For more information on DCs, see   * M21-1, Part IV, Subpart ii, 2.D.4.e, and * M21-1, Part IV, Subpart ii, 2.D.4.f. |
| Second DC | Use the DC that most closely fits the evaluating criteria | 6354, for systemic disease | For more information on analogous codes, see M21-1, Part IV, Subpart ii, 2.D.4.g. |

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| e.  Assigning Appropriate DCs for Disabilities Under 38 CFR 3.317 | In order to properly identify and track disabilities for which SC is awarded or denied based on the *Persian Gulf War Veterans’ Act*, a DC series beginning with “88” has been established.  The 88 code is the first element of an analogous code. The second two digits of the 88 code are assigned according to the body system of the analogous code that it precedes.  ***References***: For more information on   * DCs, see M21-1, Part IV, Subpart ii, 2.D.4.f, and * examples of analogous codes, see M21-1, Part IV, Subpart ii, 2.D.4.g. |

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| f. List of Appropriate DCs for Undiagnosed Disabilities | The table below lists the first element in a hyphenated analogous code and the type of undiagnosed condition to which each code refers. |

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| If the condition is analogous to … | And the analogous code begins with … | Then the first DC is … |
| musculoskeletal diseases | 50 | 8850 |
| amputations | 51 | 8851 |
| joints, skull, and ribs | 52 | 8852 |
| muscle injuries | 53 | 8853 |
| diseases of the eye | 60 | 8860 |
| hearing loss | 61 | 8861 |
| ear and other sense organs | 62 | 8862 |
| systemic diseases | 63 | 8863 |
| nose and throat | 65 | 8865 |
| trachea and bronchi | 66 | 8866 |
| tuberculosis | 67 | 8867 |
| lungs and pleura | 68 | 8868 |
| heart diseases | 70 | 8870 |
| arteries and veins | 71 | 8871 |
| upper digestive system | 72 | 8872 |
| lower digestive system | 73 | 8873 |
| genitourinary system | 75 | 8875 |
| gynecological system | 76 | 8876 |
| hemic and lymphatic system | 77 | 8877 |
| skin | 78 | 8878 |
| endocrine system | 79 | 8879 |
| central nervous system | 80 | 8880 |
| miscellaneous neurological | 81 | 8881 |
| cranial nerve paralysis | 82 | 8882 |
| cranial nerve neuritis | 83 | 8883 |
| cranial nerve neuralgia | 84 | 8884 |
| peripheral nerve paralysis | 85 | 8885 |
| peripheral nerve neuritis | 86 | 8886 |
| peripheral nerve neuralgia | 87 | 8887 |
| epilepsies | 89 | 8889 |
| psychotic disorders | 92 | 8892 |
| organic mental | 93 | 8893 |
| psychoneurotic | 94 | 8894 |
| psychophysiologic | 95 | 8895 |
| dental and oral | 99 | 8899 |

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| g. Examples of Analogous Codes for Undiagnosed Disabilities | The table below contains examples of analogous codes that may be used when evaluating undiagnosed illnesses manifest by the 13 signs or symptoms found in [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=d672e020c675fe0b1e527d621e26aaa6&node=se38.1.3_1317&rgn=div8). For the second code, use a DC with rating criteria that most accurately evaluates manifestations of the disability.  ***Note***: This list does not contain all possible analogous codes.  ***Reference***: For more information on the 13 signs or symptoms of an undiagnosed illness, see [38 CFR 3.317(b)](http://www.ecfr.gov/cgi-bin/text-idx?SID=d672e020c675fe0b1e527d621e26aaa6&node=se38.1.3_1317&rgn=div8). |

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| If the symptom is … | Then the hyphenated DC is … |
| abnormal weight loss | 8873-7328, (resection of intestine). |
| cardiovascular signs or symptoms | 8870-7013, (tachycardia). |
| cardiovascular signs or symptoms | 8870-7005, (arteriosclerotic heart disease (ASHD)). |
| fatigue | 8863-6354, (chronic fatigue syndrome). |
| fatigue | 8877-7700, (anemia). |
| gastrointestinal signs or symptoms | * 8873-7305, (ulcer), or * 8873-7319, (irritable bowel syndrome). |
| headache | 8881-8100, (migraine headaches). |
| joint pain | 8850-5002, (rheumatoid arthritis). |
| menstrual disorders | 8876-7622, (uterus displacement). |
| muscle pain | 8850-5021, (myositis). |
| neurologic signs or symptoms | 8885-85\_\_, (peripheral neuropathy). |
| neuropsychological signs or symptoms | 8893-9300, (organic mental disorder). |
| signs or symptoms involving the respiratory system (upper or lower) | * 8865-65\_\_, (respiratory system) * 8866-66\_\_, (respiratory system), or * 8868-68\_\_, (respiratory system). |
| signs or symptoms involving the skin | 8878-7806, (eczema). |
| sleep disturbances | 8894-9400, (generalized anxiety). |

#### 5. Denying SC for Qualifying Disabilities

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| Introduction | This topic contains information on denying SC for qualifying disabilities, including   * discussing the denial in the rating decision * addressing * diagnosed illnesses * an illness that is not chronic * an illness that is attributable to some other etiology * a condition that is not shown to exist by the evidence of record, and * a qualifying chronic disability that is less than 10-percent disabling. |

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| a. Discussing the Denial in the Rating Decision | Begin a discussion of the denial of SC in the rating decision with a description of the general requirements for SC under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=d672e020c675fe0b1e527d621e26aaa6&node=se38.1.3_1317&rgn=div8) and include the following statement.  *Service connection may be established for disability resulting from undiagnosed illness or a medically unexplained chronic multi-symptom illness that is defined by a cluster of symptoms, or a diagnosed illness that is determined by VA regulation to warrant a presumption of service connection which manifested itself either during active service in the Southwest Asia theater of operations during the Gulf War period, or to a degree of ten percent or more after the date on which the Veteran last performed service in the Southwest Asia theater of operations during the Gulf War period*.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| b.  Addressing Diagnosed Illnesses | SC may not be awarded under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=d672e020c675fe0b1e527d621e26aaa6&node=se38.1.3_1317&rgn=div8) for an illness having a known clinical diagnosis unless it meets the criteria for a qualifying chronic disability shown in M21-1, Part IV, Subpart ii, 2.D.1.g. However, SC under other provisions of the law must be considered.  If SC for a claimed undiagnosed illness is denied on this basis, include the following language in the rating decision.  *Service connection for* **[claimed disability]** *is denied because this disability is determined to result from a known clinical diagnosis of* **[diagnosed disability]***, which neither occurred in, nor was caused or aggravated by, service*.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| c. Addressing an Illness That Is Not Chronic | The requirement for chronicity is fulfilled if the disability has persisted for at least six months. Disabilities subject to episodic improvement and worsening within a six-month period may still be considered chronic. Carefully review all evidence, not just the most recent evidence, prior to determining if a claimed disability is chronic.  If the disability does not meet the six-month requirement, include the following statement in the rating decision.  *The disability must have persisted for a period of at least six months. Service connection for* **[disability]** *is denied since this disability was first manifested on* **[date]** *and lasted less than six months.*  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| d. Addressing an Illness That Is Attributable to Some Other Etiology | SC under [38 CFR 3.317](http://www.ecfr.gov/cgi-bin/text-idx?SID=d672e020c675fe0b1e527d621e26aaa6&node=se38.1.3_1317&rgn=div8) cannot be awarded if there is affirmative evidence that an undiagnosed illness was not incurred during active service or is related to a supervening condition or an event that occurred after service or to willful misconduct to include alcohol or drug abuse.  ***Important***: An examiner’s conclusion must be supported by a clear medical rationale.  Include the following statement in the rating decision if SC is denied on this basis.  *Service connection under this provision is precluded if there is affirmative evidence that the disability was unrelated to service in the Southwest Asia theater of operations. Service connection for* **[disability]** *is denied because evidence established that this disability resulted from* **[unrelated event, accident, injury, etc.]**.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| e. Addressing a Condition That Is Not Shown to Exist by the Evidence of Record | If the evidence of record fails to show that a condition exists or has existed in the past, include the following statement in the rating decision: *There is no evidence that the condition ever existed*.  ***Reference***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |

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| f. Addressing a Qualifying Chronic Disability That Is Less Than 10-Percent Disabling | If the Veteran fails to qualify for SC because the severity of the qualifying chronic disability is noncompensable, include the following statement in the rating decision.  *Service connection for* **[disability]** *is denied since this disability neither arose during service in the Southwest Asia theater of operations,* *nor was it manifested to a compensable degree after the last date of service in the Southwest Asia theater during the Gulf War period*.  ***References***: For more information on documenting a decision see M21-1, Part III, Subpart iv, 6.C. |