#### Department of Veterans Affairs M21-1, Part IV, Subpart ii

**Veterans Benefits Administration June 3, 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 IV, “General Claims Process,” Subpart ii, “General Rating Procedures.”***Notes***: * Updated in accordance with new M21-1 standards
* Updated incorrect or obsolete references
* 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 the claims that a Veteran and/or his/her dependent(s) file with VA.
* Minor editorial changes have also been made to
* update incorrect or obsolete references
* update the term “veteran” to “Veteran”
* renumber each topic based on the standard that the first topic in each section is Topic 1
* reassigned 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
* update section and topic titles to more accurately reflect their content, and
* bring document into conformance with M21-1 standards.
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| Reason(s) for the Change | Citation |
| To clarify what 38 CFR 3.317 does in implementing 38 U.S.C. 1117 | M21-1, Part IV, Subpart ii, Chapter 2, Section D, Topic 1, Block d(IV.ii.2.D.1.d) |
| To streamline existing block to introduce in general terms what a qualifying chronic disability is under 38 CFR 3.317, and moved certain information out under separate blocks. Deleted the example relating to sleep apnea and sleep disturbance to eliminate confusion.  | (IV.ii.2.D.1.g) |
| To add a new Block h to define an undiagnosed illness. | IV.ii.2.D.1.h |
| To add a new Block I to define medically unexplained chronic multi-symptom illnesses (MUCMIs). | IV.ii.2.D.1.i |
| To add a new Block j to define functional gastrointestinal disorders. | IV.ii.2.D.1.j |
| To add a new Block k to explain examination requirements for MUCMIs. | IV.ii.2.D.1.k |
| To add a new Block l to address partially understood chronic multi-symptoms illnesses. | IV.ii.2.D.1.l |
| To add a 38 CFR 3.317(a)(7) reference for what constitutes affirmative evidence that a condition was not incurred during service.  | IV.ii.2.D.1.n |
| To add an M21-1 reference regarding types of evidence to establish objective indications of chronic disability.  | IV.ii.2.D.1.o |
| To replace “Processing” with “Rating” in the Topic title since this more accurately describes content of the Topic.  | IV.ii.2.D.2 |
| To add M21-1 reference to development requirements for Gulf War (GW) claims. | IV.ii.2.D.2.b |
| To delete existing Block c because it was confusing and potentially misleads decision makers to think that medical evidence may not be required to grant service connection.  | -- |
| * To emphasize the role of the Veteran’s testimony as it relates to establishing signs and symptoms for purposes of ordering an examination and for establishing service connection;
* To add important Joyner court case that emphasizes the importance of considering lay subject complaints of pain as a qualifying 38 CFR 3.317 condition;
* To add key reference indicating the importance of the examiner to adequately characterize the claimed disability.
 | IV.ii.2.D.2.c  |
| * To rename block to emphasize the role of third party lay evidence in establishing signs and symptoms;
* To add examples of what the 3rd party statements may consist of;
* To add reference to information on when evidence is competent and credible.
 | IV.ii.2.D.2.d |
| To clarify the role of non-medical indicators in establishing signs and symptoms. | IV.ii.2.D.2.e |
| * To clarify that we need to ensure that any existing GW Registry exam results are considered when rating GW claims;
* To add reference for the developing for GW Registry exam.
 | IV.ii.2.D.2.f |
| * To add that insufficient exams that do not include an examiner’s determination of disability pattern be returned with copy of “notice to examiner” in the Evaluation Request Builder;
* To add reference to important case in *Joyner v. MacDonald*, which held that a medical professional does not need to eliminate all possible diagnoses before service connection for an undiagnosed illness can be granted.
 | IV.ii.2.D.2.g |
| * To add examples of conditions (diabetes and multiple sclerosis) with partially explained etiology that are not subject to service connection under 38 CFR 3.317;
* To add a scenario for when examiners make unwarranted negative opinions regarding conditions in 38 CFR 3.317 that otherwise should be granted service connection as well as a scenario where the examiners opine that undiagnosed illness is due to supervening cause;
* To add important case in *Gutierrez v. Principi* holding that no link to service is necessary when all other requirements in 38 CFR 3.317 are met.
 | IV.ii.2.D.2.h |
| * To delete first paragraph to avoid confusion – but emphasized that disabilities subject to episodic improvement and worsening can still be considered chronic, and that ALL evidence be considered, not just most recent evidence.
 | IV.ii.2.D.5.c |
| * To add clarity that service connection under 38 CFR 3.317 cannot be established if there is a supervening cause or is due to willful misconduct;
* To add that an examiner’s conclusion must be supported by a clear medical rationale.
 | IV.ii.2.D.5.d |

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| Rescissions | Training Letter 10-01, “Adjudicating Claims Based on Service in the Gulf War and Southwest Asia.” |

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

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| Signature | Thomas J. Murphy, DirectorCompensation Service |

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