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

**Veterans Benefits Administration June 3, 2015**

**Washington, DC 20420**

#### Transmittal Sheet

|  |  |
| --- | --- |
| 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. |

|  |  |
| --- | --- |
| 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 |

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

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

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

|  |  |
| --- | --- |
| Distribution | LOCAL REPRODUCTION AUTHORIZED |