## Section B. Conditions of the Organs of Special Sense

#### Overview

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

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| Topic | Topic Name |
| 1 | General Information About Eye Conditions |
| 2 | Specific Eye Conditions |
| 3 | Hearing Impairment |
| 4 | Exhibit 1: Examples of Rating Decisions for Diplopia |

#### 1. General Information About Eye Conditions

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| Introduction | This topic contains general information about eye conditions, including* measuring field of vision
* citing disease or injury in the diagnosis
* excluding congenital or developmental defects
* definition of refractive errors
* considering service connection (SC) for refractive errors
* evaluation of visual acuity
* evaluating anatomical loss of one eye with inability to wear a prosthesis
* establishing SC for unusual developments, and
* considering visual acuity in a non-service-connected (NSC) eye when the other eye is service-connected (SC).
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| a. Measuring Field of Vision | The examining medical facility retains discretion in the exact method used to measure visual fields. However, the facility must use one of the following* Goldmann Bowl kinetic perimetry
* automatic perimetry (Humphrey Model 750, Octopus Model 101), or
* later versions of the Humphrey or Octopus machines with simulated Goldmann kinetic perimetry.

***Notes***: * If the specified automatic perimetry models are used, results must be reported with both the kinetic “*Full Field*” and kinetic “*Numerical Values*” printouts.
* If the reports do not include these printouts, the examination is insufficient for rating purposes and must be returned for corrective action.
* Veterans Benefits Management System-Rating (VBMS-R) allows use of the legacy eye calculator from within the application for scenarios that are not covered in the VBMS-R embedded eye calculator . The *VBMS-R User Guide* is embedded within the application and accessible by selecting “Help.”

***Reference***: For more information on visual field standards, see [38 CFR 4.77](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_177&rgn=div8). |

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| b. Citing Disease or Injury in the Diagnosis | Cite the actual disease, injury, or other basic condition as the diagnosis, rather thana mere citation of impaired visual acuity, field of vision, or motor efficiency.***Note***: Actual pathology, other than refractive error, is required to support impairment of visual acuity. Impaired field of vision and impaired motor field function must be supported by actual appropriate pathology. |

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| c. Excluding Congenital or Developmental Defects  | Defects of form or structure of the eye that are of congenital or developmental origin may *not* be considered as disabilities or service-connected (SC) on the basis of incurrence or aggravation beyond natural progress during service. The fact that a Veteran was supplied with glasses for correcting refractive error from any of the eye defects named above is not, in itself, considered indicative of aggravation by service that would warrant compensation.***Exception***: Malignant or pernicious myopia may be considered SC. |

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| **d. Definition: Refractive Errors** | ***Refractive errors*** are* due to anomalies in the shape and conformation of the eye structures, and
* generally of congenital or developmental origin.

***Examples***: Astigmatism, myopia, hyperopia, and presbyopia.  |

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| e. Considering SC for Refractive Errors | The effects of uncomplicated refractive errors must be *excluded* in considering impairment of vision from the standpoint of service connection (SC) and evaluation.***Exception***: Myopia may progress rapidly during the periods of service and lead to destructive changes, such as* changes in the choroid
* retinal hemorrhage, and
* retinal detachment.

***Notes***:* Children are usually hyperopic at birth and subsequently become less so, or they become emmetropic, or even myopic.
* In adults, refractive errors are generally stationary or change slowly until the stage of presbyopia, also a developmental condition.
* When dealing with refractive error only, if the best corrected vision on any examination by the Department of Veterans Affairs (VA) is better than prior determinations, view these prior determinations to be erroneous or at least as not representing best correction.

***Reference***: For more information on considering SC for refractive error of the eye, see [38 CFR 3.303(c)](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.3_1303&rgn=div8). |

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| **f. Evaluation of Visual Acuity** | Evaluate central visual acuity on the basis of corrected distance vision with central fixation, even if a central scotoma is present.***Exception***: Evaluate the visual acuity of the poorer eye using either its uncorrected or corrected visual acuity, whichever results in better combined visual acuity, when * the lens required to correct distance vision in the poorer eye differs by more than three diopters from the lens required to correct distance vision in the better eye
* the difference is not due to congenital or developmental refractive error, and
* either the poorer eye or both eyes are SC.

***Reference***: For more information on evaluating based on visual acuity, see [38 CFR 4.76](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=22c1c046d70f332be0353a272e572bc6&mc=true&r=SECTION&n=se38.1.4_176). |

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| **g. Evaluating Anatomical Loss of One Eye With Inability to Wear a Prosthesis** | When the evidence shows anatomical loss of one eye together with inability to wear a prosthesis, increase the evaluation for visual acuity under [38 CFR 4.79, diagnostic code (DC) 6063](http://www.ecfr.gov/cgi-bin/text-idx?SID=c4e7d0356721b57e78355df0a68ce8b5&mc=true&node=se38.1.4_179&rgn=div8) by 10 percent.***Notes***:* The maximum evaluation for visual impairment of both eyes will not exceed 100 percent.
* Assignment of the 10 percent increase under [38 CFR 4.79, DC 6063](http://www.ecfr.gov/cgi-bin/text-idx?SID=c4e7d0356721b57e78355df0a68ce8b5&mc=true&node=se38.1.4_179&rgn=div8) precludes an evaluation under [38 CFR 4.118, DC 7800](http://www.ecfr.gov/cgi-bin/text-idx?SID=c4e7d0356721b57e78355df0a68ce8b5&mc=true&node=se38.1.4_1118&rgn=div8) based on gross distortion or asymmetry of an eye. A separate evaluation may be assigned under [38 CFR 4.118, DC 7800](http://www.ecfr.gov/cgi-bin/text-idx?SID=c4e7d0356721b57e78355df0a68ce8b5&mc=true&node=se38.1.4_1118&rgn=div8) based on characteristics of disfigurement separate from gross distortion or asymmetry of an eye.

***Reference***: For information on consideration of Special Monthly Compensation (SMC) for anatomical loss of an eye, see M21-1, Part IV, Subpart ii, 2.H.4.j.  |

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| h. Establishing SC for Unusual Developments  | Long-established policy permits establishment of SC for such unusual developments as choroidal degeneration, retinal hemorrhage or detachment, or rapid increase of myopia producing uncorrectable impairment of vision. Consider refractive error SC *only* under these unusual circumstances and when combined with uncorrectable residual visual impairment.***Note***: Irregular astigmatism may be due to corneal inflammation due to injury or operation. |

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| i. Considering Visual Acuity in an NSC Eye When the Other Eye Is SC | When visual impairment of only one eye is SC, either directly or by aggravation, consider the visual acuity of the non-service-connected (NSC) eye to be 20/40, subject to the provisions of [38 CFR 3.383(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.3_1383&rgn=div8).***Example 1*** (Direct incurrence)***Situation***:* Pre-service, a Veteran had visual acuity of 20/70 in the right eye and 20/20 in the left eye, with a history of bilateral inactive chorioretinitis.
* The Veteran developed a cataract in the left eye in service.
* Post-service, visual acuity was 20/70 in the right eye and 10/200 in the left eye.
* At the time of the rating determination, the left eye cataract was pre-operative.

***Result***:* The SC evaluation is 30 percent for the left eye cataract that was incurred in service, based on visual acuity of 10/200.
* Since the right eye is NSC, it is considered to have normal vision (20/40) for the purposes of this calculation.

***Example 2*** (Aggravation)***Situation***:* Pre-service, a Veteran had visual acuity of 20/50 in each eye due to scarring from an old injury.
* The Veteran’s left eye was re-injured in combat.
* Post-service, visual acuity was 20/50 in the right eye and 10/200 in the left eye.

***Result***:* The SC evaluation is 20 percent for left eye aggravation (30 percent for 10/200 (current left eye) minus 10 percent for 20/50 (left eye on entrance)).
* Since the Veteran’s right eye is NSC, it is considered to have normal vision (20/40) for the purposes of this calculation.

***References***: For more information on* evaluating visual acuity, see [38 CFR 4.75](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_175&rgn=div8) and [38 CFR 4.79, DCs 6063 through 6066](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_179&rgn=div8), and
* determining in-service aggravation of pre-service disability, see
* [38 CFR 3.306](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e97bb2a474325f8eab5ea7a335774c6&node=se38.1.3_1306&rgn=div8), and
* M21-1, Part IV, Subpart ii, 2.B.4.
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#### 2. Specific Eye Conditions

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| Introduction | This topic contains information on specific eye conditions, including* considering the etiology of amblyopia
* considering impairments of both visual acuity and visual field
* considering glaucoma
* evaluating preoperative versus postoperative cataracts
* evaluating dry eye syndrome
* examination requirements for diplopia
* evaluating diplopia together with impairment of visual acuity or visual field, and
* guidance related to retinitis pigmentosa.
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| a. Ascertaining the Etiology of Amblyopia  | Ascertain the etiology of amblyopia in each individual case since a diagnosis may refer to either developmental or acquired causes of lost visual acuity. |

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| b. Considering Impairments of Both Visual Acuity and Visual Field | When there are impairments of both visual acuity and visual field* determine for each eye the percentage evaluation for visual acuity and for visual field loss (expressed as a level of visual acuity under [38 CFR 4.79, DC 6080](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_179&rgn=div8)), and
* combine the evaluations under [38 CFR 4.25](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_125&rgn=div8).

The combined evaluation for visual impairment can then be combined with any other disabilities that are present.***Example*** ***Situation***: * Corrected visual acuity is 20/40 in the right eye and 20/70 in the left eye, warranting a 10-percent evaluation.
* Visual field loss in right eye is remaining field 38 degrees (equivalent to visual acuity 20/70) and loss in left eye is remaining field 28 degrees (equivalent to visual acuity 20/100), warranting a 30-percent evaluation.

***Result***: Under [38 CFR 4.25](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=se38.1.4_125&rgn=div8), combine the 30-percent evaluation for visual field loss with the 10-percent evaluation for visual acuity, which results in a 40-percent combined evaluation for bilateral visual impairment. |

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| c. Considering Glaucoma  | Glaucoma is recognized as an organic disease of the nervous system and is subject to presumptive SC under [38 CFR 3.309(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e97bb2a474325f8eab5ea7a335774c6&node=se38.1.3_1309&rgn=div8). Consider glaucoma, manifested to a compensable degree within one year of separation from an entitling period of service, to be SC on a presumptive basis unless there is * affirmative evidence to the contrary, or
* evidence that a recognized cause of the condition (also known as an intercurrent cause) was incurred between the date of separation from service and the onset of the disability.

***Notes***: * Angle-closure glaucoma is evaluated on the basis of either visual impairment or incapacitating episodes, whichever results in a higher evaluation. For VA purposes, an ***incapacitating episode*** is a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other health care provider.
* When evaluating glaucoma, assign a minimum evaluation of 10 percent if the evidence shows that continuous medication is required.
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| **d. Evaluating Preoperative Versus Postoperative Cataracts** | [38 CFR 4.79, DC 6027](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8), requires that preoperative cataracts are to be evaluated based on visual impairment. If cataracts are postoperative in nature, evaluate based on visual impairment if a replacement lens is present (known as pseudophakia). If there is no replacement lens, evaluate based on aphakia under [38 CFR 4.79, DC 6029](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8). |

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| **e. Evaluating Dry Eye Syndrome** | Keratoconjunctivitis sicca, more commonly known as dry eye, occurs when the surface of the eye becomes dry due to lack of quality tears. Evaluation and selection of an analogous DC for dry eye syndrome is dependent on the symptoms noted and etiology. Dry eye syndrome may be due to a variety of causes to include* an underlying disease, such as diabetes mellitus or rheumatoid arthritis
* medications, such as certain hypertensive and antidepressant medications, non-steroidal anti-inflammatory drugs, decongestants, or antihistamines, and
* environmental exposures such as wind, high altitude, dry air, sun, or prolonged eye concentration.

Treatment for dry eyes ranges from use of over-the-counter artificial tear drops to surgery, prescription medications, blocking of ducts, or special contact lenses.The disability picture present with dry eye syndrome varies and, therefore, an appropriate analogous DC must be selected. Appropriate DCs may include [38 CFR 4.79, DCs 6013, 6018, or 6025](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8), depending upon the nature and symptomatology.***Important***: Elective procedures, such as laser eye surgery (e.g., LASIK), without unusual results or additional disability attributed to elective procedures are ***not*** eligible for SC. Dry eye syndrome is a common result of laser eye surgery, and thus would ***not*** be eligible for SC ***if*** the etiology of the dry eye syndrome is due solely to an elective procedure.***Notes***: * Minimal symptomatology only requiring treatment by non-prescription eye drops would typically only warrant a zero percent evaluation under [38 CFR 4.79, DCs 6013, 6018, or 6025](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8), as it clearly does not approximate the criteria required for a compensable evaluation.
* Depending on the etiology of the dry eye syndrome, it may also be appropriate to evaluate as a symptom under the evaluation of the underlying condition.

***References***: For more information on the * principles of SC, see [38 CFR 3.303](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a16b7e1503e02afb95bd9ec3d04c5bc8&mc=true&r=SECTION&n=se38.1.3_1303), and
* usual effects of medical and surgical treatment in service having the effect of ameliorating disease, see [38 CFR 3.306(b)(1)](http://www.ecfr.gov/cgi-bin/text-idx?SID=47e90bac2cbb952ebc5062d94da358e6&mc=true&node=se38.1.3_1306&rgn=div8).
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| f. Examination Requirements for Diplopia | [38 CFR 4.78](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=19d4b5fd63074bfe80505a566e32bbeb&mc=true&r=SECTION&n=se38.1.4_178) requires use of Goldmann Bowl kinetic perimeter testing for examination of muscle function. However, the Tangent Screen is sufficient for rating purposes if the following criteria are met* The test must be performed at a distance of one meter with a 7.5 millimeter (mm) diameter round white test target to evaluate the central 30 degrees and/or a 3.75 mm diameter round white test target at a distance of one-half meter to evaluate beyond the central 30 degrees (up to 60 degrees).
* The light falling on the Tangent Screen should be seven foot candles.
* The output must be recorded on a Goldmann Perimeter Chart (recording sheet).

A diagnosis of diplopia that reflects the disease or injury that is the cause of the diplopia must be of record.  |

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| g. Evaluating Diplopia Together With Impairment of Visual Acuity or Visual Field | When the affected field with diplopia extends beyond more than one quadrant or range of degrees, evaluate diplopia based on the quadrant and degree range that provides the higher (or highest) evaluation. When diplopia exists in two separate areas of the same eye, increase the equivalent visual acuity under [38 CFR 4.79, DC 6090](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8) to the next poorer level of visual acuity, but not to exceed 5/200.Follow the steps in the table below when assigning an evaluation to visual impairment when a claimant has both* diplopia, and
* a ratable impairment of visual acuity or loss of visual field in either eye.
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| Step | Action |
| 1 | Assign a level of visual acuity for diplopia for only one eye under [38 CFR 4.79, DC 6090](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8). |
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| If the visual acuity level assignable for diplopia is … | Then assign a level of corrected visual acuity for the poorer eye (or affected eye, if only one is SC) that is … |
| 20/70 or 20/100 | one step poorer than it would otherwise warrant, not to exceed 5/200. |
| 20/200 or 15/200 | two steps poorer than it would otherwise warrant, not to exceed 5/200. |
| 5/200 | three steps poorer than it would otherwise warrant, not to exceed 5/200. |

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| 3 | Determine the evaluation for visual impairment under [38 CFR 4.79, DC 6065 or 6066](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_179&rgn=div8) by using the* adjusted visual acuity of the poorer eye (or affected eye, if only one is SC), and
* corrected visual acuity for the better eye (or visual acuity of 20/40 for the other eye, if only one eye is SC).
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| ***Example***: * The Veteran has an SC evaluation for diplopia.
* Diplopia in both eyes is in the 31 to 40 degree range of upward vision and in the 31 to 40 degree range of lateral vision.
* The diplopia in the upward vision is equivalent to visual acuity of 20/40, while the diplopia in the lateral vision is equivalent to visual acuity of 20/70.

***Result***: * Based on [38 CFR 4.78(b)(2) and (3)](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=19d4b5fd63074bfe80505a566e32bbeb&mc=true&r=SECTION&n=se38.1.4_178), the overall equivalent visual acuity for diplopia is 20/100, which is one step poorer than the diplopia (in this case, the lateral) that provides the higher evaluation.
* The overall evaluation for diplopia is, therefore, 10 percent, based on visual acuity of 20/100 for one eye and 20/40 for the other eye (diplopia is only taken into consideration for one eye).

***Note***: Diplopia that is occasional or that is correctable with corrective lenses is evaluated at zero percent.***Reference***: For examples of rating decisions for diplopia, see M21-1, Part III, Subpart iv, 4.B.4. |

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| **h. Guidance Related to Retinitis Pigmentosa** | SC may be awarded for diseases of congenital, developmental, or familial origin that either first manifest themselves during service or that preexist service and progress at an abnormally high rate during service so as to demonstrate aggravation.If no other cause is shown for retinitis pigmentosa, consider it to be hereditary, and determine SC based on whether or not there has been aggravation of this preexisting condition during service. |

**3. Hearing Impairment**

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| Introduction | This topic contains information about hearing impairment, including* determining impaired hearing as a disability
* sympathetic reading and claims for hearing loss and/or tinnitus
* reviewing claims for SC for tinnitus when hearing loss is not claimed
* considering the *Duty Military Occupational Specialty (MOS) Noise Exposure Listing* and combat duties
* considering National Guard and Reserve duty for hearing loss and/or tinnitus claims
* requesting audiometric examinations and medical opinions
* when a medical opinion is necessary to determine onset or etiology of tinnitus
* considering medical opinions in cases involving tinnitus
* handling changed criteria or testing methods
* general guidelines for assigning an effective date for an increased evaluation for hearing loss
* evidence requirements to assign an earlier effective date of increase for hearing loss
* applying past versions of hearing loss criteria
* considering SC for development of subsequent ear infection in an NSC ear when the other ear is SC
* evaluating exceptional patterns of hearing impairment
* evaluating hearing loss when speech discrimination scores are not appropriate or cannot be obtained
* considering hearing impairment due to Meniere’s disease
* determining the need for a reexamination
* compensation payable for paired organs under 38 CFR 3.383
* using VBMS-R decision tools in hearing impairment claims
* entering audiometric values above 105 decibels into the VBMS-R hearing loss calculator, and
* applying liberalizing rule provisions when assigning effective dates for tinnitus.
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| a. Determining Impaired Hearing as a Disability | Per [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8), impaired hearing is considered a disability for VA purposes when* the auditory threshold in any of the frequencies 500, 1000, 2000, 3000, or 4000 Hertz (Hz) is 40 decibels or greater
* the auditory thresholds for at least three of the frequencies 500, 1000, 2000, 3000, or 4000 Hz are 26 decibels or greater, or
* speech recognition scores using the Maryland Consonant-Vowel Nucleus-Consonant (CNC) Test are less than 94 percent.

***Notes***: * Sensorineural hearing loss is considered an organic disease of the nervous system and is subject to presumptive SC under [38 CFR 3.309(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1309&rgn=div8).
* Be careful in determining whether older audiometry results show a disability under [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8). Results today may indicate a different level of impairment than in the past because of changed equipment standards.
* Audiometry results from before 1969 may have been in American Standards Association (ASA) units.
* Current testing standards are set by the International Standards Organization (ISO) /American National Standards Institute (ANSI).
* Test results should indicate the standard for the audiometry, but
* if a military audiogram was performed prior to 1969 and does not specifically state it was conducted according to ISO/ANSI standards, assume the results are ASA, and
* unless otherwise specified, assume audiograms performed from 1969 and later were conducted according to ISO or ANSI standards.
* Veterans Health Administration (VHA) examinations for compensation purposes routinely converted ISO/ANSI results to ASA units until the end of 1975 because the regulatory standard for evaluating hearing loss was not changed to require ISO/ANSI units until September 9, 1975.
* In order to facilitate data comparison for VA purposes under [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8), ASA standards noted in service treatment records (STRs) dated prior to 1969 must be converted to ISO/ANSI standards.

***Important***: If the audiometric results were reported in standards set forth by ASA, or the results date to a time when ASA units may have been used and you cannot determine what standards were used to obtain the readings, an audiologist opinion is necessary to interpret the results and convert any ASA test results to ISO/ANSI units for application of [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8) in disability determinations. ***References***: For more information on * applying past versions of hearing loss tables, see M21-1, Part III, Subpart iv, 4.B.3.l
* diseases found to represent organic diseases of the nervous system, see M21-1, Part IV, Subpart ii, 2.B.2.b, and
* obtaining medical opinions, see M21-1, Part III, Subpart iv, 3.A.7.
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| b. Sympathetic Reading and Claims for Hearing Loss and/or Tinnitus | Review each claim for hearing loss and/or tinnitus for* sufficient evidence of a current audiological disability (including lay evidence), and
* evidence documenting
* hearing loss and/or tinnitus in service, or
* an in-service event, injury, disease, or symptoms of a disease potentially related to an audiological disability.

Claims, particularly those from unrepresented claimants, must be read sympathetically. Although a claim for “hearing loss” denotes diminished hearing acuity, a lay claimant might interpret extraneous sounds (tinnitus) creating interference with normal hearing as “hearing loss.” References to “hearing impairment” and “hearing” are even more ambiguous. In cases where the claim is phrased as above but the claimant: 1) makes later contentions specifically about tinnitus, 2) submits evidence of tinnitus or 3) reports tinnitus at a hearing exam or if the examiner diagnoses tinnitus and associates that with the Veteran’s service or another SC disability, treat the hearing-related claim to include a claim for tinnitus. Where SC is established for tinnitus, use the date of the hearing-related claim for effective date purposes. ***Note***: If tinnitus is not specifically claimed, do *not* address tinnitus in the rating decision unless SC can be awarded. ***References***: For more information on * sympathetic reading doctrine generally, see
* M21-1 Part III, Subpart iv, 6.B.1.c, and
* M21-1 Part IV, Subpart ii, 2.A.1.a, and
* application of the sympathetic reading doctrine in mental disorders cases, see
* M21-1 Part III, Subpart iv, 4.H.1.a-b, and
* M21-1 Part III, Subpart iv, 4.H.6.
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| c. Reviewing claims for SC for Tinnitus When Hearing Loss Is Not Claimed | A claim for SC for tinnitus should not be interpreted as a claim for SC for hearing loss. In cases where only tinnitus is claimed but the evidence shows the presence of hearing loss which may be related to an in-service event or injury or due to some other SC condition, solicit a claim for SC for hearing loss. If, upon solicitation, a claimant submits a claim for SC for hearing loss and the evidence of record supports SC, use the date the claim for SC for hearing loss was received for effective date purposes. ***Important***: Although claims for SC for tinnitus are not automatically accepted as claims for SC for hearing loss, all claims require sympathetic review.***References***: For more information on * sympathetic reading doctrine generally, see
* M21-1 Part III, Subpart iv, 6.B.1.c, and
* M21-1 Part IV, Subpart ii, 2.A.1.a
* reviewing claims for SC for hearing loss in which tinnitus is identified but not claimed, see M21-1 Part III, Subpart iv, 4.B.3.b, and
* soliciting claims for unclaimed, chronic disabilities, see M21-1 Part III, Subpart iv, 6.B.5.a.
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| d. Considering the Duty MOS Noise Exposure Listing and Combat Duties | The *Duty Military Occupational Specialty (MOS) Noise Exposure Listing*, which has been reviewed and endorsed by each branch of service, is available at <http://vbaw.vba.va.gov/bl/21/rating/docs/dutymosnoise.xls>.Based on the Veteran’s records, review each duty MOS, Air Force Specialty Code, rating, or duty assignment documented on the *Duty MOS Noise Exposure Listing* to determine the probability of exposure to hazardous noise. If the duty position is shown to have a “Highly Probable” or “Moderate” probability of hazardous noise exposure, concede exposure to hazardous noise for the purposes of establishing an event in service. In addition, also review the Veteran’s records for evidence that the Veteran engaged in combat with the enemy in active service during a period of war, campaign, or expedition.If the evidence establishes that the Veteran was engaged in combat, concede exposure to hazardous noise for the purposes of establishing an event in service.***Notes***: * *The Duty MOS Noise Exposure Listing* is not an exclusive means of establishing a Veteran’s in-service noise exposure. Evaluate claims for SC for hearing loss in light of the circumstances of the Veteran’s service and all available evidence, including treatment records and examination results.
* When hazardous noise exposure is conceded based on the Veteran engaging in combat, accept satisfactory lay or other evidence of service incurrence or aggravation of such injury or disease, if consistent with the circumstances, conditions, or hardships of such service, even if there is no official record of such incurrence or aggravation in such service. Resolve every reasonable doubt in favor of the Veteran, unless there is clear and convincing evidence to the contrary.

***References***: For more information on * considering the circumstances of the Veteran’s service, see [38 U.S.C. 1154(a) and (b)](http://law.cornell.edu/uscode/html/uscode38/usc_sec_38_00001154----000-.html), and
* considering combat service for purposes of conceding in-service noise exposure and determining service incurrence of a disability, see [*Reeves v. Shinseki*,](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmr) 682 F.3d 988 (Fed.Cir. 2012).
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| e. Considering National Guard and Reserve Duty for Hearing Loss and/or Tinnitus Claims | Claims for SC of hearing loss and/or tinnitus due to service in the National Guard or Reserves should be considered under the same criteria as any claim for SC of hearing loss and/or tinnitus. The condition must be causally related to service.* First, consider SC on the basis of a potential relationship to periods of active duty or active duty for training (ADT).
* When SC for hearing loss and/or tinnitus may not be directly related to a period of active duty or extended ADT, entitlement to SC may still be established if there has been a decrease in auditory acuity due to military duties as a member of the National Guard or Reserves.
* SC for hearing loss and/or tinnitus can be established for inactive duty for training (IADT) ***if*** the condition can be linked to an injury during IADT as shown by the nature of service, MOS, lay evidence, or other competent evidence.

Follow the procedures in the table below when developing for evidence of a decrease in auditory acuity due to National Guard or Reserve duty service and deciding whether an examination and/or medical opinion is warranted. |

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| Step | Action |
| 1 | Obtain National Guard or Reserve medical records documenting the auditory baseline. |
| 2 | Consider the type of MOS and military duties performed during National Guard or Reserve service. Per M21-1, Part III, Subpart iv, 4.B.3.d, the MOS must provide exposure to acoustic trauma capable of causing hearing loss or tinnitus.***Note***: For purposes of hearing loss or tinnitus during IADT, the MOS providing exposure to acoustic trauma capable of causing hearing loss or tinnitus serves as the injury during IADT required for SC eligibility, per M21-1, Part IV, Subpart ii, 2.B.1.k. |
| 3 | Review the entire evidentiary record for acoustic trauma to ascertain both in-service and post-service exposure to acoustic trauma. |

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| ***Note***: Although the National Guard or Reserve service records should show auditory threshold shifts during National Guard or Reserve service, the service records do not need to meet the criteria in [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=4ddef8c51466848aeeb87a65313b2b23&mc=true&node=se38.1.3_1385&rgn=div8) to meet the threshold for an examination and/or medical opinion if all other requirements for ordering examinations and medical opinions in M21-1, Part I, 1.C.3 are met.***References***: For more information on* requesting records, see M21-1, Part 1, 1.C
* duty status and eligibility of personnel in the National Guard service, see M21-1, Part III, Subpart ii, 6.3
* determining Veteran status and eligibility for benefits, see M21-1, Part III, Subpart ii, 6
* applying the presumption of soundness for ADT, see M21-1, Part IV, Subpart ii, 2.B.1.j
* requirements for IADT to be considered active service, see M21-1, Part IV, Subpart ii, 2.B.1.k, and
* examination requests, see M21-1, Part III, Subpart iv, 3.A.
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| f. Requesting Audiometric Examinations and Medical Opinions  | Where the question of SC is at issue, request an audiometric examination and/or medical opinion when necessary under [38 CFR 3.159(c)(4)](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1159&rgn=div8). ***Notes***:* Competent evidence of a current diagnosis of symptoms could include records or lay evidence of difficulty hearing or tinnitus.
* Establishment of an event, injury, or disease in service is fact-specific. If there is no documentation of an in-service illness, injury, or event involving the ears or hearing, the *Duty MOS Noise Exposure listing* and evidence of combat service will be considered.
* If noise exposure is conceded based on the *Duty MOS Noise Exposure Listing*, include the level of probability conceded, such as “highly probable” or “moderate,” in the information provided to the examiner in the body of the examination request.
* If noise exposure is conceded based on engagement in combat with the enemy, include this detail in the information provided to the examiner in the body of the examination request.
* If noise exposure is not conceded but an examination and/or opinion are otherwise necessary based on another event, injury, disease, provide the probable level of exposure to hazardous noise associated with the Veteran’s documented duty position in the examination request remarks.
* If the evidentiary threshold for finding a VA examination necessary under [38 CFR 3.159(c)(4)](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1159&rgn=div8) has been met, a duty MOS consistent with a lower probability of hazardous noise exposure than “Highly Probable” or “Moderate” does not preclude a VA examination.
* Request a medical opinion regarding the significance of prior audiological findings if the evidence of record is unclear on any point, such as when there is no evidence of calibrated audiometry testing in the record. Older records frequently contain whispered voice tests which cannot be considered as reliable evidence that hearing loss did or did not occur.
* For claims received from a reservist on account of active or inactive duty for training, review STRs to determine the auditory acuity of the individual prior to, and during, his/her period of service. Entitlement may be awarded if there has been a decrease in auditory acuity due to acoustic trauma as a result of military duties.
* In *Noise and Military Service: Implications for Hearing Loss and Tinnitus* (2006), the National Academy of Sciences reported that a delay of many years in the onset of noise-induced hearing loss following an earlier noise exposure is extremely unlikely.

***References***: For more information on * when an exam is necessary under the duty to assist, see M21-1, Part I, 1.C.3
* use of the duty MOS to determine if there was in-service hazardous noise exposure, see M21-1, Part III, Subpart iv, 4.B.3.d, and
* medical opinions and the *Hearing Loss and Tinnitus Disability Benefits Questionnaire (DBQ)*, see M21-1, Part III, Subpart iv, 3.A.7.h.
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| **g. When a Medical Opinion Is Necessary to Determine Onset or Etiology of Tinnitus** | A medical opinion is not required to establish direct SC for claimed tinnitus if* STRs document the original complaints and/or diagnosis of tinnitus
* there is current medical evidence of a diagnosis of tinnitus or the Veteran competently and credibly reports current tinnitus, and
* the Veteran claims continuity of tinnitus since service or there are records or other competent and credible evidence of continuity of tinnitus diagnosis or symptomatology.

***Exception***: An opinion may be necessary in the fact pattern above if evidence suggests a superseding post-service cause of current tinnitus. A tinnitus examination may also be necessary if the STRs do not document tinnitus but * there is evidence establishing noise exposure or another in-service event, injury, or disease (for example ear infections, use of ototoxic medication, head injury, barotrauma, or other tympanic trauma) that is medically accepted as a potential cause of tinnitus, and
* there is a competent diagnosis or competent report of current tinnitus.

***Notes***: * Under [*Jandreau v. Nicholson*](http://vbaw.vba.va.gov/bl/21/advisory/CAVCDAD.htm#bmj), 492 F.3d. 1372 (Fed. Cir. 2007), a layperson may provide a competent diagnosis of a condition when a layperson is competent to identify a medical condition. Tinnitus is a medical condition that a layperson is competent to identify in himself/herself because the condition is defined by what the person experiences or perceives – namely subjective perception of sounds in his/her own ear(s) or head. Therefore, a layperson may establish the diagnosis of tinnitus at any point in time from service to present. However, consider credibility and weight of the evidence in deciding whether to accept lay testimony as proving tinnitus in service or presently.
* The Hearing Loss and Tinnitus DBQ tinnitus-only examination includes a number of options for examiner opinions on etiology. The examination may be conducted by an audiologist or non-audiologist clinician.
* Only ask the audiologist to offer an opinion about the association to hearing loss if hearing loss is concurrently claimed or already SC.
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| h. Considering Medical Opinions in Cases Involving Tinnitus  | Use the table below when considering an examiner’s medical opinion in a case involving tinnitus. |

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| If ... | Then ... |
| the examiner states tinnitus is a symptom of hearing loss | * evaluate tinnitus separately under [38 CFR 4.87, DC 6260](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_187&rgn=div8) if the hearing loss is determined to be SC, and
* establish SC for tinnitus on a direct, not secondary, basis.

***Notes***: * If the hearing loss is SC, and the tinnitus is a symptom of the hearing loss, we concede that the hearing loss and tinnitus result from the same etiology. Therefore, SC is warranted for tinnitus on a direct basis in these cases.
* Under [38 CFR 4.87, DC 6260](http://www.ecfr.gov/cgi-bin/text-idx?SID=5e9be5ae67db124ca3e516b56bc6efaf&mc=true&node=se38.1.4_187&rgn=div8), a single 10-percent disability evaluation should be assigned for tinnitus, regardless of whether tinnitus is perceived as unilateral, bilateral, or in the head. Separate evaluations for tinnitus for each ear cannot be assigned.
 |
| * the examiner
* states tinnitus is not related to hearing loss, or
* is unable to determine the etiology within reasonable certainty, or
* there is no hearing loss
 | determine, based on all the evidence of record, whether or not the etiology of tinnitus requires further assessment by one of more additional examinations. ***Note***: The type and need for any additional examination(s) will depend on the Veteran’s claim as to the cause of tinnitus. ***Examples***:* If the Veteran claims tinnitus due to hearing loss, and the examiner says they are not related, no further action is needed.
* If Veteran claims tinnitus due to another condition (such as head injury, hypertension, and so on, which would be outside the scope of the audiologist), it might be appropriate to request
* a general medical, ears/nose/throat (ENT), or other examination, and
* an opinion as to the causation of tinnitus.
 |
| the examiner states that tinnitus is related to noise exposure or an event, injury, or illness in service | * evaluate all the evidence of record
* determine if the examiner’s opinion is consistent with the evidence, and

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| If … | Then … |
| the examiner’s opinion is consistent with the evidence of record | award SC on a direct basis. |
| * the examiner’s opinion is not consistent with the evidence of record, and
* the evidence VA provided to the examiner was incorrect or insufficient
 | * return the exam for clarification, and
* provide the examiner with all necessary information.

***Note***: When the corrected exam is received, consider the opinion together with all other evidence of record to determine if SC is warranted. |
| * the examiner’s opinion is not consistent with the evidence of record, and
* the information the Veteran provided to the examiner was also inconsistent with the record
 | consider the opinion together with all other evidence of record to determine whether SC is warranted. |

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| ***References***: For more information on * when to use lay evidence, see
* M21-1, Part III, Subpart iv, 5.6
* [*Buchanan v. Nicholson*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmb), 451 F.3d 1331 (Fed. Cir. 2006)
* [*Jandreau v. Nicholson*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmj), 492 F.3d 1372 (Fed.Cir. 2007), and
* weighing evidence, see
* M21-1, Part III, Subpart iv, 5.9
* [*Coburn v. Nicholson*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmc), 19 Vet. App. 427 (2006)
* [*Kowalski v. Nicholson*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmk), 19 Vet. App. 171 (2005), and
* [*Reonal v. Brown*](http://vbaw.vba.va.gov/bl/21/Advisory/CAVCDAD.htm#bmr), 5 Vet. App. 548 (1993).
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| i. Handling Changed Criteria or Testing Methods | If there is a change in evaluation criteria (including a required change in testing methods) and applying the current facts to the changed criteria would support a lower evaluation ***but there has not been an improvement in the degree of hearing loss (or tinnitus),*** the existing evaluation ***may not be reduced***. ***Reference***: For more information on preservation of disability ratings, see [38 CFR 3.951(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1951&rgn=div8). |

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| **j. General Guidelines for Assigning an Effective Date for an Increased Evaluation for Hearing Loss** | In claims for increased evaluation for hearing loss, the effective date is still controlled by [38 CFR 3.400(o)](http://www.ecfr.gov/cgi-bin/text-idx?SID=5510f6d2f8e71446a6c0f09cab31e463&mc=true&node=se38.1.3_1400&rgn=div8). The effective date will be* no earlier than the date of claim or date entitlement arose, whichever is later, or
* one year prior to the date of claim, if it is factually ascertainable that an increase in disability had occurred from such date.
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| **k. Evidence Requirements to Assign an Earlier Effective Date of Increase for Hearing Loss**  | [38 CFR 4.85](http://www.ecfr.gov/cgi-bin/text-idx?SID=5510f6d2f8e71446a6c0f09cab31e463&mc=true&node=se38.1.4_185&rgn=div8) pertaining to evaluation of hearing impairment does not control the effective date of a claim for increased evaluation. An increased evaluation for hearing loss may be assigned from a date prior to the date the Veteran received a VA audiological examination when evidence dated prior to the examination demonstrates that an increase in disability actually occurred, and the hearing loss demonstrated prior to the date of the examination is consistent with the findings shown by the examination. ***Note***: This will generally require a medical opinion indicating that evidence prior to the date of the examination is consistent with the results of the later, compliant VA examination upon which that increase was shown.***Reference***: For more information on effective dates on increased evaluations for hearing loss when required tests were not performed on prior examinations, see [*Swain v. McDonald*](http://www.uscourts.cavc.gov/documents/Swain14-0947.pdf), 27 Vet.App. 219 (2015). |

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| l. Applying Past Versions of Hearing Loss Criteria | In some cases, it may be necessary to consider past legal criteria for evaluating hearing loss. Such cases may include* unresolved pending claims, and
* claims where a past decision denying SC – or establishing an evaluation – for hearing loss must be revised due to clear and unmistakable error.

The document [here](http://vacoappbva1/lsadocs/CitatorRegulation/4-85-b.pdf) contains all versions of hearing loss evaluation tables from Extension 8-B of the *1945 Schedule for Rating Disabilities* to the amendment of [38 CFR 4.85(b)](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.4_185&rgn=div8), effective June 10, 1999. ***References***: For more information on * applying the law when criteria changes during a pending claim, see [VAOPGRPREC 3-2000](http://www.va.gov/ogc/docs/2000/prc03-2000.doc), and
* standards for old audiometry, see M21-1, Part III, Subpart iv, 4.B.3.a.
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| m. Considering SC for Development of Subsequent Ear Infection in an NSC Ear When the Other Ear Is SC | If the disease of one ear, such as chronic catarrhal otitis media or otosclerosis, is held as the result of service, the subsequent development of similar pathology in the other ear must be held due to the same cause if* the time element is not manifestly excessive, a few years at most, and
* there has been no intercurrent infection to cause the additional disability.

***Note***: If there is continuous SC infection of the upper respiratory tract, the time cited for the purpose of service connecting infection of the second ear should be extended indefinitely. |

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| **n. Evaluating Exceptional Patterns of Hearing Impairment**  | Consideration should be made as to whether current audiometric readings demonstrate an exceptional pattern of hearing impairment. An exceptional pattern of hearing impairment is shown if* the puretone threshold at each of the four specified frequencies (1000, 2000, 3000, and 4000 Hz) is 55 decibels or more, or
* the puretone threshold is 30 decibels or less at 1000 Hz and 70 decibels or more at 2000 Hz.

When an exceptional pattern of hearing impairment is shown, the Rating Veterans Service Representative (RVSR) will determine the Roman numeral designation for hearing impairment using either Table VI or VIA, in [38 CFR 4.85 (h)](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.4_185&rgn=div8),whichever results in the higher numeral. ***Important***: When the puretone threshold is 30 decibels or less at 1000 Hz and 70 decibels or more at 2000 Hz, the Roman numeral obtained by using the appropriate table will be elevated to the next higher Roman numeral.***Reference***: For more information on evaluating hearing loss based on exceptional patterns of hearing impairment, see [38 CFR 4.86](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ee1f6bc36007bb6d9aa4aefebe54c1d7&mc=true&r=SECTION&n=se38.1.4_186). |

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| **o. Evaluating Hearing Loss When Speech Discrimination Scores Are Not Appropriate or Cannot Be Obtained** | When an examiner certifies that speech discrimination scores are not appropriate or cannot be obtained, typically indicated with a “cannot test (CNT)” designation on examination, in accordance with [38 CFR 4.85(c)](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ee1f6bc36007bb6d9aa4aefebe54c1d7&mc=true&r=SECTION&n=se38.1.4_185) use Table VIA in [38 CFR 4.85(h)](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ee1f6bc36007bb6d9aa4aefebe54c1d7&mc=true&r=SECTION&n=se38.1.4_185).***Example***: An examiner indicates that speech discrimination scores are not appropriate due to inconsistent results.  |

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| **p. Considering Hearing Impairment Due to Meniere’s Disease** | Meniere’s disease is characterized by episodic attacks with subsequent subsiding of symptoms following the attack. A Veteran may be totally deaf during the attack with return to normal hearing when the attack ends. Therefore, in evaluating hearing impairment under [38 CFR 4.87, DC 6205](http://www.ecfr.gov/cgi-bin/text-idx?SID=d68d6d4cf7b212b952b5516690048e07&mc=true&node=se38.1.4_187&rgn=div8), the puretone thresholds or speech discrimination percentages are not required to meet the provisions of [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8) as hearing impairment associated with Meniere’s disease is often transient.***Important***: In some cases, hearing loss may not recede following an attack of Meniere’s disease and instead results in a permanent loss of hearing that meets the definition of hearing impairment under [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8). In such circumstances, award benefits under the DC that results in the highest percentage for the Veteran.  |

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| q. Determining the Need for Reexamination | Use the table below to determine whether reexamination is necessary.***Note***: A single examination is often sufficient to meet the qualifying conditions of permanence under [38 CFR 3.327](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1327&rgn=div8). |

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| If … | Then … |
| the extent of hearing loss in an individual claim has been satisfactorily established by an examination | do not routinely schedule reexamination. |
| the Veteran has hearing loss evaluated 100 percent under [38 CFR 4.87, DC 6100](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=cb41684b82f724be6624d31155175fae&mc=true&r=SECTION&n=se38.1.4_187) with a numeric designation of XI & XI  | * permanency can be conceded, and
* SMC awarded unless extenuating circumstances are present.

***Note***: If hearing loss is functional, such as psychogenic, schedule at least one future examination to ensure that permanency is established before awarding SMC. |
| there is evidence that the hearing loss is likely to improve materially in the future  | * schedule a reexamination, and
* include justification for such reexamination in the *Reasons for Decision* part of the rating decision.
 |
| the Veteran has had middle ear surgery  | * consider that hearing acuity will have reached a stable level one year after surgery, and
* schedule reexamination for one year after such surgery under [38 CFR 3.327](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1327&rgn=div8).
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| r. Compensation Payable for Paired Organs Under 38 CFR 3.383 | Even if only one ear is SC, compensation may be payable under [38 CFR 3.383](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1383&rgn=div8) for the other ear, as if SC, if the Veteran’s hearing impairment* is compensable to a degree of 10 percent or more in the SC ear, and
* meets the provisions of [38 CFR 3.385](http://www.ecfr.gov/cgi-bin/text-idx?SID=33d9334e8ca962940e6f920431bd3246&node=se38.1.3_1385&rgn=div8) in the NSC ear.

***Important***: When the above entitling criteria do not apply for the NSC ear, the hearing in the NSC ear should be considered normal for purposes of computing the SC disability rating.***Reference***: For more information on compensation payable for paired SC and NSC organs, see* M21-1, Part III, Subpart iv, 6.B.3.a, and
* M21-1, Part IV, Subpart ii, 2.K.1.
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| s. Using VBMS-R Decision Tools in Hearing Impairment Claims | VBMS-R includes embedded calculators for hearing loss and tinnitus and ear diseases to help RVSRs and Decision Review Officers (DROs) assign correct evaluations and generate required narrative explanation. The calculator output is placed in the rating *Narrative*. ***References***: For more information on * VBMS-R, see the [*VBMS-R User Guide*](http://vbaw.vba.va.gov/VBMS/Resources_Technical_Information.asp) (also available within the application and accessible by selecting “Help”), and
* VBMS, see the [VBMS Resources page](http://vbaw.vba.va.gov/VBMS/resources.asp).
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| **t. Entering Audiometric Values Above 105 Decibels Into the VBMS-R Hearing Loss Calculator** | If audiometric testing results contain a value above 105 decibels, enter the value into the hearing loss calculator at no higher than 105 decibels for the purpose of determining the puretone threshold average as directed by *VA’s Handbook of Standard Procedures and Best Practices for Audiology Compensation and Pension Examinations*.***Example***: Findings of loss of 115 decibels at the 4000 Hz frequency level will be entered as 105 decibels into the hearing loss calculator. |

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| u. Applying Liberalizing Rule Provisions When Assigning Effective Dates for Tinnitus | [38 CFR 4.87, DC 6260](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ea5f459a05583259ee4e4223f7300b71&mc=true&r=SECTION&n=se38.1.4_187) was revised effective June 10, 1999. In the standard for a 10-percent evaluation for tinnitus, the change substituted the word “recurrent” for “persistent.” It also deleted language indicating that compensable tinnitus must be a manifestation of “head injury, concussion, or acoustic trauma.” The regulatory revision to this DC was liberalizing. Therefore the provisions of [38 CFR 3.114(a)](http://www.ecfr.gov/cgi-bin/text-idx?SID=450ced92c05911a90af08679758be2d6&mc=true&node=se38.1.3_1114&rgn=div8) are applicable when assigning an effective date.  |

#### 4. Exhibit 1: Examples of Rating Decisions for Diplopia

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| Introduction | This exhibit contains three examples of rating decisions for diplopia. |

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| Change Date | August 3, 2011 |

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| a. Example 1 | ***Situation***: The Veteran filed an original claim for bilateral impairment of visual acuity on June 1, 2009. VA examination reveals the best distant vision obtainable after correction is 20/200 (6/60) in the right eye and 20/70 (6/21) in the left eye. Diplopia secondary to thyroid myopathy has been diagnosed and is within 24 degrees in the upward quadrant. Diplopia within 24 degrees in the upward quadrant is ratable as 20/70 (6/21) under DC 6090.***Rationale***: Because the evaluation for diplopia is 20/70, evaluate visual acuity in the poorer eye (right) as 15/200 per [38 CFR 4.78](http://www.ecfr.gov/cgi-bin/text-idx?SID=2d94638b61518c7911ce188979c6b4bf&node=pt38.1.4&rgn=div5#se38.1.4_178), one step poorer than it would otherwise warrant.  |

|  |  |
| --- | --- |
| *Coded Conclusion:* |  |
| 1. SC (VE INC) |  |
| 6066 | Visual impairment secondary to thyroid myopathy, bilateral, with diplopia |
| 40 percent from 06/01/2009 |  |

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| --- | --- |
| b. Example 2 | ***Situation***: The same facts as in Example 1, except the diplopia exists within 24 degrees in the downward quadrant. Diplopia within 24 degrees in the downward quadrant is ratable as 15/200 (4.5/60) under DC 6090. ***Rationale***: Because the evaluation for diplopia is 15/200, evaluate visual acuity in the poorer eye (right) as 10/200 per [38 CFR 4.78](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ea5f459a05583259ee4e4223f7300b71&mc=true&r=SECTION&n=se38.1.4_178), two steps poorer than it would otherwise warrant.  |

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| --- | --- |
| *Coded Conclusion:* |  |
| 1. SC (VE INC) |  |
| 6066 | Visual impairment secondary to thyroid myopathy, bilateral, with diplopia |
| 50 percent from 06/01/2009 |  |

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| c. Example 3 | ***Situation***: The Veteran is SC for impairment of the visual field in the right eye secondary to trauma. The average contraction of the visual field is to 50 degrees, and is ratable equivalent to 20/50 (6/15) at 10 percent. Diplopia has been diagnosed secondary to trauma and exists within 20 degrees in the central area. Diplopia within 20 degrees in the central area is ratable as 5/200 (1.5/60). ***Rationale***: Since the evaluation for diplopia is 5/200, evaluate the visual field impairment in the SC eye (right) as 20/200 per [38 CFR 4.78](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ea5f459a05583259ee4e4223f7300b71&mc=true&r=SECTION&n=se38.1.4_178), three steps poorer than it would otherwise warrant. ***Result***: Assign a 20-percent evaluation under [38 CFR 4.79, DC 6090-6066](http://www.ecfr.gov/cgi-bin/text-idx?SID=2bb055915eba25b3cbf844a90b790fd1&mc=true&node=se38.1.4_179&rgn=div8) for diplopia with impairment of the visual field, right eye. Do not assign a separate 10-percent evaluation for contraction of the visual field. |

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| *Coded Conclusion:* |  |
| 1. SC (VE INC) |  |
| 6090-6066 | Diplopia secondary to trauma, with impairment of visual field, right eye |
| 20 percent from 06/01/2009 |  |