#### Department of Veterans Affairs M29-1, Part 3, Chapter 3

**Veterans Benefits Administration August 28, 2019**

**Washington, DC 20420**

#### Key Changes

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| Changes Included in This Revision | The table below describes the changes included in this revision of Veterans Benefits Insurance Manual M29-1, Part 3, Chapter 3.  ***Notes***:   * **M29-1, Part 3, Chapter 3** has been rewritten in its entirety for the purpose of improving clarity and readability. Any substantive changes are itemized in the table below. * Minor editorial changes have also been made to * improve clarity and readability * add references * update incorrect or obsolete references * update obsolete terminology, where appropriate * reorganize/relocate content within **M29-1, Part 3, Chapter 3** so that it flows more logically * reassign alphabetical designations to individual blocks, where necessary, to account for new and/or deleted blocks within a topic * update the labels of individual blocks and the titles of sections and topics to more accurately reflect their content, and * bring the document into conformance with M29-1 standards. |

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| Reason(s) for Notable Change | Citation |
| Explains that the evidence received on an original claim, as well as any correspondence related to the claim, is electronically imaged and routed for processing; | Subchapter 3.01 and New Subchapter 3.14 |
| Explains that an improved decision notice is released to an applicant who is disapproved for benefits | Subchapter 3.01 |
| Eliminates entire Subchapter 3.02, which contains information on the routing of the paper insurance folder, as no longer applicable to the insurance programs | Prior Subchapter 3.02 |
| Defines a VA Narrative Rating Decision and explains how the Rating Decision and any other medical information available in VA systems should be used in a determination for disability benefits | New Subchapter 3.03 |
| Explains that if the medical information obtained by Insurance staff, from both VA systems and the insured, is not sufficient to render a decision on a claim for disability benefits, the application will be denied | New Subchapter 3.05 |
| Eliminates entire Subchapter 3.09, which contained language regarding the need for VA medical examinations to support a claim for disability benefits, as no longer applicable to the insurance programs | Prior Subchapter 3.09 |
| Eliminates entire Subchapter 3.10, which contained language on an Insurance Medical Consultant requesting information about the hospitalization of an insured for purposes of observation, as no longer applicable to the insurance programs | Prior Subchapter 3.10 |
| Eliminates entire Subchapter 3.11, which contains language about requests for opinions from the Insurance Medical Consultant on how the insured’s disability affects his ability to perform gainful employment, how a specific disease impacts the body, or on interpretation of medical tests, as no longer applicable to the insurance programs | Prior Subchapter 3.11 |
| Eliminates entire Subchapter 3.12, which contains language on how to obtain the “best” medical evidence directly from hospitals, private medical doctors, or lay affidavits, as no longer applicable to the insurance programs | Prior Subchapter 3.12 |
| Eliminates entire Subchapter 3.13, which contains language on obtaining civil service retirement records from insureds who retired from federal employment with a disability, as no longer applicable to the insurance programs | Prior Subchapter 3.13 |
| Clarifies that Insurance staff should utilize VA systems to determine if an insured is receiving Social Security Disability benefits and if so, for what condition and from what date | New Subchapter 3.08 |
| Explains that the staff may also request an insured’s service medical records if existing medical evidence is insufficient to render a decision on a claim | New Subchapter 3.09 |
| Clarifies that Insurance staff will request employment information from the insured, not the employer | New Subchapter 3.11 |
| Eliminates language about requesting a social service report with detailed daily activities of the insured and replaces it with language stating that information from VA systems and the insured should be the primary sources used in determining employment history and only if that information is insufficient will the insured be contacted for additional information | New Subchapter 3.12 |
| Eliminates entire Subchapter 3.16, which contains language on requesting a field investigation to full develop medical evidence on a disability claim, as no longer applicable to the insurance programs | Prior Subchapter 3.16 |
| Eliminates entire Subchapter 3.17, which contains language on requesting medical evidence from the Manila Regional Office for Philippine insureds filing disability claims, as no longer applicable to the insurance programs | Prior Subchapter 3.17 |
| Eliminates entire Subchapter 3.18, which contains language on using the Retail Credit Corporation to obtain Social Security Administration information, as no longer applicable to the insurance programs | Prior Subchapter 3.18 |
| Eliminates entire Subchapter 3.21, which contains language on determinations of total disability before formal termination of employment, as no longer applicable to the insurance programs | Prior Subchapter 3.21 |
| Eliminates entire Subchapter 3.22, which contains language on requesting a Social Security Report of Earnings, as this information is now able to be obtained electronically within VA systems | Prior Subchapter 3.22 |
| Eliminates entire Subchapter 3.24, which contains language on requesting copies of insured’s premium record card as the cards are no longer used | Prior Subchapter 3.24 |
| Eliminates entire Subchapter 3.25, which contains references to regulations that are no longer in effect. These regulations related to disability claims where total disability was alleged after date of lapse. | Prior Subchapter 3.25 |
| Eliminates entire Subchapter 3.26, which relates to disability claims where total disability was alleged prior to date of lapse. The process described in the removed language is already explained in prior subchapters in Chapter 3. | Prior Subchapter 3.26 |
| Eliminates entire Subchapter 3.27, which contains information on obtaining the insured’s VA claim folder. The process described in the removed language is no longer required as information is available electronically. | Prior Subchapter 3.27 |
| Eliminates entire Subchapter 3.29, which contains reference information on corresponding with insured’s who live outside the continental United States. There is no longer a special process required for such correspondence. | Prior Subchapter 3.29 |

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| **Reason(s) for Change** | **Citation** |
| Clarifies that in cases of alleged fraud, the insurance account will be red-flagged and jurisdiction over the case will be set by Insurance senior staff | New Subchapter 3.02 |
| Describes how Insurance staff should process disability benefit claims when insufficient information is available from VA systems; eliminates language pertaining to the insurance folder as no longer applicable to the insurance programs | New Subchapter 3.03 |
| Describes how Insurance staff should obtain medical evidence when it is incomplete or not available from VA systems—first contacting the applicant via the phone, then by letter, if necessary | New Subchapter 3.04 |
| Clarifies that it is the insured’s responsibility to provide medical evidence to support a claim for total disability benefits | New Subchapter 3.07 |
| Updates industrial information to employment information and clarifies that there needs to be medical evidence of insured’s employment status within 90 days of making a determination of total disability. | New Subchapter 3.10 |
| Updates language on handling correspondence from the insured while a disability determination is pending to eliminate outdated paper-based processes | New Subchapter 3.13 |

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| Rescissions | None |

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

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| Signature | Vincent E. Markey, Director  Insurance Service |

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