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**Chapter 3. Development Of Original Claims**

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**3.01 REVIEW EVIDENCE AND DETERMINE ACTION**

When evidence requested on initial development is received it will be imaged and routed to the appropriate Insurance staff member for processing. He or she will review the evidence, make a decision, and notify the insured at the earliest possible date. If the decision is to deny disability benefits, the insured will also be provided an improved decision notice.  An improved decision notice provides the following information:

a.    Identification of the issues decided.

b.    A summary of the evidence considered.

c.    An explanation of the applicable laws and regulations relevant to the decision.

d.    Identification of findings that are favorable to the claimant.

e.    Identification of the element(s) not satisfied that led to the denial.

f.    Identification of criteria needed for grant of service connection.

g.    An explanation of how to obtain or access the evidence used to make the decision.

h.    A summary of the applicable review options available for the claimant to seek further review of the decision.

**3.02 POSSIBLE FRAUD**

In all cases when there is a question of possible fraud, the insurance electronic record will be red-flagged and jurisdiction will be set by Operations management.

**3.03 RATINGS AND SUPPLEMENTAL MEDICAL EVIDENCE**

a.    VA Narrative Rating Decisions and other medical information available through VA systems along with the information provided by the insured, should be utilized as the primary sources of evidence to determine eligibility for total disability benefits.

b.    VA Narrative Rating Decisions usually describe the disease or injury which the Veteran has claimed is causing total disability for insurance benefits. Also, at times if they include dates of treatment, examination or hospitalization which are useful in establishing the beginning date of total or total permanent disability.

c.    When VA Narrative Rating Decisions contain sufficient information to prove total disability for insurance benefits, it will be acceptable as evidence in support of a claim and used whenever possible as a basis for a favorable decision.

d.    When VA Narrative Rating Decisions contain insufficient information to prove total disability for insurance benefits, the Veterans Claims Examiner (VCE) should review additional evidence available in VA systems.  Should this additional information prove sufficient, the claim will be approved.  However, should the additional information prove insufficient, the VCE should contact the Veteran directly for additional information before making a final decision.

**3.04 INCOMPLETE MEDICAL EVIDENCE**

When medical evidence is required (not available through VA systems), the VCE will attempt to obtain this information by telephone.  If the VCE is not able to reach the insured by telephone, a letter will be sent to the insured or their agent requesting the information. (This does not apply to Third Party Requests.)

**3.05 INSUFFICIENT MEDICAL EVIDENCE**

If medical evidence available in VA systems and any additional information requested on the initial development is not sufficient for the purpose of establishing total disability, the claim for disability benefits will be denied.

**3.06 REQUEST FOR FEE**

When a private doctor or hospital requests a fee in connection with the preparation of a report, a letter will be sent informing him or her that the VA is not allocated funds to pay for such reports.

**3.07 SECOND REQUEST**

If no reply is received to requests for medical evidence from the insured, it will be requested again with the notation Second *Request* and will include a reminder that it is the insured’s responsibility to provide proof of disability in support of his or her claim. (This does not apply to Third Party Requests.)

**3.08  SOCIAL SECURITY RECORDS**

VA systems should be utilized to determine if the insured is receiving Social Security Disability benefits and from what date.  If so, the VCE should request information on the condition for which he/she is receiving disability benefits.

**3.09 SERVICE MEDICAL RECORDS**

Should the medical information in 3.04 be insufficient, the VCE can also review Servicemember Treatment Records (STRs) within VA systems.  However, this information may only be of value if the insured is claiming total disability soon after discharge from service.

**3.10 NEED FOR EMPLOYMENT INFORMATION**

The determination of the last date on which the insured was able to follow a substantially gainful occupation is necessary for a finding of total disability. When a decision is made, there should be evidence within 90 days of the decision of the insured’s employment status.  If there is evidence of that the claimant may have returned to work since the date of the report, a current employment report should be obtained before preparing a decision.

**3.11  METHOD OF REQUESTING INFORMATION**

When additional employment information is required for a decision, it will be requested from the insured.

**3.12 VA SYSTEMS REVIEW FOR EMPLOYMENT INFORMATION**

Information provided by the insured and VA systems should be the primary sources used to determine the insured’s employment history.  If these sources are insufficient to provide an employment history, the insured will be contacted to provide the required information.

 **3.13 CORRESPONDENCE ON CASES PENDING DECISION**

Correspondence on disability claims pending decision will be answered promptly and completely. If NAN (no answer necessary), it will be indicated in VA systems. When correspondence requiring action by another division is received while pending a decision, action on the disability claim will be expedited.

**3.14 IMAGING TO ELECTRONIC INSURANCE RECORDS**

All correspondence and other evidentiary material relating to disability insurance claims will be imaged to the electronic insurance record.