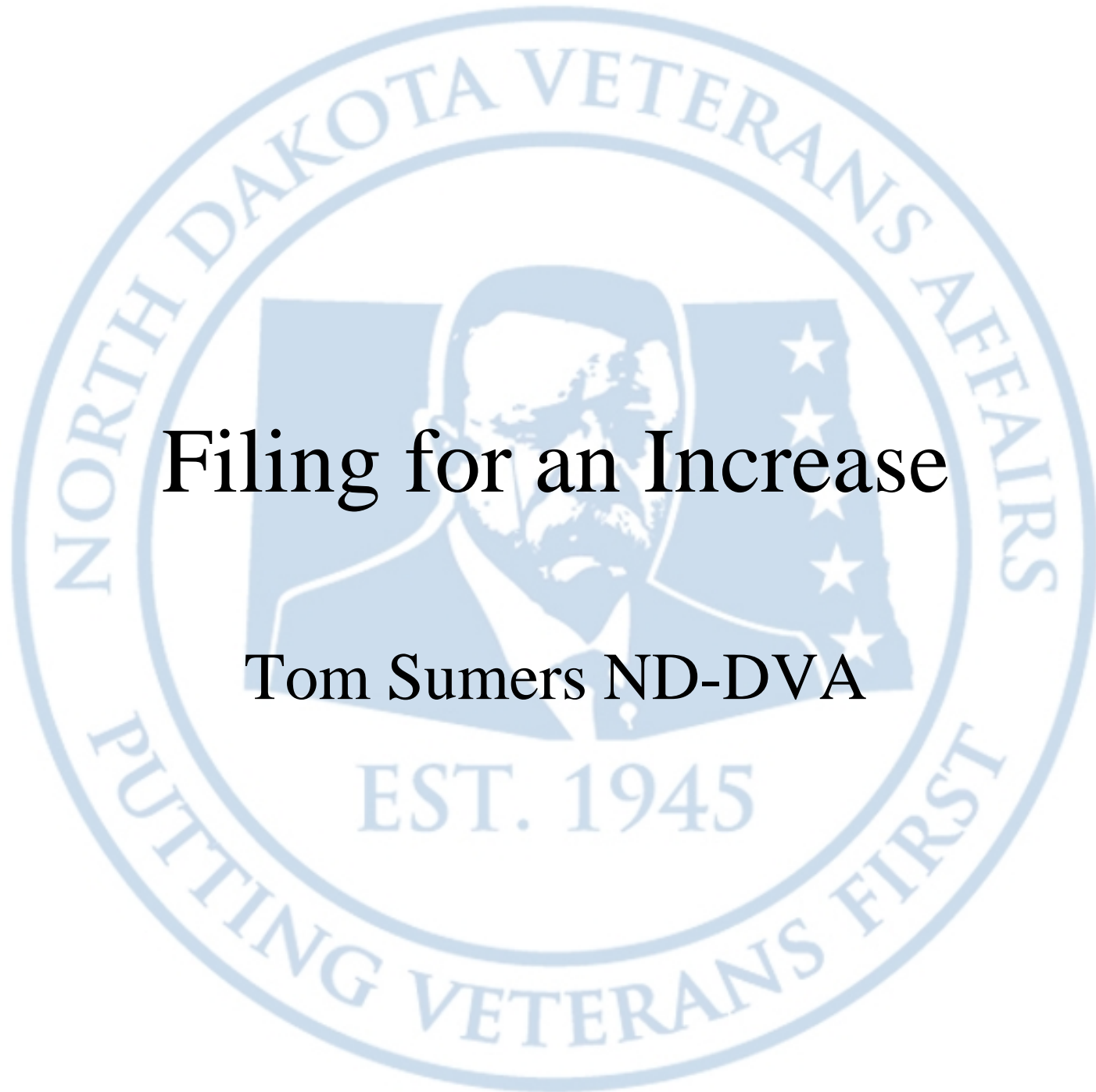




*"A man who is good enough to shed his blood for his country is good enough to be given a fair deal later."*<sup>TR</sup>



# Filing for an Increase

Tom Summers ND-DVA

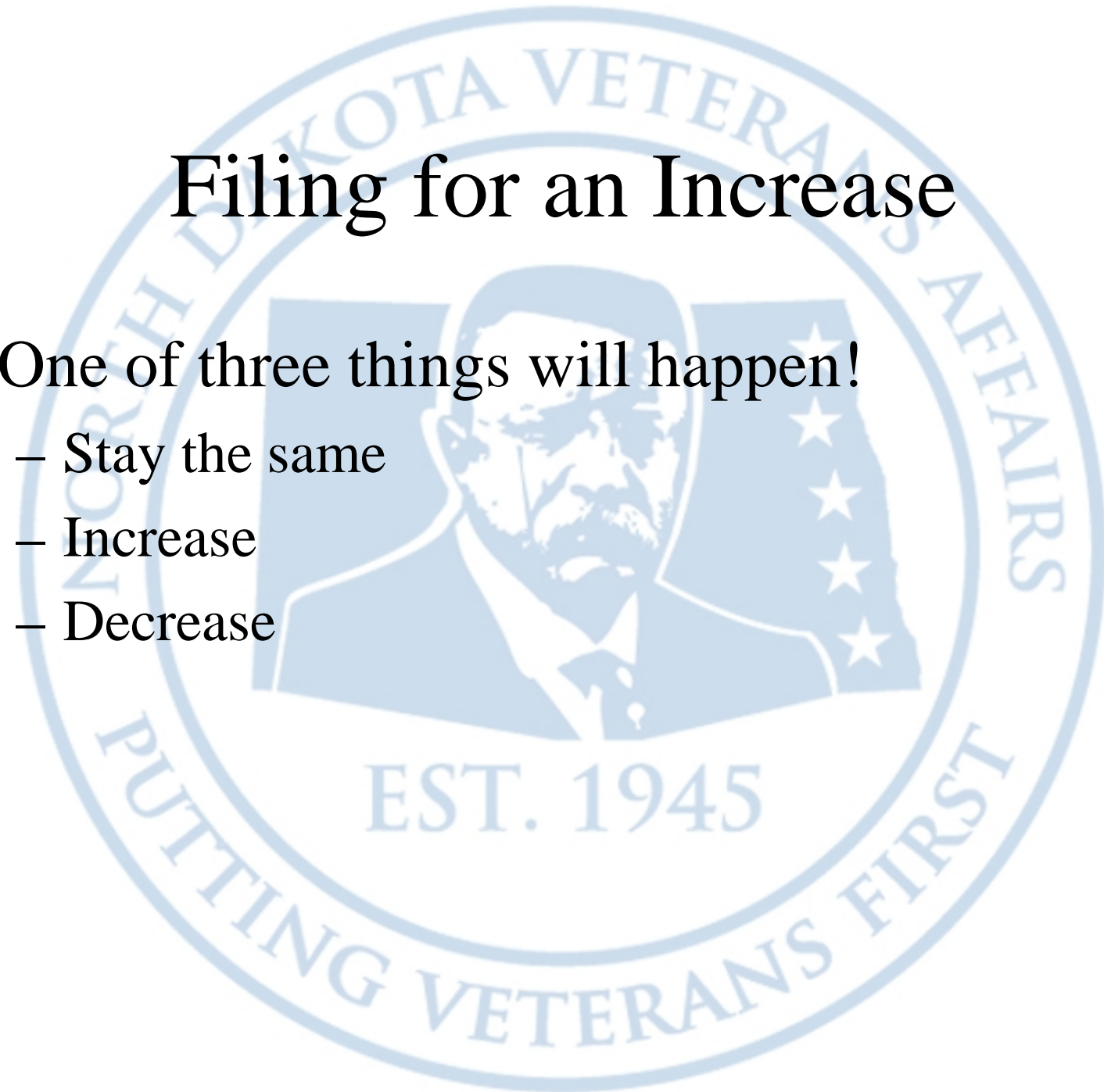
# Filing for an Increase

What procedures do you use?



# Filing for an Increase

- One of three things will happen!
  - Stay the same
  - Increase
  - Decrease



# Filing for an Increase

- Find out what the veteran is seeking
- Check to see what veteran has for SC conditions
- Figure out Diagnostic Codes (DC) used
- Look at DC for each condition and %
- Determine with veteran best course of action

# Filing for an Increase

- Things to consider when determining course of action
  - Static condition
  - How long has the % for the condition been effective
  - What does current medical evidence say
  - What do we need to get an increase

# Filing for an Increase

- Things to consider when determining course of action
  - What does their Dr. say
  - Need to counsel veteran on all the possibilities
  - 5/10/20 year rules

EST. 1945

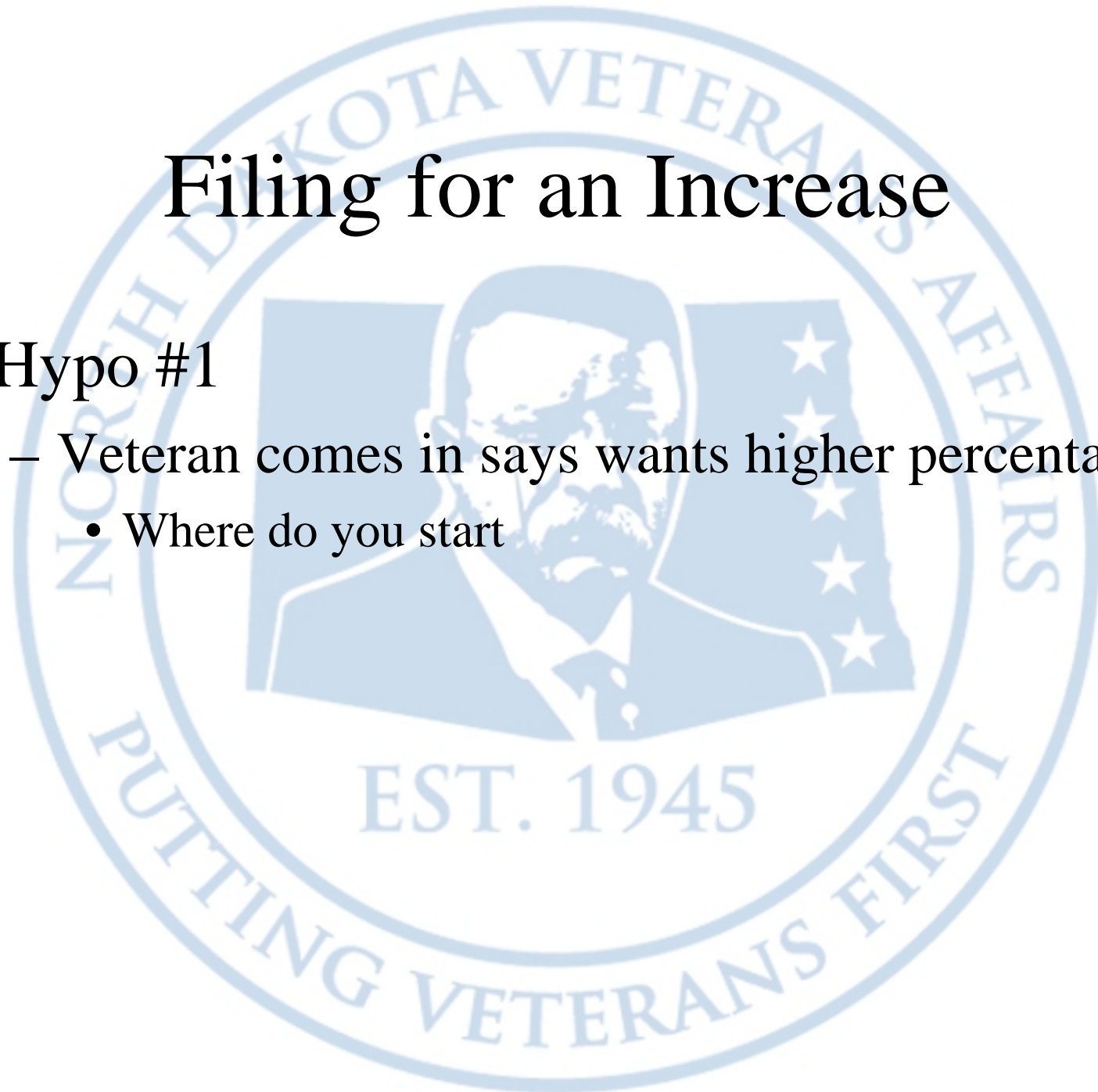
# Filing for an Increase

- What tools do we need
  - Rating with diagnostic codes
  - 38 CFR Part 4 book/electronic
  - Current medical evidence
  - Disability Benefits Questionnaire (DBQ)
  - Appropriate forms



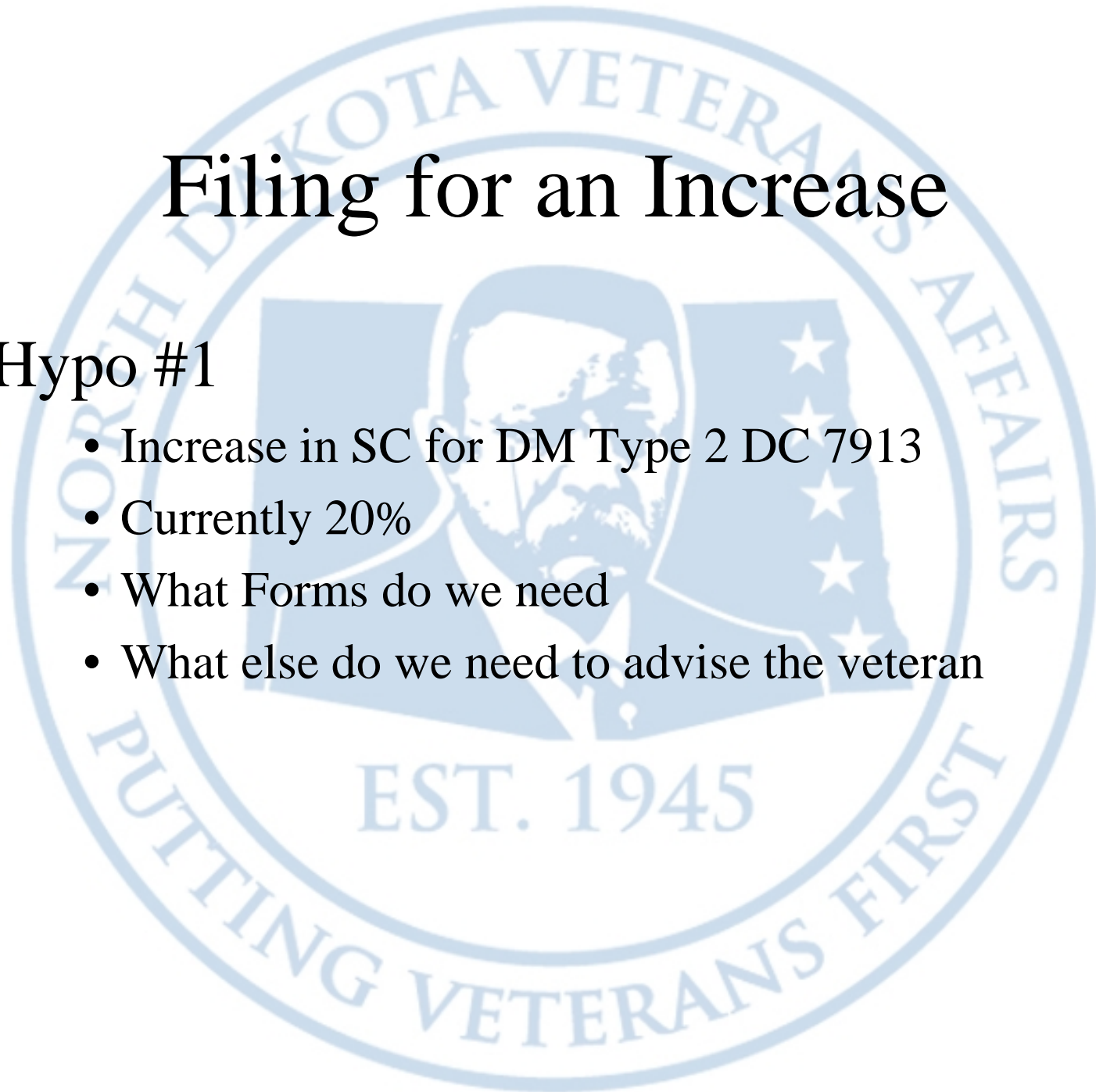
# Filing for an Increase

- Hypo #1
  - Veteran comes in says wants higher percentage
    - Where do you start



# Filing for an Increase

- Hypo #1
  - Increase in SC for DM Type 2 DC 7913
  - Currently 20%
  - What Forms do we need
  - What else do we need to advise the veteran



7913 Diabetes mellitus	
Requiring more than one daily injection of insulin, restricted diet, and regulation of activities (avoidance of strenuous occupational and recreational activities) with episodes of ketoacidosis or hypoglycemic reactions requiring at least three hospitalizations per year or weekly visits to a diabetic care provider, plus either progressive loss of weight and strength or complications that would be compensable if separately evaluated	100
Requiring insulin, restricted diet, and regulation of activities with episodes of ketoacidosis or hypoglycemic reactions requiring one or two hospitalizations per year or twice a month visits to a diabetic care provider, plus complications that would not be compensable if separately evaluated	60
Requiring insulin, restricted diet, and regulation of activities	40
<b>Requiring insulin and restricted diet, or; oral hypoglycemic agent and restricted diet</b>	20
Manageable by restricted diet only	10
Note (1): Evaluate compensable complications of diabetes separately unless they are part of the criteria used to support a 100 percent evaluation. Noncompensable complications are considered part of the diabetic process under diagnostic code 7913.	
Note (2): When diabetes mellitus has been conclusively diagnosed, do not request a glucose tolerance test solely for rating purposes.	

# Filing for an Increase

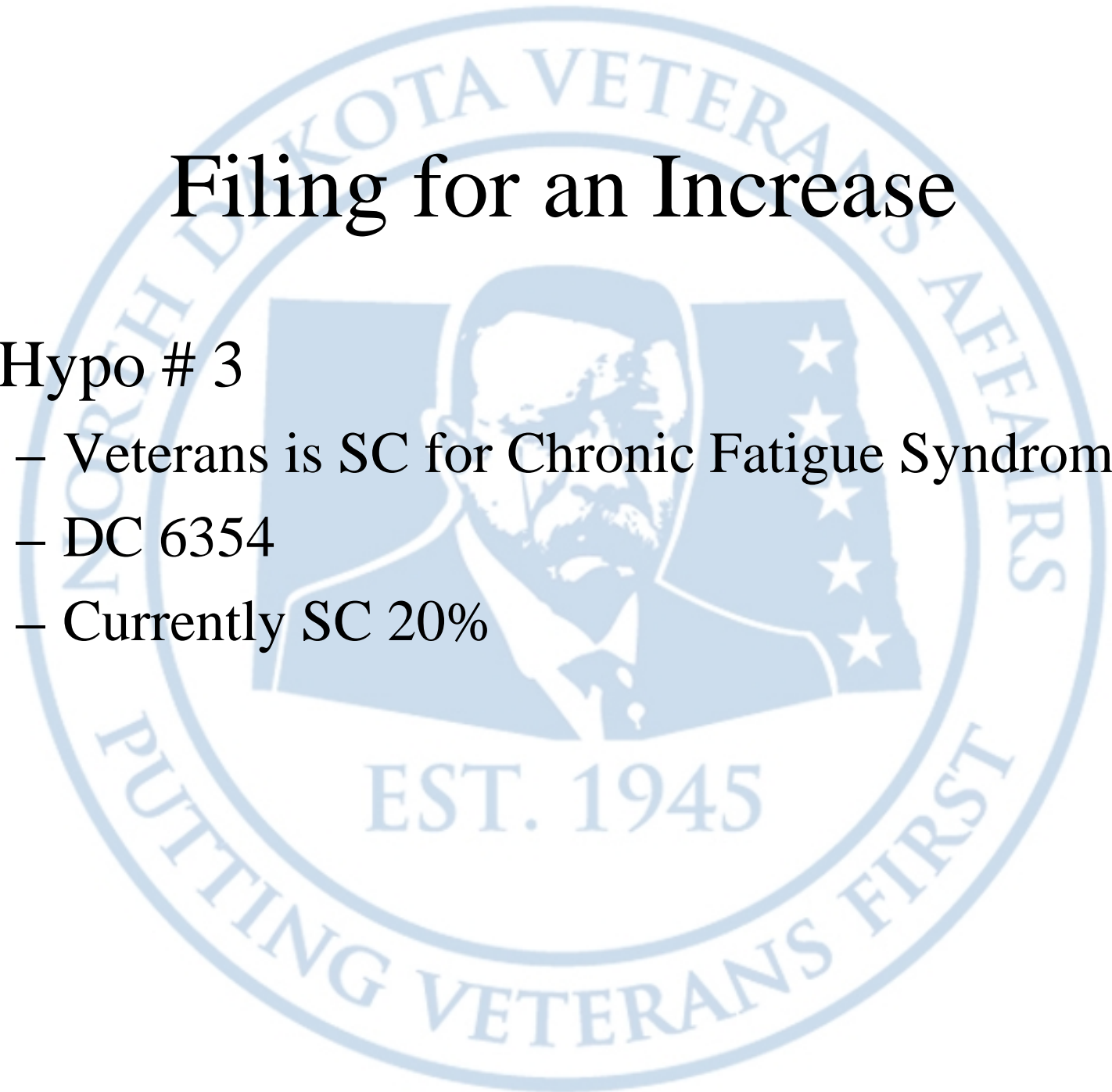
- Hypo #2
  - Veteran SC for Prostate cancer (Remission)
  - DC7528
  - He is rated 40% for residuals
  - He believes he should be higher.
  - Urinary Frequency & Voiding Dysfunction

Voiding dysfunction:	
Rate particular condition as urine leakage, frequency, or obstructed voiding	
Continual Urine Leakage, Post Surgical Urinary Diversion, Urinary Incontinence, or Stress Incontinence:	
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than 4 times per day	60
<b>Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day</b>	40
Requiring the wearing of absorbent materials which must be changed less than 2 times per day	20

Urinary frequency:	
Daytime voiding interval less than one hour, or; awakening to void five or more times per night	40
Daytime voiding interval between one and two hours, or; awakening to void three to four times per night	20
Daytime voiding interval between two and three hours, or; awakening to void two times per night	10

# Filing for an Increase

- Hypo # 3
  - Veterans is SC for Chronic Fatigue Syndrome
  - DC 6354
  - Currently SC 20%

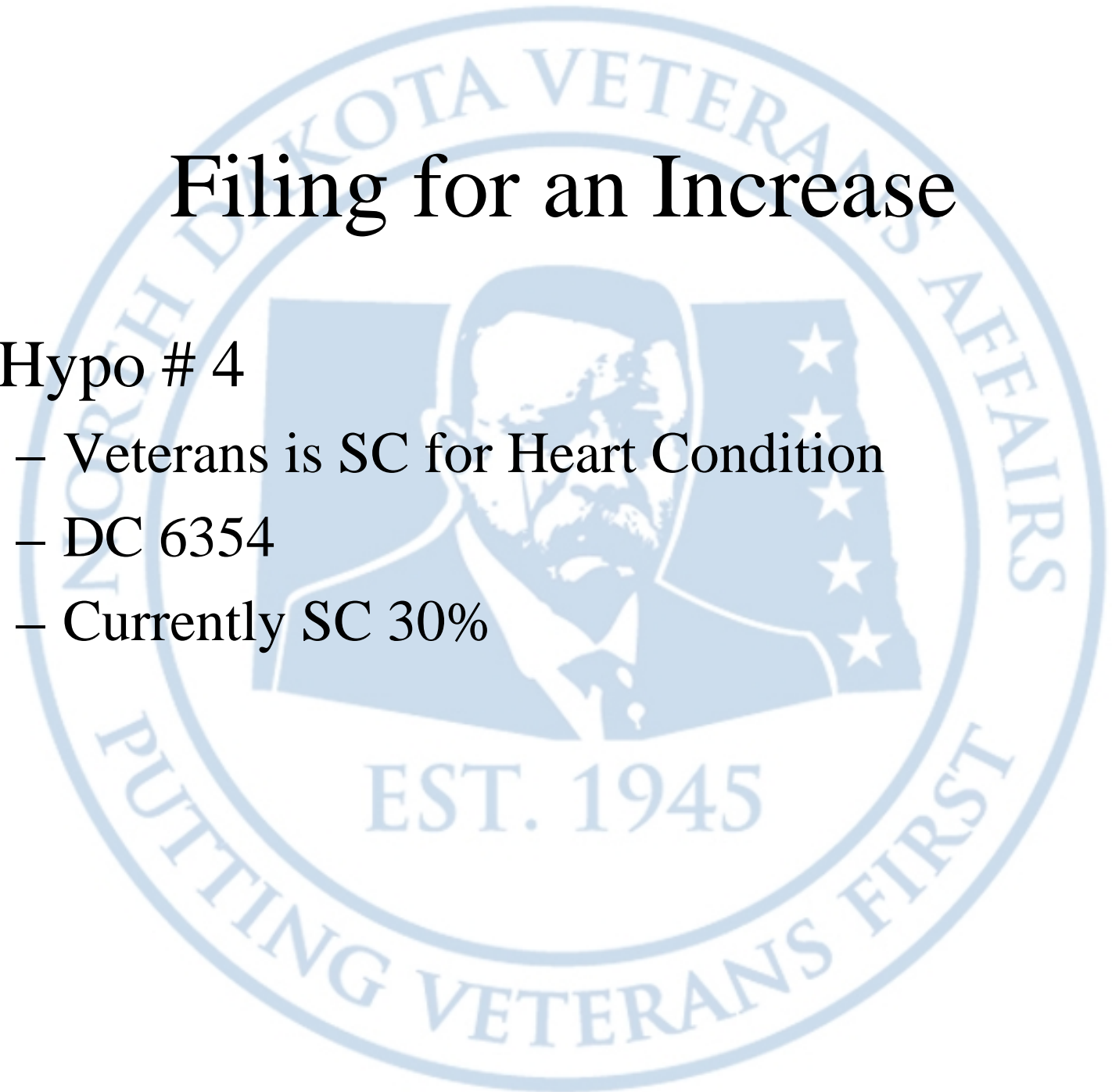


6354 Chronic Fatigue Syndrome (CFS):	
Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, confusion), or a combination of other signs and symptoms:	
Which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care	100
Which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level, or; which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year	60
Which are nearly constant and restrict routine daily activities to 50 to 75 percent of the pre-illness level, or; which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year	40
Which are nearly constant and restrict routine daily activities by less than 25 percent of the pre-illness level, or; which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year	20
Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year, or; symptoms controlled by continuous medication	10
Note: For the purpose of evaluating this disability, the condition will be considered incapacitating only while it requires bed rest and treatment by a physician.	



# Filing for an Increase

- Hypo # 4
  - Veterans is SC for Heart Condition
  - DC 6354
  - Currently SC 30%



<p><b>Note (1): Evaluate cor pulmonale, which is a form of secondary heart disease, as part of the pulmonary condition that causes it.</b></p>	
<p><b>Note (2): One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute. When the level of METs at which dyspnea, fatigue, angina, dizziness, or syncope develops is required for evaluation, and a laboratory determination of METs by exercise testing cannot be done for medical reasons, an estimation by a medical examiner of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope may be used.</b></p>	

<p><b>7005 Arteriosclerotic heart disease (Coronary artery disease):</b></p>	
<p><b>With documented coronary artery disease resulting in:</b></p>	
<p><b>Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</b></p>	<p>100</p>
<p><b>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</b></p>	<p>60</p>
<p><b>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</b></p>	<p>30</p>
<p><b>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</b></p>	<p>10</p>

Filing for an Increase

Questions??

