



JDVAC Compensation & Pension Workshop

**Kyle C. Dennis, Ph.D.
National A&SP Program Office**



Strategic Importance

- **Secretary has identified improving C&P claims processing as one of the agency's highest strategic priorities.**
 - Reduced backlogs, improved timeliness, and improved accuracy
 - High quality C&P exam reports will be completed and returned to VBA with cumulative average processing days of 30 days or less.
 - Audiology C&P waiting times are tracked and reported.
 - Exam and opinion quality are being tracked by VBA and Congress.
- **It is essential to:**
 - Maintain competency in forensic audiology.
 - Follow standard C&P protocols.
 - Maintain the highest standards of quality, accuracy, and thoroughness.
 - Stay informed on C&P issues.



C&P Trends

- Over 636,000 Veterans are service connected for hearing loss and over 615,000 are service connected for tinnitus.
- 46% of benefits now go to Vietnam Era Veterans and survivors, 21% go to Gulf War Era Veterans and survivors, and less than 10% go to WWII Era. VBA is still processing WWII claims.
- VBA will process more than 958,000 disability claims in FY2010.
- VBA received more than 1 million claims in 2009, a 75% increase over 2000.
- VBA projects 1.3 million claims by 2011, a 30% increase over 2009 level.
- Audiology performed 115,911 C&P exams in FY2009, second most commonly requested exam, and 15% of all C&P exams performed by VHA.

Audiology C&P exams have increased 34% since FY2006.



C&P Performance



- C&P waiting times are tracked and reported separately from regular appointments.
- Executive Career Field (ECF) performance indicator tracks cumulative average processing days. **Goal: 30 days.**
- Performance indicator also tracks exam quality (CPEP) for the top 10 exams, not including audiology exams
- Audiology exams are not currently monitored because sustained high quality.



C&P Performance



- CPEP tracks:
 - Cumulative average processing days
 - Number of exam requests received
 - Number of insufficient exams
 - Completed exams returned
 - Number of incomplete exams
 - Number of pending exams
- CPEP Performance Reports:

<http://vhatvhcpep4/cgi-bin/amis290.pl>



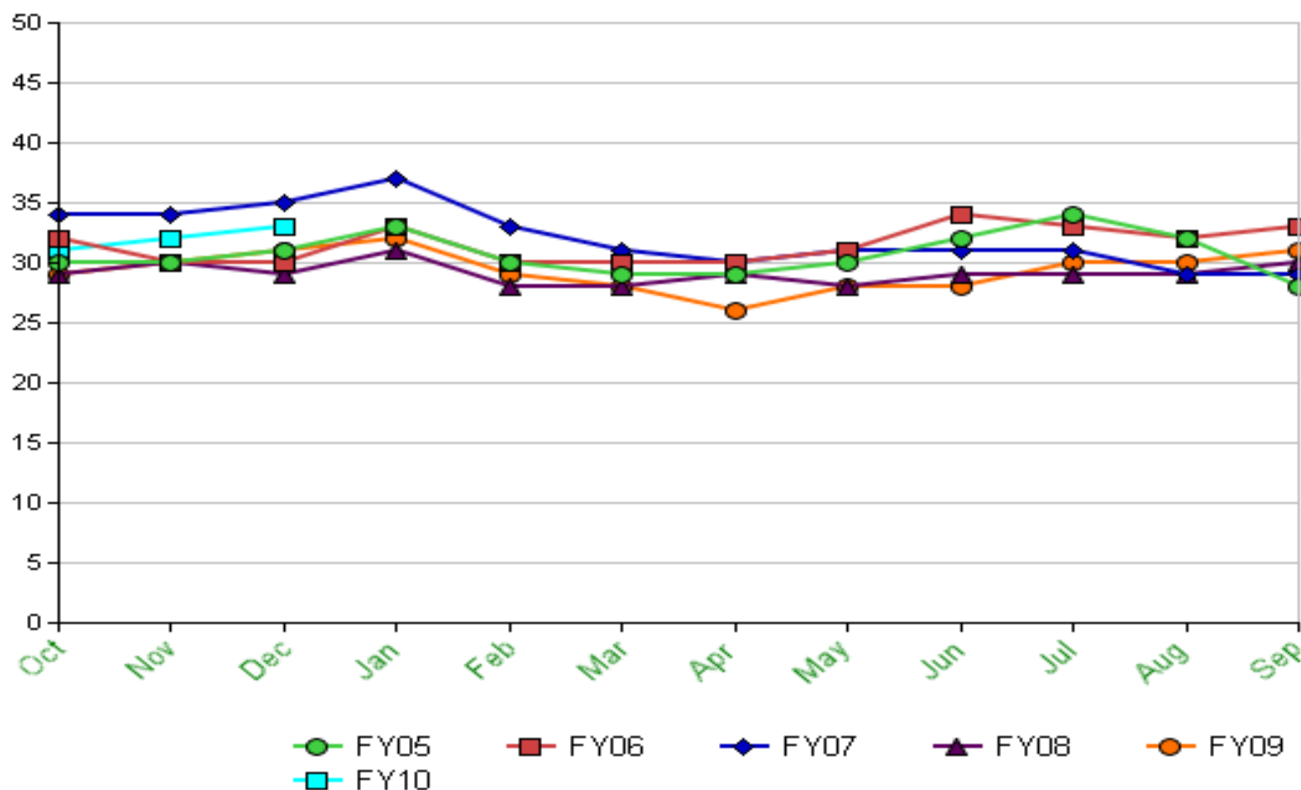
Insufficient exam

- An exam report is insufficient if any of the following is true:
- The report is unsigned.
- The report does not address all disabilities for which an examination was requested.
- The disability is diagnosed differently by different examiners.
- The findings have been expressed in ambiguous or equivocal terms.
- Failing to review C-file



December Performance

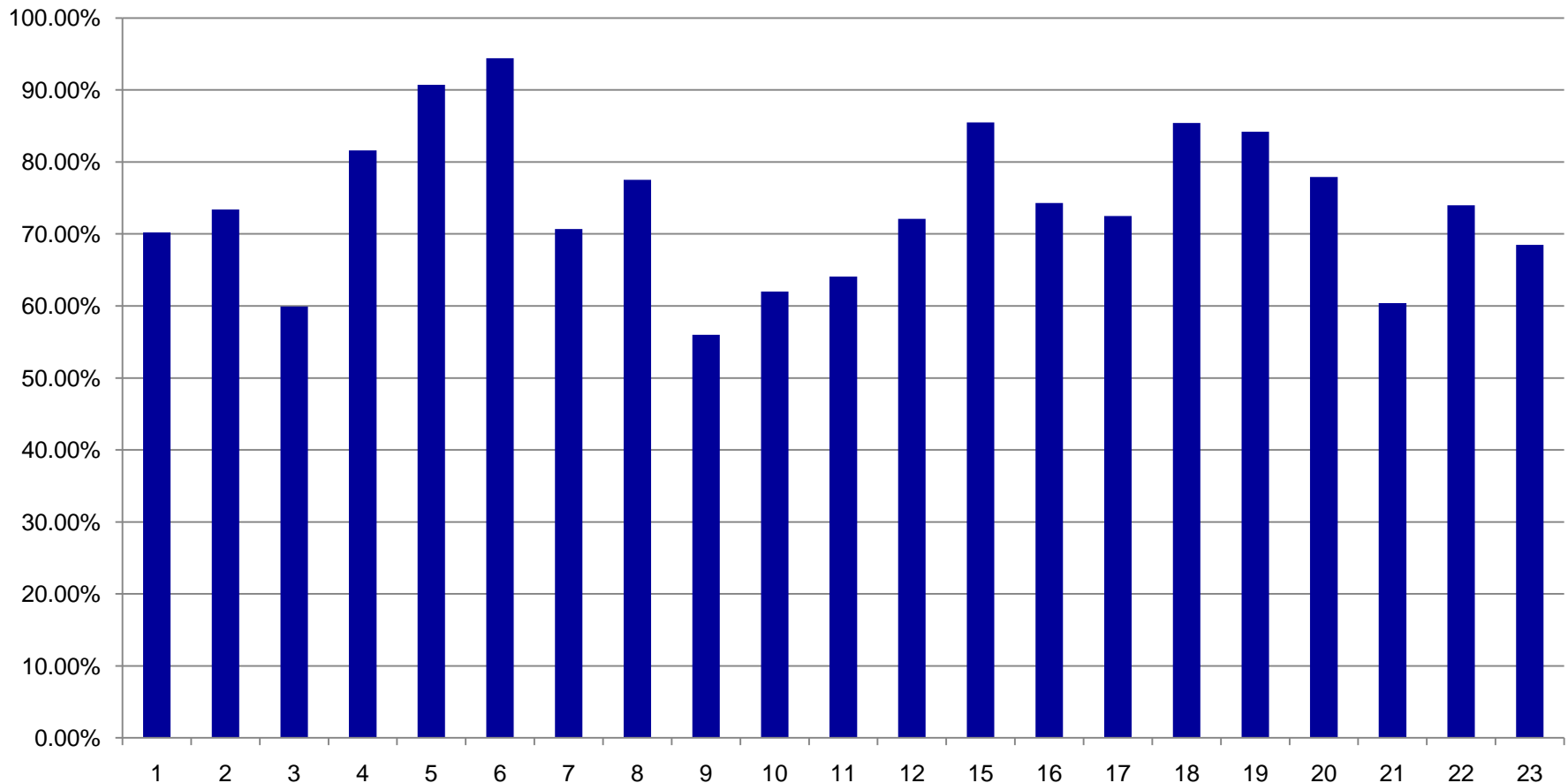
C&P Average Processing Days



There were 58 facilities and 12 VISNs that exceeded the mandated 30 average processing days for the month of DecFY10.



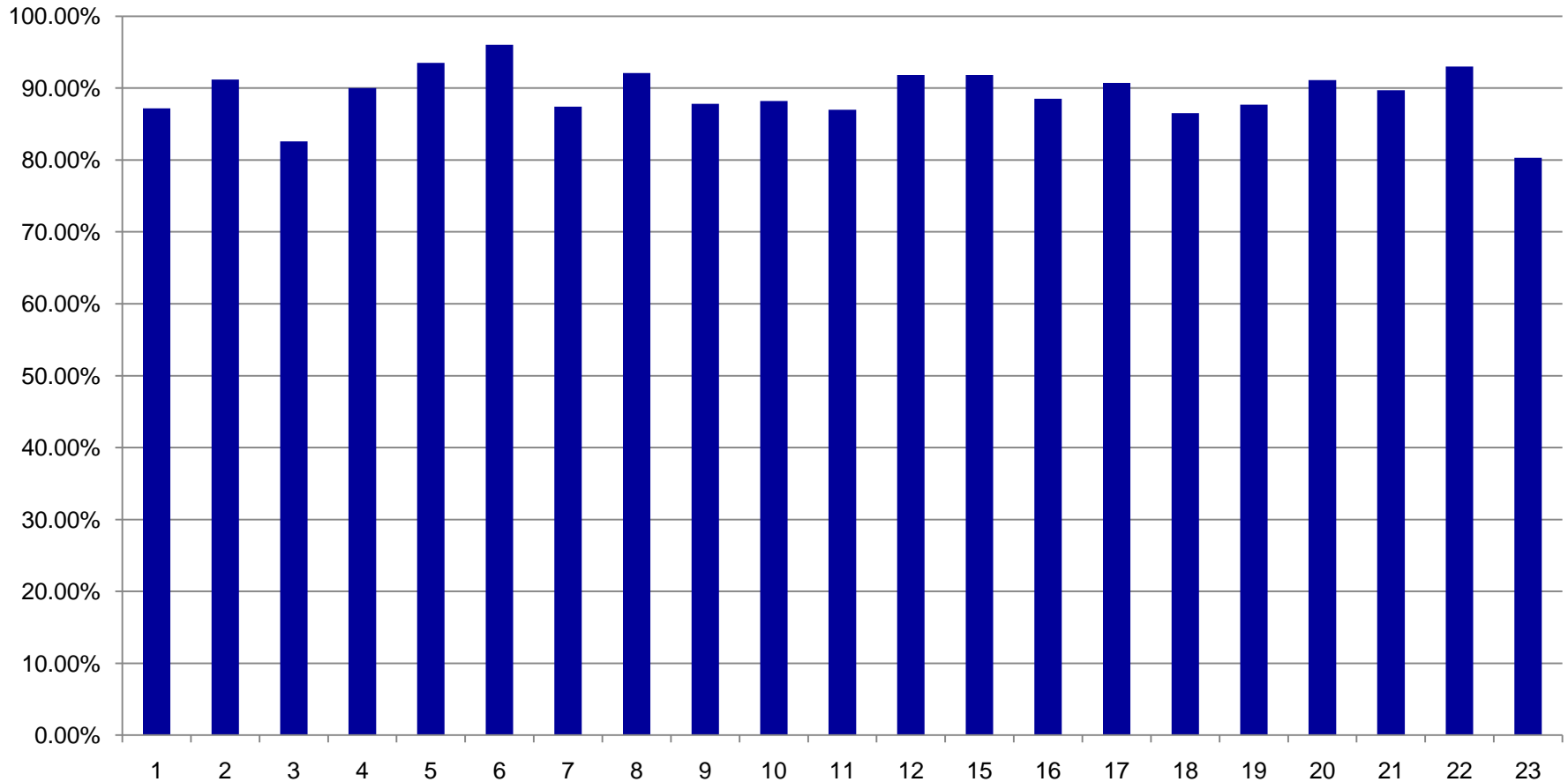
New Patient C&P Wait



National Performance: 94.4% seen within 30 days,
average wait: 10.3 days



Established Pt C&P Wait



National Performance: 95.8% seen within 30 days,
average wait: 9.8 days



Unique Aspects of VA Compensation



- VA compensates for injuries or illness incurred in or aggravated by military service and includes non-economic losses (e.g. special monthly compensation).
- Audiology ratings are based on pure tone average and speech recognition unlike other disability compensation programs (e.g. WCP).
- VA payments may continue for life (compensation may change). WCP payments for partial permanent disability are usually time-limited. Total permanent disability may continue for life.
- There is no statute of limitations for VA claims.
- Presumption if hearing loss was noted to a **compensable degree** within 12 months of discharge.
- VA compensation programs express lasting gratitude to Veterans for their service, sacrifice, courage, and dedication that have secured the blessings of freedom and the greatness of the Nation.



How is a C&P Exam Different than a Routine Exam?



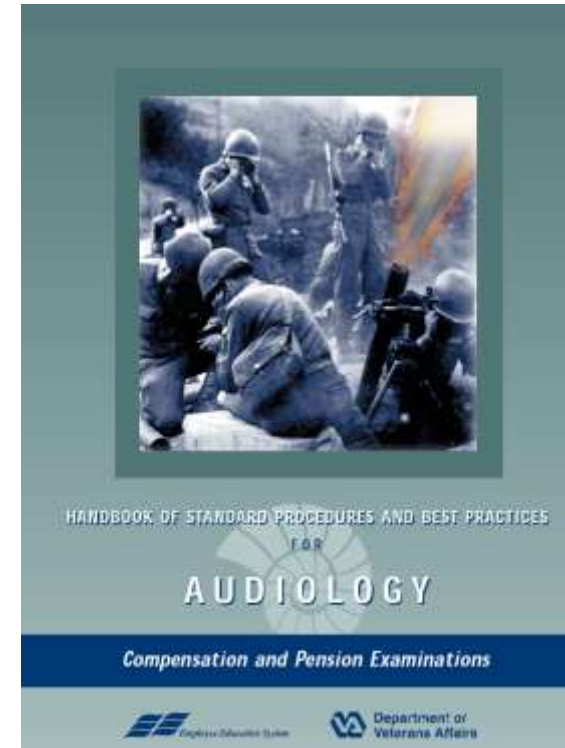
- C&P disability examination requires diagnoses to prove whether or not a claimed disability actually exists and to describe the functional effects of the disability on the Veteran. The exam establishes the degree of the current disability
- The purpose of the C&P exam is to provide very specific information in order to ensure a proper evaluation of the claimed disability rather than to provide medical treatment.
- Medical exams are written for clinicians to understand, but C&P exams are written for rating specialists, lawyers, and judges to understand.



Exam Requirements



- Standard procedures are described in: *Handbook of Standard Procedures and Best Practices for Audiology C&P Examinations*
- Must be performed by licensed audiologist
- Calibrated audiometer (ANSI S3.6-2004)
- Sound-controlled room (ANSI S3.1-1999 R2008)
- Approved recording of speech materials:
 - *Speech Recognition and Identification Materials, Disc 2.0*
 - *Departments of Defense and Veterans Affairs Audiology Materials, Disc 1.0*





Examiner Certification



- Effective January 1, 2008, VHA policy requires that all clinicians designated to perform C&P examinations complete the general CPEP certification course.
- New clinicians designated to perform C&P exams must be certified prior to being allowed to perform any C&P examinations.
- **In FY2010, specialty audiology certification course will be required (in development).** All VHA, contract, and fee basis audiologists must complete the audiology C&P certification course.
- **All courses will be available on the LMS website.**
- VHA clinicians who are “certified C&P examiners” may receive a one-time incentive award up to \$1,000 from their local health facility.
- <http://vaww.cpep.va.gov/resources/certification.aspx>



Training Letter 09-05

- August 5, 2009
- Guidance on pauses when necessary during CNC administration to ensure that testing is measuring speech recognition and is not contaminated by cognitive, or language-related issues.
- Reiterates reporting procedures for tinnitus.
- Requires that C-file accompany request for medical opinion.
- Emphasizes that examiner must review the C-file even when rating veterans service representative (RVSR) has reviewed the file and tabbed key documents.
- VBA is revising the training letter to provide examples.
- <http://vbaw.vba.va.gov/bl/21/publicat/Letters/TrngLtrs.htm>



Revised AUDIO Worksheet



- Removed question about whether tinnitus is unilateral or bilateral.
- Removed question about frequency and duration of tinnitus.
- Edited language under pure tone threshold charts for clarity.
- Added information about two procedures for examinations:
 - Performance intensity function
 - Pausing when conducting speech recognition tests.
- Added standard descriptive terms for speech recognition
- Removed the statement about requiring a referral to another provider if tinnitus is associated with conditions other than hearing loss and replaced it with a description of the circumstances under which the VBA regional office needs to determine whether further non-audiological examination is needed, based on their review of all evidence of record.
- Fast Letter 10-06 <http://10.220.1.4/bl/21/FastLetters/FLList.asp>



Pre-Discharge Claims



- Benefits Delivery at Discharge (BDD)
- Quick Start
- Disability Evaluation System (DES) Pilot



Benefits Delivery at Discharge



- Benefits Delivery at Discharge (BDD) allows a service member to apply for VA disability compensation benefits prior to retirement or separation.
 - Goal: accelerated benefits with **60 days for release from active duty**.
 - Service members with 60-180 days remaining on active duty to file a claim for VA disability compensation prior to separation.
- **BDD is designed for service members with conditions that, while disabling, do not generally result in their being unable to perform their military duties.**
- Veterans may begin receiving benefits within 2 to 3 months, instead of the 6 to 7 months it would typically take if they had applied after discharge under the traditional disability claims process.
- In the past 5 years, about 140,000 service members have used the BDD program in the United States, Germany, and South Korea, as of February 2008.
- VBA processed nearly 25,000 BDD claims in FY2009.



Benefits Delivery at Discharge



- VA has a presence at:
 - 47 Air Force bases
 - 32 Navy bases/stations
 - 43 Army posts
 - 8 Marine Corps installations
 - 7 Coast Guard sites
 - 3 mixed commands
 - 5 overseas locations



BDD Program



BDD Claim

- Medical records usually are at the military base where the service member files the BDD claim.
- Conditions claimed are generally presumed to be connected to military service (any SC condition is deemed to have existed while on active duty).

Traditional Claim

- Medical records often must be obtained from federal records centers and Veteran may have records with other medical providers.
- Some conditions are presumptive, but the link or nexus between claimed condition and military service may be difficult to prove, especially as time passes since discharge.



Quick Start

- Quick start claims are received from service members who do not qualify for BDD claims because they:
 - Have less than 60 days before separation/retirement; OR
 - Are unable to attend all examinations prior to separation
- **Advantages to Quick Start claims:**
 - More service members can file claims while still on active duty
 - Easier access to STRs while service member is on active duty
 - Timely scheduling of exams



Disability Evaluation System (DES) Pilots



- On October 16, 2007, President Bush directed VA and DoD to conduct a pilot program to modernize and improve the way disabilities are evaluated and compensation is awarded to injured service members.
- Single comprehensive medical examination and disability evaluation system.
- DES pilot began on November 26, 2007, in the National Capital Region (Walter Reed Army Medical Center, Bethesda National Naval Medical Center, Malcolm Grow Air Force Medical Center, and VA Medical Center in Washington, D.C).
- Rating decisions were completed by the St. Petersburg VA Regional Office. On March 4, 2009, Baltimore and Seattle VAROs took over DES rating activities.



Expanded DES Pilot Sites



- Additional sites have been added to the pilot:
 - Fort Meade, MD; Fort Belvoir, VA; Balboa Naval Medical Center, CA; Fort Stewart, GA; Camp Pendleton Marine Hospital, CA; Bremerton Naval Hospital, WA; Vance Air Force Base, OK; and Fort Polk, LA.
- Additional sites: Nellis Air Force Base, NV; MacDill Air Force Base, FL; Camp LeJeune Marine Hospital, NC; Fort Richardson, AK; Fort Wainwright, AK; Elmendorf Air Force Base, AK; Fort Drum, NY; Travis Air Force Base, CA; Fort Carson, CO; and Brooke Army Medical Center, TX.
- Additional consideration is ongoing regarding expanding the pilot to:
 - Fort Bragg, NC; Fort Hood, TX; Fort Benning, GA; Fort Riley, KS; Fort Lewis (Madigan Army Medical Center), WA; Wilford Hall Air Force Medical Center, TX; and Portsmouth Naval Hospital, VA.



DES Procedures

- Each Service has processes to evaluate, retain, separate, compensate or retire service members that become wounded, ill, or injured, and who are no longer able to meet military obligations for their rank, grade, position, or rating due to physical or mental disability.
- Service member referred to an MEB. The Services are responsible for the diagnostic work-up(s) of all potentially disqualifying conditions.
- MEB refers the service member to Physical Evaluation Board Liaison Officer (PEBLO) .
- The PEBLO compiles administrative data and service treatment records (STRs), and refers the service member to VA Military Service Coordinator (MSC).



DES Procedures



- MSC files claims and provides a copy of the completed VA examination report to the PEBLO.
- VA C&P examination templates and worksheets are used for DoD Narrative Summary (NARSUM), used by the MEB.
- MEB makes a determination to return the member to duty, return to duty with limitations, or refer the member to a Physical Evaluation Board (PEB).
- PEB determines fitness for continued military service, based on the referred medical condition(s) from MEB.
- If PEB determines service member is unfit for continued military service, DES Rating Activity Site (D-RAS) becomes involved in the DES Pilot process.



Role of VHA

- Each DES Pilot location will have an assigned examination provider.
- VHA has the first right of refusal for DES Pilot examinations.
 - If VHA is unable to perform DES Pilot examinations, VBA contractors (QTC, MES, etc., where available) will perform the examinations.
 - If VHA and VBA contractors are unable to perform the DES examinations, Military Treatment Facility or TRICARE network will perform general medical and specialty exams in accordance with VA examination templates and worksheets.
- Each service member will receive a general medical examination and one or more specialty exams.
 - Six mostly frequently specialty exams requested: sleep studies, mental health, neurological-psychiatric, **audiology**, visual (optometry), and dental.
- MSC will order specialty examinations required to address both the referred potentially disqualifying medical conditions as well as service member's claimed conditions.
- VHA will not repeat testing if results are current and/or valid (taken within the last six months).
- Stop code 448 established to record visit for a Disability Evaluation System (DES) examination.



C&P Reports



- VBA Worksheet 1305 (AUDIO) includes:
 - Review of records
 - Pertinent history
 - Functional effects
 - Diagnostic and clinical tests (pure tone thresholds, pure tone average, and speech recognition scores)
 - Diagnosis
 - Opinion, if requested



Reporting Options

- **Compensation and Pension Record Interchange (CAPRI)**
- Information technology initiative to improve service to disabled veterans by promoting efficient communications between the Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA).
 - Online access to medical data enhances the timeliness of the benefits determination.
 - Acts as a bridge between the VBA and VHA information systems.
 - Provides VBA Rating Veteran Service Representatives and Decision Review Officers tools to build rating decision documentation through online access to medical data.
 - Provides VHA C&P staff an easy, standardized way of recording C&P examination reports and opinions using standardized templates.
- **CAPRI is not mandated, but it is strongly recommended.**
- QUASAR template is not currently maintained.

Other templates are discouraged because they are not maintained, do not communicate with CPRS, and are not compliant with required content.



Reporting Tinnitus

- VBA worksheet was changed because almost all people have a history of tinnitus. The pertinent question is whether or not there is *current complaint* of tinnitus.
- The appropriate way to inquire about tinnitus is to ask about the current complaints without asking specifically about tinnitus or ringing in the ears.
- **Audiologists should not use history forms or questionnaires that prompt for a history of tinnitus, ringing in the ears, or head noises.**
- VBA feels that if a Veteran has tinnitus that is disabling they will report it when asked about his/her current complaints. However, if tinnitus is a claimed condition or VBA specifically asks for information regarding tinnitus, then you **MUST** respond to the issues. Otherwise, the exam may be returned as incomplete or inadequate.



Reporting Tinnitus



- a. Is there a claim for tinnitus (verify from 2507)? (yes/no)
- b. Is there a current complaint of tinnitus (yes/no)? If yes answer the following questions whether or not the condition is claimed.

The examiner must specifically inquire about tinnitus if it is a claimed condition, whether or not is a current complaint. If there is a current complaint of tinnitus, the examiner must answer the additional tinnitus questions, whether or not the condition is claimed. The Regional Office will return any exam where the claimed condition was not addressed.

- c. Date and circumstances of onset.
- d. Whether it is constant or recurrent (intermittent). Current complaints only.
- e. If there is a claim and no current complaint, the audiologist must:
 - State when Veteran last experienced tinnitus.
 - Describe the tinnitus experienced at that time.
 - Describe Intervening course between onset and last episode.



Examples



A. VETERAN FILED A CLAIM

- If the Veteran filed a claim for tinnitus disability (on the 2507), and there is a current complaint of tinnitus, then answer YES to questions 6a and 6b and then answer the tinnitus questions (6c and 6d). **NOTE: questions #6c and 6d pertain only to current complaints of tinnitus.**
- If tinnitus is claimed and the Veteran denies a current complaint of tinnitus, then answer YES to question 6a and NO to question 6b and answer questions 6c and 6d.

B. VETERAN DID NOT FILE A CLAIM

- If tinnitus is not claimed, then inquire about the current complaints as part of the history without asking specifically about tinnitus or ringing in the ears.
- **NOTE: The guidance on proper inquiry applies only to the situation where tinnitus is not claimed. If the condition is claimed, then refer to the instructions for Question 6.**
- If Veteran reports a current tinnitus complaint as part of the history, then answer NO to question 6a and YES to question 6b and answer the tinnitus questions 6c and 6d. **NOTE: Questions #6c and 6d pertain only to current complaints of tinnitus.**

If the Veteran does not report tinnitus as a current complaint during the history, then indicate that the veteran denied tinnitus as a current complaint in the medical history.



Tinnitus Changes in CAPRI



- Tinnitus questions are found under History tab. The history includes radial button for current complaint of tinnitus.
- Tinnitus questions are not aligned with the new VBA template. CAPRI will be revised to conform to the revised worksheet.
- You must indicate if there was a claim (see 2507).
- You must indicate if there is a current complaint of tinnitus. If YES, the other tinnitus fields will be active. If NO, the past history of tinnitus fields will be active. In this case, you indicate when the Veteran last experienced tinnitus, the nature of the tinnitus at that time, and course of the tinnitus since last onset.
- If there is a current complaint, you must indicate if the tinnitus is constant. If NO, the recurrent (intermittent) field will be active. CAPRI allows a NO answer to both constant and intermittent tinnitus. **DO NOT indicate NO to both questions.** Either the tinnitus is constant or intermittent.



Tinnitus Etiology

- Under Diagnosis, indicate if hearing loss is present. If “yes”, indicate if tinnitus is related to hearing loss.
- The purpose of this question is to assist VBA in evaluating the nature of tinnitus and its association to hearing loss since hearing loss is the most common factor associated with tinnitus.
- State if any of the following situations exist:
 - There is no hearing loss present; or
 - It as likely as not that tinnitus is associated with another medical condition; or
 - Etiology cannot be determined on the basis of available information without resorting to speculation.
- VARO will determine if further exams are needed.



Hensley v. Brown

- U.S. Court of Appeals ruled that 38 CFR 3.385 does not preclude service connection for a current hearing disability where hearing was within normal limits on audiometric testing at separation from service.
- **Significant changes in hearing thresholds:** When audiometric test results at a Veteran's separation from service do not meet the regulatory requirements for establishing a "disability" at that time, he or she may nevertheless establish service connection for a current hearing disability by submitting evidence that the current disability is causally related to service.
- **Aggravation of pre-existing hearing loss:** Court noted that *clear and unmistakable* evidence is required to rebut a finding of service aggravation when there is an increase in disability during service (38 CFR 3.306(b)) and independent medical evidence or a quote from recognized medical treatises is needed to provide adequate support for a medical conclusion that worsening is attributed to **natural progression**.
- An opinion would be needed if the rater is unsure whether changes in hearing thresholds are significant; or changes in pre-existing hearing loss are aggravation or represent natural progression.



Normal Hearing

- In exams, the audiologist describes the degree of hearing loss in standard terms.
- If hearing is normal by VA criteria (38 CFR 3.385), the audiologist should note that “hearing thresholds do not meet the criteria for disability under VA regulations”.
- If requested to do so by VSC, review changes in hearing thresholds even when hearing is normal at separation. Examples of significant changes in hearing:
 - Verified permanent threshold shift (HCP)
 - Changes in hearing at any frequency greater than 25 dB
 - Changes greater than 10 dB (Coles et al. 2000)
 - Pattern of threshold changes that indicate a discernable noise “notch”
 - McBride and Williams (2001)
 - Narrow (one frequency at deepest point) notches: at least 15 dB in depth
 - Wide notches (more than one frequency at deepest point): at least 20 dB in depth with at least 10 dB recovery at the high end



Medical Opinions



- Audiologists are the subject matter experts for hearing loss and tinnitus claims.
- Common types of opinions:
 - Diagnosis
 - Relationship between two conditions
 - Etiology (nexus)
 - Interpretation (e.g. foreign medical exams)
- VBA cannot make medical opinions (Austin v. Brown, 1994) and contracts with VHA or its own sources (QTC, MES) to provide medical opinions.
- Examiner is a neutral expert, and represents neither the Government nor the claimant.



Medical Opinion Templates



- CAPRI provides two opinion formats (standard and non-standard).
- Standard format prompts for required content.
- Non-standard format is free text and allows you to paste text created in WORD.
- Other entry methods must conform to opinion content requirements.



Exam Problems

- Exams do not follow VBA reporting content
- Internally inconsistent statements
- Irrelevant, biased, or unsupported statements or opinions
- Failure to address changes in hearing when hearing is normal at discharge
- Inappropriate application of tinnitus disability criteria



Example 1

- **Chief complaint:** hearing loss. Documented exposure to noise (4 years in Air Force, aircraft noise) with use of hearing protection. Veteran reported bilateral tinnitus occurring twice a week and lasting up to one minute.
- **Diagnosis:** Normal hearing. “Naturally-occurring tinnitus” because there was no hearing loss
- **Opinion:** Tinnitus was not due to military service
- **Review Issues:**
 - What is “naturally-occurring tinnitus”?
 - Examiner failed to address other causes of tinnitus.



Example 2

- **Chief complaint:** hearing loss and tinnitus. Examiner noted normal hearing by calibrated audiometry in 1966 but whispered voice test done at separation in 1967. Documented noise exposure in service (aircraft noise, flight deck operations). Veteran reported unprotected recreational noise exposure (hunting). Veteran reported onset of tinnitus 5-10 years ago.
- **Opinion:** Hearing loss was caused by or the result of military service. Tinnitus was not caused by or the result of military service because of recent onset.
- **Review Issues:**
 - Can recent-onset tinnitus be service connected?
 - Examiner conceded hearing loss. Could tinnitus be related to hearing loss?



Example 3

- **Chief complaint:** hearing loss. Documented noise exposure in service (machine gun fire, artillery, combat). Whispered voice test normal, no calibrated audiometry available in service (WWII). Veteran reported onset of tinnitus 5-10 years ago. Described as intermittent, occurring once a month.
- **Diagnosis:** mild to moderate SNHL, SRS 84%
- **Opinion:** Hearing loss was not caused by or the result of military service since there was no evidence of hearing loss at separation. Tinnitus was not caused by or the result of military service because of recent onset and because recurrent tinnitus once a month is not “typical pattern of tinnitus” caused by noise exposure
- **Review Issues:**
 - Examiner did not address the likelihood that Veteran suffered hearing loss in combat.
 - What is the “typical pattern of tinnitus”?



Example 4

- **Chief complaint:** tinnitus. 1997 enlistment exam indicated normal hearing, no separation exam in 2000. Pre- and post-deployment exams (2007) indicated normal hearing. Veteran reported bilateral, recurrent tinnitus that began during deployment, occurs twice a year lasting 5 minutes each episode.
- **Diagnosis:** normal hearing
- **Opinion:** Tinnitus was not caused by or the result of military service because there was no mention of tinnitus in SMR
- **Review Issues:** Lack of references to tinnitus in SMR does not preclude service connection



Example 5

- **Chief complaint:** hearing loss. No audiograms in C-file. Veteran reported exposure to combat situations, machine gun fire, IED x4. Veteran reported bilateral constant tinnitus since deployment in Iraq.
- **Diagnosis:** normal hearing through 4000 Hz, mild SNHL >4000 Hz
- **Opinion:** Normal hearing. Tinnitus was not caused by or the result of military service because there was no mention of tinnitus in SMR.
- **Review Issues:** Examiner failed to address possibility that tinnitus was related to high-frequency hearing loss or IEDs.



Thanks for Listening



With malice toward none, with charity for all, with firmness in the right as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations.



Abraham Lincoln, Second Inaugural Address, March 4, 1865

Supplemental Material



Total Service Connected Veterans



June 2009 (VBA)

Diagnostic Code	Total SC Veterans (including 0% SC)
6100 (Series)	636,383
6260	614,899
Total	1,251,282



Top 5 Individual Disabilities



June 2009 (VBA)

Rank	Diagnostic Code	Disability Name	Total on Rolls
1	6260	Tinnitus	614,899
2	6100 Series	Hearing Loss	571,466
3	9411	Post-Traumatic Stress Disorder	213,847
4	7805	Scars, Other	163,249
5	5010	Traumatic Arthritis	117,572



OEF/OIF Veterans



June 2009 (VBA)

Diagnostic Code	Total SC Veterans (including 0% SC)
6260	110,384
6100 Series	45,741
Total	156,125



Top 5 OEF/OIF Disabilities



June 2009 (VBA)

Rank	Diagnostic Code	Disability Name	Total on Rolls
1	6260	Tinnitus	110,384
2	6100 Series	Hearing Loss	45,741
3	5237	Lumbrosacral or Cervical Strain	43,565
4	5024	Tenosynovitis	42,752
5	5242	Degenerative Arthritis of Spine	38,295

AUDIO Worksheet, Performance-Intensity Function

Procedures for Obtaining a Modified Performance-Intensity Function

1. The starting level is 40 dB re: SRT (speech reception threshold). The starting level will be adjusted upward to obtain a level at least 5 dB above the threshold at 2000 Hz, if not above the patient's tolerance level.
2. Present 25 words at 6 dB above and 6 dB below the starting level.
3. If recognition performance improves less than 6%, then maximum word recognition performance has been obtained.

Example: Starting level=50 dB HL. Initial performance=80%. Decrease level to 44 dB HL. Performance decreases to 76%. Increase level to 56 dB HL. Performance increases to 84%. Test level for full list=50 dB HL

4. If performance improves by 6% or more at the first 6-dB increment, then word recognition is measured using another 25 words at an additional 6-dB increment.

Example: starting level=50 dB HL. Initial performance=80%. Increase level to 56 dB HL. Performance improves to 88% (+8%). Increase level to 62 dB HL. Performance decreases to 84% (-4%). Test level for full list=56 dB HL

5. A full list (50 words) is then presented at the level of maximum performance. The word recognition performance at this level is reported as the speech recognition score. Only the best performance for a full list (50 words) will be reported.

AUDIO Worksheet, Parts A and B

A. Review of Medical Records: Indicate whether the C-file was reviewed.

B. B. Medical History (Subjective Complaints):

Comment on:

1. Chief complaint.
2. Effects of the condition on occupational functioning and daily activities.
3. Pertinent service history.
4. History of military, occupational, and recreational noise exposure.
5. Pertinent family and social history; history of ear disease, head or ear trauma etc.
6. Tinnitus
 - a. Is there a claim for tinnitus (verify from examination request i.e. 2507? (yes/no)
 - b. Is there a current complaint of tinnitus? (yes/no) If yes, answer the following questions whether or not the condition is claimed.
 - c. Date and circumstances of onset.
 - d. Whether it is constant or recurrent (intermittent). Current complaints only.
 - e. If there is a claim and no current complaint, the audiologist must:
 - State when veteran last experienced tinnitus.
 - Describe the tinnitus experienced at that time.
 - Describe intervening course between onset and last episode, e.g. how frequently in a year does a veteran experience tinnitus.

AUDIO Worksheet, Part C

C. Physical Examination (Objective Findings):

1. Measure and record puretone thresholds in decibels at the indicated frequencies (air conduction):

RIGHT EAR

LEFT EAR

A* B C D E **

A* B C D E **

500 | 1000 | 2000 | 3000 | 4000 | average

500 | 1000 | 2000 | 3000 | 4000 | average

- * The puretone threshold at 500 Hz is not used in calculating the puretone threshold average for evaluation purposes but is used in determining whether or not, for VA purposes, hearing impairment reaches the level of a disability. Puretone thresholds should not exceed 105 decibels or the tolerance level.

** The average of B, C, D, and E.

AUDIO Worksheet, Part C

2. Speech Recognition Score: Maryland CNC word list

_____ % right ear _____ % left ear.

When only puretone results should be used to evaluate hearing loss, the examiner, who must be a state-licensed audiologist, should certify that language difficulties or other problems (specify what the problems are) make the combined use of puretone average and speech discrimination inappropriate.

Thresholds should not exceed 100 decibels or the tolerance level.

Pausing: Examiners should pause when necessary during speech recognition tests, in order to give the veteran sufficient time to respond. This will ensure that the test results are based on actual hearing loss rather than on the effects of other problems that might slow a veteran's response. There are a variety of problems that might require pausing, for example, the presence of cognitive impairment. It is up to the examiner to determine when to use pausing and the length of the pauses.

Need for a modified performance-intensity function: The normal speech recognition performance is 94% or better for a full (50 word) list. If speech recognition is worse than 94% after presentation of a full list, then a modified performance-intensity function must be obtained to determine best performance (see Narrative for description of procedures).

When describing speech recognition performance, use these terms:

Percent	Correct Description
100-94%	Excellent (Normal)
92-80%	Good
78-70%	Fair
Less than 70%	Poor

AUDIO Worksheet, Parts D and E

D. Diagnostic and Clinical Tests:

Report middle ear status, confirm type of loss, and indicate need for medical follow-up. In cases where there is poor inter-test reliability and/or positive Stenger test results, obtain and report estimates of hearing thresholds using a combination of behavioral testing, Stenger interference levels, and electrophysiological tests.

Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

Summary of audiologic test results. Indicate type and degree of hearing loss for the frequency range from 500 to 4000 Hz. For type of loss, indicate whether it is normal, conductive, sensorineural, central, or mixed. For degree, indicate whether it is mild (26-40 HL), moderate (41-54 HL), moderately severe (55-69HL), severe (70-89 HL), or profound (90+HL).

[For VA purposes, impaired hearing is considered to be a disability when the auditory threshold in any of the frequencies 500, 1000, 2000, 3000, and 4000 Hz is 40 dB HL or greater; or when the auditory thresholds for at least three of these frequencies are 26 dB HL or greater; or when speech recognition scores are less than 94%.]

Note whether, based on audiologic results, medical follow-up is needed for an ear or hearing problem, and whether there is a problem that, if treated, might cause a change in hearing threshold levels.

If there is a current complaint of tinnitus, indicate whether or not tinnitus is as likely as not a symptom associated with the hearing loss, if hearing loss is present.

If there is no hearing loss present; or the audiologist determines that it is as likely as not that tinnitus is associated with another medical condition; or the etiology of tinnitus cannot be determined on the basis of available information without resorting to speculation, so state. The VBA regional office will then determine whether further non-audiological examination is needed, based on their review of all evidence of record.



Unemployability

- Audiologists may be asked to opine on individual unemployability (IU).
- IU is intended to be used in **exceptional cases**.
- IU results in a ***total disability*** rating when the Veteran is unable to secure or follow a ***substantially gainful*** employment as a result of SC disabilities.
- Criteria for IU:
 - If there is one disability, must be ratable at 60% or more.
 - If there are two or more disabilities, one disability must be ratable at 40% or more, and sufficient additional disabilities must exist to bring the combined rating to 70% or more.
 - Cases where criteria are not met can be referred to VBA for decision.
- Disabilities for which service connection has not been granted do not qualify for consideration as a cause of IU.



Unemployability

- Marginal employment is not considered substantially gainful employment. Marginal employment exists when a Veteran's earned annual income is below the poverty threshold.
- Age is not a basis for deciding IU; however, advancing age may relate to voluntary retirement rather than unemployment due to disability. VBA attempts to distinguish cases where disability caused unemployability from cases of voluntary retirement.
- Medical evidence must show that a service-connected physical or mental condition is currently so severe and disabling that it prevents the Veteran from securing or following substantially gainful occupation.



Unemployability

- It is not the role of the audiologist to determine if the Veteran is unemployable.
- Describe problems the Veteran experienced that prevented gainful employment.
- Describe how hearing loss or tinnitus, or both, interfered with or affected the ability to work.
- Audiologist should comment on use of assistive devices (including hearing aids) that the veteran used. Do not speculate on reasonable accommodations that might have mitigated hearing loss if they were used.

Additional Reading

- **Final Report for the Veterans' Disability Benefits Commission: Compensation, Survey Results, and Selected Topics, CNA (2007)** https://www.1888932-2946.ws/vetscommission/e-documentmanager/gallery/Documents/Reference_Materials/CNA_FinalReport_August2007.pdf
- ***Honoring the Call to Duty: Veterans' Disability Benefits in the 21st Century*, Veterans' Disability Benefits Commission (October 2007)** <http://www.vetscommission.org/reports.asp>
- ***A 21st Century System for Evaluating Veterans for Disability Benefits*, Institute of Medicine**
http://www.nap.edu/catalog.php?record_id=11885



References

- C&P Exam Program (CPEP) Website: <http://vaww.mam.lrn.va.gov/cpep/>
- Annual Benefits Reports: http://vbaw.vba.va.gov/bl/20/opai/pa/abr/abr_main.htm
- Rating Job Aids: <http://vbaw.vba.va.gov/bl/21/rating/rat00.htm>
- AUDIO Worksheet: <http://vbaw.vba.va.gov/bl/21/rating/Medical/exams/disexm05.htm>
- Audiology C&P Handbook:
<http://vbaw.vba.va.gov/bl/21/rating/Medical/docs/cphandbook.pdf>
- Federal Benefits for Veterans and Dependents: <http://www1.va.gov/opa/ls1/index.asp>
- VBA Training Letters: <http://vbaw.vba.va.gov/bl/21/publicat/Letters/TrngLtrs.htm>