

Disability Benefits Questionnaire (Group 3),
Comments/Responses Supplemental Document

A comment was received previously during the extension submitted in FY2015. The comments/responses per form listed in the information collection in this grouping have resulted in both substantive and non-substantive changes.

Comment Received:

A comment received from Lutrishia King, QTC-A Lockheed Martin Company proposed changes to each of the DBQs that make up Group 3. The proposed changes consist of both substantive and non-substantive changes.

VBA Response:

Note: During the analysis of the comments received, it was noted that the commenter was referring to a previous version of the form, not the versions submitted to the information collection request. As such, their comments were unnecessary as the change had already been made to the form. The language 'previous version' will be noted in the response to delineate that this comment refers to this instance.

The following has been added to all the forms listed in this grouping:

Question:

1A - Rationale is not asked for when there is no diagnosis

Answer:

The following note has been added to the following forms; C-5, C-8, C-9, G-1, G-2, G-3, G-4, G-5, G-6, G-7, G-8, H-2, K-1, K-2, L-2, M-11, & N-1.

NOTE: These are the diagnoses determined during this current evaluation of the claimed condition(s) listed above. If there is no diagnosis, if the diagnosis is different from a previous diagnosis for this condition, or if there is a diagnosis of a complication due to the claimed condition, explain your findings and reasons in the 'Remarks' section. Date of diagnosis can be the date of the evaluation if the clinician is making the initial diagnosis, or an approximate date determined through record review or reported history.

Question:

The scar criteria is missing from each Section titled Other Pertinent Physical Findings, Complications, Conditions, Signs and/or Symptoms.

Answer:

Additional information was added to stay consistent with other DBQ forms already updated.

The additional information was added to the following forms; C-5, C-8, G-1, G-2, G-3, G-4, G-5, G-6, G-7, G-8, H-2, K-1, K-2, L-2, M-11, N-1.

The following are additional changes by form:

VAF 21-0960C-5:

Question:

1B - How do you indicate multiple ICD codes and dates of diagnosis when there are multiple diagnoses in a section?

Answer:

An (s) has been added to ICD code(s) for this question.

Questions:

1B - There should be a check box in front of "Hemorrhage?"

1B - "If checked, specify:" is missing for Spinal Cord Injuries-Other, Hereditary Muscular Disorders, Dermatomyositis or Polyomyositis, and Heavy Metal Intoxication?

3D - Should Insomnia be indented to be in line with the other options?

3F - Why is it "check all that apply?"

3J - Misspelling of "Other." It is spelled as "Dther."

4B - Describe was deleted.

4B - If the veteran does not have more than one medical condition contributing to the abnormal gait, do we just leave the text area blank?

4E - What if both sides are atrophied? The measurement of "difference" between normal and atrophied side does not give a clear picture when both sides are atrophied, considering the measurement might be "0 cm" if both sides are atrophied the same amount.

3F - Why do we check all that apply? It seems as if you should not be able to check more than one of the following options: none, mild, moderate, severe, complete. Can you check off "with atrophy" with any of the other options?

Section V - This DBQ has a tumor/neoplasm section, unlike some of the other revisions.

Answer:

Each of these questions refers to a previous version, thus no change.

Question:

3G - Should we check only one daytime option and only one nighttime option?

Answer:

The check all that apply has been changed to 'check one day time and one night time.'

Question:

4E - How do you document when there is atrophy in multiple locations?

Answer:

An '(s)' has been added to Location(s) and a Note has been added to say '*If more than 1 location, please use Section XIII: Remarks.*'

Question:

7B - If there is gross impairment, there is no need for a mental evaluation?

Answer:

The logic is correct as shown on the form. The "Yes" response to "Gross impairment of thought processes" then warrants a total 100 percent evaluation and no MH evaluation is required.

However, if there is a Yes to 7a, that there is a MH condition, but 7b is "No" meaning there is

not gross impairment of thought processes, and therefore, not a 100 percent evaluation, we need a MH evaluation and appropriate DBQ to be completed to show the degree of disability from the mental or cognitive condition. This has been the case for some time and has been explained several times in the form.

VAF 21-0960C-8:

Question:

Should 1B provide rationale, added lab testing and MRI results to Section VI for diagnostic testing?

Answer:

Disagree – 1B makes no mention whatsoever to provide rationale and it would serve no purpose to include that. Further, lab testing and MRI results were NOT added to Section VI. Moreover, **SECTION VI - DIAGNOSTIC TESTING** has a note which states: **NOTE:** Diagnostic testing is not requested for this examination report; if studies have already been completed, provide the most recent results below.

Question:

5A - "Related to any conditions in Section I" is deleted from this question?

Answer:

Disagree – It is included as follows: 5A. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) **RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN DIAGNOSIS, SECTION I?**

VAF 21-0960C-9:

Questions:

3L - Previous version of DBQ has "decreased visual acuity." Proposed version of DBQ has "diminution of visual acuity" and "loss of visual acuity." Is diminution equivalent to decrease? Is loss equivalent to complete loss?

4B - Shoulder flexion and extension removed and hip flexion and extension removed. Why?

4D - Thorax anterior and posterior removed and trunk anterior and posterior removed. Why?

10A - After 10A, section following is marked "9B." Should be renumbered.

Answer:

Each of these questions refers to a previous version, thus no change.

Question:

3L - Why are there options for this section? Since they are already directed to an Eye DBQ, should we take out the options and just have an open-ended describe box so as not to conflict with the OPH provider's findings?

Answer:

Disagree. We want to indicate to the ophthalmologist what eye conditions are currently noted.

Question:

4A - Why do we need to ask about all conditions contributing to abnormal gait?

Answer:

Disagree - because there could be other conditions unrelated to service.

Question:

4E - What if both sides are atrophied? The measurement of "difference" between normal and atrophied side does not give a clear picture when both sides are atrophied, considering the measurement might be "0 cm" if both sides are atrophied the same amount.

Answer:

Disagree - The provider/clinician would have to state this based on their knowledge.

Question:

5A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree - A review of this question shows the question is in the form.

Question:

6A - Took out "signs or symptoms." Previous version said "Does the veteran have signs or symptoms of depression..." Proposed version says "Does the veteran have depression..."

Answer:

Question 6A shows signs or symptoms as follows: 6A. DOES THE VETERAN HAVE SIGNS OR SYMPTOMS OF DEPRESSION, COGNITIVE IMPAIRMENT OR DEMENTIA, OR ANY OTHER MENTAL HEALTH CONDITIONS ATTRIBUTABLE TO MS AND/OR ITS TREATMENT? No change.

Question:

6B - If there is gross impairment, don't we want a mental evaluation?

Answer:

The logic is correct as shown on the form. The "Yes" response to "Gross impairment of thought processes" then warrants a total 100 percent evaluation and no MH evaluation is required. However, if there is a Yes to 7a, that there is a MH condition, but 7b is "No" meaning there is not gross impairment of thought processes, and therefore, not a 100 percent evaluation, we need a MH evaluation and appropriate DBQ to be completed to show the degree of disability from the mental or cognitive condition. This has been the case for some time and has been explained several times in the form.

Question:

11 - "If no, describe" was taken out.

Answer:

Disagree. We only need a description if the answer is Yes.

Question:

11 - If the answer is no, should we be asking for a mental evaluation? requirement for Mental Health DBQ if the answer to the question is "Yes", the numbering of the remaining sections need to be corrected.

Answer:

A review of this question shows it to be numbered correctly.

VAF 21-0960G-1:

Question:

1C - Why were the checkbox diagnoses changed to the open text boxes?

Answer:

Disagree – the checkbox diagnoses are listed under question 1B on form. 1C is consistent with other DBQs asking the provider to list any additional diagnoses that pertain to the condition.

Question:

2 - Continuous medication was removed from history.

Answer:

Disagree – Please see question 2B, which shows the following: 2B. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING **CONTINUOUS MEDICATION** FOR THE DIAGNOSED CONDITION?

Question:

3D - If the provider indicates that there is persistent bleeding and with secondary anemia or with fissures, do we need a CBC?

Answer:

Disagree – This form does not have a question 3D...nor is there any question/s about persistent bleeding and with secondary anemia or fissures. Question 3 does ask about anemia as follows: ANEMIA. If checked, provide hemoglobin/hematocrit in diagnostic testing section...and question 6B asks for the CBC etc.

Question:

3F and 3G - Does visceroptosis apply to this DBQ?

Answer:

A review of this form does not have a question 3F or 3G...only question 3. A review of the entire form shows no mention whatsoever of visceroptosis.

Question:

REMOVED - Other pertinent physical findings, complications, conditions, signs and/or symptoms.

Answer:

Disagree – this section has not been removed. It is located under Section V (questions 5A and 5B).

Question:

REMOVED - Diagnostic Testing.

Answer:

Disagree – this section has not been removed. It is located under Section VI (questions 6A, 6B and 6C).

Question:

Since this is a sensitive exam, shouldn't we document on the DBQ if a chaperone was present for the exam or if the veteran declined the presence of a chaperone?

Answer:

This is already a standard part of VHA's protocol for these types of examinations and included in the remarks section. The non-VA DBQs would be at the discretion of the provider.

Question:

Added 1b Provide rationale.

Answer:

Disagree – 1b makes no mention whatsoever to provide rationale and it would serve no purpose to include that.

Question:

It appears that item 1D was cut and pasted from a different DBQ it should read "If there are additional diagnoses that pertain to Esophageal Disorders, list using above format."

Answer:

Disagree – a review of this question shows no question 1D. Further, question 1C is correct as follows: 1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO ESOPHAGEAL DISORDERS, LIST USING ABOVE FORMAT:

Question:

Section 3 excluded check box for infrequent episodes of epigastric distress.

Answer:

Disagree – A review of this section shows a check box for infrequent episodes of epigastric distress.

Question:

Section IX of the signature box has "Optometrist/Physician's certification and signature.

Answer:

Disagree – a review of this section shows, SECTION IX - PHYSICIAN'S CERTIFICATION AND SIGNATURE, makes no mention whatsoever of an Optometrist.

VAF 21-0960G-2:

Question:

1C - There is reference to VA Form 21-0960O-1, Tumors and Neoplasms DBQ.

Answer:

Disagree – Question 1C of this form makes no mention of a Tumors and Neoplasms DBQ. Specifically, it reads as follows: 1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO GALLBLADDER OR PANCREAS CONDITIONS, LIST USING ABOVE FORMAT:

Question:

3A - For Gallbladder disease-induced dyspepsia, should it say "number of episodes per year" or "number of episodes in the last 12 months?" If it should be "per year" what does 0 mean? Does it actually mean 0 or less than 1 per year?

Answer:

Disagree. It should say number of attacks per year which is consistent with the VASRD. 0 indicates 0 and even if it meant less than once per year, it would still equate to the same evaluation.

Question:

3A - For Attacks of gallbladder colic, should it say "number of attacks per year" or "number of attacks in the last 12 months?" If it should be "per year" what does 0 mean? Does it actually mean 0 or less than 1 per year?

Answer:

Disagree. It should say number of attacks per year which is consistent with the VASRD. 0 indicates 0 and even if it meant less than once per year, it would still equate to the same evaluation.

Question:

4A - Options for Abdominal pain were changed from "Mild (typical), Moderately Severe, Severe (disabling)" to "Typical, Severe, Disabling." Why was the verbiage changed?

Answer:

Disagree – a review of question 4A shows the following: Mild (typical), Moderately Severe, Severe (disabling).

Question:

4A - What appropriate laboratory and clinical studies are used to confirm abdominal pain resulting from pancreatitis?

Answer:

Per VHA, Clinicians/providers are able to distinguish pain that results from pancreatic from other cause.

Question:

4A - The option for "8 or more" has been deleted. Why was this deleted if 4-7 is a rating of 30%? When "7 or more" is selected for this proposed version, how do we know if it is 7 or more than 7?

Answer:

Disagree. A review of this question was not deleted.

Question:

4A - Why was "continuing pancreatic insufficiency between attacks" removed?

Answer:

Disagree – Question 4A shows the following:

Continuing pancreatic insufficiency between attacks

Question:

5A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – It has not been deleted. Please see Section V, question 5A as follows: 5A. DOES THE VETERAN HAVE ANY OTHER PERTINENT PHYSICAL FINDINGS,

COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS RELATED TO ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

Question:

6A - What appropriate laboratory or clinical studies are preferred for confirmation?

Answer:

It is up to the Clinician and the medically accepted laboratory and imaging studies are noted in questions 6A and 6B of this form.

VAF 21-0960G-3:

Question:

1A - There is reference to Tumors and Neoplasms Questionnaire.

Answer:

Disagree – there is no reference to Tumors and Neoplasms Questionnaire in Question 1A.

Question:

3 - For the Anemia option, it says "If checked, describe" The previous DBQ says "provide hemoglobin/hematocrit in diagnostic testing section." Additionally, the other intestinal DBQs do not have describe, they state to provide hemoglobin/hematocrit. Is this a typo?

Answer:

Disagree – question 3 shows the following: ANEMIA (*If checked, provide hemoglobin/hematocrit in Section IX, Diagnostic Testing*).

Question:

5 - Typo - It says "surgical intesting condition" when it should say "intestinal condition (other than surgical or infectious condition)"

Answer:

Disagree – a review of question 5 as well as the entire form does not show this typo.

Question:

6 - Next to the option for "Resulting in serious complication such as liver abscess," the describe box has been removed.

Answer:

Disagree – a review of this question shows the check box and the text box for the provider to describe.

Question:

6 - The note to complete additional DBQs has been removed.

Answer:

Disagree – there is a Note following question 6 which states the following:
NOTE: Complete additional Disability Benefits Questionnaire(s) for complications noted, as deemed appropriate (*schedule with appropriate provider*).

Question:

7A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – question 7A does include the information as follows:

7A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN SECTION I, DIAGNOSIS?

Question:

REMOVED - Tumor and Neoplasm section.

Answer:

Disagree – A review shows there is an entire section devoted to tumors and neoplasms (questions 7A through 7E under the following: SECTION VII - TUMORS AND NEOPLASMS.

VAF 21-0960G-4:

Questions:

3A - Several options say "(If checked," It should say "(If checked, describe):_____."

9A - Under CBC, there's a typo - "date if test" should be "date of test".

Answer:

These questions refer to previous version, thus no change.

Question:

3A - For the option of Pulling pain on attempting work or aggravated by movements of the body, it used to not ask for a description. A description box has been added. Why?

Answer:

As it is already descriptive, we need the provider to provide a description in the Veteran's words (how they described it).

Question:

4A and 4C - 4A asks if there is weight loss OR inability to gain weight. Then 4C asks if the weight loss has been sustained for 3 months or longer. What if there is no weight loss? What if the veteran has inability to gain weight? Should they still answer this question?

Answer:

They should answer the question asked on the DBQ as it complies with §4.112.

Question:

9A - Under the "other" option, specify has been removed. Why? Don't we need to know what test was conducted?

Answer:

The following addition in parentheses has been added to the form.

(Add: __ Other (Specify): fillable box _____)

VAF 21-0960G-5:

Question:

4A - Should frequency and severity be separated?

Answer:

Disagree – VA's Evaluation Builder does not separate them out.

Question:

4A - For ascites, hepatic encephalopathy and hemorrhage is it asking for episodes in the last 12 months? Or total episodes?

Answer:

Disagree - The VA Schedule for Rating Disabilities (VASRD) does not make a distinction so we need a history. For other symptoms, the VASRD is very clear that we require info for the past 12-month period, but not needed on this form.

Question:

4A - For ascites, hepatic encephalopathy and hemorrhage, if 2 or more episodes is checked, periods of remission are assumed, correct?

Answer:

Correct. The VASRD notes the following under the criteria for a 70% evaluation under diagnostic code 7312: History of two or more episodes of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis), but with periods of remission between attacks. No changes are needed to form.

Question:

5C - There are 3 lines of dates of surgery but only 1 line for discharge date. Why?

Answer:

The following has been added to form:

Date(s) of hospital discharge _____

Question:

5D - Current signs and symptoms was taken out. Why?

Answer:

The current signs and symptoms are added back into form.

Question:

6A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – A review of question 6A shows the following: 6A. DOES THE VETERAN HAVE ANY SCARS (*surgical or otherwise*) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

VAF 21-0960G-6:

Question:

Why was question 1A re-worded to ask "Does the Veteran have a Peritoneal Adhesion?" instead of "Does the Veteran now have or has he or she ever been diagnosed with a peritoneal adhesion?"

Answer:

This question was not re-worded. A review of this question still states: 1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER BEEN DIAGNOSED WITH A PERITONEAL ADHESION?

Question:

Should 1b Provide rationale?

Answer:

Disagree – 1b makes no mention whatsoever to provide rationale and it would serve no purpose to include that.

Question:

It appears that a section is needed regarding review of claims file or other medical records, it may be necessary so that the examiner can determine i.e.. if X-rays or a barium swallow was conducted.

Answer:

Disagree – these DBQ Forms are for private providers – they do not have access to the Veteran's claims file etc. If they do have records they are reviewing, then they must input them under SECTION V - DIAGNOSTIC TESTING.

Question:

Section 2E changed the wording from "Delayed Motility of Barium Meal (on X-ray) to Disturbance of Motility, "Partial or complete bowel obstruction to actual partial obstruction" and excluded the column which included nausea, vomiting, abdominal distension, and constipation.

Answer:

Disagree – A review shows the following: *DELAYED MOTILITY OF BARIUM MEAL (on X-ray); PARTIAL OR COMPLETE BOWEL OBSTRUCTION...and the entire column which includes nausea, vomiting, abdominal distension and constipation* are ALL INCLUDED on the form.

Question:

Item 2F excluded question regarding continuous medication.

Answer:

Disagree – Review of this question shows the following: 2F. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITION?

Question:

Section III revised to mirror requirements of Rating Schedule, Should Level II for Moderately Severe combine Less Frequent episodes of pain and less prolonged episodes of pain to match the Rating Schedule. Likewise for level IV should frequent and prolonged episodes of severe colic, severe nausea, and severe vomiting be combined? In any case "Frequent episodes of nausea and vomiting" are repeated in this level.

Answer:

Disagree – A review of the form shows Section III matches the VASRD.

Question:

Excluded Section regarding "Other pertinent findings ... including scars examination.

Answer:

Disagree – A review of the section shows: SECTION IV - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, SIGNS AND/OR SYMPTOMS – Also questions 4A and 4B ask specifically about scars.

Question:

Also excluded is Section V regarding diagnostic testing.

Answer:

Disagree - A review of this section shows the Diagnostic Testing section is in the form and as follows: SECTION V - DIAGNOSTIC TESTING.

VAF 21-0960G-7:

Question:

1D? 1D Note?

Answer:

There is no 1D question on the form.

1D note – there is no 1D note on the form.

There is a note following question 1C which says “NOTE: The diagnosis of gastric or duodenal ulcer or stenosis can be made by upper gastrointestinal imaging series or endoscopy. The diagnosis of gastritis requires endoscopic confirmation. If testing is of record and is consistent with veteran's current condition, repeat testing is not required.” This note must remain in the DBQ as it is the provider’s determination based on their clinical assessment. Where it says “if testing is of record and is consistent”...it is referring to the endoscopic testing.

Question:

3A - Should it say "recurrence per year" or "recurrence in the last 12 months?" If it is per year, then what does 0 indicate? is it actually 0? Or less than 1 per year?

Answer:

It says recurrence per year which is consistent with the VASRD. 0 indicates 0 and even if it meant less than once per year, it would still equate to the same evaluation.

Question:

3A - For abdominal pain, severity and frequency should be split up so the providers will answer 1 of each.

Answer:

The checkboxes for severity and frequency have been split up into two columns of checkboxes.

Question:

3A - Severity is listed as mild, transient, recurrent and periodic. Are recurrent and periodic considered severity not frequency?

Answer:

Disagree - In reviewing the codes that come under stomach and duodenal conditions (ulcers, peritoneal adhesions, etc...), the common pattern seen is that the severity of the disability also encompasses the frequency. They are not separate as you see in other codes or body systems. It is not “moderate with X episodes a year” or “mild and intermittent episodes.” The frequency actually is considered to determine the severity.” No change to 3A.

Question:

4A - Should it say "episodes per year" or "episodes in the last 12 months?" If it is per year, then what does 0 indicate? is it actually 0? Or less than 1 per year?

Answer:

It says episodes per year which is consistent with the VASRD. 0 indicates 0 and even if it meant less than once per year, it would still equate to the same evaluation.

Question:

5A - Under Post gastrectomy syndrome, second option should say: Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations.

Answer:

Agree – Consistent with VASRD Diagnostic Code 7308 which shows Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations. Form has been modified to reflect this change.

Question:

5A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Correct. This was removed from question.

Question:

7B - Typo - take out results and take out check box before Hemoglobin.

Answer:

Both were removed from question.

VAF 21-0960G-8:

Question:

3A - Several options say "(If checked," It should say "(If checked, describe): _____" No changes.

Answer:

This question refers to a previous version, thus no change.

Question:

6 - Next to the option for "Resulting in serious complication such as liver abscess," there is no describe box.

Answer:

Agree – this has been changed to show:

Serious complication such as liver abscess (*Describe*) _____

VAF 21-0960H-2:

Question:

1C - Why were the checkbox diagnoses changed to the open text boxes?

Answer:

Disagree – the checkbox diagnoses are listed under question 1B on this form, which is consistent with other DBQs asking the provider to list any additional diagnoses that pertain to the condition.

Question:

2 - Continuous medication was removed from history.

Answer:

Disagree – Please see question 2B which shows the following: 2B. DOES THE VETERAN'S TREATMENT PLAN INCLUDE TAKING CONTINUOUS MEDICATION FOR THE DIAGNOSED CONDITIONS?

Question:

3D - If the provider indicates that there is persistent bleeding and with secondary anemia or with fissures, do we need a CBC?

Answer:

Disagree – This form does not have a question 3D, but in question 3 under Internal or External Hemorrhoids, it shows the following: With secondary anemia

If checked, provide hemoglobin/hematocrit in Section VI, Diagnostic Testing, and question 6A asks for the CBC etc.

Question:

3F and 3G - Does visceroptosis apply to this DBQ?

Answer:

A review of this form shows that it does not have a question 3F or 3G, only question 3. A review of the entire DBQ shows no mention whatsoever of visceroptosis.

Question:

REMOVED - Other pertinent physical findings, complications, conditions, signs and/or symptoms.

Answer:

Disagree – this section has not been removed. It is located under Section V (questions 5A and 5B).

Question:

REMOVED - Diagnostic Testing.

Answer:

Disagree – this section has not been removed. It is located under Section VI (questions 6A, 6B and 6C).

Question:

Since this is a sensitive exam, shouldn't we document on the DBQ if a chaperone was present for the exam or if the veteran declined the presence of a chaperone?

Answer:

This is already a standard part of VHA's protocol for these types of examinations and included in the remarks section. The non-VA DBQs would be at the discretion of the provider.

VAF 21-0960K-1:

Question:

1A - He/She was changed to She. Why? Can't male veterans be examined for breast conditions?

Answer:

Disagree – Question 1A reads as follows: 1A. DOES THE VETERAN NOW HAVE OR HAS HE OR SHE EVER HAD A DISORDER OF THE BREAST(S)?

Question:

2C - This question should only be answered when 2B is yes. Should it say "if yes, is the neoplasm"?

Answer:

Disagree – Question 2B reads as follows: 2B. DOES THE VETERAN HAVE, OR HAVE A HISTORY, OF A NEOPLASM OF THE BREAST? Yes No (If "Yes," complete Items 2C and 2D). Question 2C then asks the question clearly as follows: 2C. IS OR WAS THERE A MALIGNANT NEOPLASM? Yes No (If "Yes," indicate which breast): Right Left Both etc.

Question:

2C - Right, Left, Both were removed. Why?

Answer:

Disagree – It reads as follows: 2C. IS OR WAS THERE A MALIGNANT NEOPLASM? Yes No (If "Yes," indicate which breast): Right Left Both

Question:

2D - This question should only be answered when 2C is malignant.

Answer:

Disagree. Question 2D is very clear and reads as follows: 2D. IS OR WAS THERE A BENIGN NEOPLASM?

Question:

3A - For radiation therapy, right, left and both were removed. Why?

Answer:

Disagree – Question 3A (pertaining to radiation therapy) reads as follows:
Radiation therapy

Date of most recent treatment:

Date of completion of treatment or anticipated date of completion:

Side Right Left Both

Question:

3C - There is reference to VA Form 21-0960O-1, Tumors and Neoplasms DBQ. Why would the provider need to answer another DBQ when there are already tumor/neoplasm questions on this DBQ? It should direct them to describe and fill out the appropriate DBQ (like in the previous version of this DBQ).

Answer:

Disagree – Question 3C makes no mention of a Tumors and Neoplasms DBQ. Specifically, it reads as follows: 3C. ARE THERE ANY RESIDUAL CONDITIONS CAUSED BY THE BENIGN OR MALIGNANT NEOPLASM OR ITS TREATMENT (*e.g., arm swelling, nerve damage to arm*)?

Yes No (*If "Yes," briefly describe the conditions and complete appropriate Questionnaire*):

Question:

5A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – It is already included in question 5A reads as follows: 5A. DOES THE VETERAN HAVE ANY SCARS (surgical or otherwise) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

Question:

5B - Scar criteria is missing from this question.

Answer:

Disagree – this is asked very clearly under Section V (question 5A) as follows: SECTION V - OTHER PERTINENT PHYSICAL FINDINGS, COMPLICATIONS, CONDITIONS, and SIGNS AND/OR SYMPTOMS

Question:

Since this is a sensitive exam, shouldn't we document on the DBQ if a chaperone was present for the exam or if the veteran declined the presence of a chaperone?

Answer:

This is already a standard part of VHA's protocol for these types of examinations and included in the remarks section. The non-VA DBQs would be at the discretion of the provider.

VAF 21-0960K-2:

Questions:

5 - Typo - delete 4th word "has."

6 - Typo - delete 4th word "have."

7 - Typo - delete 4th word "have."

8A - Typo - delete 4th word "have."

Answer:

Each of these questions refers to a previous version, and has already been changed, thus no change is needed.

Question:

10C - This question should only be answered if 10B is no. Can it say "If no, has the veteran undergone surgical, chemical-induced...?"

Answer:

Agree if the answer to question 10B is no. In question 10B, the following has been added: (If "No" then fill out 10C)

Question:

15A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – the version on the form includes this as follows: 15A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES IN SECTION I, DIAGNOSIS?

Question:

15B - Scar criteria is missing from this question.

Answer:

Disagree - Scars criteria is listed under Section XVI, Question 16A.

Question:

16 - There is reference to VA Form 21-09600-1, Tumors and Neoplasms DBQ. And entire tumor and neoplasm section is removed.

Answer:

Disagree – Questions 15A through 15E of SECTION XV - TUMORS AND NEOPLASMS are on the form and there is no reference to VA Form 21-09600-1.

Question:

17B - What if there is anemia not due to a gynecological condition? There is no way to indicate that it's not due to a gynecological condition.

Answer:

A note was added after Anemia? (*If, due to a gynecological condition noted in Section I.*)

Question:

17B - Hematocrit was removed. Why?

Answer:

Disagree – hematocrit has not been removed from question 17B, it is listed as Hct which is the medical abbreviation for hematocrit.

Question:

Since this is a sensitive exam, shouldn't we document on the DBQ if a chaperone was present for the exam or if the veteran declined the presence of a chaperone?

Answer:

This is already a standard part of VHA's protocol for these types of examinations and included in the remarks section. The non-VA DBQs would be at the discretion of the provider.

VAF 21-0960L-2:

Question:

1 - If a respiratory condition is diagnosed, the provider is directed to fill out a Respiratory or Narcolepsy DBQ in lieu of the Sleep Apnea DBQ. Should the Sleep Apnea DBQ be completed to at least capture the pertinent negatives of the examination?

Answer:

Disagree – there is no mention that the examiner should complete the sleep apnea form.

VAF 21-0960M-11:

Question:

2B - Removed options for fingers and toes. Why?

Answer:

Disagree – A review of question 2B includes the options for fingers and toes.

Question:

2C - If veteran has had multiple infections, how do we report what part was treated or how do we report treatment for recurrent infections?

Answer:

This is a free text area, the provider is able to report this.

Question:

2D - Facility was removed. Why?

Answer:

Disagree – A review of question 2D includes the checkboxes for facility.

Question:

3B - Removed options for fingers and toes. Why?

Answer:

Disagree – A review of question 3B includes the options for fingers and toes.

Question:

4A - There are no longer any options to select single hand or single foot joint, since it is not ratable. But if this is the case, how does the provider fill out the DBQ? Don't we need to document for possible future progression?

Answer:

Disagree – A review of question 4A includes the options for single hand/single foot.

Question:

4A - Lumbosacral spine is not an option. How do we document this?

Answer:

Disagree – A review of question 4A shows the entire spine as follows: Cervical vertebral joint(s) Thoracolumbar vertebral joint(s) Specific vertebral joint(s) affected

Question:

8A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – a review of question 8A shows the following: 8A. DOES THE VETERAN HAVE ANY SCARS (*SURGICAL OR OTHERWISE*) RELATED TO ANY CONDITIONS OR TO THE TREATMENT OF ANY CONDITIONS LISTED IN SECTION I, DIAGNOSIS?

Question:

9 - Regarding the note, does this mean that the diagnosis can be made previously by the primary care physician? or does this mean that the diagnosis is on record as an established service connected diagnosis?

Answer:

A review of this form shows no note with question 9. A search of the entire document does not show a note consistent with the comment.

VAF 21-0960N-1:

Question:

1C - Otosclerosis doesn't need the Ear DBQ filled out? It needs to be rated using the Hearing Loss and Tinnitus DBQ?

Answer:

Question 1C makes no mention of Otosclerosis. This is listed under question 1B and notes the following: *(If the veteran has hearing loss or tinnitus attributable to any ear condition, the VA regional office will schedule a hearing loss or tinnitus exam, as appropriate. Also, the VASRD under diagnostic code 6202 shows to rate otosclerosis under hearing impairment (i.e. hearing loss).*

Question:

1C - There is reference to VA Form 21-0960O-1, Tumors and Neoplasms DBQ.

Answer:

Disagree – Question 1C makes no mention of a Tumors and Neoplasms DBQ. Specifically, it reads as follows: 1C. IF THERE ARE ADDITIONAL DIAGNOSES THAT PERTAIN TO EAR OR PERIPHERAL VESTIBULAR CONDITIONS, LIST USING ABOVE FORMAT:

Question:

3 - Why are there an option for tinnitus alone and another option for hearing loss and/or tinnitus?

Answer:

If you check tinnitus, it does not direct you to fill out the hearing loss and tinnitus DBQ, because this is a section pertaining to vestibular conditions and it does refer as follows:

Hearing impairment and/or tinnitus

If checked, the VA regional office will schedule a hearing loss or tinnitus exam as appropriate.

Question:

3 - Why is nausea and vomiting added?

Answer:

The entire form was reviewed and there is no mention whatsoever of nausea and/or vomiting.

Question:

4A - In the bone loss option, the area of an American 50-cent piece says 7.55 cm². It should be 7.355 cm².

Answer:

This question refers to a previous version, thus no change.

Question:

7A - "Related to any conditions in Section I" is deleted from this question.

Answer:

Disagree – It has not been deleted. A review of this question shows as follows: 7A. DOES THE VETERAN HAVE A BENIGN OR MALIGNANT NEOPLASM OR METASTASES RELATED TO ANY OF THE DIAGNOSES LISTED IN SECTION 1, DIAGNOSIS?

Question:

8 - Typo - In note for diagnostic testing, remove the following sentence: "The diagnosis of gastric or duodenal ulcer or stenosis can be made by upper gastrointestinal imaging series or endoscopy."

Answer:

Disagree – Section 8 is not for Diagnostic Testing. Section 9 is for Diagnostic Testing. Further, a review of the entire DBQ Form showed no mention whatsoever of gastric or duodenal ulcer... stenosis/upper GI/endoscopy etc.

Question:

REMOVED - Tumor and Neoplasm section has been removed.

Answer:

Disagree – This form shows the following (questions 7A through 7E) SECTION VII - TUMORS AND NEOPLASMS