

Office of Disability and Medical Assessment (DMA)

DMA-14-001-REVISED

January 31, 2014

FACT SHEET

Disability Benefits Questionnaire (DBQ) Referral Clinic

BACKGROUND

This Revised Fact Sheet is intended to provide general information regarding compensation and pension (C&P) service establishing Disability Benefits Questionnaire (DBQ) Referral Clinics to support VHA treating providers and the Fully Developed Claims Program.

The Fact Sheet has been revised to clarify guidance and to provide responses to frequently asked questions (FAQ). The FAQ is Attachment B to this Fact Sheet.

Veterans increasingly are bringing DBQs to VHA primary care providers (PCP) and specialty providers (SP) to complete. To support PCPs and SPs when DBQs are presented by Veterans, each C&P service will institute the procedures outlined below to complete DBQs in support of VHA treating providers and in support of the Fully Developed Claims Initiative.

VHA supports the completion of DBQs by treating providers and encourages a "no wrong door" philosophy to assist our Veterans. The completion of DBQs by C&P clinicians and VHA primary/specialty care is a key strategy in the Fully Developed Claims (FDC) process. If a Veteran requests to have their DBQ completed by PCPs and/or SPs, these clinicians may, if unable to complete the DBQ, provide a "warm hand-off" to the C&P service (the Referral Clinic). The C&P service can assist the PCPs, SPs, and the Veteran by completing DBQs, if requested, depending on certain criteria addressed below. The advantage of the local C&P service completing DBQs will help promote efficiency by having certified, trained C&P examiners complete DBQs. This process can assist Veterans who intend to submit Fully Developed Claims by providing timely and Veteran-centric services.

DBQs are standardized medical documents approved by the Veterans Benefits Administration (VBA) that are currently used by VHA disability examiners to record diseases and illnesses for Veterans' compensation and pension disability benefit claims. DBQs can also be used by VHA primary care/specialty care providers, as well as private sector physicians, as a standardized format for communication of medical evidence as part of the Veteran's claim for VA disability benefits. VHA's policies on

DBQs are set out in VHA Directive 2013-002, *Documentation of Medical Evidence for Disability Evaluation Purposes*, January 14, 2013.

DBQ REFERRAL CLINIC

- **1.** Each C&P service implementing these procedures will make VHA Primary Care and the Veterans Benefits Administration (VBA) aware of the availability of this support for the Fully Developed Claims process.
- **2.** When the Veteran is directed to C&P, the following questions should be considered to ensure the suitability of having the DBQ completed by C&P:

A. Is the Veteran receiving care at a VHA facility for the condition for which the DBQ is to be completed?

- ➢ If yes, assign a clinician to complete the DBQ, time permitting, or schedule an appointment to have the DBQ completed based on the evidence in the Veteran's treatment records. The clinician must exercise judgment as to whether to conduct any aspect of an examination on the Veteran as part of completing the DBQ or place a call to the Veteran for additional information. The evidence considered in completing the DBQ must be noted on the DBQ.
- If no and the Veteran has sufficient medical evidence with them to complete the DBQ, such as medical treatment records and/or military treatment records, the Veteran should be referred to Enrollment for entry into the VHA Healthcare System. Once enrollment has been accomplished the Veteran can return to the DBQ Referral Clinic for further evaluation, time permitting, or be scheduled for an appointment to complete the requested DBQs. The clinician must exercise judgment as to whether to conduct a physical examination on the Veteran as part of completing the DBQ. The Veteran's statements and medical information supplied by the Veteran must be documented on the DBQ.
- ➤ If no and the Veteran does not have sufficient medical evidence with them to complete the DBQ, refer the Veteran to a Veterans Service Organization (VSO) or VBA (http://benefits.va.gov/compensation/ or 1-800-827-1000).

B. Is the Veteran currently service-connected for the condition?

- If yes, have the DBQ completed as an increase in evaluation for the condition. Conditions for which a Veteran is service-connected are documented in the VHA medical record.
- If no or unknown by the Veteran, have the DBQ completed as an original evaluation of the condition.

C. Does the Veteran have a VA Form 21-2507 disability examination request pending?

- ➤ The screening personnel should check CAPRI to determine whether a 21-2507 exam request has been entered. If yes, advise the Veteran of the scheduled appointment date and time and do not complete the DBQ(s).
- If no, complete the DBQ or schedule the Veteran for an appointment.

D. Does the Veteran have new medical evidence on-file or with them?

- ➤ If yes, document all new evidence when completing the DBQ. Return any tangible evidence or files to the Veteran and advise the Veteran to submit the evidence to VBA.
- If no, complete the DBQ based on the evidence currently of record.
- **3.** In the event a DBQ cannot be completed at the time of request, the C&P service should schedule the Veteran for an appointment. Scheduled appointments will be determined by the number and complexity of the DBQs being requested to be completed, to allow for appropriate completion time. However, it is recommended that the C&P service should only set appointment times to allow for the completion of up to three DBQs per appointment.
- **4.** The majority of DBQs can be completed by the DBQ Referral Clinic. However, some specialty evaluations are complex and dependent on the availability of specialty resources and clinical disciplines. **Note:** The following DBQs and Services should be excluded from being completed by the DBQ Referral Clinic.
 - Work-ups for undiagnosed conditions and when extensive diagnostic tests would be required (such as Sleep Apnea Studies, PFTs, ECHO)
 - Medical nexus opinions or other medical opinions
 - Pension examinations
 - Unemployability
 - General medical
 - Gulf War (undiagnosed illness)
 - ➤ Formal POW Protocol
 - > Traumatic Brain Injury
 - Separation Health Assessments
 - ➤ Initial PTSD
 - Cold Injury Residuals

In the event a DBQ presented for one of the conditions above cannot be completed, the Veteran should be informed that due to the complexity in completing the DBQ, an exam request from VBA with specific instructions is required to complete the DBQ. The

Veteran should be advised to contact VBA at 1-800-827-1000 or at http://benefits.va.gov/compensation/.

- **5.** DBQs will be completed based on evidence of record. The determination of whether an examination or phone call to the Veteran will be made is at the discretion of the C&P examiner.
- **6.** C&P clinicians should complete DBQs in CAPRI in lieu of the paper form DBQ. CAPRI can be used to initiate, sign and identify the DBQ on the signature page as a "non 2507" DBQ. DBQs may also be obtained through the VA DBQ internet web site: http://benefits.va.gov/COMPENSATION/dbg_disabilityexams.asp.
- **7.** The examiner will clearly identify in the REMARKS section the DBQ was completed for the Veteran as <u>evidence in support of his or her disability claim</u>, to differentiate the DBQ completed for a Veteran from one completed in response to a VA Form 21-2507 request
- **8.** The following ICD and Stop Codes should be used by Referral C&P clinics to capture workload for Veterans requesting to have DBQs completed without a VA Form 21-2507 examination request:

		TOV=Telephone only visit	Primary stop code	Secondary stop code	Purpose of the Visit and Appointment	Diagnosis code	Procedure code #
DBQs without 2507	С&Р	Face to Face visit		450	01'	V70.3	99450
		Ace, TOV		450	01'	V70.3	99450
	Reg.	Ace, chart review		450	01′	V70.3	99450
		TeleHealth Visit	NA	NA	NA	NA	NA
	IDES	Face to Face visit	NA	NA	NA	NA	NA
		Ace, TOV	NA	NA	NA	NA	NA
		Ace, chart review	NA	NA	NA	NA	NA
		TeleHealth Visit	NA	NA	NA	NA	NA

<u>NOTE:</u> In the event there is a question regarding CPT code 99450 and if it is active for use, please check with your local Health Information Management Service who can provide you with the current active codes.

- **9.** The Veteran will not receive a copy of any completed DBQs, but will be provided with a letter, tailored by each facility, which includes the information in Attachment A. Inform the Veteran to provide this letter to VBA in support of their claim for disability benefits.
- **10.** After the DBQ is completed, the Veteran will be provided with additional resources regarding disability benefit claims: http://benefits.va.gov/compensation/ or 1-800-827-1000, for follow-up with VBA.

For additional information not covered in this Fact Sheet contact the Office of Disability and Medical Assessment (DMA) at (202) 461-6699 or (727) 540-3800, visit the DMA website at http://vaww.demo.va.gov, or send an inquiry to the DMA Corporate mailbox at CorporateMailbox.DMA@va.gov

ATTACHMENT A

[INSERT FACILITY LETTERHEAD]

Date:	
То:	Veterans Benefits Administration
From:	VHA Compensation and Pension Program
Thru:	[Insert Veteran's name]
RE:	Veteran Request for Assistance with DBQ Completion
[Inser Quest benef the Ve	e accept this letter as verification that [Insert Veteran's Name] was seen at the et Name of Facility] for assistance in completion of a Disability Benefits ionnaire (DBQ) at his or her request, in support of a claim for VA disability its. The DBQ was completed in the CAPRI electronic format and can be found in eteran's VHA medical treatment record; it is viewable under the Clinical ments tab in CAPRI or under NOTES in CPRS.
The D	BQ(s) completed included:
Thank	c you,
I nser Comp	tment of Veterans Affairs t Name of Facility] ensation and Pension Department t Contact Information]
Veter	an to complete the following information upon submitting document to VBA:
Claim Addre	or SS#: ss:
Telep	hone #:

ATTACHMENT B

FREQUENTLY ASKED QUESTIONS

Disability Benefits Questionnaire (DBQ) Referral Clinic

PRIMARY CARE

1. Will C&P services be required to train VHA treating providers on how to accurately complete DBQs?

No. VHA treating providers should complete DBQs based on the medical information in the treatment records. As part of the DBQ Referral Clinic initiative, Primary Care Service is encouraged to develop a collaborative relationship with their local C&P service.

2. How is the "warm hand-off" supposed to occur?

If a VHA treating providers is unable to complete the DBQ for the reasons stated above, the providers should exercise the "no wrong door" philosophy by providing a warm hand off to the local C&P DBQ Referral Clinic, to the VA benefits call center at 1-800-827-1000, to a local VBA regional office, to Veterans Service Organization representatives, or to other local or online resources.

3. What if there is no local C&P clinic where the Veteran's VHA treating provider is located?

The VHA treating provider should refer the Veteran to VBA in this circumstance. Referral to VBA includes referral to the VA benefits call center at 1-800-827-1000, to a local VBA regional office, to Veterans Service Organization representatives, or to other local or online resources.

4. Has this information been distributed to the Veteran Service Officers?

DMA leadership will brief national VSOs as to the purpose and intent of the DBQ Referral Clinic, including that the DBQ Referral Clinic is designed to support VHA treating providers.

COMPLETING DBQS

5. What if the Veteran isn't in the local VHA system, are they required to be enrolled by the Health Eligibility Center?

If the Veteran is not receiving treatment at the VHA facility, but has medical records with them to have the DBQ completed, the Veteran should be referred to the Health Eligibility Center to enroll in VHA's system. The Veteran should then return to the DBQ Referral Clinic to have the DBQ completed.

If the Veteran is not receiving treatment at the VHA facility and does not have any medical records to provide, the DBQ should not be completed and the Veteran should be referred to a Veterans Service Organization (VSO) or VBA (http://benefits.va.gov/compensation/ or 1-800-827-1000).

6. VHA's Mental Health Service policy is VHA Mental Health treating providers are not encouraged to completed DBQs for their Veteran patients. How does this impact the DBQ Referral Clinic completing Mental Health DBQs?

Initial PTSD DBQs should not be completed by the DBQ Referral Clinic. The following Psychological DBQs may be completed: Eating Disorders, Mental Disorders and PTSD (Review)

7. What is the threshold to be used by C&P examiner as to whether or not a physical examination should be completed, or whether or not x-rays or diagnostics such as echocardiogram/EKG should be ordered or scheduled?

Each clinician must exercise medical judgment as to whether additional diagnostic workup is required to accurately complete the DBQ, including consideration of time to complete the DBQ and availability of hospital ancillary services/resources.

8. When the Fact Sheet states the clinician should complete all portions of the DBQ that can be completed, does this include sections such as for range of motion and functional loss?

Yes, any portion of the DBQ that can be completed through a records review, and if preferred by the clinician a physical examination can be completed.

9. The Fact Sheet states "The determination of whether an examination or phone call to the Veteran will be made is at the discretion of the examiner." If based on the evidence of record, why schedule an examination?

The Fact Sheet has been developed to provide guidance and allow clinics the flexibility to manage DBQ Referral Clinic cases individually. It is based on the clinicians' discretion as to whether a physical examination of the Veteran should take place.

10. Would the Referral Clinic order tests as part of this process (routine labs, x-rays)? If tests are ordered, the examiner will be required to report any test results to the Veteran?

Based on the clinician's discretion and available resources, appropriate diagnostic test must be ordered. However, it is <u>not</u> expected the Referral Clinic would complete

complex diagnostic workup including but not limited to echocardiogram or pulmonary function test.

11. What is the DBQ Referral Clinic's responsibility if an abnormal test result has been found?

VA policy is to notify the Veteran of the results and direct the Veteran to seek care. Documentation of these actions should be made in the Veteran's record.

12. How can it be determined whether the Veteran's condition for which the DBQ is requested to be completed is service connected? This designation is not always in the Veteran's treatment records.

If it is unclear whether the Veteran is service connected for a condition, have the DBQ completed as an original evaluation for the claimed conditions.

13. Are C&P examiners expected to review records in VBMS since this is not a C&P disability examination conducted in response to a VA Form 21-2507 request?

The C&P examiner should use all evidence available to assist in completing the DBQ.

14. If the Veteran presents medical evidence such as private treatment records or service treatment records, what is the process to review the evidence and then return it to the Veteran?

The C&P clinician should review the records available in CPRS and any additional information provided by the Veteran. All documentation brought in by the Veteran should be returned to him/her. Each Veteran will be provided with a letter (Attachment A) indicating which DBQs were completed. The Veteran should be advised to submit this letter along with any evidence he/she would like considered to VBA in support of his/her claim. The DBQ must be annotated that the information was obtained from evidence hand carried by the Veteran and the Veteran was advised to submit the supporting evidence as part of their claim.

15. What is the process if the Veteran is referred to the DBQ Referral Clinic claiming a condition; however, there is no evidence in the Veteran's treatment records of the condition. Should the clinician in the Referral Clinic investigate the existence of the condition based on the Veteran's statements?

DBQs completed for the DBQ Referral Clinic are completed based upon available evidence on record. If there is no diagnosis of record, no evidence of treatment, and no evidence regarding the condition provided by the Veteran, the Veteran should be referred to their treating provider for a diagnostic workup. The Referral Clinic should not complete the DBQ.

16. Can disability examination contractors complete the DBQs as part of the DBQ Referral Clinic?

DBQs presented to the DBQ Referral Clinic should be completed within the C&P clinic and must not be sent to disability examination contractors.

17. If upon review of the evidence of the record the C&P clinician decides it appears VBA will be likely to request a disability examination, should the clinician refer the Veteran to VBA?

DBQs are completed in the DBQ Referral Clinic in an effort to respond to the Fully Developed Claim program and providing Veterans with medical evidence to submit as part of the Fully Developed Claim, at the Veteran's request. In any case the clinician should complete the DBQ. It is VBA's prerogative to determine if a disability examination is necessary to adjudicate the disability benefits claim.

18. Determining if the Veteran is being followed at the facility for the claimed condition may require some time and research, with additional time involved in review the evidence of record and any records the Veteran provides.

The Fact Sheet includes screening questions that will help determine whether the evidence is available for review and completion of the DBQ. The Clinic should employ flexibility in resource use in support of Veterans having DBQs completed at their request.

19. What makes DBQs completed by the Referral Clinic different than an evaluation completed using the ACE process?

A DBQ completed under the ACE process is an official C&P examination report. A DBQ completed in the Referral Clinic is compiled using existing medical evidence and is not part of the C&P exam process.

20. What is the process if the Veteran brings a new DBQ to a previously scheduled appointment for a disability examination based on a VA Form 21-2507 request?

If time permits during the appointment, the clinician may complete the additional DBQ. The processes outlined in the Fact Sheet for recording the DBQ and issuing the Veteran a letter regarding completion of the DBQ should be followed. The new DBQ should not be associated with the examination request.

<u>CAPRI</u>

21. When completing the DBQs as part of the DBQ Referral Clinic on behalf of the Veteran, will the pop-ups that require information in the DBQ be disabled? If the

DBQ document is being completed by record review, some information will not be entered.

As part of the DBQ Referral Clinic clinicians should complete the DBQ with as much information is available. Any questions that cannot be answered by the clinician in their role of supporting VHA treating providers through the DBQ Referral Clinic will need an explanation such as "N/A" or "information not available".

22. How does a C&P clinician release a "non 2507 DBQ" in CAPRI?

A DBQ can be released by a clinician even though it is not associated with a VA Form 21-2507 disability examination request as follows:

- (1) The Signature Validation page of the DBQ has the question "Is this report a C&P evaluation in response to a request (2507) submitted by VBA? Respond "No" to the question.
- (2) Once signed off in CAPRI, the report displays in CPRS.
- (3) Complete the letter in Attachment A of the Fact Sheet and give to the letter to the Veteran for them to provide to VBA.

23. Can a non-VA Form 21-2507 request examination be used in CAPRI in the Priority of Exam field, entered by the DBQ Referral Clinic to complete DBQs?

VBA advises against adding this field as data cannot be easily ascertained from the Priority of Exam field, and the field is subject to be reworked in the future.

APPOINTMENTS

24. Is there a timeframe in which DBQs submitted to the DBQ Referral Clinic must be completed?

No, however, the DBQ should be completed as soon as possible to support the Veteran's effort in filing a Fully Developed Claim.

25. Can Veterans eligible for VA travel benefits receive such benefits for appointments to have a DBQ completed in the Referral Clinic?

For efficiency purposes, all DBQs requested by Veterans referred to the Referral Clinic should be reviewed to determine if they can be completed based on a record review. In the event that the DBQ cannot be completed based on record review and/or a telephone call with the Veteran, and the clinician determines an in-person physical examination is needed, the Veteran should be scheduled for an appointment as appropriate to complete the DBQ. If the Veteran has an appointment scheduled with the DBQ Referral Clinic, an eligible Veteran may be able to receive VA travel benefits.

For additional information regarding beneficiary travel payments and eligibility, visit the Chief Business Office Members Services website at http://vaww1.va.gov/CBO/memservices.asp.

26. If the Veteran requests to have more than three DBQs completed at once, should multiple appointments be scheduled?

Yes. However, in locations such as Hawaii, Alaska, and other locations where travel distances are great, the Referral Clinic should attempt to complete all DBQs in a single appointment time to minimize Veteran travel.

27. Can Fee Basis examiners complete DBQs as part of the DBQ Referral Clinic, or only employees of the clinic?

Yes. DBQs submitted as part of the Referral Clinic can be completed by Fee Basis examiners in a scheduled C&P clinic setting.

28. What methods can a clinic use to respond to the DBQ Referral Clinic when all available appointments are currently scheduled to respond to VA Form 21-2507 disability examination requests?

The DBQs associated with the Referral Clinic can be completed when there is an appointment no show; a last minute appointment cancellation, or can be scheduled based on future availability.

WORKLOAD CAPTURE

29. Will workload completed in the DBQ Referral Clinic be captured in any reports, for example through VICAP?

Workload is being captured as described in the Fact Sheet. DMA is currently addressing methodologies to capture this information separately for the Referral Clinic.

30. Will this workload be monitored for timeliness?

No, the DBQ is being completed at the convenience of the Veteran and is not affiliated with a VA Form 21-2507 disability examination request.

31. Will the clinic get credit for completing the DBQs?

The second bullet on page 4 of the Fact Sheet describes how to capture workload.

FULLY DEVELOPED CLAIM

32. What is the current, accurate definition of a Fully Developed Claim (FDC)?

The primary purpose of the DBQ clinic is to assist VHA treating providers in completing DBQs. While the primary intent is to support the FDC program, Veterans may choose to submit DBQs not under the FDC program, but to provide medical evidence in support of a traditional claim or appeal.

Additional information regarding the benefits claims process, the Fully Developed Claim program, and about DBQs can be found at http://www.benefits.va.gov/compensation/index.asp.

33. Some Veterans have indicated they would like the DBQ to be completed as evidence as part of an appeal they have filed on a VBA decision on a disability claim, or to reopen a claim with new and material evidence, or other reason than as part of a Fully Developed Claim. How should the clinician respond when completing the DBQ? Should additional information be provided?

All DBQs completed in the DBQ Referral Clinic are to be completed in support of Veteran's disability benefits claims.

34. Should the Veteran's Social Security Number or VA Claim Number be included on the Attachment A letter that is being provided to the Veteran to give to VBA or should it only include the Veteran's full name as it appears in our database?

The DBQ Referral Clinic should not include a Social Security Number or VA Claim Number on the letter provided to the Veteran. Please note, the letter is provided to the Veteran, it is not sent to VBA by VHA. When the Veteran submits the evidence to VBA as part of their claim, it is their responsibility to provide appropriate identifying information.

ADDITIONAL RESOURCES

35. Which VHA facilities are examples for "best practices" of implementation of the DBQ Referral Clinics? What are the average numbers of patients/requests received? How have these facilities modify their work flow to accommodate for the extra workload?

Subject Matter Experts for the DBQ Referral Clinic include Ashley Hanahan, ARNP (<u>Ashley.Hanahan@va.gov</u>) at the Baltimore VAMC, Dr. Reem Haddad (<u>Reem.Haddad@va.gov</u>) at the Phoenix VAMC and Dr. Amir Mohammad (<u>Amir.Mohammad@va.gov</u>) at the Connecticut VAMC, or send your questions to the DMA Corporate mailbox at <u>CorporateMailbox.DMA@va.gov</u>