

How to Expedite Rating Claims

Records-Disabilities-Procedures

Records:

1. Private
 - a. Veteran should submit private treatment records along with prescribed claim form, do not also submit a VAF 21-4142 or 4142a.
 - b. If all information is submitted, check the box, and/or provide a statement that “I have no additional evidence to submit, please rate my claim based on the evidence of record.”
2. Federal
 - a. Exact dates
 - i. VBA will continue development until records are provided or a negative response is received, to cover the entire period referenced.
 - ii. If the period is incorrectly “estimated.”
 - iii. If Veteran does not remember dates, it is better to reference a later known date than an earlier estimated period.
 - iv. Example: Veteran initial VAMC appointment on December 1, 2019 but cannot remember and states, “VAMC Nashville from January 1, 2019 to Present.”
 - b. STRs should not be listed as private medical records – there has been a recent spike.
 - c. 7131 can really slow down a claim. Initial and subsequent VAMC treatment dates should be specific, not broad.

Disabilities:

1. The Three (3) Essential Elements of Service Connection:
 - a. Current Diagnosed Disability
 - b. In-Service Event, Injury, or Illness
 - c. Nexus - Continuity of Treatment:
 - i. Medical Opinion Can Provide Nexus
2. Submit concise disabilities. General, complex, and vague equal additional development.
3. Clarify the location of contention(s), and actual symptom of disability.
 - a. For example: Left knee pain – Not knee, or just left knee.
 - b. Examples of other concise disabilities include:
 - i. Diabetes
 - ii. Right wrist fracture residuals
 - iii. Residuals of left index finger compound fracture
 - iv. Left knee pain
 - v. Bilateral knee pain
 - c. Examples of general, complex, and vague disabilities include:
 - i. High sugar in service after I gained weight from PTSD
 - ii. Wrist
 - iii. Finger
 - iv. Leg

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- v. My joints hurt all the time and it makes my blood pressure rise and my heart palpitate
4. More contentions do not always equal higher rating
 - a. Sometimes less is more.
 - b. More contentions can lead to more VA Examinations (VAE), more development, more clarification, etc.
5. Secondary contentions should include correct secondary language and not assume VBA will consider a claim as secondary.
6. Gulf War – even though undiagnosed multi-symptom illness may exist; a disability must be clearly stated.
 - a. Example: “respiratory condition,” I have trouble breathing.
 - b. A medical diagnosis is helpful.

Procedures:

1. Clarity
 - a. Veterans should be told, when a claim for increase is submitted there is a chance that a decrease rating can occur – usually musculoskeletal, respiratory, or mental health.
 - b. Know schedular and max percentage prior to submitting claim for increase.
2. 5103
 - a. Make sure 5103 notices are provided – review folder for 5103 in last year.
 - b. If POA signs claim for veteran, send the 5103-notice response along with it, or 5103 notice and 30-day suspense will result.
 - c. Sometimes, the claim gets all the way to the award stage, and I cannot be promulgated because 5103 notice was not provided to Veteran.
 - d. POAs cannot check 5103 provided box and sign 0995 or 0996.
 - e. Understand **I.1.B.1.I. Exceptions to the Notification Requirement**
3. New and relevant evidence
 - a. Help Veteran understand what it means by new and relevant evidence for supplemental claims.
4. Multiple submissions
 - a. Result in initial development cycle starting over
 - b. Submit ITF instead
5. Previously denied
 - a. Claim needs to be submitted on 0995 or 0996, not a 526.
6. VAF 21-0781
 - a. If a 60-day period is required, then 0781 must include the period claimed.
 - b. Stressor verification requires, specifics about, Who, What, Where, and When.
 - c. Provide name/unit of person associated with stressor (e.g., E-4 Tom Jones, unit assigned).
7. Private DBQs still require claims folder review. If not reviewed, not sufficient for rating purposes.