

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

VHA DIRECTIVE 2010-045

October 1, 2010

## INTRODUCTION OF DISABILITY BENEFIT QUESTIONNAIRES (DBQS) TO SUPPORT THE COMPENSATION AND PENSION (C&P) PROCESS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy for the introduction and use of Disability Benefit Questionnaires (DBQs) for eligible Veterans, in support of the Compensation and Pension (C&P) examination process.

### 2. BACKGROUND

a. VHA supports the Veterans Benefit Administration (VBA) in its mission to provide compensation and pension benefits to eligible Veterans, in part, by assigning personnel specifically dedicated to C&P examinations (C&P examiners) to conduct assessments of Veterans claiming a service connected medical condition. This process is a major responsibility for VHA, and of great importance to Veterans and other stakeholders. NOTE: VHA's goal is that Veterans will describe the new process (when fully implemented) as "informative, supportive, caring, and even delightful."

b. DBQs are disease (condition) specific, and are designed to be easy for clinicians to use, compared to existing templates, while succinctly providing the precise medical evidence needed by VBA Rating Veterans Service Representatives to make decisions on Veterans' disability benefits claims.

(1) DBQs are designed to ensure adequate reports by including all ratings criteria for each condition. NOTE: Individual DBQs will be released incrementally in coming months; however, current templates may be used until replaced by a DBQ.

(2) DBQs are intended for use by C&P examiners (including C&P contract clinicians), VHA providers, and private sector physicians and provide a standardized format for communication of medical evidence for C&P purposes.

The professional qualifications required to assess certain conditions (such as post traumatic stress disorder and audiology) are not changed by this Directive. When applicable, restrictions as to who can complete a DBQ are identified in VHA policy or on the DBQ form itself. NOTE: When completed in C&P Records Integration (CAPRI), programming logic ensures that all required fields are completed for every report.

3. POLICY: It is VHA policy that beginning October 1, 2010, DBQs, which have been released, are used to provide medical evidence for eligible Veterans claiming physical or mental conditions stemming from their military service.

#### 4. ACTION

a. Under Secretary for Health. The Under Secretary for Health is responsible for the quality and timeliness of VHA C&P examinations and ensuring that resources are allocated in support of the C&P process.

b. Deputy Under Secretary for Health for Operations and Management. The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Ensuring implementation of and compliance with this Directive and establishing monitors by November 1, 2010.

(2) In coordination with the Disability Examination Management Office (DEMO), formerly known as Compensation and Pension Examination Program (CPEP), and Patient Care Services, providing guidance to examiners when questions arise, and when content or process changes are made.

(3) Ensuring that C&P examiners maintain certification.

(4) Ensuring that training and support for the DBQs are provided to appropriate VHA staff.

(5) Making recommendations for process changes and improvements based on evidence.

(6) In collaboration with VBA, reviewing DBQs submitted by private physicians and reporting to VHA and VBA leadership any findings regarding variability in functional assessment for like conditions, evidence of falsification, and any evidence of disproportionate use by any clinic or entity. NOTE: Regional Offices,

the field unit of VBA responsible for C&P processing, remain responsible for the adjudication of claims, including assessment of the medical evidence submitted with a claim.

c. Patient Care Services (PCS). PCS is responsible for:

- (1) Ensuring that training in support of the DBQs is medically accurate.
- (2) Ensuring that DBQs contain medically-appropriate content.
- (3) Making suggestions to VBA for improvements in DBQs, when indicated.
- (4) Coordinating with Disability Examination Management Office (DEMO) to provide guidance to examiners when questions arise.

d. Veterans Integrated Service Network (VISN) Director. Each VISN Director is responsible for:

- (1) Ensuring that requirements for training, credentialing, and privileging are completed.
- (2) Ensuring that a Veteran-centric approach to C&P examinations is established.
- (3) Ensuring that close collaboration with Regional Offices is established and maintained.

e. Facility Director. Each facility Director is responsible for:

- (1) Ensuring that DBQs are used in accordance with the following guidelines:
  - (a) C&P staffs have primary responsibility for completion of DBQs. Primary and specialty care clinical staff, in accordance with their credentials, privileges, or scope of practice, may complete DBQs for their own patients, within a normal clinic visit. NOTE: Veterans may also take DBQs to their private physicians. The forms are designed to be useable without specific training. VA will not reimburse Veterans for costs they may incur when their private physician completes the DBQ.
  - (b) Standard credentialing and privileging requirements apply to VHA C&P examiners. NOTE: Recognizing that the C&P examination is an administrative function rather than a medical treatment function, VHA examiners who are credentialed, privileged, and certified to perform C&P examinations at any one

facility may conduct C&P examinations at other VHA facilities without additional separate privileging.

(c) C&P examiners are to continue to conduct examinations when such examinations are ordered by VBA. The only difference is that the DBQs will be completed (as they become available) rather than the existing templates. DBQs change the documentation process; they do not change the examination process needed to determine a diagnosis or provide required information for C&P examinations. NOTE: For mental health-related DBQs that are made available for providers not functioning as C&P examiners and to maintain the integrity of the patient-provider relationship, it is recommended that a Veteran's treating provider not complete the DBQ.

(d) For VHA clinicians who are not C&P examiners, the guidance in subparagraph 4d of VHA Directive 2008-071 (dated October 29, 2008) regarding Medical Statements to Support VA Benefits Claims, applies to the decision to complete a DBQ if requested by a Veteran. VHA Directive 2008-071 permits the completion of DBQs by VHA clinicians who are not C&P examiners. NOTE: Every effort should be made to accommodate Veterans bringing a DBQ to a VHA facility, consistent with VHA's philosophy of Veteran-centric care. VHA clinicians must reference VHA Directive 2008-071 for more detailed guidance.

(e) If a VHA clinician does not feel confident in completing a DBQ or believes that the DBQ would require diagnostic testing beyond what is indicated by the Veteran's history or current symptoms, or would otherwise be contraindicated or inappropriate, the VHA clinician must forward the Veteran's request to VBA. VBA then determines whether the Veteran meets the requirements for providing a C&P examination (Title 38 United States Code (U.S.C.) § 5103A(d)(2)).

(2) Ensuring that DBQs are used once they are officially released and distributed to the field.

(a) When a specific DBQ is requested on Department of Veterans Affairs (VA) Form 2507, Compensation and Pension Exam Request, its use is mandatory for completion of that examination request, and must be submitted electronically.

(b) DBQs are to be completed by clinical staff only, not by Veterans. NOTE: Paper DBQs are available for Veterans to obtain and bring to VA clinical staff, just as they are for Veterans to bring to their private sector clinicians.

(c) If a paper version of the DBQ form is completed, staff must copy the completed form to scan into the Computerized Patient Record System (CPRS). The original must be returned to the Veteran so that the Veteran can submit it to

the Regional Office. The Veteran must be reminded that the DBQ is not a claim form. If the Veteran has not previously claimed VA disability benefits, the Veteran must submit VA Form 21-526, Veteran's Application for Compensation and/or Pension, to the Regional Office.

(3) Ensuring that, at the facility level, requirements for training, credentialing, and privileging are completed, as well as ensuring mandatory use and submission of DBQs electronically within C&P departments.

(a) Certification for VHA C&P examiners is required. The existing VHA certification program is to be used until revised. VHA clinicians may, however, complete a DBQ on their own patient without obtaining certification.

(b) Training specific to DBQs has been developed by VHA and VBA for all VHA clinical and administrative support staff regarding use of the DBQs. NOTE: This training will be broadcast nationwide in conjunction with the Employee Education System (EES).

(4) Monitoring workload related to DBQs and adjusting staffing and resources as required.

(5) Working in collaboration with the affiliated VBA Regional Office to develop procedures to rapidly incorporate the use of DBQs. At a minimum, these procedures must include provisions for:

(a) Ensuring a clear message from the facility Director that the C&P examination is a central VHA mission.

(b) Ensuring close attention to the process at the facility to ensure that Veterans feel welcomed and supported.

(c) Ensuring procedures to expedite processing DBQs, especially those for high-volume presumptive conditions.

(d) Ensuring a clear delineation of responsibilities among the C&P Program, primary care, and specialty care, as well as stressing the need for ongoing collaboration.

(6) Ensuring that a Veteran-centric approach to C&P examinations is established, including processes to accept DBQ completion requests directly from Veterans.

(7) Ensuring that all clinical staff completing DBQs discuss the results and findings on the DBQ with the Veteran at the time of service to foster an atmosphere of transparency and respect.

(8) Ensuring that close collaboration and frequent communication with the Regional Offices the facility supports is established and maintained.

(9) Ensuring Veterans, Veteran Service Organizations, and other stakeholders are educated concerning the C&P examination process at the facility.

5. REFERENCES: Title 38 U.S.C Veterans Benefits.

6. FOLLOW-UP RESPONSIBILITY: The Office of the Deputy Under Secretary for Health for Operations and Management is responsible for the content of this Directive. Questions may be directed to (202) 461-7026.

7. RESCISSIONS: None. This VHA Directive expires October 31, 2013.

JRobert A. Petzel, M.D.  
Under Secretary for Health

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