

C&P optometry group call minutes
4/26/2013

- Compensation Service Bulletin (VBA) April 2013
The Compensation Service released a statement on April 18th that indicates VHA continues to experience difficulty in acquiring and repairing Goldmann Perimeters. The Humphrey and Octopus automated visual field perimeters have been acceptable for rating purposes since 2006. (Please see VA Fast Letter 06-21.) Both the Humphrey and Octopus devices have software programs that precisely simulate Goldmann kinetic perimetry and their outputs could be manually transferred on to an existing Goldmann Recording Chart. Consequently, the Humphrey Field Analyzer and the Haag-Streit Octopus could be used in place of the Goldmann perimeter. Now, both the Humphrey Field Analyzer and the Haig-Streit Octopus instrument can be used without manually transferring the results on to a Goldmann Recording Chart as long as the results submitted from the Humphrey and Octopus include both the kinetic “Full Field” printout and the “Numerical Values” printout. As long as this information is submitted, the results will be accepted for rating purposes and the actual Goldmann Recording Chart will no longer be needed. For those clinics that only have a Goldmann perimeter, or those that have a Humphrey or Octopus and prefer not to submit the kinetic “Full Field” and “Numerical Values” printouts, the Goldmann Recording Chart will continue to be accepted as well.

- April 19, 2013:
The Department of Veterans Affairs (VA) is implementing an initiative to expedite compensation claims decisions for Veterans who have waited one year or longer. Effective April 19, the VA will begin to make provisional decisions on the oldest claims in inventory, which will allow Veterans to begin collecting compensation benefits more quickly, if eligible. This initiative provides a one-year safety net to submit further evidence should it become available and protects the Veteran’s right to appeal the decision.
 - VA raters will review and fast-track a decision – will contact examiners to expedite exams if necessary.

- Highlights from the calls led by Patty Jenkins of VBA in March 2013:
 - Powerpoint will be made available on the VBA website soon
 - C&P exams must be turned in on DBQ forms and are problem specific exams; IDES and BDD are to be turned in on CAPRI legacy templates and are full assessments.
 - Do necessary tests to evaluate the claimed condition.
 - Photodocument scars, disfigurement, ptosis, pterygia, etc. and turn in to VBA – not just vista imaging.
 - <http://vaww.demo.va.gov/files/NewsLetters/2013/1stQuarter2013.pdf> states the following recent reminder for visual field assessment on the DBQ.
 - “Here are some reminders regarding the Eye DBQ, in particular the Visual Fields section. The initial question in that section asks if the Veteran has a visual field defect or a condition that may result in a visual field defect. Please ensure consideration is also given to whether the Veteran has a condition that may result in a visual field defect.
 - It is important to the proper adjudication of claims that when any of the eye conditions that commonly

affect visual field are diagnosed, or any time a visual field defect is identified, visual field testing must be performed, and regardless of the outcome, standard Goldmann charts must be included with the DBQ report.

- Common instances when visual fields testing should be performed:
 - Diagnosis of proliferative or non-proliferative retinopathy (diabetic)
 - Diagnosis of glaucoma
 - Diagnosis of prior retinal detachment even if successfully repaired
 - Diagnosis of retinal degeneration
 - Diagnosis of macular degeneration
 - Diagnosis of a stroke with residual vision problems
 - Diagnosis of optic atrophy (eg multiple sclerosis)
 - Diagnosis of pituitary tumors
 - Diagnosis of ptosis or following prior ptosis surgery
 - When there is a complaint of visual field loss by the Veteran”

1. Could you explain how you would like diplopia testing performed and documented when a Goldmann perimeter is unavailable (as at our facility).
When appropriate, the regulations require diplopia testing be documented on a Goldmann perimeter. VBA is providing guidance in the next month or so that Tangent screens will soon be acceptable, but that has not gone into effect as yet so the Goldmann perimeter is to be used. Please see the PowerPoint program for additional guidance.
2. When performing automated kinetic visual field testing using the Humphreys perimeter, is it acceptable to submit the printout from the Humphrey perimeter, or does the visual field need to be transposed onto a Goldmann perimeter form?
The perimetry findings must be transcribed onto a standard Goldmann chart for each eye, including identification of the 16 meridians, target size and target luminance equivalent.
3. Per the C&P phone/live meeting conference this morning, we were told that dilation is not necessary on all patients, unless it is indicated to evaluate the claimed condition. However, at the top of the DBQ Ophth template it states that dilation must be performed on all patients unless medically contraindicated. Could you please address this discrepancy and what the proper examination protocol should be. The DBQ committee is reviewing and editing DBQs at this time. I have forwarded this information to them. See #4 below for additional information. If the condition of the eye does not require dilation and examination of the fundus, then administration of chemical dilators unnecessarily, could be argued to be “medically contraindicated” because the risks involved with no possible benefit or usefulness.
4. On the DBQ Ophth form, under the examination findings section there are two options, normal or abnormal. If a section is unrelated to the claimed condition (i.e. the cornea section when claiming cataracts), should this section be left blank? If the Veteran is discharged less than 12 months or is in the Integrated Disability Evaluation System (IDES) or Benefits Delivery at Discharge (BDD) programs then a comprehensive eye examination is to be conducted. The Navy

and Marines now accept official CAPRI DBQs as the only tool for documenting the disability examination. Documentation of examinations for Veterans discharged less than 12 months is to be on the official CAPRI DBQ. At this time, any IDES or BDD examination conducted for a Servicemember from any other branch of the military except the Navy and Marines is to be documented on the official CAPRI Legacy template.

If the 2507 request is for all other Veterans (out of the service more than 12 months) and they are claiming a specific condition then ONLY THE CLAIMED CONDITION is to be examined. If a Veteran (out of the service more than 12 months) claims ptosis, then there is no need for a dilated eye examination and only the ptosis section should be completed on the DBQ. The only documentation tool accepted by VBA for Veterans claiming a specific condition is the official CAPRI DBQ.

5. BCVA stops at 20/40 ...If he was 20/20 and his S/C condition has now reduced him to 20/40...is this not a "disability"?

20/40 is less than "normal" and is considered disabling, however it is a non-compensable disability. So, we can SC a BCVA of 20/40, but an evaluation of 0% would be assigned.

See the eye rating schedule under diagnostic code 6066.

- Everyone should have or soon be getting access codes to the VBMS system in order to access c-files electronically. Supposed to be rolling out and fully implemented nationwide by the end of April, 2013. Several providers are already using this program and stated it was "tedious." The best way to search for patients is by their social security number or by their claim/case number.
- **VHA DIRECTIVE 1603 released 4/22/2013**
CERTIFICATION OF CLINICIANS PERFORMING VA DISABILITY EVALUTIONS
 - Requires all examiners to take the certification course
 - These courses are available on VA's Talent Management System (TMS) at <http://www.tms.va.gov>, to meet the requirements identified within this Directive. **NOTE:** To locate the courses search for the keyword "DMA" within the TMS search tab. "General Certification Overview Course"
- A request for modifications to the DBQ was submitted from our committee back in February 2013 after approval from VACO. Thank you to Brian LeStrange for establishing the contact at VBA who was appreciative of our input and stated they would consider them as reasonable changes when they review the eye DBQ for modification scheduled to take place sometime this year.

Question: Is there a generalized statement that can be used in determining if cataracts are caused by diabetes? There is literature that supports and denies the link so it is a case by case basis. We have to take the patient's age, onset of cataracts, onset of diabetes, and level of diabetic control over the course of both diseases in order to determine if they are related to one another.

<http://www.hindawi.com/journals/jop/2010/608751/>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3178670/>

Thanks,

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