

**Manual M-2, Clinical Affairs/Programs. Part I, General**

**Chapter 8, Special Diagnostic Studies and Examinations for Adjudicative Purposes  
(Paragraphs 8.01 and 8.02)**

**Revises Chapter 8 dated September 9, 1959**

This document includes:

Memorandum, dated **July 23, 1985**

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Change 69, dated **June 22, 1983**

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Change 12, dated **September 9, 1959**



Veterans  
Administration

# Memorandum

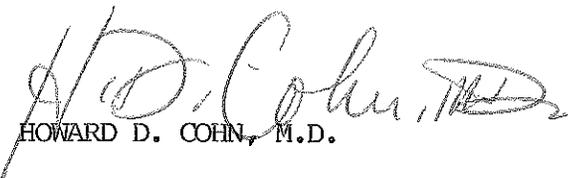
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From: Actg. ACMD for Clinical Affairs (11)

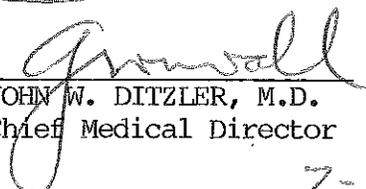
Subj: Redesignation of Manual M-2

To: Director, Regulations and Publications (10A1B)

VA Department of Medicine and Surgery Manual M-2, "Professional Services," has been redesignated as VA Department of Medicine and Surgery Manual M-2, "Clinical Affairs."

  
HOWARD D. COHN, M.D.

APPROVED/DISAPPROVED:

  
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Chief Medical Director

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Management Staff (10A1B)

June 1989

M-2 MANUALS

M-2

Part I General

Part II Chaplain Service

Part III Dietetic Service

Part IV Medical Service

Part IV Nuclear Medicine Service

Part V Nursing Service

Part VI Pathology & Allied Sciences Service

Part VI Drug Dependency Treatment Program

Part VII Pharmacy Service

Part VIII Physical Medicine & Rehabilitation Service

Part IX Prosthetic & Sensory Aids Service

Part X Psychiatry, Neurology & Psychology Service

Part XI Radiology Service

Part XII Social Work Service

Part XIII Medical & General Reference Library Staff - *Rees (see M-8, Pt III 8/14/87)*

Part XIV Surgical Service

Part XV Resc. by M-2, Part IV, Chg. 6(11-62) Pulmonary Disease (TB) Service

Part XVI Resc. by M-2, Part X (4-65) Vocational Counseling Service

Part XVII Voluntary Service - *M-1, Pt I, Ch 3*

Part XVIII Audiology & Speech Pathology (II 10-66-20, 6-8-66)

Part XIX ~~Extended Care Service (Domiciliary)~~ *Replaced by M-5* ~~Spinal Cord Injury~~

*XX Nuclear Medicine*

*XXI Vocational Counseling*

*XXII Prosthetic & Sensory Aids*

XXIII *Blind Rehabilitation Service*

XXIV *Spinal Cord Injury*

**DEPARTMENT OF  
VETERANS AFFAIRS**

*PROGRAMS*

**CLINICAL AFFAIRS  
GENERAL**

**M-2, Part I  
February 9, 1990**

**Veterans Health Services and  
Research Administration  
Washington, DC**

Department of Veterans Affairs  
Veterans Health Services and  
Research Administration  
Washington, DC

February 9, 1990

Department of Veterans Affairs, Veteran Health Services and Research Administration  
Manual M-2, "Clinical Affairs," Part I, "General," is published for the compliance of all  
concerned.

*John A. Gronwall, M.D.*  
JOHN A. GRONWALL, M.D.  
Chief Medical Director

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**RESCISSIONS**

The following material is rescinded:

**1. COMPLETE RESCISSIONS**

**a. Manuals**

Par. 112f, M10-3.

Pars. 129f and 169, M10-6.

M-2, Part I, changes 2 through 5 through 9, 11, 12, 13, 14, 16, 18 through 21, 25, 30, 32 through 40, 41, 44, 45, 49, 50, 51, 52, 55, 57, 60.

VHA Supplement MP-1, Part I, Chapter 2, Section A and Appendices D and E, change 43, dated October 27, 1987 (Effective October 1, 1992).

VHA Supplement MP-1, Part I, Chapter 2, Section A, change 44, dated July 26, 1991 (Effective October 1, 1992).

M-2, Part I, Chapter 35, dated August 7, 1992 and Supplements 1 and 2.

**b. Interim Issues**

II 10-156

II 10-161

II 10-184

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II 10-270

II 10-292, pars. I, II, III, App. A

II 10-300

II 10-381

II 10-68-31

II 10-71-33

II 10-71-26 by M-2, part I, chg. 67

II 10-82-53 de facto by chg. 74

II 10-83-7 by chg. 74

**c. Circulars/Directives**

261, 1946, Sec.1

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10-85-181 by chg. 77

10-86-37 by chg. 78

00-87-23

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10-91-101

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10-92-056

**c. Circulars/Directives Continued**

- 10-92-105 and Supplement 1
- 10-93-004
- 10-93-009
- 10-93-130
- 10-93-136
- 10-93-151

**d. Regulations and Procedure**

- R&P 6202
- R&P 6203
- R&P 6205
- R&P 6206

**e. Technical Bulletins**

- Par. 2, TB 10A-191
- Pars. 1b, 2 through 5, 6a and 9c, TB 10A-246
- TB 10A-256
- TB 10A-295 (except sec. XXI)
- TB 10A-359
- TB 10A-324 (This completes the rescission of TB 10A-324.)

**f. AB Station Letters and Other Communications**

<u>Date</u>	<u>Subject</u>
December 5, 1949	Officer of the Day Reports
March 3, 1952	Furnishing of Meals to Officers of the Day
April 8 1952	Domiciliary Care for Paraplegics
April 16 1952	Transfer of Quadriplegic Patients
April 17, 1952	Accomplishment of Recheck Examinations and Treatment of current Conditions Involving Paraplegics at VA Hospitals Other Than Paraplegia Centers.
June 23, 1952	Monthly Report of Service-Connected Blinded Veterans and Blinded Military Personnel
August 18, 1952	Proposals for Membership, American College of Physicians
September 19, 1952	Establishment of Paraplegia Organizational Segment
January 4, 1954	Certificate of Medical Feasibility, VA Form 4555b

**g. Instructions (pertaining to Public Law 702, 80th Congress, as amended)**

- Pars. 2d and 2e, Inst. 1-B
- Inst. 1C
- Inst. 1-D

**2. LIMITED RESCISSIONS**

The following material is rescinded insofar as it pertains to this manual.

**a. Manuals**

- M10-3, par. 115h

**a. Manuals - Continued**

M10-6, pars. 9b, 42e, 70c, 86, and 132h  
M10-11, pars. 22b, 92e, 96d, 133b, and 172

**b. Circulars**

10-65-57, pars. 2 and 3

**c. Regulations and Procedure**

R&P 6130

**d. Technical Bulletins**

TB 10A-324

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**CHAPTER 8. SPECIAL DIAGNOSTIC STUDIES AND EXAMINATIONS  
FOR ADJUDICATIVE PURPOSES**

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8.02 General Procedures .....	8-1

## CHAPTER 8. SPECIAL DIAGNOSTIC STUDIES AND EXAMINATIONS FOR ADJUDICATIVE PURPOSES

### 8.01 POLICY

Any suitably staffed and equipped VA [medical center] may be selected under the procedures described below for the examination and observation of a claimant when no satisfactory diagnostic conclusion can be reached due to irreconcilable differences of medical opinion expressed at VA field [facilities] by professional personnel who have previously examined the claimant.

### 8.02 GENERAL PROCEDURES

a. Upon the request of an adjudication officer or Central Office, the [ ] Director of [a VA health care facility which is the "Clinic of Jurisdiction" will perform or coordinate with] the nearest appropriate VA [medical center] to perform a special diagnostic study and examination in the same manner as for any other period of observation and examination. The following factors will be considered for purposes of determining the "nearest suitable [medical center]" under these procedures:

(1) The [medical center] selected will be the one located nearest the claimant's place of residence which is equipped and staffed to perform the various special studies or examinations required.

(2) It should not be one of those field facilities where the claimant has previously been examined and the professional staff has expressed one of the differing medical opinions to be reconciled. However, the fact that the claimant has been hospitalized there previously for some condition unrelated to the diagnostic problem will not bar its selection.

(3) In any case of unusual circumstances in which the [facility Director of the Clinic of Jurisdiction] is unable to select a suitable [medical center,] the facility Director will seek assistance from the Regional] Director with the full details and request that the [Regional Director] nominate an appropriate [medical center] to conduct the required study and examination. [ ]

b. The [medical center] so selected will be advised that it is requested to perform the described special diagnostic study and examination under the provisions of this chapter so that the [medical center Director] and staff will be fully cognizant of the purpose of the referral. It will be the [examining medical center's] responsibility to make all necessary arrangements for the claimant's admission to include issuance of the authorization to report and payment of travel costs.

c. The claims folder and any other pertinent records will be forwarded to arrive at the [medical center before the scheduled examination.]

d. Upon completion of a requested observation and examination performed pursuant to these procedures, the report submitted by the [medical center] will supersede all previous reports for purposes of adjudication.

e. A [medical center] which has performed a special diagnostic study and examination under these procedures will also consider questions raised by the rating agency of original jurisdiction and the Board of Veterans Appeals reflecting medical opinion at variance with that reported by the [medical center.] These questions will be submitted to the [medical center] in writing, clearly setting forth the points involved and the reason for the contrary opinion. [ ] In the event the questions in dispute remain unresolved, the claims folder with all pertinent documents including the findings of the [medical center] will be referred to the Chief Medical Director, whose professional decision in the matter will be accepted as final.

Department of Medicine and Surgery  
Veterans Administration  
Washington, D.C. 20420

M-2, Part I  
Change 69

June 22, 1983

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as indicated below:

*NOTE: This is a complete revision of chapter 8.*

Page 8-1: Remove this page ~~and substitute page 8-1~~ attached.



DONALD L. CUSTIS, M.D.  
Chief Medical Director

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Department of Medicine and Surgery  
Veterans Administration  
Washington 25, D.C.

10E  
M-2, Part I  
Change 12

September 9, 1959

Part I, "General," VA Department of Medicine and Surgery Manual M-2, "Professional Services," is changed as follows:

Pages 7-2 and 8-1: Remove these pages and substitute pages 7-2 and 8-1 attached. (Ch. 8 revised. The formal designation of certain VA hospitals to serve as diagnostic centers is canceled. In the future, any suitably staffed and equipped VA hospital may be selected under procedures prescribed in this change to perform special diagnostic studies and examinations for adjudicative purposes which heretofore were referred to the diagnostic centers.)

  
WILLIAM S. MIDDLETON, M.D.  
Chief Medical Director

Distribution:

Same as M-2, Part I