

September 17, 2012

**ACCEPTABLE CLINICAL EVIDENCE (ACE) TO SUPPORT THE COMPENSATION
AND PENSION (C&P) DISABILITY EVALUATION PROCESS**

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines the policy for responding to requests from Veterans Benefits Administration (VBA) for compensation and pension (C&P) disability evaluations and appropriate use of the Acceptable Clinical Evidence (ACE) process. **AUTHORITY:** *Title 38 United States Code 5103A(d); and Title 38 Code of Federal Regulations 3.159(c)(4).*

2. BACKGROUND: ACE may be used whereby clinicians may consider the medical evidence currently in existence and a Veteran's claims file, supplemented by a telephone interview if necessary, and use that existing evidence to prepare a Disability Benefits Questionnaire (DBQ) instead of requiring some Veterans to be examined in-person.

a. VHA provides Veterans with disability evaluations allowing them to obtain the benefits for which they are eligible. This process is a major VHA responsibility and of great importance to Veterans and stakeholders.

b. The ACE process does not replace existing VHA policy providing guidance on the C&P disability evaluation process to obtain medical information to assist in the adjudication of claims. This Directive provides the VHA clinician with information about the ACE process.

c. VBA determines whether additional medical evidence is required to decide a claim, unless the Board of Veterans' Appeals (BVA), United States (U.S.) Court of Appeals for Veterans Claims, or U.S. Court of Appeals for the Federal Circuit has remanded a claim and requires an in-person evaluation or opinion.

d. Unless VBA personnel have specifically required that an examination be conducted, once VBA has requested an evaluation or opinion and provided all available medical information to VHA, a VHA C&P disability clinician reviews the request and, if use of the ACE process is determined by the clinician to be appropriate, completes the DBQ using the ACE process, or refers the request to the appropriate VHA C&P disability clinician to complete the DBQ using the ACE process. The ACE process may include a telephone interview to supplement the available records. If additional information is required, the ACE process is not used, and the Veteran is scheduled for an in-person medical examination or telehealth examination. When the ACE process is used, the clinician must ensure the appropriate entry is made on the DBQ to report the use of the ACE process, and must explain, in the DBQ Remarks section, the source of the clinical evidence relied on to complete the DBQ.

e. There will be some claims for which an ACE review cannot be done; those claims are clearly identified by VBA in the C&P disability evaluation request. For example, the ACE process cannot be used if a BVA Remand orders that an examination be conducted.

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f. Definitions

(1) **Examination.** An examination is a medical professional's personal observation and evaluation of a claimant. It can be conducted in person or by means of telehealth.

(2) **Evaluation.** An evaluation is an assessment of the medical evidence, which may involve conducting an examination, providing an opinion, or both.

(3) **Opinion.** An opinion refers to a medical professional's statement of findings and views, which may be based on review of the claimant's medical records or personal examination of the claimant, or both.

3. POLICY: It is VHA policy that effective October 15, 2012, VHA C&P disability clinicians must use the ACE process to respond to VBA requests for medical evaluations when the VHA C&P disability clinician determines it is appropriate to do so, based on the medical evidence in the medical record, supplemented by a telephone interview if necessary.

4. ACTION

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

b. **Office of Disability and Medical Assessment.** The Office of Disability and Medical Assessment is responsible for:

(1) Ensuring implementation of, and compliance with, this Directive.

(2) Establishing monitors as part of DMA's audit review by December 30, 2012.

(3) Providing guidance through regular conference calls, web-based training, etc., to VHA C&P disability clinicians, in cooperation with Patient Care Services and VBA.

(4) Ensuring that medically accurate training on the ACE process is provided to the appropriate VHA clinicians.

(5) Making recommendations for process changes and improvements.

(6) Reviewing selected ACE evaluations to ensure medically-appropriate content.

c. **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 the ACE process is established.

(3) Ensuring that close collaboration with VBA regional offices is established and maintained.

(4) Monitoring the usage of the ACE process within the VISN.

d. **Facility Director.** Each Facility Director is responsible for:

(1) Ensuring that ACE is conducted, when appropriate, in response to a C&P disability evaluation request received by the facility.

(2) Ensuring ACE reviews are conducted only for evaluation requests for Veterans within the VHA facility's VISN. There are limited circumstances when VHA clinicians conduct reviews of medical evidence from VHA facilities outside their VISN. For example, a Pension Management Center, a Resource Center, or a Restricted Access Claims Center could request local VHA clinicians to review records from a different VISN. With that exception, however, VHA clinicians using the ACE process only review records consistent with the regional responsibilities of the clinician's facility.

(3) Ensuring, upon receipt of a request for a C&P disability evaluation or opinion, the VHA C&P disability evaluation clinician decides if ACE is appropriate based on a review of the medical record(s) and claims file, supplemented by a telephone interview if necessary. ***NOTE:*** *A request may be for multiple disability evaluations for one Veteran.*

(4) Ensuring conditions that may be successfully addressed in an ACE review include, but are not limited to:

(a) Prostate and other genitourinary conditions, which have already been assessed.

(b) Some oncology cases, whether the cancer is active and/or primary site identification, if metastasized.

(c) Ischemic Heart Disease, for which a functional assessment may be done by a telephone interview.

(d) Tinnitus can sometimes be assessed in a telephone interview when a current audiometric examination is already documented.

(e) Hypertension can be addressed by the ACE method if the record contains current blood pressure readings.

(f) Pulmonary conditions.

(5) Ensuring medical opinions are provided using the ACE process when the existing records provide adequate information. Opinions are provided for:

(a) Clarifying a previous medical evaluation,

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(b) Clarifying a previous medical opinion, or

(c) Providing a new opinion.

(6) Ensuring the ACE process is not used for mental health disability examinations.

(7) Ensuring the DBQ indicates when the ACE process is used, and identifies the materials reviewed to complete the DBQ or render the opinion. The DBQ contains a box that must be checked if the DBQ was completed using the ACE process.

(8) Ensuring if the ACE process involves obtaining information from a Veteran by telephone interview, current VHA policy must be followed, including the procedures VHA staff need to use to authenticate the identity of individuals requesting medical care, treatment, or services at VHA. **NOTE:** *These identification procedures ensure that the Veteran is the person being interviewed.*

(9) Ensuring that if the ACE process involves telehealth, the evaluation is conducted in accordance with established VHA telehealth policy including policies and procedures located on the VA Telehealth Services Web site at: <http://vaww.telehealth.va.gov/index.asp>. **NOTE:** *This is an internal Web site and is not available to the public.*

(10) Ensuring that adequate methods of workload documentation are used to support time allocations and staffing levels to complete evaluations in a timely and sufficient manner, and in a way that can be aggregated in Decision Support System.

5. REFERENCES: VHA Handbook 1601E.01.

6. FOLLOW-UP RESPONSIBILITY: The Office of Disability and Medical Assessment (10NC8) is responsible for the contents of this VHA Directive. Questions may be referred to the Director, Clinical Programs and Administrative Operations at 202-461-6699.

7. RESCISSION: None. This VHA Directive expires September 30, 2015.

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Under Secretary for Health

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 9/18/2012