1. Transmitted is a revision of Department of Veterans Affairs (VA) Veterans Health Administration Manual M-1, "Operations," Part I, "Medical Administration Activities," Chapter 6, "Automated Medical Information Exchange (AMIE)," formerly "Reporting Changes in Status of Patients to Other VA Agencies and to Services."

2. Principal changes are:

a. Made throughout chapter incorporating information regarding use of AMIE for the transmission of information to VA regional offices.

b. Editorial, such as: replacing Administrator with Secretary; Veterans Health Services and Research Administration with Veterans Health Administration; and, Veterans Administration with Department of Veterans Affairs.

3. **Filing Instructions**

| **Remove pages** | **Insert pages** |
|---|---|
| 6-i through 6-ii | 6-i through 6-ii |
| 6-1 through 6-21 | 6-1 through 6-23 |

4. **RESCISSIONS**: M-1, Part I, Chapter 6, dated May 9, 1983, and changes 1, 2, and 3; Circular 10-86-24.

Signed 9/1/95 by L.O. Gorban for
Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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## CHAPTER 6. AUTOMATED MEDICAL INFORMATION EXCHANGE (AMIE)

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## RESCISSIONS

The following material is rescinded:

1. **Manuals**

M-1, Part I, change 1.
M-1, Part I, Chapter 6 dated July 6, 1971.
M-1, Part I, Chapter 6 dated August 4, 1980 and change 1.

2. **Interim Issues**

II 10-81-51
II 10-82-23

3. **Circulars**

10-86-24

# CHAPTER 6. AUTOMATED MEDICAL INFORMATION EXCHANGE (AMIE)

## 6.01 POLICY AND PURPOSE

The status of a veteran's compensation, pension, retirement, insurance, and other benefits may be affected while the veteran is receiving hospitalization, domiciliary care, nursing home care, or other medical services. The determination as to the effect, if any, must be made by the agency concerned. The adjudicative process is based on information, notices, and reports submitted by the Veterans Health Administration (VHA) with information already available and data obtained from other sources. Exchange of information between agencies must be timely, adequate and appropriate. AMIE must be utilized whenever possible for this purpose. **NOTE**: *The use of Department of Veterans Affairs (VA) Form 10-7131, Exchange of Beneficiary Information and Request for Administrative and Adjudicative Action, is discouraged.*

## 6.02 REQUEST FOR INFORMATION

The Adjudication Division determines whether medical information is required for a particular veteran. This determination is made after an admission notification is received and the claims folder is reviewed. When medical information or reports are required, a specific request, via AMIE (if available), is made for only that data which is necessary. **NOTE:** *In certain instances medical reports or hospital summaries will not be needed nor requested.*

## 6.03 USE OF AMIE - VA FORM 10-7131

a. AMIE processing software will be the primary link between VA health care facilities and VA regional offices with regard to requests for exchange of medical and administrative information. VA Form 10-7131, will be used in all cases where the VA health care facility has not established a direct AMIE link with the regional office of record or when treatment is authorized in a non-VA facility. **NOTE:** *Where AMIE is available it must be used.*

b. The use of the AMIE report system for admission notification will be initiated by the VA regional office. To ensure a high degree of accuracy in this report, emphasis is to be placed on:

(1) Verification and entry of the veterans claim number,

(2) Claim folder location (numeric),

(3) Commitment status, and

(4) Eligibility codes to Decentralized Hospital Computer Program (DHCP).

**NOTE:** *The Hospital Inquiry (HINQ) system must be used to update this information on each admission.*

c. Requests for information to the Records Processing Center, St. Louis, MO, or to other VBA Regional Offices outside the AMIE link, is to utilize the VA Form 10-7131. This form is to be used only when it has been determined from HINQ at which facility the claims folder is located. A HINQ response must be attached to each VA Form 10-7131 sent to the Records Processing Center.

## 6.04 VA FORM 10-7131, PART I - ADMISSION NOTICE

a. **For Whom Prepared.** Forms are to be prepared for admission of a veteran to a VA medical facility or non-VA facility at VA expense, when an AMIE link is not available with the VBA Regional Office holding the claims folder and the veteran:

(1) Is admitted for treatment of an established service-connected (SC) disability or for a condition the veteran alleges is SC; or

(2) Is in receipt of pension, compensation, reserve officers' or emergency officers' retirement pay from VA; or

(3) Has a claim for compensation or pension pending at time of admission; or

(4) Claims exposure to environmental agents during active duty service in the Persian Gulf area during the Persian Gulf War and:

(a) Who has been, or is being provided medical care for a condition which has medically been determined to be possibly related to that exposure; and

(b) Whose obligation for co-payment for such care has been deferred pending filing of a SC claim and adjudication of that claim. Indicate in Item 6, Remarks: *"Veteran claims Persian Gulf exposure, advise if claim has been filed and further advise of final adjudication action*.

(5) Is admitted for observation and examination (O&E) only at the request of Adjudication Division; or

(6) Is admitted or transferred to the nursing home section of the State veterans' home or to a VA nursing home care unit (NHCU) and is in receipt of pension, compensation, reserve officers', or emergency officers' retirement pay from VA. Indicate in Item 6, Remarks: *"State Veterans' Home or Nursing Home Admission."*

(7) Is a SC veteran under Title 38 United States Code (U.S.C.) 1720 admitted directly to a community nursing home for nursing home care required for an established SC disability; or

(8) Is a veteran in receipt of pension, compensation, reserve officers' or emergency officers' retirement pay who is admitted directly to a community nursing home from a VA hospital based home care (HBHC) Program.

b. **When To Submit**. Submit on the day of admission if possible, but never later than the first workday following the day of admission.

c. **To Whom Submitted**. The location of the claims folders will be determined by a HINQ transaction. On receipt of the HINQ response, submit VA Form 10-7131 to the facility shown in the HINQ response. If the HINQ response shows "No Record," submit it to the regional office having jurisdiction over the area in which the veteran resides. Separate notifications will not be sent to the Veterans Services Division. **NOTE:** *The Adjudication activity provides whatever notice is required*. HINQ responses will be attached to the VA Form 10-7131 requests to Veterans Benefits Administration (VBA).

**6.05 VA FORM 10-7131, PART I - MULTIPURPOSE USE**

a. This form is to be used as a combination notice of admission, request for verification of service data, and a means of obtaining information on monetary benefits and service connection. This form may be used as a combination request to adjudication for rating action and request for decision as to character of discharge.

b. VA Form 10-7131 will not be submitted to request verification of service when the applicant's eligibility for medical care can be established by Defense Department (DD) Form 214, Armed Forces Of The United States Report of Transfer or Discharge, or equivalent, or HINQ (on and after July 1, 1979, only copy 4 of DD Form 214 will show character of discharge.)

**NOTE:** *A future version of AMIE will allow for electronic requests within the local AMIE link.*

**6.06 PREPARATION OF VA FORM 10-7131**

If AMIE link is unavailable, VA Form 10-7131 is to be submitted in original with two copies for all actions outlined in this chapter. The original and one copy to be sent forward with the other copy being retained in the administrative records of the preparing office. Complete all applicable entries as follows:

a. **Block Entry, Patient Identification.** Entries in this block generally will be made by patient data card imprint. When patient data card is not available, use typewriter or print data identified in the parenthetical entry printed in the lower portion of the block. Be sure to show the VHA facility location and a legible date of admission.

b. **Item 1.** Check the appropriate "Report" block when the veteran is admitted to a medical center, nursing home, domiciliary, State home, or for non-VA hospital care. Leave blank when the veteran is treated on ambulatory care or applying for outpatient care and verifying eligibility information is sought. If an admission occurs, complete Item 5 as instructed for non admission requests for information. **NOTE**: *Indicate in Item 1 whether this is an "Initial" or "Supplemental" notice.* Part I of this form is to be used to report changes in treatment status of a veteran which occurred after an admission notice has been submitted by checking the "Supplemental" block in Item 1 (see par. 6.07).

c. **Item 2.** Check the appropriate "Status" block indicating the veteran to be a "VA Hospital Patient," "Non-VA Hospital Patient," "Domiciliary Patient," or "State Home Patient." Leave blank if the veteran is seeking ambulatory care or outpatient treatment.

d. **Item 3.** If the information available indicates the veteran is incompetent or was previously given an irregular discharge from a VA facility, check the appropriate box.

e. **Item 4.** This Item is to be completed only when the veteran is admitted as a committed patient.

f. **Item 5**. Check only the appropriate block, and complete in the following manner:

(1) Block A. *Do not complete this block.* The veteran's Social Security Number (SSN) or pseudo SSN will be used for establishing records for veterans applying for medical care.

(2) Block B. Check this block if information is unavailable upon HINQ request, when the military service information has not been verified, or when military service information is being requested.

(a) When requesting verification, prepare the form to include full name, date of birth, service serial number, SSN, service dates and branch of service.

(b) Forms submitted for any Army veteran with active service between 1912 and 1959 and any Air Force veteran whose surname begins with I through Z and who had active service between September 1947 through December 1963 will include the veteran's military organization, down to and including company level.

(c) When the veteran had more than one organization assignment, include the last assignment prior to discharge or release from active service. If the veteran was admitted to a military hospital while on active service, include any information on dates and place of treatment. **NOTE:** *Every effort will be made to obtain this information from the veteran or other interested persons when the veteran's condition prohibits the furnishing of such information or when inquiries with the patient are counter-productive.*

(d) If this information cannot be obtained, indicate in Item 6, Remarks: the statement "Military Organizational Data is not Available." It is important to give complete information; otherwise, forms will be returned for further identifying data or returned without verification.

(3) Block C. Check this block to request a statement of the veteran's SC conditions only if unable to obtain through HINQ. When eligibility for treatment of a SC condition has been established and verified, VA Form 10-7131 will not be used to reverify the eligibility status.

(4) Block D. Check this block to obtain information concerning the type of discharge from the last period of medical care.

(5) Block E. Check this block if information is unavailable through HINQ to request an extract from claims folder concerning veteran's monetary benefits from VA or military service department. When this block is checked and veteran is in receipt of monetary benefits, Items 2 through 8, Part 11, when applicable, will be completed by the Adjudication Division.

(6) Block F. Prior to marking this block, HINQ will be requested and reviewed to obtain the discharge information.

(a) If the discharge information is not included in the HINQ information, check this block to obtain a decision on an “other than honorable” type discharge from the military service. Include in Item 6, "Remarks," any pertinent information available that may assist the Adjudication Division in making a decision, and furnish a copy of any evidence presented by the veteran, include veteran's current address.

(b) When it is known that military discharge was other than honorable, the following statement will be entered: "Military discharge other than honorable, request adjudicative decision on whether discharge is a bar to medical benefits." When character of discharge is not known, the following statement will be entered: "Character of discharge unknown. If discharge is other than honorable, render adjudicative decision on whether discharge is a bar to medical benefits."

(7) Block G. If unavailable through HINQ, check this block to obtain information on the aid and attendance or housebound benefits of a veteran.

(8) Block H. This block is to be checked to request the following rating actions from the Adjudication Division:

(a) **Outpatient Treatment-Medical.** Check this block when**:**

1. An application for outpatient treatment is received, if the condition for which treatment is requested has not been rated and the veteran's discharge was under honorable conditions. The following information will be furnished in Item 6, Remarks:

a. The disease or injury for which treatment is requested,

b. The name and location of the hospital, first aid station, etc., where veteran states treatment was received during military service,

c. The dates of treatment and the conditions treated, and the

d. Approximate date veteran first noticed this condition(s). **NOTE:** *Attach any pertinent medical information available, i.e., copies of signed doctor's progress notes or interim summaries, that might assist the Adjudication Division with the rating action.*

2. Treatment based on tentative eligibility is initially authorized, promptly complete and forward VA Form 10-7131 to the regional office. Indicate in Item 6, Remarks*: "*Medical care being authorized for (insert condition) on prima facie evidence of eligibility."

3. Treatment is based on tentative eligibility for possible exposure to environmental agents during active duty service in the Persian Gulf area during the Persian Gulf War; and the veteran has been or is being provided medical care for a condition which has medically been determined to be possibly related to that exposure; and the veteran's obligation for co-payment for such care has been deferred pending filing of a SC claim and adjudication of that claim. VA Form 10-7131 will be promptly completed. Indicate in Item 6, Remarks: ”Veteran Claims Persian Gulf Exposure, Advise if Claim has been Filed and Further Advise of Final Adjudication Action.”

4. Veteran is continuing a 1-year Tuberculin Conversion Program begun during active military service (see M-2, Pt. IV, Ch. 3). Indicate in Item 6, Remarks: "Medical Care Being Authorized for Positive Reaction to Tuberculin Test on Basis of Prima Facie Evidence of Eligibility."

(b) **Outpatient Treatment-Dental**. VA Form 10-7131 will be sent to Adjudication Divisions for the following categories of claims:

1. Claims for treatment of SC compensable dental disability or condition.

2. Claims for SC noncompensable dental condition or disability resulting from combat wounds or service trauma.

3. Claims based on former prisoner-of-war (POW) status.

4. Claims under Title 38 Code of Federal Regulations (CFR) 17.123a for teeth extracted in military service, provided:

a. Application must be made within 90 days after discharge or release from active duty or after date of correction of a disqualifying discharge or release,

b. Service did not consist entirely of active or inactive duty for training, and

c. Exercise of professional judgment alone cannot establish eligibility.

(c) **Determination of Claim.** The treating facility will review appropriate Items of the veteran's VA Form 10-10, Application for Medical Benefits, to determine in which of the four categories the claim falls. If it is a claim under the preceding subparagraph (b)1., 2, or 3., VA Form 10-7131 will be initiated promptly following receipt of the claim for dental treatment and prior to VA examination. Any development required to establish dates and places of treatment will be completed by personnel of the treating facility. A copy of the veteran's application, VA Form 10-10, plus copies of any additional statements showing dates and places of treatment, will be submitted with the VA Form 10-7131. Under 38 CFR 17.123a, when a determination has been made on the basis of sound professional judgment, after VA examination for missing teeth, referral for adjudicative processing is not necessary. In such cases, a copy of the VA examination must be submitted with VA Form 10-7131 annotated "Claim for missing teeth under 38 CFR 17.123a" in Part I, Item 6.

(d) **Presumptive Service Connection for Active Psychosis Under 38 U.S.C. 1702.** Check this box when requesting a rating to establish presumptive service connection. Indicate in Item 6, Remarks: "Request rating under 38 U.S.C. 1702." Attach a copy of VA Form 10-10 and/or any other pertinent medical information available, to the VA Form 10-7131 and forward to the regional office.

(e) **Veterans Completing Less Than 24 Months of an Original Enlistment**

1. Check this block when an application for medical care or for Class II dental benefits is received from a veteran (enlisted person) whose original enlistment in a regular component of the Armed Forces began on or after September 8, 1980, or for any individual beginning service after October 16, 1981, (including officers), who failed to complete at least 24 months of service, whose discharge was under honorable conditions, and for whom no SC disability has been verified.

2. Indicate in Item 6, Remarks: *"Service less than 24 months. Indicate* if discharge from active duty is by reason of early out, hardship, or disability. "If applicable, include in Item 6, Remarks:

a. The disease or injury for which treatment is requested;

b. The name and location of the hospital, first aid station, etc.,

c. Where the veteran states treatment was received during military service;

d. The dates of treatment and the conditions treated;

e. The approximate date veteran first noticed this condition(s).

3. Attach any pertinent medical information available, i.e., copies of signed progress notes or interim summaries, that might assist the Adjudication Division with the rating action.

**NOTE:** *Eligibility for class II dental benefits does not require adjudication action when provisions of 38 CFR 17.123a are met.*

g. **Item 6, Remarks.** This item is used to relate any pertinent information to VBA. Accuracy is very important. If additional space is required, continue on the reverse side. Requests for medical or dental ratings must be spelled out in this item. When a non service-connected (NSC) veteran without dependents and in receipt of pension is readmitted within 6 months for additional Chapter 17 rehabilitation, give such information in this item with an estimated period of hospitalization or nursing home care, if known.

h. **Item 7, Admission Diagnosis.** Write in the admission diagnosis when preparing admission notices for:

(1) A veteran admitted for treatment of an established SC condition, or for a condition the veteran alleges is SC,

(2) Any veteran admitted for treatment of Hansen's disease, or

(3) Any veteran admitted for observation and physical examination at the request of Adjudication Division. The diagnosis is to be as complete as possible, and will include site location and etiology when appropriate. **NOTE:** *Do not use abbreviations.*

i. **Military Service Information Verified**

(a) Check this block "Yes" when the veteran's military service information has been verified by original DD Form 214 (copy 4 for those discharged on or after July 1, 1979) or equivalent, Beneficiary Information and Records Locator System (BIRLS), or a previous VA Form 10-7131 and indicate how it was verified.

(b) Check "No" when the service information has not been verified.

(c) Indicate the veteran's reserve status when known.

(d) Check the block "Separated" when it is known the veteran is completely separated from military service.

(e) Initial and date the form.

j. **Copy of DD Form 214.** When available, a photocopy will be made of DD Form 214 and attached to VA Form 10-7131 when it is necessary to obtain a determination as to the character of the discharge or when the BIRLS response reflects "No Record" and information other than verification of service is requested.

k. **Upgraded Discharges.** Veterans with discharges upgraded from "other than honorable" to "general" or "honorable" under the Special Discharge Review Program shall not be furnished medical benefits based on such upgrading alone.

l. **Discharges Under Other Than Honorable Conditions**

(1) When an applicant for medical care has a discharge under other than honorable conditions and needs care for a condition purportedly incurred or aggravated in line of duty, submit a VA Form 10-7131 to Adjudication Division requesting the following:

(a) Identity of disabilities incurred or aggravated in line of duty.

(b) Character of discharge or conditional release that terminated the period of service in which the disability was incurred or aggravated.

(c) Determination of whether a statutory bar to VA benefits exists.

(2) After a response is received from Adjudication Division, post or label the locator card and CHR consolidated health record (CHR)) to show "CARE MAY BE PROVIDED FOR THE FOLLOWING DISABILITIES ONLY." List the disabilities incurred or aggravated in line of duty.

(3) Inform the treating physician and the patient that medical care and services must be limited to the treatment of disabilities incurred or aggravated in line of duty or conditions medically determined adjunct to those disabilities. **NOTE:** *Except when emergency medical care must be provided as a humanitarian measure. The patient will be billed for the full cost of the humanitarian emergency service.*

(4) Prepare billings in accordance with M-1, Part I, Chapter 15, or the VA Directive and VA Handbook which replaces Chapter 15. Care must be taken that the billing covers only the medical care and services provided for conditions for which the patient is not eligible to receive care.

## 6.07 SUPPLEMENTAL REPORT

a. **Purposes.** VA Form 10-7131, Part I, is used to report changes in treatment status of a veteran which occur after an admission notice has been submitted. A supplemental notice may cause the Adjudication Division to request a 21-day certification on VA Form 10-7132, Status Change, or through AMIE. This change in treatment status may cause a reduction or increase in compensation. Changes in diagnosis reported by a physician on VA Form 10-2746, Diagnosis Slip, may suggest the need for submitting a supplemental report on VA Form 10-7131.

b. **Preparation and Submission of Supplemental Reports**. These reports are prepared and submitted in the same manner as admission notices. If the patient data card is not available, essential data consisting of veteran's name, file number and facility location or number must be shown in the heading block. These notices are used to report the following changes in treatment status when they occur:

(1) Definitive treatment for a SC condition is begun for a veteran who was initially admitted for a non service-connected condition.

(2) Definitive treatment for a SC condition is terminated but the veteran remains hospitalized for a NSC condition.

c. **Special Entries To Be Made on Supplemental Reports**

(1) Check the "Supplemental" block in Item 1.

(2) Indicate in Item 6. "Remarks" section, state the reason for the supplemental report. Give the diagnosis, and the date treatment began or ended.

(3) Supplemental reports will be signed by the Chief or Assistant Chief of Medical Administration Service (MAS).

**6.08 ADJUDICATION DIVISION ACTION**

a. On receipt of VA Form 10-7131 with Part I completed, the Adjudication Division will review the claims folder. Information requested in Part I will be completed by Adjudication Division and provided in Part II. When hospital summaries and other information are required, the Adjudication Division will submit their request through AMIE, or in those cases where an AMIE link is not present they will complete Part III of VA Form 10-7131, and return one copy to the facility which submitted the notice.

b. If no additional information is required, the Adjudication Division will not initiate an AMIE request or return VA Form 10-7131.

c. The Adjudication Division also diaries cases, when appropriate, for the reduction of monetary awards following institutionalization of a sufficient length of time (which could be 2 to 6 months). These reductions are made automatically and no notice is required from the VHA facility. In pension cases where a veteran without dependents is subject to pension reduction, the Adjudication Division will request certification of participation in a prescribed Chapter 17 Rehabilitation Program.

**6.09 MEDICAL ADMINISTRATION ACTION**

a. On receipt of an AMIE request or VA Form 10-7131, with Part III completed by the Adjudication Division, the Chief, MAS, will establish necessary controls and diaries to ensure prompt submission of the requested information. For requests through the AMIE system, regular review of the pending VA Form 10-7131 request report is encouraged.

b. **Excessive Radiation Exposure**

(1) Excessive radiation may cause genetic or somatic damage. Accordingly, responsible personnel must carefully weigh the value to be gained by each examination requested for adjudication purposes as opposed to the potential hazards involved. When adjudication requests X-rays, available medical records will be reviewed by the examining physician before conducting the examination to determine whether the examination is contraindicated because of possible hazard.

(2) When evaluation of information supplied by Adjudication Division concerning site, number and dates of previous exposures, and review of the medical record, contraindicates the examination, the examining physician will note this in the medical record and the X-ray examination will not be performed. The physician will make a similar signed notation on the requesting VA Form 10-7131 which will then be returned to the originating office.

**6.10 DOMICILIARIES**

a. Processing applications for domiciliary care will be in the same manner as that prescribed for VA hospital admissions. VA Form 10-7131 will be used as an admission notice, request for information, request for claim number (if available), and a request for adjudicative rating action.

b. When eligibility for domiciliary care has been established, VA Form 10-7131 will be used to verify the veteran's status only when there is reason to believe the eligibility status may have changed. Verification of eligibility status and reconfirmation of administrative data, including monetary benefits may be updated on an annual or routine basis using HINQ only.

**6.11 NON-VA HOSPITAL CARE**

Processing of VA Form 10-7131 in connection with non-VA hospital care will be essentially the same as that prescribed for VA hospital admissions. The VA facility which authorizes the non-VA hospitalization will submit VA Form 10-7131 to the VBA Regional Office. The VA facility responsible for payment of the non-VA hospitalization will be responsible for submission of VA Form 10-7131. "Admission Notice" will be checked. Item 6, Remarks, must contain the phrase "Non-VA hospitalization-please expedite," when eligibility verification is requested. When no information is requested from the regional office, Item 6 will contain the phrase "Non-VA hospitalization."

**6.12 HINQ**

a. HINQ must be made to identify the veteran and obtain information such as claim number, SSN, date of birth, service dates, or other information contained in the system. VA Form 10-7131 should not be forwarded to VBA Regional Offices solely to verify information received from HINQ.

b. HINQ is designed to search certain computer systems (BIRLS, Veterans Assistance Discharge Program (VADS), Benefits Delivery Network (BDN), formally known as TARGET) maintained by VBA and is equivalent to BDN access. Strict security is maintained over user access to these systems. The BDN system will return messages whenever a security violation occurs. All security violations are carefully monitored by VBA. **NOTE:** *Complete descriptions of BDN security access levels and violation messages are contained in M23-1, Part V, Chapter 6, "BDN Terminal System Privacy and Security Data." Copies can be obtained through the security officer at the local regional office.*

c. To obtain passwords for HINQ access to the BDN system, the Chief, MAS, will complete VA Form 20-8824, Terminal Access Request, and submit the completed form to the security officer at the local regional office. Instructions for completing the form are contained in M23-1, Part V, Chapter 6.
**NOTE:** *All passwords are assigned by the security officer at the local regional office.*

d. Whenever possible, HINQ requests need to be transmitted in batches. Use of individual requests need to be limited to emergency situations because of the limited number of access ports into the VBA systems.

e. Because the BDN system operates primarily from Compensation and Pension payment files, many veterans rated zero percent SC have no records established in the VBA system. A negative HINQ response does not necessarily mean that the veteran is not SC. An inquiry to the regional office using VA Form 10-7131 or AMIE should be made in these cases to definitely rule out service connection.

f. Generally, information contained in HINQ allows for determination by VHA as to whether or not a veteran is rated permanently and totally (P&T) disabled because of a SC disability. If the VBA Regional Office is queried, use VA Form 10-7131 or AMIE for P&T status.

g. HINQ interfaces with VADS and BIRLS to provide information on the reason for separation from active service and is to be used in lieu of DD Form 214, or submission of VA Form 10-7131, for verification of service when appropriate.

(1) Records created since January 1973 contain information on the character of discharge. Records added to the BIRLS system after October 16, 1975, will include the reason for separation and the character of discharge.

(2) The reason for separation will be shown in the BIRLS master record as "SEP REAS" followed by one of the following codes:

(a) "SAT"--Indicates satisfactory reason for separation.

(b) "UNR"--Indicates a reason for separation not available.

(c) "DEV"--Indicates possible bar to VA benefits.

h. HINQ responses with VADS data showing "SEP REAS SAT" and honorable discharge will be considered as a verification of service sufficient to provide the appropriate medical benefits. **NOTE:** *VA Form 10-7131 will not be sent to the regional office simply to verify this military service information.*

i. When the HINQ response shows "SEP REAS DEV" and applicant has not been provided medical benefits, such medical benefits should be deferred until a final determination favorable to the applicant has been made. VA Form 10-7131 should be promptly submitted when a HINQ reply contains any separation reason other than "SAT" or the character of discharge as anything other than Under Honorable Conditions ("HON" or "UHC").

### 6.13 FOLLOW-UP REQUESTS FROM VBA

a. AMIE (when available) or VA Form 10-7131 responses from the regional office should be received within 30 days of submission. The Chief, MAS, or designee, will maintain a suspense file for all pending regional office responses and will pursue timely follow-up of delinquent responses. Aggressive follow-up actions will be taken in those instances where a patient's eligibility for medical benefits as a veteran is uncertain, e.g., character of discharge is unknown or is other than honorable and the patient is receiving humanitarian emergency medical care. The potential for medical care cost recovery (MCCR) from an ineligible person decreases with time delays in obtaining an adjudicative decision on eligibility for medical benefits and the increased costs of prolonged medical care. Telephone calls will be made to the appropriate regional office as often as is prudent to follow up on delinquent responses. Records of such calls will be documented on VA Form 119, Report of Contact, for filing in the CHR. If no written response is received to a routine request within 65 days, a second request will be forwarded on VA Form 10-7131, clearly labeled as "SECOND REQUEST."

b. In certain instances the regional office may require additional time to obtain service information from the appropriate service department. The regional office will return a copy of the VA Form 10-7131 to the medical activity and indicate thereon the date that VA Form 3101, Request for Information, was sent to the agency service. On receipt of information from the service by VBA, a BIRLS record will be established or updated. A copy of completed VA Form 10-7131 and VA Form 3101 will be forwarded to the originating health care facility.

c. AMIE (when available) or VA Form 10-7131, without sufficient information to identify the veteran's service records will be returned to the originating health care facility annotated, "SERVICE INFORMATION INSUFFICIENT FOR SERVICE RECORDS IDENTIFICATION." Adequate identifying information must be obtained from the veteran at the time of application for benefits and recorded on VA Form 10-7131 in order to avoid insufficient information notices from VBA.

d. VA Form 10-7131 will not be resubmitted, except as provided for in paragraph 6.04(a), for eligibility determination when a previous verification has been received. When a veteran's administrative record contains eligibility information, no additional verification is necessary and will not be requested from the regional office. VA Form 10-7131, or DD Form 214, or in some instances BIRLS, will be adequate for ongoing eligibility except in unusual circumstances.

### 6.14 POLISH AND CZECHOSLOVAKIAN CLAIMS

a. The VA Medical and Regional Office Center in Wilmington, DE, will maintain a central national files system on all applicants for benefits as allied beneficiaries of the Polish or Czechoslovakian Armed Forces who require a rating for the purpose of establishing service-connection of a disability. VA Form 10-7131 requests regarding information maintained in this file system will be directed to Wilmington, DE.

b. No information will be maintained on these veterans in the BIRLS system; the Wilmington facility maintains all information on this category of veteran.

c. Admission and eligibility processing procedures are found in M-1, Part I, Chapter 24, or the VA Directive and VA Handbook which replaces Chapter 24.

### 6.15 HOSPITAL SUMMARY FOR RATING PURPOSES

a. **Definition.** A Hospital Summary is a concise narrative account of a patient's disability or condition recorded on VA Form 10-1000, Discharge Summary; or VA Form 10-1000a, Abbreviated Medical Record.

A VA Form 10-1000 will be prepared by the VA facility when a regional office determines that VA Form 10-1000a is insufficient for rating purposes.

b. **Submission.** A Hospital Summary for rating purposes is forwarded to the Adjudication Division in response to a specific request for a Hospital Summary as indicated on VA Form 10-7131, Part III, Item 2, by the Adjudication Division, or through an AIME request. The Hospital Summary will be mailed within 10 workdays following disposition of the patient in the following situations:

(1) A bed occupant (including a bed occupant on authorized absence) is discharged, dies or is transferred.

(2) A bed occupant (including a bed occupant on authorized absence) is released to outpatient treatment status. The Adjudication Division considers the placement of a patient on outpatient treatment status as a hospital discharge.

(3) A bed occupant (including a bed occupant on authorized absence) is placed on non-bed care status. **NOTE:** *Only committed patients and/or those for whom institutional awards are received may be placed on non-bed care (NBC) status.*

c. **Content.** Hospital summaries which meet the exacting professional standards set for a good medical record will generally satisfy the adjudicative needs of the rating boards. VA PG 1013 "Physician's Guide--Disability Evaluation Examinations," (to be published) will be made available for the information and guidance of all physicians performing examinations.

d. **Liaison.** Clinic Directors, Chiefs of Staff and Chiefs of MAS, will maintain close liaison with the Adjudication Officer and rating board members. Mutual problems should be discussed at regularly scheduled meetings.

## 6.16 HOSPITAL REPORTS

a. A hospital report is a professional evaluation of a patient's disability or condition submitted as a portion of the medical record, such as consultation report, admission report, progress note or physical examination. Hospital reports are used by rating boards to establish, confirm or adjust a veteran's entitlement to monetary benefits under the provisions of applicable statutes. Review and liaison procedures for hospital reports are the same as those for hospital summaries.

b. A hospital report for rating purposes is forwarded to the Adjudication Division in response to a specific request for a report as requested through AMIE, or as indicated in the appropriate space on VA Form 10-7131, Part III, by the Adjudication Division.

## 6.17 AMIE - VA FORM 10-7131, PART III REQUEST

a. **Item I, VA Form 10-7132.** Respond using the AMIE system if local link is established or submit this form for all occasions listed in Section VII.

b. **Item 3, 21-Day Certificate**. Submit through the AMIE system or through use of this form in accordance with paragraph 6.36.

c. **Item 4, Examination of Conditions Listed in Remarks.** This item will be checked when the Adjudication Division requires information while the patient is hospitalized. This material may be found in progress notes or other portions of the medical record. The reply to a request of this kind will be submitted within 10 workdays of receipt.

d. **Item 5, Special Report.** This item will be checked and the purpose explained in "Remarks" when:

(1) The veteran has a terminal illness, a hardship exists, or a lengthy period of hospitalization is probable, and a claim is pending;

(2) The hospital report or summary received was inadequate for rating purposes, and the medical record may contain more specific, adequate data; and

(3) In conjunction with item 2, i.e., when a hospital report is needed to provide supplemental information. This generally occurs when the veteran is totally disabled, but permanency for pension purposes has not been established. Cases will be chronicled for the number of days noted, and submitted no later than 10 workdays thereafter. Data requested may be obtained from the progress notes, history and physical examination, consultation notes, or any other appropriate portion of the medical record.

e. **Item 6, Competency Report.** This will be checked when the veteran is treated for a condition other than mental, and a competency determination is required. This item may be checked if the VA Form 10-1000, failed to include such information when the veteran was treated for a mental condition. The report will be obtained from a progress note or consultation report, and a copy forwarded within 10 workdays of the request.

f. **Item 7, VA Form 21-2680, Examination of Housebound Status or Permanent Need for Regular Aid and Attendance.** This form (see par. 6.18) is submitted within 10 workdays of receipt of the request.

g. **Item 8, Asset Information.** Submit within 2 workdays of receipt of request. VA Form 10-7132, Part V, will be used to provide the asset information. M-1, Part I, Chapter 8, paragraph 8.26, or the VA Directive and VA Handbook which replace Chapter 8, provides instructions for the completion of this item.

h. **Item 9, Admission Report.** Adjudication personnel will check this item when they need data for long-stay patients. Copies of pertinent portions of the medical record, such as history, physical examination, psychiatric evaluation, pulmonary function studies, X-ray interpretations or progress notes will be submitted within 10 workdays following receipt of the request.

i. **Item 10, Outpatient Treatment Report From:_____to:_____.** Submit report within 10 workdays of receipt of the request. Data may be obtained from the medical record.

**6.18 VA FORM 21-2680 AS A HOSPITAL REPORT**

a. **Preparation**. VA Form 21-2680, Examination of Housebound Status or Permanent Need for Regular Aid and Attendance, is prepared and forwarded under the following circumstances:

(1) In response to a specific request made by the Adjudication Division on AMIE or VA Form 10-7131, Part III, Item 7; or

(2) At the facility's initiative to establish, prior to discharge, eligibility for aid and attendance benefits for patients having terminal illness and for all patients who are severely incapacitated from advanced age or disability; or

(3) At any time that the VA believes that the veteran may be entitled to an aid and attendance award as a result of the disability. A VA Form 21-2680 will be submitted for veterans hospitalized for blindness, paraplegia, transverse myelitis and Hansen's disease for a determination as to eligibility for the aid and attendance award. If veterans with these conditions are eligible for aid and attendance, the award may be paid while the veteran is hospitalized, depending on type of benefit awarded.

b. **Responsibility.** Generally, requests to initiate hospital reports will be originated by the patient's physician or the social worker. On occasion, the assigned veterans benefits counselor may identify cases that should be brought to the attention of the staff.

c. **Special Considerations.** When expedited action is required to establish eligibility for increased payment for aid and attendance prior to discharge, attach a brief memorandum of explanation to VA Form 21-2680 when it is sent to the Adjudication Division. The Adjudication Division will expedite the rating action to enable the facility to take prompt action to discharge the veteran.

## 6.19 VA FORM 21-8045 AS A HOSPITAL REPORT

VA Form 21-8045, Report on Hospitalized Incompetent Veteran (Housebound Case), is prepared and forwarded under the following circumstances:

a. In response to a specific request made by the Adjudication Division on VA Form 10-7131, Part III or AMIE request.

b. On the facility's initiative whenever it is the opinion of the professional staff that a 100 percent SC, or NSC, incompetent psychiatric patient might be entitled to additional monetary benefits by reason of being "permanently housebound" within the criteria in 38 U.S.C. 1114(s), 1502(c) and 1521(e).

## 6.20 FORWARDING HOSPITAL REPORTS

A hospital report will be forwarded to the Adjudication Division on the hospital's own initiative under the following circumstances:

a. To Report a Change in Competency Status of a Bed Patient or a Patient on Non-bed Care or Outpatient Treatment Status. A hospital report identified as "Competency Report" will be forwarded to the Adjudication Division whenever the mental condition of a bed occupant or patient on non-bed care or outpatient treatment status indicates that consideration should be given to changing a competency or incompetency rating. Such a report is limited to those patients for whom a VA Form 10-7131 was submitted at the time of admission.

b. To Report the Date Set for Discharge of an Institutional Award Patient From Non-bed Care Status. A report is forwarded to the Adjudication Division when a date has been set for termination of non-bed care status.

c. To Request Rating Under 38 U.S.C. 1114(s). This provision of the code provides for additional monetary benefits to certain veterans having a SC disability rated as total, and who have additional SC disabilities independently rated at 60 percent or more, or who by reason of their SC disabilities are "permanently housebound." The history and physical portion of the medical record will probably provide the most suitable supporting data.

d. To Request Rating Under 38 U.S.C. 1502(c) or 1521(e). These provisions of the code provide for additional monetary benefits to certain veterans who receive NSC pension for permanent and total disabilities and who while hospitalized meet the "permanently housebound" criteria, or who have additional NSC disabilities independently rated at 60 percent or more, or who by reason of their NSC disabilities are permanently house bound, but do not qualify for aid and attendance. The history and physical portion of the medical record will usually provide substantiating data.

e. To Report Termination of Treatment for a SC Condition. A hospital report will be forwarded to report the termination of treatment for a SC condition when the patient remains hospitalized for a non service-connected condition.

f. To Report POW Cases With Nutritional Deficiency and/or Psychosis. A Hospital report will be forwarded promptly to report any patient who has been a POW, if the patient has any symptoms of avitaminoisis, beriberi (including beriberi heart disease), chronic dysentery, helminthiasis, malnutrition (including optic atrophy associated with malnutrition), pellegra or any other nutritional deficiency, (or psychosis, or any of the anxiety states, and has not been rated service-connected for the manifested disability). To expedite processing, this report will be identified as a "POW/Nutritional Deficiency and/or Psychosis Report." The veterans benefits counselor will be requested to render assistance to the veteran in filing a claim for this condition.

g. References. See subparagraph 6.18a concerning submission of VA Form 21-2680, or paragraph 6.19 concerning submission of VA Form 21-8045.

h. To Report Terminal Illness. Pension applications filed by veterans benefits counselors on behalf of patients on seriously ill status, who have terminal conditions, will be expeditiously processed by the Medical Administration activity. A hospital report will be obtained to include diagnosis, prognosis, and signature of the treating physician. The pension application and hospital report will be appended to a VA Form 10-7131 and identified as "Admission Notice." Indicate in Item 6, Remarks: "Terminal Illness, Expedite Adjudication Action."

i. To Report Completion of Tuberculin Conversion Treatment. An examination report will be submitted at the end of the 12-month period of treatment for tuberculin conversion (see M-2, Pt. IV, Ch. 3).

## 6.21 PATIENTS RELEASED TO NON-BED CARE STATUS

a. **Application.** These procedures are for application in all medical centers and medical and regional office centers and pertain to all patients released to non-bed care status, who:
(1) Have been committed, and/or

(2) Have an institutional award being paid in their behalf.

b. **Determination of Hospital Summary or Report Needs.** The Adjudication Division determines whether hospital data is required in a particular case for rating purposes and uses AMIE or VA Form 10-7131, Part III, to inform the facility of these requirements. Action by the facility depends on whether an AMIE or VA Form 10-7131 with Part III completed was returned by the Adjudication Division.

## 6.22 VA FORM 10-7131 NOT RETURNED BY THE ADJUDICATION DIVISION

a. **Application.** Two groups of patients are included:
(1) A VA Form 10-7131, Part I, "Admission Notice," was not submitted at the time of admission;

(2) A VA Form 10-7131, Part I, "Admission Notice," was submitted at the time of admission but the Adjudication Division did not return the form.

b. **Summary or Report requirements.** No hospital summaries or reports will be submitted to the Adjudication Division for these two groups of patients (unless they are specifically requested by Adjudication Division.)

## 6.23 VA FORM 10-7131, WITH PART III COMPLETED

a. **Patients With Institutional Awards**
(1) VA Form 10-1000, is submitted on release from bed occupancy. If the date set for discharge from non-bed status is known at this time, it will be stated in the summary.

(2) Hospital reports taken from pertinent progress or consultation notes are required as follows:

(a) At Time of Extension.

(b) Changes in Competency. Submit a hospital report, identified as a "Competency Report," when in the opinion of the medical staff a change in competency rating is in order.

(c) Special Requests. The Adjudication Division may request a special hospital report of examination on SC veterans to comply with rating schedule requirements.

b. **Patients Without Institutional Awards**. This group includes patients who are committed, with and without guardians. The requirements for hospital reports are as follows:

(1) VA Form 10-1000, is submitted on discharge from bed occupancy when Item 2 of VA Form 10-7131, Part III, has been checked, requested via AMIE, or if the veteran has been given a temporary increase in rating under paragraph 29 of the rating schedule.

(2) Requirements for hospital reports taken from pertinent progress or consultation notes are as follows:

(a) At Time of Extension. None.

(b) Changes of Competency. Submit a hospital report, identified as a "Competency Report," when in the opinion of the medical staff, a change in competency rating is in order.

(c) **Special Requests.** The Adjudication Division may request a special hospital report of examination on certain SC veterans to comply with rating schedule requirements.

## 6.24 SPECIAL CONSIDERATIONS FOR INSTITUTIONAL AWARD CASES

The adjudicative procedures for institutional award cases provide a way for continuing the veteran's compensation or pension payment without interruption during the transition period from hospital to home.

a. **Effect of a Discharge on an Incompetent Patient Who Has an Institutional Award**

(1) While such a veteran is hospitalized, VA benefits are paid to the VA facility Director who has statutory authority to act as the patient's trustee. This authority ceases when a discharge is given and the adjudication officer must immediately suspend payment. These payments remain suspended until the veteran is rated competent and payments can be made directly to the veteran.

(2) If the veteran remains incompetent, action must be taken by the Veterans Services Division to appoint a fiduciary to receive the veteran's VA payments. These actions may take as long as 6 months. During this period, the suspension of VA payments may cause financial hardships to the veteran and/or the veteran's family.

(3) In any case in which a veteran is rated incompetent by VA and is without dependents, is hospitalized, institutionalized or domiciled with or without charge, or otherwise by the United States or any political subdivision thereof, and whose estate from any source equals or exceeds $1500, further payments of pension compensation or emergency officer's retirement pay will not be made, until the estate is reduced to $500. If the veteran is hospitalized for observation and examination, the date of treatment began is considered the date of admission.

b. **Pre-discharge and Pre-Non-bed Care Status Considerations**. The consideration in making a decision as to whether an incompetent veteran having an institutional award is to be discharged or is to be released to non-bed care status, is one of a professional nature. Adjudicative procedures are not established to restrict the physician in exercising professional judgments as to what action is best from the medical management point of view; they are designed to assure continuation of VA benefits during the transition period. Careful consideration will be given by the professional staff to the financial resources and needs of the veteran and the veteran's family before a decision is made to discharge an incompetent veteran with an institutional award. There will be reasonable assurance that such a discharge will not cause financial hardship to the veteran and the veteran’s family during the period VA payments are suspended. In those cases where there is a possibility that financial hardship may occur, and prompt disposition is desirable, release the patient to non-bed care and request that the Veterans Services Division expedite the action.

c. **Discharge From NBC Status**. The same considerations apply when a decision is made to discharge a patient with an institutional award from NBC status. Unless there are overriding medical

considerations a patient with an institutional award will be continued on non-bed care status until such time as the veteran is rated competent or a fiduciary is appointed to receive the veteran's monthly payments.

**6.25 REPORTING CHANGES IN STATUS OF PATIENTS**

a. **Form To Be Used.** VA Form 10-7132, is a multipurpose form used by VHA facilities to report changes in patient status to VBA field offices. Information previously supplied on VA Form 10-7132 may be generated through the AMIE system. This eliminates telephone and teletype discharge notifications.

b. **Submission of Form.** VA Form 10-7132 is sent to the Adjudication Division under the following circumstances:

(1) In response to specific requests received from the Adjudication Division on VA Form 10-7131, Part III, Item 1; and at the initiative of the reporting facility to report the change in status of specific patients;

(2) To advise VBA of discharges to a community nursing home (CNH) under VA contract;

(3) To advise Adjudication Division of an extension of a CHN contract for a specific patient; **NOTE:** *The period of the extension and proposed termination date must be stated*. and

(4) To advise Adjudication Division when a CNH contract, at VA expense, is terminated and the patient remains at the nursing facility at the patient's own expense or with other financial support, e.g., Medicaid.

c. **Preparation and Distribution.** VA Form 10-7132 is prepared in a set. Two copies are forwarded to the Adjudication Division. The third copy is retained by the preparing facility in the CHR.

d. **Time Standard for Submission**. Since VA Form 10-7132 is used in lieu of telephone and teletype notifications, these forms should be forwarded to the Adjudication Division on the day of action, but no later than the first workday following the date of action.

**6.26 REPORTING DISCHARGES**

Report the discharges of only those veterans for whom a VA Form 10-7131 has been returned from the Adjudication Division with Item 1 checked on Part III of the form. Complete Parts I and II of VA Form 10-7132 on all discharge reports. Complete Parts III, IV, V and VI when applicable.

a. **Special Considerations.** Discharge reports for all veterans being treated for SC conditions must indicate the veteran's employment status at time of discharge and whether a period of convalescence is required. This will ensure consideration for continuation of applicable compensation benefits under paragraphs 29 and 30 of the rating schedule. Complete Part III of VA Form 10-7132.

c. **Discharge.** VA Form 10-7132 is used to report all discharges, provided a VA Form 10-7131 has been returned from the Adjudication Division with Item 1 checked on Part III of the form. This item is also used to report discharges from domiciliary care, or nursing home care.

(1) When a hospital patient is discharged to accept domiciliary care, enter the following qualifying statement in Part VII, "Remarks": "Discharged to accept domiciliary care at ___(location)_____."

(2) When a patient is discharged for transfer to a non-VA nursing home, e.g., CNH, state the date of discharge and the name and address of the receiving non-VA nursing home and period of the VA contract or extension, if appropriate in Part VII, "Remarks." **NOTE:** *When a patient is assigned to a VA nursing home bed, state date of hospital discharge, and name and address of the receiving facility if this differs from the originating facility.*

d. **Irregular Discharge.** Report irregular discharges of only those veterans for whom a VA Form 10-7131, with Part III, Item 1 checked, has been received from the Adjudication Division.

e. **State Home NHCU Discharge**. Report all discharges from State home nursing home care units for which an admission notice has been submitted. These discharges will be reported by the use of VA Form 10-7132, with a comment in Part VII, "Remarks," to read as follows:

"Discharged from Nursing Home Care Unit State Veterans Home (address) on (date) by (indicate discharge and type; i.e., death, transfer to another level of care (specify) in the State home or to VA or non-VA care and address, etc.).

f. **CNH Care Discharge**. VA Form 10-7132 is used to report all CNH care discharges, provided a VA Form 10-7131 has been returned from the Adjudication Division with Item 1 checked on Part III of the form. These discharges will be reported by the use of VA Form 10-7132 with a comment in Part VII, "Remarks," to read as follows:

"Discharged from (name and address of community nursing home) on (data) by (indicate discharge and type; i.e., death, transfer to VA hospital care or non-VA care and address, etc.)"

## 6.27 REPORTING DEATHS

Medical centers, medical and regional office centers, domiciliaries and outpatient clinics will furnish first notice of death of all veterans to the appropriate regional office when care is given in a VA facility and when care is given in a non-VA institution under VA authorization.

a. **Form.** VA Form 10-7132, with all items in Part I and Item 5 in Part II, will be completed.

(1) A check will be placed in the "Died" block of Item 5, Part II, under the category "Released," and date of death will be shown.

(2) Enter the service number, date of service and date of birth in "Remarks" section of Part VII of the form.

(3) Show in "Remarks" the date and time of departure from the hospital or domiciliary and the date and time of death for any veteran who died while on authorized or unauthorized absence status. **NOTE:** *This information is required by Adjudication Division in certain cases to determine entitlement to burial benefits.*

b. **Time Standard for Submission.** Completed VA Form 10-7132 will be sent within 1 workday to the regional office having custody of the veteran's claims folder. If claims folder location is the records processing center, or the BIRLS response shows "No Record," a VA Form 10-7132 furnishing notice of death with the BIRLS response attached, will be submitted to the VBA Regional Office of jurisdiction of the area in which the veteran resided.

c. **Deaths Reported by Medical Examiner's Offices.** Reports are occasionally received from offices of medical examiners, coroners, or law enforcement officials informing personnel at VA health care facilities of deaths of veterans in the community. VA employees receiving such reports will document the information on a VA Form 119, Report of Contact, plainly marked, "Unverified Report of Death", file the original in the veteran's CHR, if one exists, and forward a copy to Adjudication Division at the nearest VA regional office.

## 6.28 REPORTING CHANGE OF STATUS FOR PENSIONERS

Actions required by this paragraph will apply to those veterans meeting the criteria in following subparagraph a, and will be reported on discharge in the "Remarks" section of VA Form 10-7132 when the Adjudication Division has checked the need for such a form in Part III, Item 1 of VA Form 10-7131. **NOTE:** *Absences of less than 96 hours will be excluded from any of the following computations.*

a. Report any absences of less than 30 days, or returns from such absences, when change of status form, VA Form 21-653, Notice of Change in Status of Beneficiary Receiving Hospital Domiciliary Care, or its equivalent, has been received indicating

(1) Monetary benefits have been reduced and the veteran has been receiving pension under 38 U.S.C. 1521 (commonly called "New Pension Law"), or

(2) The veteran is in receipt of aid and attendance and it has been reduced or discontinued, or

(3) If VA Form 21-653 or its equivalent indicate aid and attendance has been approved for payment following discharge.

b. Absences will be reported by specific periods showing the beginning and returning dates. Cumulative totals of such absences are not acceptable. **NOTE:** *Use the reverse side of VA Form 10-7132 if there is insufficient space in the "Remarks" section.*

**6.29 REPORTING AUTHORIZED ABSENCES OF 30 DAYS OR LONGER**

Authorized absences of 30 days or longer apply only to domiciliary and nursing home patients. a.

a. Use VA Form 10-7132 with Parts I and II completed on all reports, and Part IV completed for incompetent patients.

(1) Report the recommendation for approval of a convalescence period of all veterans placed on non-bed care status, who have a temporarily increased rating of 100 percent under paragraph 29 of the rating schedule. To accomplish this, a professional estimate of the number of days of convalescence required for such veterans placed on non-bed care status will be recorded in Part III of VA Form 10-7132. **NOTE***: The convalescence information is needed to permit Adjudication Division to determine whether the total rating may be continued for periods of 1, 2, or 3 months, if convalescence is required.*

(2) To avoid possible oversight, the Chief, MAS, will establish necessary controls and diaries to ensure prompt submission of hospital reports required in connection with veterans placed on non-bed care status who have temporarily increased ratings of 100 percent under paragraph 29 of the rating schedule.

b. Report only those cases for whom a VA Form 10-7131, with Part III completed, has been received from the Adjudication Division. Authorized absences of less than 30 days are not reported except as noted in paragraph 6.28.

c. Submit VA Form 10-7132 at the time veteran departs on authorized absence when the absence is set at 30 days or more. When an extension is given to an authorized absence of less than 30 days which would result in a continuous absence of 30 days or more, submit the report at the time the extension is given and indicate the original date of departure in the "Remarks" section.

d. An additional VA Form 10-7132 is submitted when a contemplated date of discharge from non-bed care status is set for an institutional award case with Parts I through V completed. Attach the VA Form 10-7132 to the Hospital Summary when the two documents are forwarded to the Adjudication Division at the same time. Submit an additional VA Form 10-7132 when the veteran is discharged from non-bed care status.

**6.30 REPORTING RETURNS FROM AUTHORIZED ABSENCES OF 30 DAYS**

Use VA Form 10-7132, with Parts I and II completed, to report the return of a veteran from an authorized absence of 30 days or more. Report the return of the veteran only in those instances when a VA Form 10-7132 was used to report the veteran's departure.

## 6.31 REPORTING UNAUTHORIZED ABSENCES

a. **Unauthorized Absences.** This term applies only to psychiatric patients who have been committed and/or those for whom institutional awards are being paid. It is used to classify an unauthorized absence from the facility which results when the patient leaves the facility without proper authorization or the failure of a patient to return from an authorized absence. VA Form 10-7132, with Parts I, II and IV completed, is sent to the Adjudication Division when the combined period of absence (i.e., authorized plus unauthorized) reaches 30 calendar days provided:

(1) The patient is still in an unauthorized absence status at the end of the 30-day period; and

(2) A VA Form 10-7131, with Part III completed, has been received from the Adjudication Division for the particular patient.

b. **Special Considerations.** Report within 1 workday the unauthorized absence of a SC psychiatric patient providing:

(1) The patient has received 21-days continuous hospitalization, and

(2) Item 3, VA Form 10-7131, has been checked, and a 21-day certification has been submitted to the regional office.

## 6.32 REPORTING THE RETURN OF A PATIENT FROM UNAUTHORIZED ABSENCE STATUS

Use VA Form 10-7132, with Parts I and II completed, to report the return of a patient from unauthorized absence status. Report only those patients for whom a VA Form 10-7132 was sent to report placement on unauthorized absence.

## 6.33 REPORTING THE DISCHARGE OF A PATIENT FROM UNAUTHORIZED ABSENCE

A VA Form 10-7132, with Parts I, II, IV and V completed, will be sent to the Adjudication Division to report the discharge of a patient from unauthorized absence status, providing a VA Form 10-7132 was submitted to report the placement of the patient on unauthorized absence status. In Part II, Item 1, indicate the type of discharge given and explain the action under "Remarks," i.e., "Discharged from unauthorized absence status."

## 6.34 REPORTING INTER-VA FACILITY TRANSFERS

a. **Action by Transferring Facility.** The transferring facility will forward a VA Form 10-7132, with Parts I and II completed, to the Adjudication Division, provided a VA Form 10-7131, with Part III (Item 1) completed by the Adjudication Division, has been received. In those instances when the transferred patient fails to report to the receiving facility, the transferring facility will submit an additional VA Form 10-7132 indicating the disposition of the patient.

b. **Action by Receiving Facility.** The receiving facility is not required to report the admission of the patient to the Adjudication Division. The Chief, MAS, is responsible for complying with requests for hospital reports or notifications contained in Form 10-7131, Part III, when one is in a suspense status in the consolidated health record received from the transferring facility.

## 6.35 REPORTING ASSET INFORMATION, VA FORM 10-7132, PART V

VA Form 10-7132, with Part V completed, is used to report asset information to the Adjudication Division. The policies and procedures are prescribed in M-1, Part I, Chapter 8, paragraph 8.26, or the VA Directive and VA Handbook which replaces Chapter 8.

## 6.36 REPORTING PATIENTS TREATED FOR SERVICE CONNECTED (SC) DISABILITIES

When a local AMIE link is present, a request for a 21-day Certification will be electronically processed through that system. When an AMIE link is not available, a VA Form 10-7132, Part VI, "Certification for 21-Days Consecutive Hospitalization," is used to rate cases under paragraph 29 of the Schedule for Rating Disabilities. All 21-day Certificates will be signed by the Chief or Assistant Chief, MAS, who will be responsible for the accuracy of the certification.

a. **Submission of Form.** An AMIE 21-day Certificate or VA Form 10-7132 is sent in response to specific requests received from Adjudication Division on VA Form 10-7131, Part III, Item 3. The form will be submitted on the first workday following 21 days of continuous hospitalization:

(1) Item 3, VA Form 10-7131, Part III, is checked by Adjudication Division when the admission diagnosis(es) includes a service-connected condition. Do not submit certification on the 22nd day if the physician cannot certify that the patient requires "hospital" treatment for SC condition(s).

(2) On the 22nd day, request the physician to enter a progress note in the medical record listing the SC diagnosis(es) which requires treatment in a hospital setting.

(3) Certification may or may not include all conditions for which the patient is receiving treatment, because only those SC conditions requiring hospitalization for treatment or observation will be listed.

(4) Certification may or may not bear any relationship to the admission diagnosis(es).

(5) In most instances the first date in the certification will be the same as the admission date. Otherwise the date treatment of the SC disability began, which caused supplemental VA Form 10-7131 to be sent to the regional office, will be the first date.

(6) If treatment for a SC condition(s) terminates while the patient is hospitalized, and certification has been submitted, request the physician to make a progress note in the medical record. Submit VA Form 10-7132 with the date of discontinuance and explanation in the "Remarks" section.

c. **Exception to Submission of Certification**. Disregard Item 3, VA Form 10-7131, Part III, if the patient is not receiving treatment and/or observation for a SC condition.

d. **Treatment in Non-VA Hospital**. The Chief, MAS, or designee, of the facility which authorized non-VA hospitalization will telephone a responsible official of the hospital on the 21st day of hospitalization to ascertain whether the veteran continues to be treated for a SC condition and whether the veteran has been granted an absence from the hospital. VA Form 119, will be completed to document the telephone call. VA Form 10-7132 will be submitted to the Adjudication Division, when appropriate. Indicate in the "Remarks" section the name and address of the non-VA hospital.

## 6.37 REPORTING CHANGES OF STATUS FOR PENSIONERS

a. A NSC veteran without dependents and in receipt of pension admitted to hospital or nursing home care on and after October 17, 1981, and the primary purpose for such care is for Chapter 17 Rehabilitation Program, purposes may be excluded from pension reduction for a period of 3 additional months after the last day of the third month (following the month of admission). When Adjudication Division returns VA Form 10-7131 (submitted as a notice of admission) requesting a VA Form 10-7132 and certification of participation in a prescribed rehabilitation program, this information is to be provided in Part VIII, "Remarks," of VA Form 10-7132.

b. Authorized absences may be a part of the prescribed rehabilitation program to evaluate the veteran's ability to function within the family unit and community, and will not affect the established time period of the rehabilitation program.

c. Controls will be established in MAS to ensure changes in the status of a veteran's Chapter 17 Rehabilitation Program (termination or extension) are promptly reported to Adjudication Division. Not less than 30 days prior to the projected completion date of the designated rehabilitation program, the responsible physician will be contacted for a determination on whether the rehabilitation program will be completed as scheduled, extended or terminated.

(1) If the rehabilitation program is terminated and the veteran remains a patient, the entry in Part VII, "Remarks," of VA Form 10-7132 will be: "Chapter 17, Rehabilitation Program, terminated on (date)."

(2) If the Rehabilitation Program is extended, the entry in Part VII, Remarks, on VA Form 10-7132 will be: "Chapter 17 Rehabilitation Program extended through (date)."

(3) When the veteran is discharged on completion of the Rehabilitation Program, the VA Form 10-7132 sent to Adjudication Division on discharge is adequate notification.

d. When a veteran who had completed a rehabilitation program is readmitted within 6-months for additional rehabilitation, the readmission is considered an extension of the initial period of rehabilitation for the purpose of continuing full pension payments. If these facts are known at the time of readmission, the "Remarks" section, Part 1, VA Form 10-7131, will be noted with such information at the time the admission notice is sent to Adjudication Division.

e. Veterans admitted to hospital or nursing home care prior to October 17, 1981, and subject to pension reduction under 38 CFR 3.551(c)(2), are not eligible for exclusion from pension reduction unless discharged and subsequently readmitted for the primary purpose of rehabilitation. The veteran may be routinely discharged and readmitted the same day for purposes of pursuing a designated Chapter 17 Rehabilitation Program. The discharge will be shown as a "Disposition Non-Loss" on the Gains and Losses Sheet with readmission effected the same day. The VA Form 10-7132 sent to Adjudication Division on discharge will have the following entry in Part VII, Remarks: "Discharged and readmitted (date) to pursue Chapter 17 Rehabilitation Program."

f. When a veteran admitted to hospital or nursing home care on or after October 17, 1981, whose pension award was subsequently reduced is placed on a designated Chapter 17 Rehabilitation Program, Adjudication Division must be notified promptly to restore payment of full pension. Complete Part VII, Remarks, of VA Form 10-7132 as follows: "Began Chapter 17 Rehabilitation Program on (date)."

## 6.38 REPORTS TO MILITARY SERVICE DEPARTMENTS

Retired personnel of the Armed Forces and retired commissioned officers of the National Oceanic and Atmospheric Administration (formerly Coast and Geodetic Survey) and Public Health Service, depending on the laws under which they are retired, may receive monetary benefits from the VA, the service department or both. All veterans retired under Public Law (Pub. L.) 506, and Pub. L. 262, receive retirement pay directly from VA. Certain veterans retired under other laws may elect to receive compensation from VA in lieu of all or part of their retirement pay from the service department. The reporting system in this paragraph will apply only to veterans who receive all or part of their retirement pay directly from one of the service departments.

## 6.39 TELETYPE REPORTS

a. When a person retired from military service dies at a VA facility, or while in a non-VA facility at VA expense, the casualty branch of the appropriate service is to be notified. This report is to be submitted within 1 workday after death, and is in addition to the VA reports required by paragraph 6.27.

b. The report will be prepared in the following format:

(1) Line 1: "Notice of death."

(2) Line 2: Veteran's full name.

(3) Line 3: Service number, if known.

(4) Line 4: SSN.

(5) Line 5: VA claim number.

(6) Line 6: Date of death.

c. Addresses of the service departments are:

(1) **AIR FORCE**
Headquarters
AFMP/MPCC
Randolph AFB, TX 78150

(2) **ARMY**
Headquarters, U.S. Army
MILPERCEN (DAPC-PEC)
Alexandria, VA 22331

(3) **COAST GUARD**
U.S. Coast Guard GPS-1/56
400 - 7th Street, NW
Washington, DC 20590

(4) **MARINE CORPS**
Commandant
Headquarters
U.S. Marine Corps MSPA-1
Washington, DC 20380

(5) **NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION**
NOAA Commissioned Personnel Division
Attn: NC 1
Rockville, MD 20857

(6) **NAVY**
Naval Military Personnel command
(Code N-643)
Navy Department
Washington, DC 20370

(7) **PUBLIC HEALTH SERVICE**
Commissioned Personnel Division
Parklawn Building 4-38
5600 Fishers Lane
Rockville, MD 20857

## 6.40 COMPETENCY REPORTS FOR ACTIVE DUTY AND RETIRED MILITARY PERSONNEL

a. Title 37, U.S.C. Section 602, authorizes the determination of mental competency of patients receiving payments from the service departments by competent medical authority appointed for this purpose by the Director of the VA facility.

b. Directors of VA facilities are authorized to appoint Boards of Medical Officers, consisting of at least three qualified physicians, one of whom must be qualified in the treatment of mental disorders, to determine whether the individual who is being furnished medical care in a VA facility is mentally capable of managing the individual's own affairs.

c. A Board of Medical Officers is to be appointed when requested by a service department, or when management believes such determination is indicated.

d. In such cases the Board of Medical Officers prepare Standard Form (SF) 507, Clinical Record, in the usual manner. The report, containing the statement of determination as to mental competency and the medical data on which the determination was made, will be signed by all members of the board and forwarded to the appropriate service department (see subpar. 6.38c).

## 6.41 DISABILITY INSURANCE BENEFITS PROCEDURE FOR PROCESSING CLAIMS

a. **Initiation of Claim.** Part I of VA Form 29-357, may be initiated by an insured patient, or, on behalf of the insured by Veterans Services Division personnel, a fiduciary, an accredited representative of a veterans service organization, or any other person. The form should then be forwarded to the Chief, MAS, for the processing of Part II.

b. **Completion of Medical Report, VA Form 29-357, Part II.** The Chief, MAS, is responsible for coordinating these requests for VA Form 29-357, Part II, with the professional staff. Prompt completion and submission is required to protect the interest of the Government and the insured veteran. VA Form 10-1000, may be substituted for VA Form 29-357, Part II. Attach VA Form 10-1000 to VA Form 29-357 when claim is forwarded.

c. **Submission of VA Form 29-357, Part II**

(1) For Benefits Under NSLI. Forward claim directly to the office which has custody of the veteran's insurance records. See Item 8 on VA Form 29-357, Part I. **NOTE:** *This address will be VA Center, Federal Building, Ft. Snelling, St. Paul, MN 55111, or VA Center, P.O. Box 8079, Philadelphia, PA 19101*. If this information is not available forward the claim to the office which has insurance jurisdiction over the area in which the insured resides (see Item 6 on VA Form 29-357, Part I, for the veteran's mailing address for insurance purposes).

(2) For Benefits Under USGLI. Forward claim directly to the VA Center, P.O. Box 8079, Philadelphia, PA 19101.

d. **Requests Originating From Insurance Division, VA Centers, Philadelphia and St. Paul.** For veterans incapacitated by new or recurrent illness for 6 months or more, and for whom disability insurance benefits have been approved, Insurance Divisions will request a Hospital Summary on Form Letter (FL) 29-668. This requires submission of a copy of the summary, VA Form 10-1000, when the veteran is discharged, transferred, or is placed on NBC status. Diary the case, and 3 workdays after the veteran leaves bed occupancy care, attach the copy of the summary to the original form letter and return to the appropriate VA center.