

**Acceptable Clinical Evidence (ACE) to Support the Compensation
and Pension (C&P) Disability Examination Process
Medical Disability Examination Quality (MDE) Staff
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AUTHORITY: Title 38 United States Code (U.S.C.) 5103A; 38 Code of Federal Regulations (CFR) 3.159, 3.326, and Part 4.

Health care providers traditionally examine patients to diagnose and treat illness. However, the Department of Veterans Affairs (VA) also requires compensation and pension (C&P) disability examinations of Veterans and Servicemembers for the Veterans Benefits Administration (VBA) to adjudicate claims for VA disability benefits. The examiner provides an examination or medical opinion when requested by VBA for adjudicating a Veteran's claim for disability benefits. Disability examinations are forensic medical/legal examinations for VA disability compensation or pension claims, and as such require specialized knowledge and skills. Disability examination reports have legal ramifications. It is critical that standards are enforced consistently and applied due to the importance of a thorough examination and its effects on eligibility for Veterans' and servicemembers' future benefits.

When appropriate, the Acceptable Clinical Evidence (ACE) process may be a method used for responding to disability examination requests. The ACE process involves examiners completing Disability Benefit Questionnaires (DBQs) using the medical evidence currently in existence and a Veteran's claims file, supplemented by a telephone interview with the Veteran if necessary, instead of requiring some Veterans to be examined in-person. The ACE process is only to be used when VBA has not specified that an in-person or telehealth examination be conducted and when an examiner determines that sufficient medical evidence exists to complete the evaluation. However, The ACE process is to be used at the discretion of the examiner with the exceptions noted that are not ACE eligible.

DEFINITIONS:

Disability Examination. A disability examination is a medical professional's opinion, personal observation, and/or evaluation of a claimant. It can be conducted in person, via the ACE process, or by means of telehealth.

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.

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

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.

Disability examination requests must specify the types of examination(s) needed and any special reports or studies required. If the request is sufficient, the vendor determines as soon as possible after the receipt of the request who, in accordance with VBA guidance, may perform an examination and where and how to conduct the examination. An examination may be completed through various methods including the ACE process, in-person, or by telehealth modalities.

Disability examination worksheets and DBQs contain specific instructions on elements that must be addressed during the examination. The examination report must contain:

- A diagnosis or notation that a chronic disease or disability was ruled out for each disability, complaint, or symptom listed on the examination request.
- Answers to any questions specifically requested in the examination request.
- All opinions specifically requested in the examination request, including specific evidence reviewed and considered in formulating the opinion, and a thorough rationale for the opinion rendered and expressed using legally-recognized phrases.

Examiners must avoid addressing matters related to the claim for disability benefits outside the disability examination request. The examiner should not express an opinion regarding the merits of any claim or the percentage evaluation that should be assigned for a disability. Determination of service connection and disability ratings for VA benefits is exclusively a VBA function. Any concerns or observations regarding the claimant's symptoms or presentation should be described on the examination report for VBA to address.

Examples of situations in which the ACE process might be appropriate include, but are not limited to:

- Existing medical evidence is adequate as determined for a clinical examiner to assess the level of impairment per the claimed condition's DBQ, RO requested
- A medical opinion is needed to determine whether a disability was incurred or aggravated in service.
- A medical opinion is needed to determine the relationship between a claimed disability and a service-connected disability.
- Assessing whether a disability incurred in or aggravated by military service caused or contributed to a Veteran's death.

For any evaluations done using the ACE process, the examiner will:

1. Review the existing records provided by VA and/or available in Veterans Benefits Management System (VBMS); and
2. Document the use of the ACE process on the DBQ, to include the source of the clinical evidence relied on to complete the DBQ or render the opinion.

Due to the reduction in face-to-face examiner time for ACE Evaluations, the Contractor shall discount DBQ CLINS which are designated by the Program Office as eligible for ACE Evaluations (and are in fact done via the ACE process) based on the discounted percentage rate agreed upon at the time of contract award (see CLIN 0023 for the percentage by which the relevant DBQ CLIN shall be discounted.)

FREQUENTLY ASKED QUESTIONS:

1. When is the use of the ACE process appropriate and who makes the determination?

Unless VBA personnel have specifically required a general medical or an in-person examination be conducted, once VBA has requested an examination or opinion and provided all available medical information in VBMS, the vendor will review the request to determine if the examination can be completed from the current medical records and claims file. When the existing medical evidence is found to be adequate, supplemented by a telephone interview with the Veteran if necessary, the request may be completed using the ACE process and will be documented on the DBQ as having been conducted using the ACE process.

2. What records will the examiner use to complete the DBQ using the ACE process?

The examiner will review the existing records included in the VBMS uploaded Veteran's file and, if needed, information obtained by telephone from the Veteran.

3. How will use of the ACE process be documented?

The examiner will document use of the ACE process on the DBQ. The examiner will ensure the appropriate entries are made on the DBQ to report the use of the ACE process and the source of the clinical evidence relied on to complete the DBQ. The examiner must identify the materials reviewed to complete the DBQ or render the opinion. DBQs contain a box that must be checked if the DBQ was completed using the ACE process. All applicable medical evidence used to complete the DBQ identified. DBQs completed using the ACE process will be called insufficient if ACE is not properly documented.

4. Does the ACE process change existing policy on C&P disability examinations?

The ACE process does not replace guidance related to completing DBQs. The ACE process is a method for completing the DBQ.

5. Are there examples of the types of conditions for which the ACE process may be used?

Examples of the types of conditions for which the ACE process may be used include but are not limited to:

- Prostate and other genitourinary conditions, which have already been assessed;
- Some oncology cases, whether the cancer is active and/or primary site identification, if metastasized;
- Ischemic Heart Disease, for which a functional assessment may be done by a telephone interview;

- Tinnitus can sometimes be assessed in a telephone interview when a current audiometric examination suitable for VA benefits is of record;
- Hypertension can be addressed by the ACE process if the record contains current blood pressure readings;
- Pulmonary conditions; and
- Musculoskeletal examinations requiring goniometer measured ROM

6. Can the ACE process be used to provide medical opinions?

The ACE process may also be used to provide medical opinions. Opinions can be provided for:

- Providing a new opinion
- Clarifying a previous medical evaluation
- Clarifying a previous medical opinion

7. Are there specific requirements when the examiner obtains additional information over the telephone?

Yes. If the ACE process involves obtaining information from a Veteran via a telephone interview, the examiner must ensure the Veteran is the person being interviewed or is a person authorized to act on the Veteran's behalf.

If a telephone interview is required, the examiner will identify themselves to include providing their unique identification number referenced in Section 9.9 of the contract, state the purpose of the call, and shall authenticate a Veteran's identity using the following questions:

1. Full legal name, including middle name;
2. Last four of the Veteran's social security number or claim number;
3. Birth Date, including year;
4. Branch of service and service dates; and
5. Home address.

It is acceptable if the Veteran does not remember their exact service dates but answers all the other questions correctly.

If a Veteran refuse to answer the questions, an ACE process cannot be completed and the Veteran will need to report for an in-person examination.

The Veteran must possess mental capacity and adequate sensory abilities to participate in a telephone interview (as determined by the exclusionary factors listed below):

1. Inability to effectively communicate due to:
 - Hearing impairment;
 - Language barrier;
 - Speech impediment; or
 - Memory deficit.
2. Inability to effectively verbalize/express information

The following factors apply during a telephone interview session and the Contractor shall terminate the session:

- Veterans who show signs of cognitive disturbance and/or become uncomfortable with the telephone interview process;
- Veterans unwilling or unable to participate in a meaningful way.

8. When can the ACE process NOT be used?

The ACE process is *not* available in the following categories of examinations:

- Exams by vendor examiners when necessary electronic medical records are not available for review;
- Exams required by BVA & CAVC remands;
- General medical examination;
- Female sexual arousal disorder (FSAD) exams;
- Mental disorder examinations, including medical opinions for claimed conditions secondary to a service connected (SC) medical disorder. This specifically applies to physical secondary conditions related to SC mental disorders, such as bruxism; Initial or residual traumatic brain injury (TBI) DBQs; and
- When VBA specifically requests an in-person examination

9. Can the ACE process be used for examination requests from VBA based on Board of Veteran's Appeal remands?

ACE is meant to be used only when an in-person examination would be of no additional benefit in deciding the claim. Unless an opinion-only request is made, BVA and CAVC remands should not be conducted by ACE unless there is overwhelming evidence that an in-person exam will not add significantly to the body of evidence under scrutiny. This is a high threshold to achieve, and is demonstrated by the fact that BVA and CAVC remands often bluntly state that the ACE process must not be used for completion of the remand. Unless specifically allowed in the 2507, the ACE process is not to be used for BVA or CAVC remands by the vendors.

10. Can the ACE process be used if the examiner determines that the existing medical evidence is inadequate for evaluation purposes?

If the existing medical and other pertinent evidence is found to be inadequate or additional information is required, the Veteran will be scheduled for an in-person medical examination or a telehealth examination.

11. Can telehealth technology be used as part of the ACE process?

Telehealth is *not* to be used as part of the ACE process.

REFERENCES

VHA Directive 2012-036, Identity Authentication for Health Care Services, December 28, 2012

VHA Directive 2013-002, Documentation of Medical Evidence for Disability Evaluation Purposes, January 14, 2013

VHA Directive 1046, COMPENSATION AND PENSION DISABILITY EXAMINATIONS, December 06, 2018

VHA Directive 1603, Certification of Clinicians Performing VA Disability Evaluations, November 15, 2016

FL 12-22, Using Acceptable Clinical Evidence, October 3, 2012

DMA-12-006 Fact Sheet – Acceptable Clinical Evidence (ACE) to Support the Compensation and Pension (C&P) Disability Evaluation Process, September 25, 2012

Contracts: 36C10X19D0010-12, 36C10X19D0007-9, 36C10X19D0004-6, and 36C10X19D0001-3