DEPARTMENT OF THE ARMY
UNITED STATES ARMY PHYSICAL DISABILITY AGENCY
6900 GEORGIA AVENUE, NW
BUILDING 7 WRAMC
WASHINGTON DC 20307-5001

AHRC-DOE 20 May 2011

MEMORANDUM FOR Presidents, U.S. Army Physical Evaluation Boards

SUBJECT: Standard for Medical Evaluation Board (MEB) Communications; and, Use of Why Codes

1. MEB Communications.

a. Background.

(1) The role (and duty) of the MEB is to make and support certain findings such as: the Soldier's diagnoses; whether or not a condition meets medical retention standards; whether or not the condition results in profile restrictions; etc. Provided the MEB follows the narrative summary (NARSUM) format, the MEB will include all required findings and will provide appropriate support for these required findings. As such, the physical evaluation board (PEB) should be able to adjudicate an IDES or Legacy MEB prepared in accord with the NARSUM format.

(2) Standard MEB communications (including return letters) will enhance the quality of the PEB adjudication by clearly identifying missing required MEB information with reference to the NARSUM format. Through clarity, standard communications will enhance the quality of future PEB adjudications because the MEB will come to appreciate how to avoid the same error in future MEBs.

b. Standard.

(1) The communication will: a. when feasible, reference missing or incomplete information with reference to the NARSUM format; and/ or b. request foundation for, or clarification of, MEB findings vs. question or challenge MEB findings.

(2) For transparency, the communication will include relevant details of prior correspondences (including discussions) to allow the reader of the communication a complete understanding of the issues even if they were not privy to prior correspondences. See also AR 635-40, 4-18, b. providing that when the PEB can resolve the issue by discussion, a memorandum of the discussion will be included in the case file.

(3) The communication will evidence respectful submission and/or yielding to the judgment(s) and/or opinion(s) regarding findings that are within the purview of the MEB such as diagnoses; whether a condition meets medical retention standards; etc.

2. Why Codes.

a. Background.

(1) Return rates (and why code data) may under-report the frequency (and nature) of deficient MEBs. This is because a PEB may be able to remediate an otherwise deficient MEB without returning by reviewing of the complete electronic record or by engaging the MEB via email and/or telephone conversations (with discussion "memorialized" in Soldier's case file.)

(2) With reference to the NARSUM format, why codes 01-09 are the global deficits series. *For example,* 01 is for when the Soldier has 3 or more conditions and where the MEB does not provide relevant history (including treatment and its impact) for three or more of the Soldier's conditions. 01-07, and 09 can be for IDES; Legacy or TDRL. 08 is *only* for legacy or TDRL. 08 does not apply to IDES.

(3) Why codes 11-19 represent the musculoskeletal series; 21-29, the vision series; 31-39, the ear and hearing system; etc. Why codes 61-169 represent the residuals of TBI series. Unlike the other series that track the VA rating schedule, is an additional series deserving special attention and focus because evaluating for residuals of TBI often present unique challenges to examiners. 171-179 is the TDRL series; 181-189, the general issues series; 191-199, the Commander's Statement series; and 201-209, the administrative series.

b. Standard.

(1) The PEB will periodically use its why code data to: verify the PEB is internally consistent with its coding; identify trends in MEB deficits; and target MEB training.

(2) The PEB will reference at least one and up to (but not exceeding) three why codes in each return letter. The PEB will choose the code(s) that best focus the MEB on what to address to improve future MEBs. As discussed above, the PEB will appropriately detail, explain, and/or clarify *all* deficiencies.

FOR THE COMMANDER:

//////Signed//////
DANIEL L. CASSIDY
COL, IN
Deputy Commander

2. Encls
1. Why Codes
2. NARSUM Format

Enclosure 1: Why Codes

Revised Why Codes

0X Global Deficits Series

01 Relevant History (including treatment and its impact). Missing for 3 or more conditions.
<Format: d.3.a.>

02 Relevant symptoms and physical exam. Missing for 3 or more conditions.
<Format: d.3.b.>

03 Prognosis Statement. Missing for 3 or more conditions.
<Format: d.3.c.>

04 Medical Retention standards. Missing for 3 or more conditions.
<Format: d.3.d.>

05 Diagnosis. Missing for 3 or more conditions; or 3 or more discrepancies between VA and MEB diagnosis (i.e., diagnostic variance); diagnosis not provided because "not yet worked up".
<Format: d.3.d.>

06 Relationship to Commander Statement. Missing for 3 or more conditions. Or, is inconsistent with Commander's Statement.
<Format: d.3.d.1.>

07 Timeliness. Missing for 3 or more conditions. Includes not addressing VA C&P exam for three or more conditions.
<Format: b and c.>

08 VA worksheet rating information. (Legacy or TDRL) (including exam not done by a qualified examiner) ONLY LEGACY or TDRL: Missing for 3 or more conditions.
See DTM 14 OCT 2008 re: MEB requirement to include minimal requirements of applicable VA worksheet(s).

09 GLOBAL DEFICITS. There are 3 or more exam specific deficits (or 3 or more VA worksheets not completed). This includes not addressing 3 or more conditions only addressed by the VA.
<Format: Multiple Areas.>

Enclosure 1: Why Codes

1X Musculoskeletal Series.

11 Relevant History (including treatment and its impact).
<Format: d.3.a.>

12 Relevant symptoms and physical exam. Missing for one musculoskeletal condition.
<Format: d.3.b.>

13 Prognosis Statement. Missing for one musculoskeletal condition.
<Format: d.3.c.>

14 Medical Retention standards. Missing for one musculoskeletal condition.
<Format: d.3.d.>

15 Diagnosis. Missing for one musculoskeletal condition; or discrepancy between VA and MEB diagnosis (i.e., diagnostic variance); diagnosis not provided because “not yet worked up”.
<Format: b., d.3.d.>

16 Relationship to Commander’s Statement. Missing for one musculoskeletal condition. Or, is inconsistent with Commander’s Statement.
<Format: d.3.d.1.>

17 Timeliness. Not “timely” for one musculoskeletal condition. Includes not addressing VA C&P exam for a musculoskeletal condition.
<Format: b., and c.>

18 VA worksheet rating information. (Legacy or TDRL) (including exam not done by a qualified examiner) ONLY LEGACY or TDRL: Missing elements of worksheet (but not entire worksheet) for one musculoskeletal condition.
<Format: NOT APPLICABLE.>

19 GLOBAL DEFICITS. 3 or more deficits or entire VA worksheet missing.
<Format: Multiple Areas>

2X Vision Series
3X Ear & Hearing Series
4X Inf. Diseases, etc. Series
5X Resp. Series
6X Cardiovascular Series
7X Digestive Series
8X GU Series
9X GYN Series
10X Heme/Lymph Series
11X Dermatology Series
12X Endocrine Series

13X Neurology Series
14X Psychiatry (Behavioral Health) Series
15X Dental Series
16X TBI Series

17X TDRL Series

171 Did not properly evaluate one or more conditions for which Soldier placed on TDRL. (Includes not completing correct VA worksheet.).
172 Did not evaluate one or more other conditions existing at time Soldier placed on TDRL. (Includes not completing correct This includes using correct VA worksheet.).
173 Did not evaluate of conditions Soldier developed while on TDRL. (Includes not completing correct VA worksheet.).
174-8 BLANK
179 Global Deficits

18X General Issues Series

180 MRDP Format: d.2.
181 EPTS and PSA Format: d.3.e.
182 Whether Soldier refusal constitutes noncompliance, to include referral to OTSG Format: d.3.f.
183 Competency Statement Format: d.4.
184 Did not properly consider Soldier's MEB rebuttal.
185 Non-duty related case that should probably have had MEB/PEB.
186 Unique Challenges Nature of Soldier's condition presents unique challenges to PEB and/or MEB beyond NARSUM format.
187 Second return (For second time, MEB so poorly prepared that it warrants special corrective action).
188 Third Return (For third time, MEB so poorly prepared that it warrants special corrective action).

19X Commander Statement Series

190 Missing.
191 Outdated.
192 Does not include military history.
193 Promotion status.
194 Section IIIB deficits. For each Soldier with BH diagnosis.
195 Section IIIC deficits. For each Soldier with TBI diagnosis.
196 Section IIID. Comment Section. (Discussion of Soldier's performance).
197 Other.
198 <Blank>.
199 Global deficits.

Enclosure 1: Why Codes

20X Administrative/Document Series

200 LOD (missing, incomplete, missing police report).
201 Deployment/MRP/retirement orders.
202 ETS extension.
203 Documentation that disciplinary action has resolved.
204 RPAM/RPAS.
205 ERB/ORB.
206 DA 3947 issues re: listing diagnoses.
207 DA 3947: Psychiatrist Signature.
208 DA 3947: Dentist Signature on 3947.
209 Global issues (Multiple documents missing and/or incomplete)

21X DA 3349, Physical Profile Series

210 Format: b., c., and d. 3.d.

Enclosure 2: NARSUM Format

Medical Evaluation Board and Narrative Summary Requirements:

a. Background. For each of the Soldier's conditions, the Medical Evaluation Board (MEB) must include the information associated with the applicable VA worksheet. Worksheets are available on the VBA website: http://www.vba.va.gov/bln/21/Benefits/exams/index.htm. For a Soldier in the Integrated Disability Evaluation System (IDES), the VA will generally provide the applicable VA worksheet information. For a Soldier in the non-IDES, the Medical Treatment Facility (MTF) will provide the information associated with the applicable VA worksheet(s). The MEB physician will obtain additional history and/or perform additional examination, etc., when required to gauge the impact of the condition(s) on the Soldier's ability to perform their military duties. See United States Army Physical Disability Agency website for additional information. https://www.hrc.army.mil/site/Active/tagd/Pda/pdapage.htm.

b. Identification of sources and references. Any written correspondence or oral communications relied upon in the Narrative Summary (NARSUM) to support a conclusion, or used to obtain other evidence that was relied upon, shall be summarized in writing and will: fairly summarize essence of the communication; identify the parties; provide location, date, and time; and, include a point of contact for follow up for all those who participated. Documents reviewed and/or used to prepare NARSUM will generally include, at a minimum: (1) AHLTA; (2) DA 3349 Physical Profile; (3) the VA worksheet examination(s) (whether completed by the MTF or the VA); (4) other hardcopy clinical records. For the IDES MEB, this will include the Soldier's VA Claim Form 21-0819, Section I, Medical Conditions to be Considered as the Basis of Fitness for Duty Determination; and Section II, Block 8, Additional Conditions; and (2) VA worksheet examination(s).

c. Timeliness of MEB information. Generally, information shall be no older than 6 months. Where information is older than 6 months, the MEB may need to: update the information; complete re-examination, as appropriate; or, otherwise address the Soldier's concerns regarding the accuracy of the description of the Soldier's condition. Information may be older than 6 months *provided* the MEB *specifically explains why* reevaluation or testing is unlikely to change issues relating to: Medical Retention Determination Point (MRDP); whether or not the condition meets medical retention standards; or, is otherwise clinically unnecessary.

d. Requirements.

1. Baseline documentation. Unless already of record within the DA Form 7652, Commander's
Performance and Functional Statement, include the following:

a. Date of entry into service;
b. Estimated termination of Service;
c. Administrative actions ongoing, pending, or completed (for example, courts-martial, selective early retirement, bars, retirement or separation dates);
d. Line of Duty information, when necessary.

2. Medical Retention Determination Point (MRDP) statement. State which diagnosis(es) is/are at MRDP. Indicate the basis for finding the Soldier has met MRDP for this diagnosis(es), e.g., 12 months has passed; explanation for why Soldier unlikely

to be able to return to duty, etc. State if any operative procedures are or will be scheduled, to include those conditions the MEB relied upon to determine MRDP. See AR 40-501, Ch. 7-4 (b) (2).

3. Conditions not meeting medical retention standards.

a. Relevant History. Unless otherwise included within VA worksheet examination, provide the following:

1. Source of referral. E.g., physician, MMRB or other (specify).
2. Description of onset of condition with reference to: duty status, e.g., Active Duty; Mobilized Reserve; or Troop Program Unit (TPU); and, location and surrounding circumstances, e.g., in Iraq, insidious onset; in Iraq, IED explosion; etc.
3. Description and approximate dates of treatment.
4. Impact of treatment on condition.

b. Relevant symptoms and physical examination. Unless otherwise specifically detailed within VA worksheet examination, provide an analysis/discussion of relevant symptoms or exam findings addressing:

1. Describe relationship between specific diagnosis and specific DA Form 3349, Profile limitations.
2. Describe impact of each diagnosis on PMOS duty performance and performance in PMOS or AOC. This requires a review of the Soldier's DA Form 7652, Commander's Performance and Functional Statement.

c. Prognosis Statement.

1. Describe changes in Soldier's symptoms and/or physical findings (if any) likely to occur within next five years.
2. Include foundation for assessment. This may include citation to the medical literature.
3. If the Soldier's wounds or injuries are incompletely healed or the Soldier is pending surgery, discuss:
   a. Estimated rehabilitation time;
   b. Associated restrictions in activities such as: driving; ambulation; sitting; standing;
   c. Requirements for continued use of wheelchair or crutches; and
   d. Requirement for house confinement, etc.

d. Application of AR 40-501, Chapter 3. List each applicable AR 40-501, Ch. 3 provision, and discuss whether or not each medical diagnosis not meeting medical retention standards, as presenting in this Soldier:

1. Significantly limits or interferes with Soldier's performance of their duties;
2. Would compromise or aggravate Soldier's health or well-being if they were to remain in the military. This may involve dependence on certain medications, appliances, severe dietary restrictions, or frequent special treatments, or include a requirement for frequent clinical monitoring;
3. May compromise the health of well-being of other Soldiers; and/or,
4. May prejudice the best interests of the Government if the Soldier were to remain in the military. REF: AR 40-501, Ch. 3/RAR 23 AUG 2010.

e. **Diagnosis identified by the MEB as existing prior to military service (EPTS).** When the MEB concludes this condition is EPTS, the MEB is to include the evidence relied upon to support the conclusion, *for example*: the entrance exam dated X, general medical principles (with citation to the medical literature), etc. Thereafter, indicate whether or not there was permanent service aggravation (PSA) during the period(s) of military service. Include foundation for PSA (or no PSA). This may include citation to the medical literature.

f. Noncompliance issues, when applicable. Where the Surgeon General (TSG) finds the Soldier's refusal of treatment for this diagnosis is unreasonable, the MEB should discuss: the anticipated impact of treatment on the Soldier's symptoms and physical manifestations; and, whether, with treatment, the Soldier's condition due to this diagnosis would meet medical retention standards. See AR 600-20 Army Command Policy 5-4 Command Aspects of Medical Care.

4. For each Soldier with a mental disorder (of any etiology) indicate whether the Soldier is:

a. Mentally competent for pay purposes.
b. Capable of understanding the nature of, and cooperating in, PEB proceedings.
c. Dangerous to themselves or others.

5. Additional Diagnoses meeting medical retention standards. Provide specific reason(s) why condition is *not* cause for referral. Consider AR 40-501, Ch 3-41 e (1) (providing conditions are cause for referral when they *individually or in combination* result in interference with satisfactory performance of duty; or, prevent performing functional activities listed under item 5 on DA Form 3349 (Physical Profile)). See AR 40-501, Ch 3-41 e. See also d. 3 d. 1-4 above.

6. Reconciliation of Apparent Inconsistencies. This includes addressing MEB information, when viewed in its entirety, is inconsistent with respect to: history (duty status; location and surrounding circumstances), diagnoses; interpretation of test results; impact of condition(s) on duty performance; etc.