

September 14, 1995

1. Transmitted is a change to the Department of Veterans Affairs (VA), Veterans Health Administration M-10, "Environmental Agents Service," Part III, "Persian Gulf Program."

2. Principal changes are:

a. **Appendix 2A:** This change adds to "Definitions and Acronyms", "RHP, Reproductive Health Problems."

b. **Appendix 2C:** Changes the VHA manual references for pseudo Social Security Numbers, Facility, County and State Codes.

c. **Appendix 2D:** Changes to the "Reporting Requirements," specifies date of the discontinuation of VA Form 10-9009A, Persian Gulf Code Sheet, dated December 1991, and the date of implementation of VA Form 10-9009A, Persian Gulf Code Sheet, dated July 1995.

d. **Appendix 3A:** Changes the "Uniform Case Assessment Protocol (UCAP)" which provides additional elements for the evaluation of Persian Gulf veterans with complaints of Reproductive Health Problems (RHP).

3. Filing Instructions

Remove pages

2A-3 through 2A-4
2C-1 through 2C-2
2D-1 through 2D-4
3A-3 through 3A-4

Insert pages

2A-3 through 2A-4
2C-1 through 2C-2a
2D-1 through 2D-4
3A-3 through 3A-5

4. **RESCISSIONS:** None.

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Under Secretary for Health

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(Date)

pulmonary and infectious diseases, immunology, neuropsychology, and toxicology, where medical assistance is provided for those Persian Gulf veterans with symptoms which defy explanation.

48. **Plt** - Platelet.

49. **PPD** - Purified Protein Derivative.

50. **PTF** - Patient Treatment File.

51. **PTSD** - Post Traumatic Stress Disorder.

52. **Persian Gulf Area of Service.** For eligibility purposes, active military duty in Southwest Asia during the Persian Gulf War would include service in one or more of the following areas: Iraq, Kuwait, Saudi Arabia, the neutral zone (between Iraq and Saudi Arabia), Bahrain, Qatar, the United Arab Emirates, Oman, waters of the Persian Gulf, Red Sea, Arabia Sea, and Gulfs of Aden and Oman.

53. **Persian Gulf War Period of Service.** Public Law 102-25 established a Persian Gulf War period of service which will affect persons serving on active duty as of August 2, 1990, with no ending date established by law.

54. **Records Control Schedule (RCS) 10-1.** Provides instructions for record retention and disposition.

55. **Reports Control Symbol (RCS) 10-0860.** Reflects the reporting requirements for VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, Persian Gulf Referral Center Monthly Report, and Bi-monthly Report on Persian Gulf Uniform Case Assessment Protocol.

56. **RCS 10-0875.** The reporting requirements for the Bi-monthly Report on Persian Gulf War Veteran Registry Examinations, under Directive 10-95-053 are rescinded by this manual change.

57. **RHP** - Reproductive Health Problems.

58. **SCID** - Structured Clinical Interview for DSM-III.

59. **SCUDS** - Soviet designed surface to surface missiles.

60. **SED** - Skin Erythema Dose.

61. **SGPT(ALT)** - Transaminase Glutamic Pyruvate.

62. **SGOT(AST)** - Glutamic Oxaloacetic Transaminase.

63. **SMA (6/12)** - SMA is a Manufacturer's Trademark for a Chemistry Analyzer.

64. **SSN** - Social Security Number.

65. **T4** - Thyroxine Total Serum.

66. **TB** - Tuberculosis.

67. **TSH** -Thyroid Stimulating Hormone.

68. **UCAP**- Uniform Case Assessment Protocol.

69. **UGI**- Upper Gastrointestinal.

- 70. **VA** - Department of Veterans Affairs.
- 71. **VBC** - Veterans Benefits Counselor.
- 72. **VDRL** - Venereal Disease Research Laboratory.
- 73. **VHA** - Veterans Health Administration.
- 74. **VRC** - Veterans' Registry Coordinator - A non-physician staff member responsible for the administrative management of the program at each VA facility.
- 75. **VRP** - Veterans' Registry Physician - The VRP is a physician responsible for the clinical management of the Persian Gulf Program at each VA medical facility.
- 76. **VA Form 10-9009A (July 1995)**, Persian Gulf Registry Code Sheet.
- 77. **VA Form 10-9009B** - Identification Sticker entitled "Persian Gulf."
- 78. **VA Form 30-7252** *changed to* **VA Form 7252**, Transmittal Form for Use in Shipment of Tabulating Data.
- 79. **WBC** - White Blood Cells.

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**SAMPLE AND INSTRUCTIONS FOR COMPLETING
VA FORM 10-9009A (JULY 1995), PERSIAN GULF REGISTRY CODE SHEET, PHASE I**

1. General Instructions for completing Department of Veterans Affairs (VA) Form 10-9009A (July 1995).

a. An original code sheet should be prepared and a legible copy submitted to the Office of Financial Management Austin Automation Center (AAC) in accordance with instructions for the initial and first follow-up examinations (if required). After code sheet data has been reviewed and entered into the computerized database at AAC, the AAC will forward these code sheets to the Senior Registry Coordinator (103A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420, for disposition. These code sheets will not be returned to the medical center of origin unless corrections are required.

(1) The original code sheet will be filed in the medical record with any corrections required by AAC. Additional follow-up examinations, as required, will continue to be documented in the Consolidated Health Record (CHR).

(2) A code sheet for additional follow-up examinations will not be prepared or submitted to the AAC with the exception that if a diagnostic code differs from previously submitted code sheets, then a code sheet will be prepared and submitted for entry into the Persian Gulf Registry (PGR).

b. Print clearly using a BLACK ball-point pen or a BLACK felt-tipped pen. Follow instructions carefully to ensure that all data fields are accurately completed. Enter one letter or number per block. **The numeric zero must be slashed "Ø."** For registry coding purposes, use the International Classification of Diseases - Clinical Modification, 9th Edition, (ICD-9-CM) codes. These must be the codes currently in use by AAC.

(1) Part I of the code sheet should be completed in the presence of the veteran.

(2) Parts II and III of the code sheet should be completed at the time of the examination by the Veterans' Registry Physician (VRP). A completed Parts II and III will be returned to Medical Administration Service (MAS) for assignment of the ICD-9-CM codes in appropriate blocks. **NOTE:** *Careful attention should be paid to assigning the correct code for both complaints (symptoms) and diagnosis. ICD-9-CM code 78999, for uncodable complaints (symptoms), should be assigned only after all coding possibilities have been thoroughly explored. The indiscriminate use of ICD-9-CM code 78999 may result in skewed or misleading statistics of minimal value.*

(3) Date all code sheets with current date in the upper right hand corner of VA Form 10-9009A (July 1995).

2. Instructions for Completing Part I (Initial Examination)

a. **Item 1. Blocks 2-7. Facility Number and Suffix.** Enter facility code as listed in MP-6, Part XVI, Supplement No. 4.1, Appendix A. Use the AMIS suffix (BY, BZ, etc.) to indicate your satellite facility. DO NOT USE Q, R, OR S. **NOTE:** *If veteran requests the inclusion of his Department of Defense (DOD) registry examination records in VA PGR, submit code sheet with Facility Number as 999 in Blocks 2, 3 & 4 and indicate actual VA facility number in upper left margin of codesheet.*

b. **Item 2. Blocks 8-33. Last Name of Veteran.** Beginning in Block 8, enter veteran's current last name. If veteran had an earlier last name used during the veteran's Persian Gulf service, e.g., an unmarried woman, leave one space blank after the current name and enter "E." If veteran has had any other later name, leave another blank space (i.e., after "E"), and enter the later name followed by another

blank space and then enter "L." Do not use apostrophe and/or hyphen in the name or skip blocks between the letters of the last name. Skip a block if the last name is followed with Jr., Sr., I, II, III, etc.

c. **Item 3. Blocks 34-48. First Name of Veteran.** Beginning in Block 34, enter veteran's first name.

d. **Item 4. Blocks 49-58. Middle Name of Veteran.** Beginning in Block 49, enter veteran's middle name or initial.

e. **Item 5. Block 59. Type of Examination.** The following transaction type must be entered in Block 59 as appropriate:

A - Initial examination. Veteran's first Persian Gulf examination.

B - To delete an entire initial examination with a noted error, after it has been accepted into the registry, resubmit the original code sheet with a "B" and submit another code sheet with the correct information with an "A." All fields must be completed on a resubmission. The code sheets can be submitted in the same batch. Examples of this usage are incorrect diagnosis, military statistics, Social Security Number (SSN), etc.

C - Follow-up examination. Veteran's second Persian Gulf examination. Additional follow-up examinations, as required, will continue to be documented in the CHR, but a code sheet will not be prepared or submitted to the AAC with the following exception: if a diagnostic code differs from previously submitted code sheets, then a code sheet should be prepared and submitted for entry into the PGR.

D - To delete an entire follow-up PGR examination with a noted error, after it has been accepted into the registry, resubmit the original code sheet with a "D" and submit another code sheet with the correct information with a "C."

E - To submit change in demographics, i.e., change of address or date of birth enter "E" and complete items with name, SSN, date of birth, and address. No other items need to be completed.

I - To include those veterans whose names are not on the PGR but would like their name and address included on a mailing list for the "Persian Gulf Review" newsletter.

X - When a registry participant has been identified and verified as being deceased, enter "X." Complete items with name, SSN, and date of birth. No other items need to be completed.

f. **Item 6. Blocks 60-69. SSN.** Shaded Block 60 is to be used ONLY if a pseudo SSN is being submitted. In this event, the letter "P" will be entered in Block 60. Leave Block 60 blank when the actual SSN is used. Beginning in Block 61 enter the veteran's actual SSN, or pseudo SSN. (See M-1, Part I, Ch. 5, Par. 5.29, for instructions on pseudo SSN assignment.) **NOTE:** *All efforts should be made to obtain veteran's actual SSN.*

g. **Item 7. Blocks 70-75. Date of Birth.** Beginning in Block 70 enter numerical equivalent for the month, day and year in that order (e.g., 01/19/50). All blocks must be completed.

h. **Item 8. Blocks 76-141. Permanent address.**

(1) **Blocks 76-101.** Beginning in Block 76 enter veteran's permanent street address.

(2) **Blocks 102-127.** Beginning in block 102 enter veteran's city or town.

(3) **Blocks 128-132.** Enter zip code of permanent residence (National Zip Code Directory).

- (4) **Blocks 133-136.** Leave Blank (future extended Zip Code).
- (5) **Blocks 137-139.** Enter appropriate county code as listed in M-1, Part I, Chapter 18, Appendix A.
- (6) **Blocks 140-141.** Enter appropriate state code as listed in M-1, Pt. I, Chapter 18, Appendix A.

REPORTING REQUIREMENTS

1. **Submission.** **NOTE:** *The use of Persian Gulf Code Sheet, VA Form 10-9009A, December 1991, will be discontinued on September 24, 1995. Existing stock must be destroyed. All completed Persian Gulf Code Sheets dated December 1991, and submitted to Austin Automation Center (AAC) on and after September 24, 1995, will be rejected and returned to the submitting VA facility. The use of revised VA Form 10-9009A, dated July 1995, must be implemented on September 25, 1995.* Requirements or the submission of Department of Veterans Affairs (VA) Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet are as follows:

- a. Legible copies of completed code sheets are submitted to the Office of Financial Management Austin Automation Center (AAC), Austin, TX, for data entry into the Persian Gulf Registry (PGR).
- b. Originals are to be maintained in veteran's Consolidated Health Record (CHR).
- c. Code sheets need to be scanned to ensure all required fields are completed.
- d. No medical record documentation should be attached to these code sheets.
- e. Code sheets will not be returned to facility of origin unless corrections are required.
- f. AAC will send copies of code sheets, once entered into the PGR, to the Senior Registry Coordinator, Environmental Agents Service (103A), Department of Veterans Affairs, 810 Vermont Avenue, N.W., Washington, DC 20420, for disposition.

2. **Batching of Code Sheets**

a. Preparation

(1) VA Form 10-9009A (July 1995) code sheets, Parts I through III, are provided in booklet form. If any of the pages are removed, they should be stapled in the upper-left hand corner.

(2) Completed code sheets must be batched in groups of no more than 25.

(3) Facilities and/or a division of a consolidated facility must keep submissions separate, i.e., each batch will include code sheets from one facility. These code sheets should be arranged in numerical order according to the Social Security Number (SSN), i.e., lowest SSN first and highest SSN last).

NOTE: *Corrected code sheets do not have to be batched separately. They can be mailed with the regular code sheets as long as they are from the same facility.*

b. If a veteran has had two examinations within the same mailing period, that is, an initial and a follow-up examination, only the initial examination code sheet should be submitted in the batch. Hold the follow-up examination code sheet until you are certain the AAC has processed and accepted the initial examination code sheet. If submitted simultaneously, an error message may occur.

3. **Transmittal Form** (See App. 2E.)

a. Three copies of VA Form 7252 (formerly VA Form 30-7252), Transmittal Form for the Use in Shipment of Tabulating Data, must accompany each batch of code sheets. One copy must be retained at the AAC and the other copy will be returned by the AAC to the transmitting facility acknowledging receipt of code sheets and the third will include any rejected code sheets and the edit analysis printout, entitled "Transaction Change and Error (Reject) Listing."

b. If there were no examinations or code sheets processed for each month, a transmittal form must be completed indicating "0" for the "Code Sheet Count" and sent to the AAC. This will assist the AAC in maintaining a control on the code sheets transmitted by each facility.

(1) As batches are prepared for submission to the AAC an entry should be made on the batch control log.

(2) Using the control log, assign the appropriate number and record it on the transmittal form.

(a) Begin with batch number 001 for January of each year and continue with sequential numbers throughout the year.

(b) **Example:** If there are 50 code sheets to be submitted to the AAC during the month of January, prepare two batches of 25 per batch, with the control log number 001 and 002.

c. The Persian Gulf control log must consist of the following:

(1) Facility code number,

(2) Batch number assigned sequentially by facility beginning with 001 in January of each year (also to be recorded on transmittal sheet);

(3) Number of code sheets in the batch (also to be recorded on the transmittal sheet),

(4) Date the batch(es) was(were) mailed to the AAC, and

(5) Date the batch(es) and associated edit output was(were) returned from the AAC.

4. Mailing

a. Code sheets must be submitted to the AAC monthly according to the following schedule:

(1) Region 1, the 6th of the month.

(2) Region 2, the 10th of the month.

(3) Region 3, the 14th of the month.

(4) Region 4, the 18th of the month.

b. The mailing address for the AAC is:

Department of Veterans Affairs
Automation Center (200/397A)
ATTN: PERSIAN GULF CLERK
1615 Woodward Street
Austin, TX 78772-0001

c. It is not appropriate to call the AAC in regard to questions on code sheet completion or correction. These questions should be referred to the Veterans Registry Coordinator(s), the Environmental Agents Service, VA Central Office.

d. The AAC will process the data from the code sheets twice each month (10th and 25th). The AAC will return all batches with the printout "Transaction Change and Error (Reject) Listing" to the transmitting facility.

5. Transaction Change and Error (Reject) Listing

a. A computerized printout "Transaction Change and Error (Reject) Listing" will be returned to the transmitting facility with the processed code sheets.

(1) This printout will reflect:

(a) Rejected records, i.e., edit errors identified by an asterisk(*);

(b) Other messages not necessarily rejecting records; and

(c) The number of records inputted, i.e., accepted as well as rejected.

(2) Facilities must verify the number of code sheets sent to the AAC against the printout.

b. Corrections are to be made on the returned code sheet with RED pen or RED felt-tipped pen or a new code sheet can be made with the correction in the appropriate field(s). If a new code sheet is prepared for the return of a correction, do not complete just the corrected fields. **NOTE:** *All of the fields must be completed as if it were an initial input.*

c. Examples of the messages on the listing and the corrective action to be taken are listed as follows:

(1) Message. "This record rejected for edit errors."

Action: Correct error(s) (*) and resubmit code sheet.

(2) Message. "Transaction accepted, initial examination already established at (facility number); transaction will be processed as a follow-up examination for your facility."

Action: AAC will not return a code sheet to the facility since it has been accepted as a follow-up examination. Original code sheet on file at facility should be corrected and card file or computerized record should reflect the facility number where initial examination was performed.

(3) Message. "Transaction accepted but an initial examination is needed. Action Required."

Action: The registry does not contain an initial examination record for this veteran, but the registry has accepted the follow-up examination record that was submitted. Reconstruct, if possible, the initial examination record and submit to the AAC. A code sheet will not be returned to the facility on this transaction since it has been accepted in the PGR as a follow-up examination.

(4) Message. "Duplicate Follow-up Segment."

Action: This message will appear if the examination date on the code sheet submitted on the veteran is identical to an examination date already existing in the registry. There is the possibility of a coding or entry error. Examination date should be verified using the veteran's medical record. If there is a duplicate record, it should be deleted by submitting a code sheet in accordance with instructions for deleting a record.

(5) Message. "No matching initial examination."

Action: When deletion of an initial record in the registry is attempted, the code sheet submitted with a type "B" must have the identical information as on the original record previously accepted into the registry, otherwise deletion process cannot be carried out.

6. Miscellaneous

a. Forms Acquisition. Forms can be obtained from the VA Forms and Publication Depot through local channels. VA Form 30-7252 has been changed to VA Form 7252. The form itself has not been revised.

(1) Facilities can use either form when submitting reports. An initial supply of VA Form 10-9009A (July 1995), has been provided to each facility.

(2) Additional forms can be obtained from the Depot.

b. Reports Control Symbol. Reports Control Symbol (RCS) 10-0860 applies to this reporting requirement.

(1) The original code sheet will be filed in the veteran's CHR with the documentation, i.e., laboratory test results, etc., from the PGR examination and one legible copy sent to the AAC to be entered in the PGR.

(2) If a CHR does not already exist for a veteran, one will be established. A locator card will be created with the establishment of the CHR. **NOTE:** *It is highly recommended that all registry records are maintained in a separate section of CHR where they are easily identifiable for quality monitoring and research availability.*

c. Record Disposition. Refer to Records Control Schedule 10-1, Section XXII, Item No. 136-5 for record disposition (see Medical Administration Service).

d. Records Retention. Refer to Records Control Schedule 10-1 for records retention. Persian Gulf examination information will be made part of the perpetual medical record at medical facilities following the same retention requirements specified for VA CHR's Agent Orange and Ionizing Radiation examinations. This includes:

(1) VA Form 10-9009A (July 1995),

(2) Progress notes,

(3) Laboratory reports,

(4) Patient locator cards, and

(5) Any other documentation that may have been part of a PGR examination.

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- 6. Myelin basic protein,
- 7. Opening pressure, and
- 8. Neurology.

(4) **Muscle Aches and/or Numbness**

- (a) Electromyogram (EMG), and
- (b) Nerve Conduction Velocity (NCV).

(5) **Memory Loss**, only if verified by neuropsychological testing, to include:

- (a) Magnetic Resonance Imaging (MRI),
- (b) LP, **NOTE:** *See tests on headache evaluation.*
- (c) Neurology consult,
- (d) Neuro-psychological testing,

(6) **Vertigo and/or Tinnitus**, to include:

- (a) Audiogram,
- (b) Electronystamogram (ENG), and
- (c) Brainstem Auditory Evoked Response (BAER).

(7) **Chronic Fatigue**, to include:

- (a) Polysomnography, and
- (b) Multiple Sleep Latency Test (MSLT).

(8) **Chronic Cough and/or Shortness of Breath**, to include:

- (a) Pulmonary Consult,
- (b) Pulmonary Function Test (PFT) with exercise and Arterial Blood Gases (ABG),
- (c) If routine PFT's are negative, perform Methacholine challenge test, and
- (d) Bronchoscopy with biopsy and/or lavage which is to be considered if PFTs are normal.

(9) **Chest Pain and/or Palpitations**, to include:

- (a) Electrocardiogram (ECG),
- (b) Exercise Stress Test, and
- (c) Holter monitor.

(10) **Skin Rash**, to include:

- (a) Dermatology consult, and
- (b) Consider a biopsy.

(11) **Reproductive Concerns**, to include for:

- (a) Males, an urology consult; and
- (b) Females, a gynecology (GYN) consult.

(c) Additional elements recommended for the evaluation of Persian Gulf veterans with complaints of Reproductive Health Problems (RHP):

1. Detailed genitourinary history and/or problems, e.g.:

- a. Sexual,
- b. Genitourinary symptoms,
- c. Menstrual,
- d. Contraceptive practices,
- e. Pregnancy-related,
- f. Conception,
- g. Birth defects,
- h. Congenital disorders,
- i. Menopause,
- j. Prior infections,
- k. Prior surgery, and
- l. Exposures to toxic agents, etc.

2. Detailed genital/pelvic examination.

3. Laboratory and ancillary testing, e.g.;

- a. Pap tests; and
- b. Tests for genitourinary infections.

4. Urologist consultation for male veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

5. Gynecology consultation for female veterans who have RHP that cannot be diagnosed or managed successfully by primary care practitioners.

(d) Additional elements for evaluation of Persian Gulf veterans with complaints of infertility.

1. Detailed menstrual and reproductive history (such as the Infertility Questionnaire utilized by Walter Reed Army Medical Center*).

2. Semen analysis, e.g.:

a. Volume,

b. pH,

c. Liquefaction,

d. Sperm concentration,

e. Motility,

f. Progressive motility,

g. Sperm viability,

h. Leukocytes, and

i. Morphology.

3. Referral to an infertility specialist or program.

(e). Additional elements for evaluation of Persian Gulf veterans with complaints related to birth defects or genetic disorders in offspring conceived during or after Persian Gulf service.

1. Detailed history of congenital or genetic disorders (such as the Patient Genetic Screen Questionnaire utilized by Walter Reed Army Medical Center*).

2. Detailed occupational exposures questionnaire (such as Worker and Supervisor Questionnaires utilized by National Naval Medical Center*).

3. Referral to a genetic disease specialist or program.

* For copies of these questionnaires (Items d-1 and e-1 and 2) contact VA Environmental Agents Service (103A) at 202-565-4183.