Office of Disability and Medical Assessment (DMA)
DMA-26-001
January 26, 2026

FACT SHEET
TELEHEALTH FOR COMPENSATION AND PENSION (C&P) EXAMINATIONS

BACKGROUND

The purpose of this DMA fact sheet is to provide guidance and general resources on the use of telehealth technologies for C&P disability examination purposes.

This updated fact sheet supplements the Veterans Health Administration (VHA) Tele-Compensation and Pension (TeleC&P) Operations Manual co-developed with DMA and maintained under the VHA Office of Connected Care Academy SharePoint Site. In addition, this fact sheet updates the Frequently Asked Questions (Appendix (A)) and References sections, as well as updates some originally identified DBQs to account for DBQs that no longer exist in their previous format and/or changes in DBQ nomenclature. This fact sheet update also ensures adherence to the requirements set forth in the White House Executive Order (W.H. EO) 14168, "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", dated January 20, 2025.

As such, DMA Fact Sheet #20-002, Telehealth for Compensation and Pension (C&P) Examinations, dated March 25, 2020, is rescinded.

In June 2024, a joint memorandum between the Veterans Benefits Administration (VBA) and VHA was signed in support of maximizing utilization of current and future developed virtual care technologies to configure and rapidly meet demand for C&P disability exams and to efficiently use resources and increase C&P access to Veterans maximizing telehealth capabilities.

Tele-Compensation and Pension (TeleC&P) disability evaluations can provide accurate and fully descriptive face-to-face evaluations for VBA rating purposes through the utilization of telehealth video technologies. Veterans should be offered telehealth as an option for C&P disability evaluation appointments. Telehealth supports the Veterans' choice to obtain Veterans Affairs (VA) services nationwide and in supporting territories and nations. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 substantiates the same authority.

TeleC&P services may be offered at different locations utilizing various modalities which

are best suited to the Veteran's preference. VHA employs the use of telehealth modalities, which may include Clinical Video Telehealth (CVT), VA Video Connect (VVC), and Store-and-Forward Telehealth (SFT) applications. Possible locations include Veteran Affairs Medical Centers (VAMCs), Community Based Outpatient Clinics (CBOCs), Non-VA institutions (Veterans Service Organizations, Retail Centers, etc.), and the Veteran's home (e.g., Mental Health evaluations utilizing VVC).

To establish TeleC&P services, work with your local and VISN telehealth officials, using this TeleC&P fact sheet along with the VHA TeleC&P Operations Manual and other Program and Clinical Specialty Supplements available through the VHA Office of Connected Care Academy Telehealth SharePoint Knowledge Management Platform.

References (Latest Published Versions)

- Memorandum of Understanding between VBA and VHA for Support of the Department's Compensation and Pension Disability Examination Program, dated June 4, 2024
- VHA/DMA C&P Disability Examinations Procedure Manual
- VHA Office of Connected Care Academy Telehealth SharePoint Knowledge Management Platform (Including other specialties such as Primary Care, etc.)

For additional information not covered in this Fact Sheet please visit The DMA Home website at https://vaww.dma.va.gov/index.asp, or send an inquiry to the DMA Corporate Mailbox at CorporateMailbox.DMA@va.gov

APPENDIX (A)

FREQUENTLY ASKED QUESTIONS (FAQ)

1. In addition to C&P telemental health examinations, which examinations best lend themselves to being conducted using clinical video telehealth (CVT) technologies?

The table below identifies DBQs best suited for successful completion using CVT technology for disability examination purposes, however any DBQ which includes the "Examination via approved video telehealth" option can be considered.

DBQ Hypertension
DBQ Nutritional Deficiencies
DBQ Ear Conditions (Including Vestibular and Infectious)
DBQ Loss of Sense of Smell and/or Taste
DBQ Sinusitis, Rhinitis, and other Conditions of the Nose, Throat, Larynx, and Pharynx
DBQ Endocrine Diseases (Other than Thyroid, Parathyroid, or Diabetes Mellitus)
DBQ Esophageal Conditions (Including GERD, hiatal hernia and other esophageal disorders)
DBQ Kidney Conditions
DBQ Male Reproductive Organ Conditions (Including Prostate Cancer)
DBQ Urinary Tract (Including Bladder and Urethra) Conditions
DBQ Sleep Apnea
DBQ Hematologic and Lymphatic Conditions, Including Leukemia
DBQ Tuberculosis
DBQ Narcolepsy
DBQ Respiratory Conditions (Other than TB and Sleep Apnea)
DBQ Skin Diseases
DBQ Diabetes Mellitus
DBQ Gall Bladder Conditions
DBQ Pancreases Conditions
DBQ Hepatitis, Cirrhosis and other Liver Conditions
DBQ Intestinal Conditions (other than Surgical or Infections including Irritable Bowel Syndrome, Crohn's Disease, Ulcerative Colitis, and Diverticulitis)
DBQ Peritoneal Adhesions
DBQ HIV-Related Illnesses
DBQ Infectious Diseases (Other than HIV-Related Illness, CFS, or TB)
DBQ Persian Gulf and/or Afghanistan Infectious Diseases
DBQ Headaches (Including Migraine Headaches)
DBQ Seizure Disorder (Epilepsy)
DBQ Review Evaluation of Residuals of Traumatic Brain Injury (R-TBI)
DBQ Chronic Fatigue Syndrome
DBQ Systemic Lupus Erythematosus (SLE) and other Autoimmune Diseases

Note 1: It may be required to conduct an in-person examination for initial or additional triggered DBQs identified during the course of a C&P telehealth/telemental evaluation.

2. How were the DBQs selected?

These DBQs were determined to be most suitable for being completed via CVT technology for disability examination purposes as hands-on interaction between the C&P examiner and examinee is not always required. The need to obtain vital signs (blood pressure, weight, etc.) and/or the potential recording of scars of an uncomplicated nature (no pain, stable, < 39 square CM, not located on the head, face or neck) can be accomplished by most TelePresenters. An appropriate TelePresenter is required for any physical evaluation of the Veteran deemed essential or if stipulated for DBQ completion. Examinations approved for ACE with telephone interview can alternatively be conducted using VVC through communicating with the Veteran in an other than VHA location of their choice.

3. What are the basic requirements to use telehealth to conduct C&P examinations?

The DBQ must include the selection option for completing the questionnaire via TH means: "Examination via approved video telehealth"

All sites considering telehealth should contact their Veteran Integrated Service Network (VISN) Telehealth Manager/Lead, and/or the Facility Telehealth Coordinator (FTC) to assist in establishing the C&P Telehealth operations together. Examinations must always be conducted in a way that respects safety, privacy, dignity, sex-specific needs and confidentiality. All DBQ assessment requirements must be met and documented, no different than during an in-person evaluation.

4. What are the basic requirements to use telemental health to conduct C&P mental health examinations?

In addition, to the above requirements identified in FAQ #3. to assess a Veteran's mental status via telemental health, examiners must be able to fully appreciate all non-verbal cues, mannerisms, and manifestations displayed by the Veteran in a manner on par with an in- person examination. For the purposes of mental health evaluations telephone only assessments are not permissible. When attempts to conduct a telemental health C&P encounter via telehealth modalities experience technical issues, the appointment must either be rescheduled or conducted in-person.

5. What qualifications are required for VHA C&P clinicians to conduct C&P examinations via telehealth?

Each examiner conducting examinations with telehealth technology will be fully credentialed and privileged to conduct such examinations, to include certification of current DMA C&P examiner training and provider training specific to telehealth as determined appropriate by VISN Telehealth Manager/Lead and/or the Facility Telehealth Coordinator (FTC) (see #6 below). The conduct of the examination and content of the examination report will conform to current C&P guidance, including for original, increased rating, or review examinations.

6. What is the process for identifying equipment and associated resources to conduct C&P examinations via telehealth?

VHA facilities interested in using telehealth technology should first contact their VISN Telehealth Lead/Manager for assistance and guidance with equipment, access to Clinical Resources hubs, or other resources necessary to establish this service at both the site where the provider is located and at the site/s where the Veteran will attend their telehealth examination. Each VISN has a telehealth infrastructure to support all Telehealth operations. VISN Contacts are available on VHA's Office of Connected Care Academy SharePoint site.

7. How should the telehealth examination be conducted?

In order for CVT C&P examinations to occur safely, efficiently and effectively in ways with which Veterans and providers are comfortable, examination protocols and a TelePresenter must be available at the patient site for the examination.

When conducting the examination by telehealth, the examination follows standard clinical protocols and procedures (including standards for privacy and safety, and presence of a chaperone when required) with the exception of the technology. With the high-quality equipment currently available, many components of the C&P evaluation are readily adaptable to telehealth.

For comprehensive C&P exam assessments the role and selection of the TelePresenter with an appropriate skill set within their scope of practice and privilege will be important. The TelePresenter could be a TeleHealth Technician (THT), nursing staff, allied health professional, clinician, C&P examiner, or another VA employee. The TelePresenter should have an awareness of a complete, comprehensive C&P evaluation examination, the clinical cart and associated peripherals, and have the ability to troubleshoot any unexpected technical issues which may arise during a telehealth encounter. It is the responsibility of the C&P TeleProvider to identify resources needed and inform the referring clinic (e.g., DBQ(s) examination required along with esential testing, equipment needs, and identifying TelePresenter role and skills.) TelePresenter training and competencies (e.g. in telehealth technology and camera etiquette) must be completed and documented. The TelePresenter and C&P TeleProvider must be competent in the areas of emergency procedures and troubleshooting technology/equipment. TeleProviders and TelePresenters must complete all training to validate all aspects of the Veteran's encounter. This training should be conducted prior to the TelePresenter's and/or C&P TeleProvider's first telehealth visit and repeated as required.

8. Will training be provided to C&P clinicians in using telehealth technology?

The role and function of the VISN/Facility FTC is to assure that the technology is used correctly and to provide training as required for all involved in the telehealth examination process. Training for TeleProviders and Telepresenters is available

through VHA Telehealth Services from the Office of Connected Care. VHA Telehealth Services provides training on Business and Technology, as well as guidance to start a Telehealth program. All the training is modular and developed for busy telehealth staff and providers.

9. Are there specific C&P examination requirements to be followed when conducting a C&P examination via telehealth technology?

Scheduling TeleC&P visits is more complicated than scheduling traditional in-person medical visits. However, at a minimum, the scheduling system for visits should not differ from the system already in place for in-person visits in terms of telephone access number, personnel, etc. Resources that must be coordinated for scheduling clinic based CVT clinics include:

- ☐ Veteran
- ☐ Provider
- ☐ Facilities at both sites
- ☐ Technology(s) at both sites
- ☐ TelePresenter
- ☐ Chaperone (if required)

Specific information regarding the need for pre-appointment laboratory/diagnostic studies should be spelled out as much as possible. Facilities should consider whether these services will be available at or near the Veteran site or if they will require travel to an alternate site. Consider using tele-triage as a way to pre-plan the visit and maximize scheduling.

10. What are the appropriate stop codes for C&P telehealth examinations?

For stop codes, ICD codes, and procedure codes for C&P telehealth disability examinations, see the latest version DMA Fact Sheet on Updated Stop Codes, ICD-10CM, and CPT Codes for Disability Examination Encounters.

APPENDIX (B)

Equipment Considerations (By DBQ) for Telehealth C&P Examinations

DBQ	Potential List of Equipment Needed
DBQ Hypertension	Vital signs (BP) done by TelePresenter
DBQ Ear Conditions (including Vestibular and Infectious)	**Otoscope**
DBQ Loss of Sense of Smell &/or Taste	**Otoscope.** Telepresenter to deliver taste/smell samples
DBQ Sinusitis/Rhinitis, and Other Conditions…	**Otoscope**
DBQ Endocrine Diseases (Other than Thyroid, Parathyroid, or Diabetes)	Vital signs (BP) done by TelePresenter
DBQ Esophageal Conditions (including GERD, hiatal hernia and other…)	n/a
DBQ Kidney Conditions	Vital signs (weight) done by TelePresenter
DBQ Prostate Cancer	n/a
DBQ Urinary Tract (Including Bladder and Urethra) Conditions	n/a
DBQ Sleep Apnea	n/a
DBQ HEM Hematological and Lymphatic Conditions, Including Leukemia	n/a
DBQ Tuberculosis	n/a
DBQ Respiratory Conditions (Other than TB and Sleep Apnea)	Vital signs (weight) done by TelePresenter
DBQ Narcolepsy	n/a
DBQ Skin Diseases	n/a
DBQ Diabetes Mellitus	Vital signs (weight) done by TelePresenter
DBQ Gall Bladder and Pancreases Conditions	n/a
DBQ Hepatitis, Cirrhosis and other Liver Conditions	Vital signs (weight) done by TelePresenter
DBQ Intestinal Conditions (other than Surgical or Infections including Irritable Bowel Syndrome, Crohn's Disease, Ulcerative Colitis, and Diverticulitis)	Vital signs (weight) done by TelePresenter
DBQ Peritoneal Adhesions	n/a
DBQ HIV-Related Illnesses	n/a
DBQ Infectious Diseases (Other than HIV- Related Illness, CFS, or TB)	n/a
DBQ Persian Gulf and/or Afghanistan Infectious Diseases	n/a
DBQ Headaches (Including Migraine Headaches)	n/a
DBQ Seizure Disorder (Epilepsy)	n/a
DBQ Review Evaluation of Residuals of Traumatic Brain Injury (R-TBI)	n/a