RATEMYVSO CLAIM PREPARATION RESEARCH

23 WHERE LAY EVIDENCE APPEARS MOST

The diagnostic codes most often found in decisions containing general lay-evidence language.

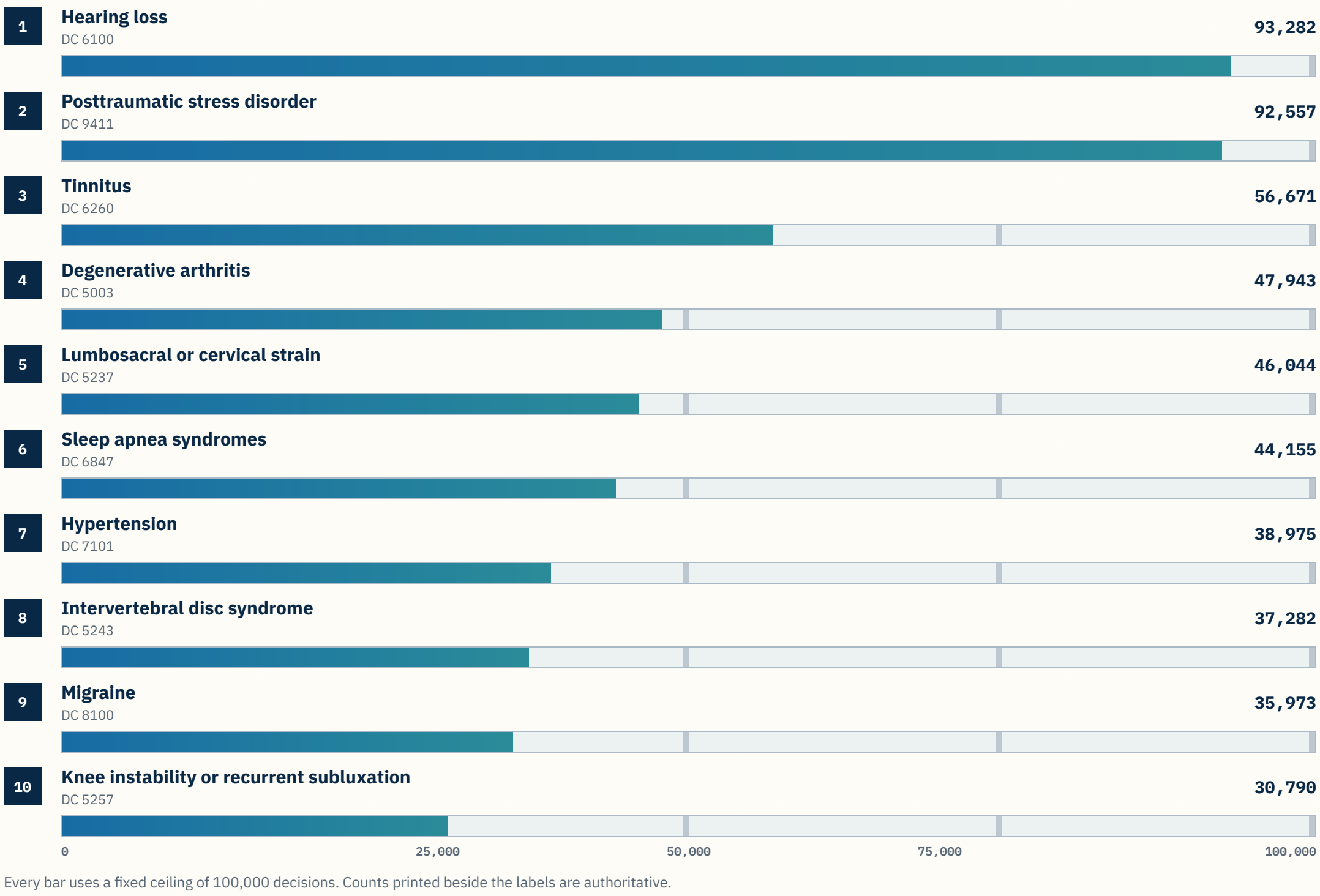
WEEKLY DATA • EVIDENCE • SUBMISSION

MEASURE	BAR CEILING	CONDITION SET
Decision count, not grant rate	100,000 decisions	Top 10 diagnostic codes

READ FIRST These bars count decisions where a diagnostic code appeared in the general lay-evidence set. A larger count can reflect claim volume, how often lay observations matter, or both. It is not a ranking of claim strength.

TOP TEN

DECISION COUNTS BY DIAGNOSTIC CODE



Every bar uses a fixed ceiling of 100,000 decisions. Counts printed beside the labels are authoritative.

HOW TO READ IT

THREE THINGS THE RANKING DOES NOT SHOW

NO

Not a grant-rate chart

The count does not show the percentage of appeals granted or denied for the condition.

NO

Not prevalence

The list does not estimate how many veterans have each condition.

NO

Not evidence sufficiency

A detected lay-evidence reference does not show that the evidence was competent, credible, or decisive.

PRACTICAL USE

USE THE PATTERN TO FIND BETTER QUESTIONS

What can a lay witness observe?

Onset, continuity, frequency, flare-ups, functional limits, and visible changes may be within firsthand knowledge.

What still needs medical evidence?

Diagnosis, complex causation, aggravation, and condition-specific testing often require competent medical evidence.

What does the condition guide add?

Use the diagnostic-code page for rating criteria, evidence patterns, examination issues, and condition-specific limitations.

VOLUME CHANGES THE CHART High-volume conditions have more opportunities to appear. Compare this chart with condition-specific evidence and outcome research before drawing conclusions.