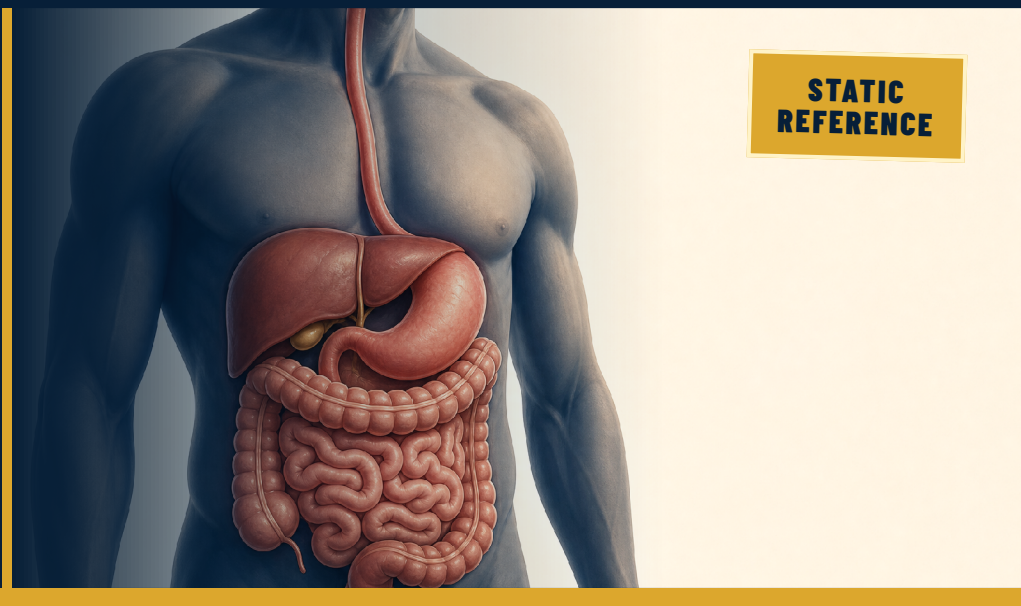
RATE MY VSO // VISUAL FIELD GUIDE

DIGESTIVE CONDITIONS

RATING + CLAIM GUIDE

One schedule. Many diagnoses.
Start with the right code.



THE CORE IDEA

Prove service connection first. Then document the exact findings the current diagnostic code requires.

01

THE DIGESTIVE SCHEDULE'S SIGNATURE RULE

OVERLAPPING CONDITIONS MAY RECEIVE ONE EVALUATION

Certain codes named in 38 CFR 4.114 are not combined with each other. VA uses the code that best reflects the **predominant disability picture** and may elevate it when the overall severity warrants.

DO NOT ASSUME

that every abdominal diagnosis can be stacked as a separate rating.

02 SERVICE-CONNECTION PATHS

DIRECT	Current diagnosis + in-service disease, injury, event, or exposure + medical link.
SECONDARY	A service-connected condition or its treatment caused or aggravated the digestive condition.
GULF WAR	Qualifying functional GI disorders, including IBS, may fit the Gulf War framework.
PACT ACT	Gastrointestinal cancer is listed for qualifying toxic-exposure service. Other digestive diagnoses are not automatically presumptive.
ONE-YEAR RULE	Peptic ulcers are among the listed chronic diseases that may qualify within the applicable post-service period.

03 SYMPTOMS

Symptoms are diagnosis-specific. These medically recognized examples come from VA gastrointestinal DBQs and NIH/NIDDK.

GERD
Heartburn, regurgitation, chest pain, nausea, trouble or pain with swallowing, chronic cough, hoarseness.

IBS
Repeated abdominal pain with diarrhea, constipation, or both; bloating.

CROHN'S
Diarrhea, abdominal cramping or pain, weight loss, fatigue, fever, nausea, appetite loss, vomiting.

ULCERATIVE COLITIS
Diarrhea, rectal bleeding, abdominal pain or cramping, bowel urgency, fatigue, fever, weight loss.

PEPTIC ULCER
Upper-abdominal pain, early or uncomfortable fullness, nausea, vomiting, bloating, belching.

04 BUILD THE RECORD

1. **DIAGNOSIS + MATCHING DBQ**
   Use the form for the actual esophageal, intestinal, stomach, liver, hernia, rectum, or anus condition.
2. **FREQUENCY + DURATION**
   Record attacks, flares, treatment response, dietary restrictions, and daily impact.
3. **TESTING WHEN RELEVANT**
   Endoscopy, imaging, colonoscopy, biopsy, stool studies, or other condition-specific testing.
4. **TREATMENT HISTORY**
   Medication, dose changes, biologics, procedures, hospitalizations, and surgery.
5. **OBJECTIVE EFFECTS**
   Bleeding, anemia, malnutrition, weight change, or other findings named by the code.
6. **MEDICAL RELATIONSHIP**
   Address direct, secondary, or aggravation theory with veteran-specific reasoning.

05 WHY CLAIMS BREAK DOWN

The reviewed service-connection appeals most often turned on the required elements, not a generic symptom count.

A — NO CURRENT DIAGNOSIS
Symptoms were reported, but the claimed condition was not established.

B — NO IN-SERVICE EVENT
The record did not establish disease, injury, exposure, or another qualifying event.

C — NO PERSUASIVE NEXUS
The evidence did not connect the current diagnosis to service.

D — SECONDARY THEORY INCOMPLETE
Causation was named, but aggravation, mechanism, baseline, or competing factors were not addressed.

E — WRONG FRAMEWORK
The record used the wrong diagnosis, DBQ, or diagnostic-code findings.

F — SEVERITY NOT DOCUMENTED
Frequency, treatment, objective findings, or functional impact were missing.

06

DO THIS, NOT THAT

DO

- Identify the exact diagnosis and current code.
- Use the matching DBQ.
- Document frequency, duration, treatment, and functional impact.
- Explain which condition is predominant when symptoms overlap.

DO NOT

- Use one generic symptom list for every digestive disease.
- Assume every diagnosis earns a separate combined rating.
- Call a condition presumptive because another digestive condition is.
- Treat generic research as a substitute for a veteran-specific nexus.

Symptoms: VA gastrointestinal DBQs and NIH/NIDDK. Rating rules: current 38 CFR 4.113 and 4.114. Board-pattern panels: RateMyVSO snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.