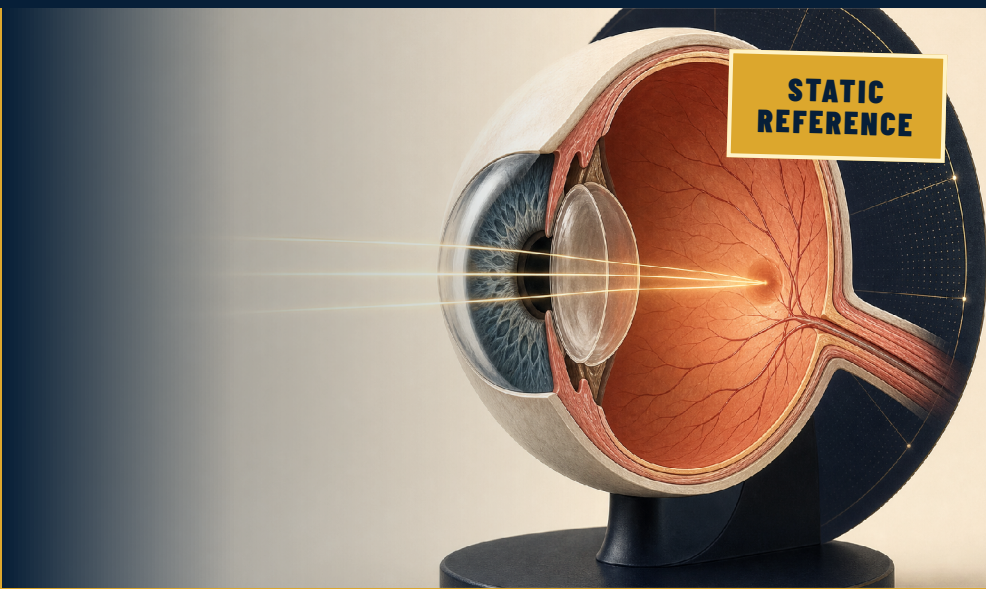


VA EYE CONDITIONS

CLAIMS AND RATING GUIDE

Name the eye condition, test both eyes correctly, and use the code-specific visual or treatment formula.



DIAGNOSIS // VISUAL FUNCTION // TREATMENT

Name the eye condition, test both eyes correctly, and use the code-specific visual or treatment formula.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

EYE CONDITIONS USE SEVERAL RATING METHODS

Many eye diseases use the higher result from visual impairment or documented treatment episodes. Other codes use diagnosis-specific findings or residuals. Visual impairment may involve central acuity, visual field, or muscle function such as diplopia.

DIAGNOSIS + EYE

Identify the condition, affected eye, stage, cause, surgery, and residual status.

VISUAL FUNCTION

Record acuity, field testing, diplopia or muscle function, and anatomic loss when applicable.

TREATMENT

Document qualifying visits, medication, injections, laser, surgery, and residuals.

02

SERVICE-CONNECTION PATHS

DIRECT

Eye trauma, infection, disease, or another in-service event is medically linked to the current diagnosis.

SECONDARY

Service-connected diabetes, hypertension, neurologic disease, medication, or another condition caused or aggravated the eye disability.

TREATMENT OR RESIDUAL

Surgery, radiation, medication, or other treatment for a service-connected disability produced a distinct eye condition or residual.

03

SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.



Blurred or reduced vision



Loss of part of the visual field



Double vision



Eye pain or redness



Light sensitivity or glare



Flashes, floaters, distortion, or night-vision difficulty

04

BUILD THE RECORD

1

EXACT DIAGNOSIS AND EYE

Ophthalmology or optometry notes identifying right, left, or bilateral disease and its stage and cause.

2

VISUAL ACUITY

Corrected and uncorrected distance and near measurements for both eyes, transcribed accurately.

3

VISUAL FIELD

Goldmann or other accepted field testing with the required charts and interpretation.

4

MUSCLE FUNCTION

Diplopia location, frequency, correctability, and relevant ocular-motor or cranial-nerve findings.

5

TREATMENT AND EPISODES

Medication, injections, laser, surgery, clinic visits specifically for treatment, and residuals.

6

SERVICE ROUTE

Injury, onset, continuity, treatment effect, or a reasoned direct or secondary nexus.

05

WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A

DIAGNOSIS OR EYE MISMATCH

The claimed eye, event, or diagnosis did not match the medical and service records.

B

MEASUREMENTS INCOMPLETE

Acuity, field, diplopia, or treatment-visit evidence needed by the code was missing or transcribed incorrectly.

C

NEXUS TOO GENERIC

Age, diabetes, exposure, medication, or another possible cause was named without veteran-specific medical reasoning.

D

WRONG FORMULA OR OVERLAP

One visual deficit was counted twice or the claim used an acuity table when another code-specific method controlled.

06

EYE CAUSES AND EFFECTS TO EVALUATE

Many eye diseases share symptoms. The exact diagnosis, eye, mechanism, and visual impairment must be medically established.

CONDITIONS OR EVENTS THAT CAN AFFECT THE EYES

Eye trauma // diabetes // vascular disease // neurologic or cranial-nerve disease // infection or inflammation // medication, surgery, or radiation

FUNCTIONAL EFFECTS EYE DISEASE MAY PRODUCE

Acuity loss // field loss // double vision // light sensitivity // driving or reading limits // falls and mobility risk

07

DO THIS, NOT THAT

DO

- Name the diagnosis and affected eye.
- Verify every acuity and field value.
- Keep treatment dates and procedures.

DO NOT

- Treat every eye disease as acuity only.
- Use a symptom without an eye diagnosis.
- Count one visual impairment twice.

