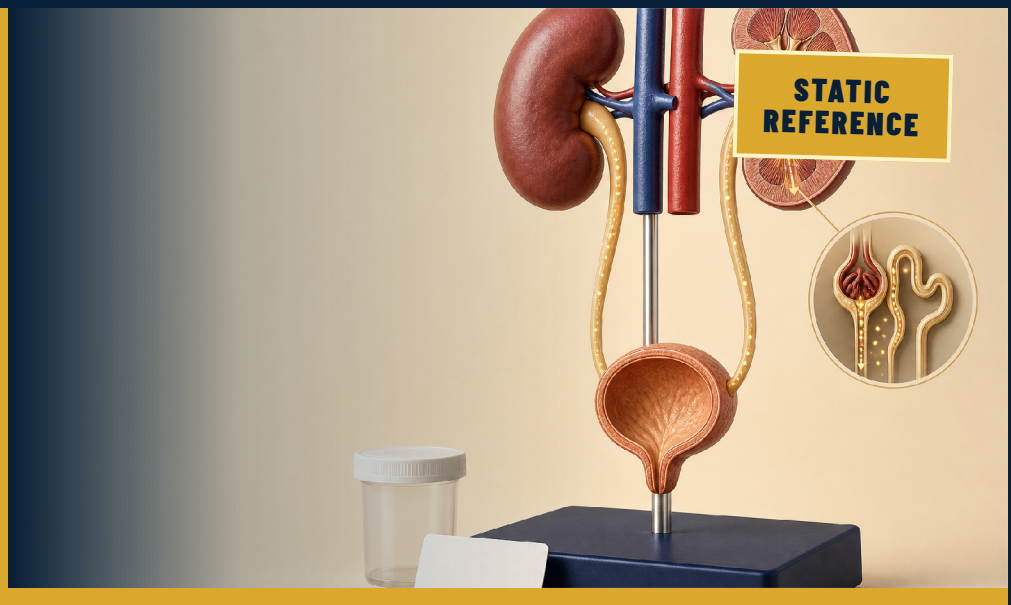
RATE MY VSO // VISUAL FIELD GUIDE

GENITOURINARY CONDITIONS

VA RATING GUIDE

Identify the diagnosis, then measure renal, leakage, frequency, obstruction, or infection severity.



DIAGNOSIS // PREDOMINANT FUNCTION

Identify the diagnosis, then measure renal, leakage, frequency, obstruction, or infection severity.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE DIAGNOSTIC CODE POINTS TO THE CONTROLLING DYSFUNCTION

Genitourinary diseases may be evaluated as renal dysfunction, urine leakage, urinary frequency, obstructed voiding, infection, or another diagnosis-specific formula. When a code directs use of these tables, only the predominant dysfunction is used unless distinct symptoms do not overlap.

RENAL
Use sustained GFR or eGFR and the code's other kidney findings, not one isolated laboratory result.

VOIDING
Measure pad changes, appliance use, daytime interval, nighttime waking, retention, and catheterization.

INFECTION
Document symptomatic recurrence, suppressive therapy, drainage procedures, and hospitalization.

02 SERVICE-CONNECTION PATHS

DIRECT
A current kidney, urinary, bladder, prostate, or reproductive diagnosis is linked to an in-service disease, injury, or exposure.

PACT ACT
A named kidney or reproductive cancer may be presumptive for veterans who meet the PACT Act service requirements.

SECONDARY
Diabetes, hypertension, neurologic disease, treatment, surgery, or medication caused or aggravated a separate condition.

03 SYMPTOMS

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

- Flank, pelvic, or urinary pain
- Blood in the urine
- Frequency or nighttime urination
- Leakage or urgency
- Weak stream or retention
- Recurrent urinary infection

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Kidney, urinary, bladder, prostate, or reproductive diagnosis with imaging, laboratory, pathology, or examination support.
2. **KIDNEY TREND**
   GFR or eGFR over the required period, ACR, casts, structural findings, dialysis, or transplant records.
3. **LEAKAGE**
   Appliance use, absorbent materials, actual daily change frequency, and cause.
4. **FREQUENCY OR OBSTRUCTION**
   Voiding diary, nighttime waking, flow testing, residual volume, retention, catheterization, or dilation.
5. **INFECTION**
   Culture, symptoms, suppressive therapy, drainage, hospitalization, recurrence, and renal impact.
6. **SERVICE ROUTE**
   Onset, exposure, qualifying cancer presumption, 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 — WRONG DYSFUNCTION
Evidence was gathered for leakage or frequency when the diagnostic code required renal, infection, or another framework.

B — DURATION NOT PROVED
An isolated kidney result was offered without the sustained period required by the renal criteria.

C — MEASUREMENT MISSING
Pad use, voiding intervals, nighttime waking, catheterization, treatment, or hospital history was vague.

D — OVERLAP COUNTED TWICE
The same urinary manifestation was used under multiple codes without a distinct, non-overlapping disability.

06 GENITOURINARY CAUSES AND EFFECTS TO EVALUATE

Direction matters. A diagnosis and veteran-specific medical evidence must connect the two conditions.

CONDITIONS THAT CAN AFFECT KIDNEY OR URINARY FUNCTION

Diabetes // high blood pressure // neurologic disease // prostate disease // pelvic surgery or trauma // certain medicines

EFFECTS GENITOURINARY DISEASE MAY PRODUCE

Chronic kidney disease // infection // retention // incontinence // sexual dysfunction // treatment-related scars or nerve effects

07 DO THIS, NOT THAT

DO

- Identify the controlling dysfunction.
- Keep dated measurements and treatment records.
- Separate only distinct manifestations.

DO NOT

- Use one urinary formula for every diagnosis.
- Rely on one kidney laboratory result.
- Count the same symptom under multiple codes.

Medical and symptom source: VA kidney, urinary, and reproductive DBQs. Rating rules: 38 CFR 4.115a and 4.115b. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.