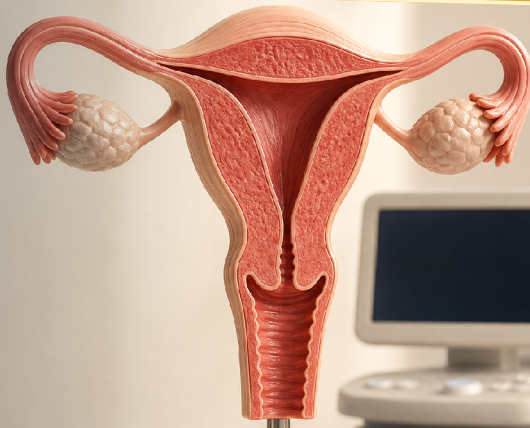


GYNECOLOGICAL CONDITIONS

VA RATING GUIDE

Identify the organ and diagnosis before choosing the treatment, removal, cancer, or residual formula.

STATIC
REFERENCE



DIAGNOSIS // TREATMENT // RESIDUALS

Identify the organ and diagnosis before choosing the treatment, removal, cancer, or residual formula.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

GYNECOLOGICAL CODES USE SEVERAL DISTINCT RATING FRAMEWORKS

DCs 7610 through 7615 focus on whether symptoms require or remain uncontrolled by continuous treatment. Removal, prolapse, fistula, endometriosis, neoplasm, breast, and FSAD codes use different criteria. The diagnosis and anatomy control the framework.

TREATMENT CONTROL

For the general formula, document whether continuous treatment is required and whether it controls symptoms.

ANATOMY AND PROCEDURE

Identify the organ, side, removal, surgery, prolapse, fistula, or other exact change.

SPECIAL FORMULA

Use the separate criteria for endometriosis, cancer, residuals, breast conditions, or FSAD when applicable.

02

SERVICE-CONNECTION PATHS

DIRECT

A current gynecological diagnosis or chronic treatment residual is linked to an in-service disease, injury, procedure, or event.

PACT ACT CANCER

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

SECONDARY OR RESIDUAL

A service-connected disease, treatment, surgery, medication, or obstetrical complication caused or aggravated a distinct disability.

04

BUILD THE RECORD

1

EXACT DIAGNOSIS AND ANATOMY

Vulva, vagina, cervix, uterus, tube, ovary, pelvic support, fistula, endometriosis, or neoplasm clearly identified.

2

TREATMENT AND CONTROL

Medication, hormonal treatment, therapy, procedure, surgery, dose changes, response, and uncontrolled symptoms.

3

IMAGING AND PATHOLOGY

Ultrasound, MRI, laboratory, biopsy, operative, and pathology reports appropriate to the condition.

4

SURGERY AND RESIDUALS

Organ removed, side, date, cancer treatment, scars, lymphedema, menopause, nerve effects, and function.

5

SYMPTOM PATTERN

Bleeding, pelvic pain, bowel or bladder effects, leakage, pads, cycle change, work impact, and daily function.

6

SERVICE ROUTE

Onset, continuity, qualifying reproductive-cancer presumption, or a reasoned direct or secondary nexus.

06

GYNECOLOGICAL CAUSES AND EFFECTS TO EVALUATE

Symptoms can overlap. The exact condition, organ, mechanism, and direction require medical evidence.

CONDITIONS THAT CAN AFFECT GYNECOLOGICAL FUNCTION

Endometriosis // fibroids or other neoplasms // pelvic infection // hormone disorders // pelvic trauma or surgery // cancer treatment

EFFECTS GYNECOLOGICAL DISEASE MAY PRODUCE

Anemia // infertility // bowel or bladder effects // chronic pelvic pain // surgical menopause // sexual-function effects

07

DO THIS, NOT THAT

DO

- Name the organ and diagnosis.
- Document treatment response and procedure dates.
- Separate active disease from lasting residuals.

DO NOT

- Use one formula for every condition.
- Assume natural menopause is a ratable disability.
- Hide intimate detail that is not needed to prove the claim.

