

HEMORRHOIDS

VA CLAIM GUIDE

Internal or external, prolapsed or thrombosed, persistent or episodic: label it clearly.

STATIC
REFERENCE

RECTUM/ANUS // DC 7336

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THE CURRENT CODE TURNS ON DEFINED COMPLICATIONS

DC 7336 distinguishes internal from external hemorrhoids and looks to persistent bleeding, anemia, continuous prolapse, and the number of thrombosis episodes during the year.

TYPE

Document internal or external disease and whether internal hemorrhoids are prolapsed.

EPISODES

Count medically documented thrombosis episodes during the past year.

COMPLICATIONS

Show persistent bleeding, anemia, and continuously prolapsed internal hemorrhoids.

02

SERVICE-CONNECTION PATHS

DIRECT

Hemorrhoids beginning in service or medically linked to an in-service disease, injury, or event.

SECONDARY

A service-connected bowel condition or treatment caused or aggravated hemorrhoids when the medical evidence supports it.

CAUTION

Rectal bleeding has other possible causes. A medical evaluation should establish the source.

03

SYMPTOMS

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



Anal itching



Tender lumps near the anus



Ache or pain, especially while sitting



Bright red rectal bleeding



Prolapse of internal hemorrhoids



Painful thrombosed external hemorrhoids

04

BUILD THE RECORD

1

DIAGNOSIS

Physical exam, digital rectal exam, anoscopy, or colon evaluation when indicated.

2

TYPE

Internal or external; prolapsed, thrombosed, bleeding, or another finding.

3

EPISODE LOG

Dates of thrombosis, medical visits, procedures, and recovery.

4

BLEEDING

Frequency, persistence, source evaluation, and treatment.

5

ANEMIA

CBC findings and medical attribution to ongoing blood loss.

6

DAILY IMPACT

Sitting, bowel movements, hygiene, work, sleep, and treatment burden.

05

WHY CLAIMS BREAK DOWN

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

A

NO PERSUASIVE NEXUS

The current condition was not medically connected to service.

B

BLEEDING SOURCE UNCLEAR

Rectal bleeding was assumed to be hemorrhoids without adequate evaluation.

C

EPISODES NOT COUNTED

Thrombosis or prolapse was described but not dated across the year.

D

COMPLICATIONS MISSING

Persistent bleeding, anemia, or continuous prolapse was not established.

06

SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO

IBS // PTSD // Spine conditions // Peptic ulcer
// Ulcerative colitis

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

Sphincter-control conditions // Iron-deficiency anemia // Hypertension

07

DO THIS, NOT THAT

DO

- Get the type documented.
- Count episodes with dates.
- Have bleeding and anemia medically evaluated.

DO NOT

- Assume every bleed is hemorrhoids.
- Use embarrassment as a reason to omit symptoms.
- Leave prolapse or thrombosis undefined.

