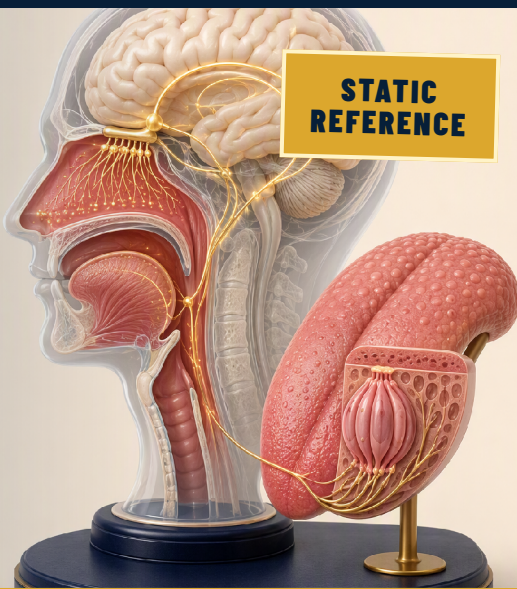


LOSS OF SMELL AND TASTE

VA CLAIMS GUIDE

Diagnose smell and taste separately, identify the cause, and test the extent of each sensory loss.



SEPARATE SENSES // OBJECTIVE BASIS

Diagnose smell and taste separately, identify the cause, and test the extent of each sensory loss.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

COMPLETE LOSS REQUIRES A MEDICAL BASIS

DC 6275 assigns 10 percent for complete loss of smell; DC 6276 does the same for taste. Either requires an anatomical or pathological basis. Reduced or distorted perception is medically real, but it is not complete loss.

SEPARATE

Anosmia and ageusia are different; flavor loss may result mainly from impaired smell.

EXTENT

Test whether perception is complete, reduced, distorted, or phantom.

BASIS

Identify the anatomical or pathological cause through the appropriate medical workup.

02

SERVICE-CONNECTION PATHS

DIRECT

Head trauma, infection, chemical exposure, nasal injury, or another in-service event is medically linked to the current sensory disorder.

SECONDARY

TBI, sinus disease, neurologic disease, dental disease, or another service-connected condition caused or aggravated the loss.

TREATMENT EFFECT

Medication, surgery, radiation, or treatment for a service-connected disability caused or worsened smell or taste dysfunction.

03

SYMPTOMS

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



Complete or reduced ability to smell



Distorted odors



Odors that are not present



Complete or reduced ability to taste



Persistent distorted or phantom taste



Food-flavor, appetite, weight, or safety changes

04

BUILD THE RECORD

1

SEPARATE DIAGNOSES

Anosmia, hyposmia, parosmia, phantosmia, ageusia, hypogeusia, or dysgeusia clearly identified.

2

SUPERVISED TESTING

Smell identification or threshold testing and taste-quality or concentration testing.

3

ENT AND DENTAL EXAMINATION

Nasal, sinus, oral, dental, cranial-nerve, and obstruction findings.

4

CAUSE AND ONSET

Infection, head injury, chemical exposure, surgery, radiation, medication, neurologic disease, or dental history.

5

IMAGING AND PATHOLOGY

CT, MRI, endoscopy, laboratory, or other findings that establish the medical basis when indicated.

6

FUNCTIONAL AND SAFETY IMPACT

Nutrition, appetite, weight, smoke or gas detection, spoiled-food risk, and daily quality of life.

05

WHY CLAIMS BREAK DOWN

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

A

SMELL AND TASTE BLURRED

Flavor loss was treated as proof of complete taste loss without separately evaluating olfaction and gustation.

B

EXTENT NOT TESTED

The record reported reduced or distorted perception but did not establish complete loss under the code.

C

MEDICAL BASIS MISSING

No anatomical or pathological cause supported the schedular evaluation.

D

NEXUS NOT EXPLAINED

A possible infection, exposure, TBI, medication, or treatment was named without a veteran-specific link.

06

SMELL AND TASTE CAUSES AND EFFECTS

The two senses interact, but the diagnosis, testing, cause, and rating must remain separate.

CONDITIONS OR EVENTS THAT CAN IMPAIR THESE SENSES

Upper-respiratory or sinus disease // TBI // nasal growth or obstruction // dental disease // chemical exposure // medication, surgery, or radiation

EFFECTS SENSORY LOSS MAY PRODUCE

Reduced flavor // appetite or weight change // nutrition risk // smoke or gas danger // spoiled-food risk // quality-of-life effects

07

DO THIS, NOT THAT

DO

- Test smell and taste separately.
- Identify the anatomical or pathological basis.
- Document nutrition and safety effects.

DO NOT

- Assume flavor loss proves ageusia.
- Call reduced perception complete loss.
- Use exposure alone as nexus proof.

