RATE MY VSO // VISUAL FIELD GUIDE

RESPIRATORY CONDITIONS

VA RATING GUIDE

Name the respiratory disease, then document the measurement its code actually uses.

DIAGNOSIS // TEST // FUNCTION

Name the respiratory disease, then document the measurement its code actually uses.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DIFFERENT BREATHING CONDITIONS USE DIFFERENT RATING FORMULAS

Respiratory codes may turn on obstruction, diffusion, exercise capacity, episodes, treatment, oxygen, surgery, or other findings. The diagnosis selects the code. Coexisting conditions in the regulated groups usually receive one rating under the predominant disability.

DIAGNOSIS
Identify the condition and code before selecting the measurements.

SEVERITY
Match PFTs, episodes, treatment, oxygen, or other findings to that code.

OVERLAP
Apply the non-combination rule and predominant code when required.

02 SERVICE-CONNECTION PATHS

DIRECT	A current respiratory diagnosis is medically linked to an in-service disease, event, exposure, or injury.
TOXIC EXPOSURE	A named PACT Act condition may qualify when the veteran meets the diagnosis and service requirements for the presumption.
SECONDARY	A service-connected disability caused or aggravated a separate respiratory condition, supported by diagnosis-specific medical reasoning.

03 SYMPTOMS

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

- Shortness of breath
- Cough or sputum
- Wheezing
- Chest tightness
- Reduced exercise tolerance
- Recurrent flare-ups or infections

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Pulmonary, ENT, imaging, pathology, or sleep-study evidence appropriate to the condition.
2. **CORRECT TEST**
   PFT values, diffusion testing, exercise capacity, imaging, or other code-specific measurement.
3. **TREATMENT**
   Inhalers, steroids, antibiotics, procedures, devices, oxygen, and response.
4. **EPISODES**
   Frequency, duration, urgent care, hospitalization, respiratory failure, and recovery.
5. **DAILY FUNCTION**
   Walking, stairs, work, sleep, speech, exertion, and environmental triggers.
6. **SERVICE ROUTE**
   Exposure and location records, onset, continuity, qualifying presumption, or medical nexus.

05 WHY CLAIMS BREAK DOWN

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

A — WRONG FRAMEWORK
The evidence described breathing difficulty but did not establish the diagnosis or code that controls the evaluation.

B — REQUIRED TESTING MISSING
The record lacked a valid PFT, imaging study, episode history, or other measurement needed for that diagnosis.

C — SERVICE PATH NOT ESTABLISHED
Exposure, qualifying service, onset, continuity, or a persuasive medical nexus was missing.

D — OVERLAPPING RATINGS
Multiple respiratory diagnoses were presented as separate ratings even though the regulation required one predominant code.

06 RESPIRATORY CAUSES AND EFFECTS TO EVALUATE

These are clinical pathways, not automatic claims. The diagnosis, direction, and veteran-specific evidence must match.

FACTORS THAT CAN DAMAGE RESPIRATORY FUNCTION

Airborne hazards // infection // immune or inflammatory disease // smoke and occupational dust // chest trauma or surgery

EFFECTS RESPIRATORY DISEASE MAY PRODUCE

Low oxygen // reduced exercise capacity // recurrent infection // pulmonary hypertension // cor pulmonale // respiratory failure

07 DO THIS, NOT THAT

DO

- Name the exact respiratory diagnosis.
- Use the test required by its code.
- Document treatment, episodes, and function.

DO NOT

- Treat every condition as a PFT claim.
- Assume every exposure creates a presumption.
- Stack the same breathing loss twice.

Medical and symptom source: VA respiratory DBQs and NHLBI respiratory guidance. Rating rules: 38 CFR 4.96 and 4.97. 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.