

SCARS AND BURNS

VA CLAIMS GUIDE

Map every scar separately, then document location, tissue damage, area, pain, instability, and functional effects.



LOCATION // DEPTH // PAIN // FUNCTION

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

FIVE SCAR CODES ANSWER DIFFERENT QUESTIONS

DC 7800 addresses disfigurement of the head, face, or neck. DCs 7801 and 7802 use area and underlying soft-tissue damage. DC 7804 counts painful or unstable scars. DC 7805 captures other disabling effects. Distinct effects may be separately evaluated without counting the same impairment twice.

LOCATION

Separate head, face, and neck disfigurement from scars elsewhere on the body.

TISSUE + AREA

Measure each scar and identify whether underlying soft tissue is damaged.

PAIN + FUNCTION

Record pain, frequent covering loss, motion limits, and nerve or muscle effects.

02

SERVICE-CONNECTION PATHS

DIRECT

A current scar or burn residual is linked to an in-service wound, burn, surgery, infection, or other injury.

TREATMENT RESIDUAL

Surgery, radiation, grafting, or another treatment for a service-connected condition left a distinct scar or burn residual.

SECONDARY OR AGGRAVATION

A service-connected condition or its treatment caused or worsened a separately diagnosed scar-related disability.

03

SYMPTOMS

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



Pain, tenderness, or sensitivity



Frequent loss of skin covering



Raised, depressed, or adherent tissue



Color, texture, or disfigurement change



Itching, numbness, or altered sensation



Restricted motion, strength, or function

04

BUILD THE RECORD

1

SCAR MAP

List every scar by body location, cause, date, and whether it is linear, deep, adherent, or unstable.

2

MEASUREMENTS

Length, width, total area, elevation, depression, tissue loss, and the characteristics required for the location.

3

PAIN AND INSTABILITY

Tenderness, pain pattern, treatment, and episodes when the skin covering is frequently lost.

4

PHOTOGRAPHS

Clear dated images, including unretouched color photographs when the face, head, or neck is involved.

5

FUNCTIONAL FINDINGS

Range of motion, strength, nerve, muscle, speech, breathing, clothing, and work effects when present.

6

SERVICE ROUTE

Wound, burn, surgery, treatment, or disease records plus a reasoned direct or secondary medical link.

05

WHY CLAIMS BREAK DOWN

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

A

SCARS LUMPED TOGETHER

Multiple scars were described as one, so location, measurements, pain, and instability could not be evaluated correctly.

B

DEPTH OR AREA MISSING

The record did not show dimensions or whether underlying soft tissue was damaged.

C

PAIN NOT DOCUMENTED

Pain or frequent loss of covering was reported without consistent examination or treatment support.

D

EFFECTS COUNTED TWICE

The same pain or functional loss was used under more than one code instead of separating distinct residuals.

06

EVENTS AND RESIDUALS TO EVALUATE

The medical record must establish the event, the present residual, and whether each claimed effect is distinct.

EVENTS OR TREATMENTS THAT MAY LEAVE SCARS

Combat or training trauma // burns // surgery or biopsy // radiation // infection or skin disease // graft or donor site

DISTINCT RESIDUALS A SCAR MAY PRODUCE

Pain or instability // motion limits // nerve or muscle effects // disfigurement // skin sensitivity // treatment residuals

07

DO THIS, NOT THAT

DO

- Map and measure every scar separately.
- Document pain, instability, and functional loss.
- Match each distinct effect to the proper code.

DO NOT

- Describe several scars with one measurement.
- Assume a visible scar proves all rating elements.
- Count the same manifestation twice.

