RATE MY VSO // VISUAL FIELD GUIDE

ULCERATIVE COLITIS

VA CLAIM GUIDE

Prove the diagnosis, then document the treatment and whole-body impact.

STATIC REFERENCE

IBD // DC 7323

Prove the diagnosis, then document the treatment and whole-body impact.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7323 IS EVALUATED USING THE CURRENT IBD CRITERIA

Ulcerative colitis is listed at DC 7323 and evaluated under DC 7326. The rating picture turns on treatment intensity, pain, diarrhea, systemic toxicity, hospital care, and work impact.

CONFIRMATION
Endoscopy or radiologic studies must confirm inflammatory bowel disease.

TREATMENT
Capture medication, biologics, steroid courses, surgery, and response.

SEVERITY
Record bleeding, diarrhea, anemia, fever, weight effects, hospital care, and work loss.

02 SERVICE-CONNECTION PATHS

DIRECT	In-service onset, illness, exposure, or event plus a reasoned medical link.
SECONDARY	A service-connected condition or treatment caused or aggravated ulcerative colitis.
IMPORTANT	Ulcerative colitis is inflammatory bowel disease. It is not the same diagnosis as functional IBS.

03 SYMPTOMS

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

- Diarrhea
- Rectal bleeding
- Abdominal pain or cramping
- Bowel urgency
- Mucus or pus in stool
- Fatigue, fever, or weight loss

04 BUILD THE RECORD

1. **DIAGNOSIS**
   Colonoscopy, biopsy, imaging, and gastroenterology findings.
2. **BOWEL PATTERN**
   Bleeding, diarrhea frequency, urgency, pain, and flare duration.
3. **OBJECTIVE EFFECTS**
   Anemia, inflammation, nutrition, fever, and weight change.
4. **TREATMENT**
   Medication, biologics, steroid courses, response, and side effects.
5. **MAJOR CARE**
   Emergency care, hospitalization, colectomy, ostomy, or other procedures.
6. **DAILY IMPACT**
   Missed work, bathroom access, sleep disruption, travel, and activity limits.

05 WHY CLAIMS BREAK DOWN

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

A — NO PERSUASIVE NEXUS
The current disease was not medically linked to service.

B — SERVICE ELEMENT MISSING
The claimed in-service disease, injury, event, or exposure was not established.

C — DIAGNOSIS MISMATCH
Symptoms were described without the testing needed to distinguish IBD from IBS.

D — SEVERITY TOO VAGUE
Bleeding, treatment, daily diarrhea, systemic effects, or work impact were not detailed.

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

PTSD // Diabetes // Depressive disorders // Spine conditions

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

GERD // Hemorrhoids

07 DO THIS, NOT THAT

DO

- Name ulcerative colitis, not just bowel trouble.
- Track bleeding and flare duration.
- Connect testing, treatment, and functional impact.

DO NOT

- Substitute an IBS theory for IBD evidence.
- Ignore anemia or weight change.
- Assume diagnosis alone shows current severity.

Medical symptoms: NIH/NIDDK ulcerative colitis guidance. Rating rules: current 38 CFR 4.114. Board-pattern panels: RateMyVSO data snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.