

THE ONE COMBINED MENTAL-HEALTH RATING RULE

VA rates impairment, not the number of diagnoses in the medical record.

START WITH THE MANIFESTATIONS

DO THE DIAGNOSES PRODUCE THE SAME IMPAIRMENT?

A

OVERLAPPING MANIFESTATIONS

SAME IMPAIRMENT

Depression, anxiety, sleep impairment, panic, irritability, memory problems, and social withdrawal may be attributed to more than one diagnosis.

Do not count the same impairment twice

B

ONE GENERAL RATING FORMULA

ONE EVALUATION

VA evaluates the combined occupational and social impairment caused by the overlapping mental-health manifestations.

The diagnosis labels remain in the record

C

DISTINCT MANIFESTATIONS

SEPARATE ANALYSIS

If competent evidence identifies manifestations that are truly separate and nonoverlapping, the anti-pyramiding rule does not automatically bar a separate evaluation.

The evidence must distinguish them

THE USUAL PATH

MULTIPLE DIAGNOSES, ONE DISABILITY PICTURE

01

IDENTIFY EVERY SERVICE-CONNECTED DIAGNOSIS

PTSD, major depression, generalized anxiety, panic disorder, bipolar disorder, or another mental disorder may coexist.

02

LIST THE ACTUAL MANIFESTATIONS

Use treatment records, examinations, and lay evidence to identify symptoms and resulting functional effects.

03

MAP THE OVERLAP

Determine whether the same manifestations support more than one diagnosis and whether clinicians can separate their effects.

04

RATE THE TOTAL IMPAIRMENT ONCE

Apply the General Rating Formula to the combined occupational and social impairment without duplicating compensation.

AMBERMAN v. SHINSEKI

Separate ratings are prohibited when the same manifestations would be compensated twice. The decision also recognizes that different mental disorders can sometimes have distinct manifestations.

WHAT THE SINGLE RATING DOES NOT MEAN

THE DIAGNOSES AND EVIDENCE STILL MATTER

1

VA does not erase additional diagnoses merely because one combined percentage is assigned.

2

VA should consider all service-connected manifestations when selecting the evaluation.

3

A change in diagnosis does not automatically reduce the documented level of impairment.

4

The highest evaluation is not selected by adding diagnosis labels or counting symptoms.

5

Distinct physical or neurological residuals may require their own diagnostic analysis.

6

A clinician may need to explain which effects can and cannot be medically separated.

BUILD THE RECORD

DOCUMENT THE TOTAL FUNCTIONAL EFFECT

1

DIAGNOSTIC HISTORY

Current and prior diagnoses, diagnostic changes, and differential assessments.

2

SYMPTOM TIMELINE

Frequency, severity, duration, improvement, and periods of worsening.

3

WORK FUNCTIONING

Attendance, reliability, productivity, supervision, judgment, and stress tolerance.

4

SOCIAL FUNCTIONING

Family relationships, friendships, isolation, conflict, and community activity.

5

DAILY FUNCTIONING

Self-care, safety, medication management, finances, and routine activities.

6

MEDICAL SEPARATION

Whether a clinician can reliably attribute particular effects to different conditions.

QUALITY CONTROL

COMMON RATING ERRORS

COMPLETE ANALYSIS

- Considers every service-connected manifestation
- Evaluates the overall disability picture
- Explains which effects overlap
- Addresses any medically distinct manifestations
- Avoids compensating the same impairment twice

INCOMPLETE ANALYSIS

- Ignores symptoms assigned to a second diagnosis
- Rates from the diagnosis label alone
- Counts the same manifestation more than once
- Assumes every diagnosis must receive a separate rating
- Assumes separate ratings are never legally possible

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ONE RATING DOES NOT MEAN ONE DIAGNOSIS

The ordinary result is one evaluation for the combined impairment from overlapping mental-health manifestations. The exact analysis depends on the medical evidence and whether any manifestations are truly separate.



RateMyVSO.net

TOOLS FOR VETERANS

LEGAL REFERENCES

38 C.F.R. §§ 4.14 and 4.130 | *Amberman v. Shinseki*

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RATING MAP