

ANATOMY OF A STRONG VA NEXUS LETTER



ANNOTATED

PROVIDER AND CREDENTIALS

Relevant license, specialty, experience, practice information, and contact details.

VETERAN AND CLAIMED CONDITION

Correct identity, current diagnosis, and the exact direct, secondary, or aggravation question.

EVIDENCE REVIEWED

Service records, treatment history, prior examinations, tests, imaging, lay evidence, and relevant literature.

MEDICAL HISTORY

Concise timeline of onset, progression, treatment, exposures, symptoms, and meaningful risk factors.

MEDICAL OPINION

A clear conclusion using understandable probability language and the correct claim direction.

RATIONALE

The medical mechanism applied to the documented facts, including contrary evidence and alternative explanations.

AUTHENTICATION

Signature, date, credentials, and professional contact information.

MEDICAL OPINION

1 ACCURACY

Names, dates, diagnoses, service facts, and cited records must be correct.

2 RELEVANCE

The provider's training and experience should fit the medical question.

3 REASONING

The letter must show how the provider moved from evidence to conclusion.

4 COMPLETENESS

Address all reasonably raised theories, including aggravation when applicable.

5 INDIVIDUALIZATION

Apply literature and general medicine to this veteran's history.

NOT A TEMPLATE CONTEST

A polished letter with the wrong facts is weak evidence. A shorter opinion can be persuasive when it is accurate, medically competent, and well reasoned.

AGGRAVATION VARIANT

ADD THE WORSENING ANALYSIS

SEVERITY BEFORE AGGRAVATION



INCREMENTAL INCREASE LINKED TO THE PRIMARY

BASELINE EVIDENCE

Describe severity before the medically supported increase when the record permits.

CURRENT SEVERITY

Identify the present disability and the evidence showing worsening.

ATTRIBUTABLE INCREASE

Explain what portion of worsening is medically linked to the service-connected condition.

THE PROVIDER OWNS THE CONCLUSION.

Veterans can organize records and identify the question, but the medical opinion must reflect the clinician's independent judgment.