

VA Compensation & Pension Benefits

2021 Desk Reference Guide – Volume 2

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OVERVIEW: VOLUME-2

The **Augusta VIST Desk Reference Guide: Volume-2** concentrates on U.S. Department of Veterans Affairs (VA) Compensation & Pension benefits that can be paid to blind and visually impaired Veterans served by VIST and BRS programs. On the Healthcare (VHA) side of VA we often think the most important thing to Veterans we serve are the various medical benefits, particularly prosthetic equipment and our BRS program elements. Equally important and on some level even more critical to a Veteran is receiving the VA Compensation or Pension benefits to which they are entitled.

Having an accurate VA Compensation or Pension rating not only can provide additional monthly income it may also provide access to particular healthcare benefits that require a specific VA rating to be eligible (i.e. Dental Services or Beneficiary Travel).

The ability to understand and review VA Compensation and Pension benefits for blind and visually impaired veterans is one of the highest skill sets attained by VIST Coordinators. It can take an experienced full-time VIST Coordinator several years to achieve proficiency on this subject. Don't expect to become an expert quickly and know that every VIST Coordinator before you starts out with very limited knowledge about Compensation and Pension benefits. Give yourself time to gain experience and knowledge. Hopefully, a resource like this Volume of the Augusta VIST Desk Reference Manual will help you gain a better understanding of VA Compensation and Pension benefits for blind and visually impaired Veterans.

Volume-2 is filled with many hyperlinks back to official VA web addresses or the Code of Federal Regulations (CFR) and the U.S. Code, Title 38, that describe each Compensation and Pension benefit in greater detail. Think of Volume-2 as a starting point to search for additional information and specific details about Compensation and Pension benefits. The topics in Volume-2 are presented in the following order Rating Concepts, VA Compensation Benefits, and VA Pension Benefits. Benefits are grouped together (i.e. Compensation or Pension or Rating Concept) as much as possible to help in the presentation of the material.

Every effort was made to select and highlight VA Compensation and Pension benefits that might impact the blind and visually impaired Veteran population. Did we miss some topics that should be included, probably! But the VIST Desk Reference Guide is designed to be updated periodically as benefits and services can and do change. Expect updates in the future, similar to the Quick Reference Guide.

INTRODUCTION

The VIST Desk Reference Guide is an online version of the original VIST Desk Reference Manual series that was produced over several years in the early 1990s. The original edition was 4 separate volumes in length, each volume containing over 100 pages of material. The Blinded American Veterans Foundation (BAVF) provided funding to purchase specially printed 3-ring binders for each volume of the VIST Desk Reference Manual. Every VIST program in the VA received a complete set of binders and a printed copy of each volume. All 4 volumes were made available in accessible format, as much as possible, using the e-mail system at that time (known as Forum). As VIST Coordinators have relocated or retired many VIST programs have lost or misplaced their copy of the original volumes.

Prior to the VIST Desk Reference Manual being published Blind Rehabilitation Service (BRS) provided comprehensive face-to-face training for new VIST Coordinators each year. This was done through National Consultant site visits to the local VA facility as well as week-long training programs at VA Education Centers (called RMECS). BRS used the Northport VAMC RMEC for many of these training programs. The VIST education and training programs relied on many handouts and sometimes old copies of copies of useful charts or benefits information. The VIST Desk Reference Manual volumes were meant to bring all the various educational material together in one location with each page laser printed in easy to read and copy typeface. This made them excellent training tools for new VIST Coordinators and outstanding reference tools for experienced VIST Coordinators.

Over time, the Augusta VIST Quick Reference Guide was developed and shared annually with the latest updates on Compensation & Pension rates and other useful benefits information. The Augusta VIST Quick Reference Guide has been published annually for over 25 years and has grown over the years in both length and complexity.

The Augusta VIST Quick Reference Guide is a very useful tool for experienced VIST, but it lacks a detailed description of what various benefits and services are. An example of this is the reference to the VA Automobile Allowance (or Auto Grant). The Quick Reference Guide identifies the current Automobile Allowance, but it doesn't explain what the benefit is or who might be eligible.

As I have worked with many new VIST Coordinators over the years, it became clear that the original VIST Desk Reference Manual is still needed in some form to help provide more context about benefits and services. Unfortunately, the original volumes were created using older word processing software from Apple and pre-dated our current VA computer protocols. Enter the VIST Desk Reference Guide, a completely rewritten online tool designed to provide detailed description of benefits and services with links to online reference points for further learning and research. The new Volumes are:

- Volume 1 is about VA Benefits & Services that impact Blind and Visually Impaired Veterans.
- Volume 2 (still in development) is about VA Compensation & Pension Benefits.
- Volume 3 is about Non-VA Benefits & Services for Blind & Visually Impaired.
- Volume 4 is the VIST Quick Reference Guide.

Todd Turansky
VIST – Augusta

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VA Disability Compensation (SC) and Veterans Pension (NSC): Overview

Type of Benefit: Disability Compensation and Pension – Monetary

The VA pays monetary compensation to eligible veterans and survivors who have been adjudicated to have injuries, illnesses or disabilities that are related to active military service. The amount of compensation paid varies depending on the level of disability and the number of dependents. Veterans must have service-connected (SC) disabilities in order to receive VA disability compensation benefits.

The VA also pays monetary benefits to eligible veterans and survivors with non-service-connected (NSC) disabilities. Veterans must have served during a recognized wartime period, have 90 days of continuous active duty service, be over 65 and/or disabled, and have an income and net worth under specified limits. The income limits vary each year.

BENEFIT – Compensation:

- Monetary payment each month based on overall SC disability rating.
- All VA disability compensation benefits are **non-taxable** and not counted as income.
- Veterans with only a 0% SC rating are considered SC, but non-compensable.
- Compensation rate increases based on percentage disability rating (in 10% increments).
- Two levels of disability compensation: Basic and Special Monthly Compensation (SMC).
- Additional payment is available if veterans determined to be Housebound or in need of A&A.

BENEFIT – Veterans Pension:

- Provides monthly payments for NSC disabilities to wartime Veterans who meet the eligibility criteria and have income and net worth within set limits.
- Additional payment is available if veterans determined to be Housebound or A&A.

Eligibility: See more information link below for detailed findings:

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA.

VIST Tips:

- VIST should review annually each VIST Roster patients current rating and identify any action needed.
- Please see separate publications for detailed findings on VA Compensation and Pension benefits: VIST Quick Reference Guide and Volume-2: VA Compensation and Pension Benefits.

More Information: [VA Disability Compensation | Veterans Affairs](#)
 [VA Pension Benefits | Veterans Affairs](#)

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OVERVIEW: Role of VIST in Conducting a C&P Benefits Review

Type of Benefit: Review of VA Compensation & Pension Benefits by VIST

Authorization:

An experienced and well trained VIST Coordinator should be able to determine if a visually impaired veteran is rated correctly by VBA and receiving the appropriate Compensation and Pension (C&P) benefits to which they are eligible.

Of the many responsibilities and tasks VIST covers through the workday, a thorough review of VA Compensation & Pension benefits is probably the most critical service provided to the visually impaired veteran.

Why Does VIST Conduct Compensation & Pension Benefits Reviews? It is baked into the VIST DNA!

- When VIST was originally conceptualized by VACO-BRS and leaders of the Blinded Veterans Association (BVA) in the mid-1960s special emphasis was placed on the letter T which stands for Team. This was a new concept for VA at that time as most programs functioned within a Program Office in a bureaucratic hierarchy. The Team concept was designed to breakdown the bureaucratic hierarchy to serve the blinded veteran more efficiently and effectively. Essentially VIST was designed to “cut the red tape” and deliver timely and accurate services across the VA, not just within VHA.
- The very first VIS Team was based in VA Central Office (VACO) and membership included leadership from key VA services that impacted the lives of blinded veterans:
 - This included VHA services such as Eye Care, Prosthetics, Audiology, Health Administration, Medical Rehabilitation, Nursing, Social Work and Mental Health.
 - The VACO VIS Team also included representation from VBA (Adjudication and Veterans Assistance). This was a first for VA

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- as usually VBA and VHA functioned separately except at the highest levels of the VA.
- As the VIST Team model was implemented across VA, the local Teams were expected to emulate the VACO VIST model and include representation from the VBA Regional Office (VARO) for that geographic region.
- As full-time VIST Coordinator positions were expanded many of the original positions were located at VHA facilities in close proximity to the VBA Regional Office.
 - A good example of this was in the State of North Carolina. The very first full-time VIST position for North Carolina was NOT placed at a VAMC in a major city or metropolitan area, but in Winston-Salem at the local Outpatient Clinic. Why Winston-Salem you might ask, because the VA Regional Office serving North Carolina was located nearby in Winston-Salem. This gave the VIST easy access to VBA staff and to VBA rating records (known as the Claim File).
 - VIST Coordinators would routinely visit the local VARO to meet with key staff or could order a Veteran's Claim File be sent to VIST for review.

How Long Does A C&P Benefits Review Take? It can vary from a few minutes on average to several hours or more depending on the circumstances and history.

Can the C&P Benefits Review Task be Referred to Someone Else? Quick answer, No, especially if you have received VIST C&P benefits training from VACO-BRS. If you are a rookie VIST and still not familiar with C&P benefits for blinded veterans request an experienced VIST Coordinator to help serve as a mentor. Every experienced VIST Coordinator has relied on a mentor or two over the years to help guide the way. The initial review and periodic review should be done by a properly trained VIST Coordinator. VIST has the expertise and the resources to complete a thorough and accurate benefits review.

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Most others, including most staff in the VA and Veterans Service Officers do not have either the knowledge or the tools to complete an accurate review. Even VBA rating staff occasionally make mistakes that an experienced VIST Coordinator has discovered and helped correct.

What are the benefits of a proper VIST C&P Benefits Review? Helping a blind or visually impaired veteran obtain the compensation or pension benefits to which they are entitled can make an enormous difference in their life. Imagine a veteran going from an NSC rating to 100% SC rating. Not only has their financial situation completely changed, but their eligibility for healthcare benefits and special benefits has also changed.

Does VIST Have to Complete the C&P Paperwork or Forms? Quick Answer: No. VIST can and some VIST do fill out the various VBA forms and submit to VBA, but it is a better practice for the Veteran to work with a Veteran Service Officer (VSO), Accredited Claims Agent or an Attorney specializing in Veteran's claims. Most well trained VSOs and Accredited Claims Agents have contacts at the VA Regional Offices and can serve as a liaison between VBA and the veteran far better than VIST may be able to do so.

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RATING: VIST C&P Benefits Review

Type of Benefit: Review of VA Compensation & Pension Benefits by VIST

Authorization:

What is a VIST C&P Benefits Review? A comprehensive VIST C&P Benefits Review is where a VIST Coordinator compares the latest findings from the initial or current VIST Review and determines if Veteran is eligible for VA C&P benefits (either initial award or increase).

Tools Needed by VIST:

- **Eye Exam** (current)
- **BR-5.0** (Blind Rehabilitation Service National Database)
- **VBMS** (Veterans Benefits Management System)
- **CPRS** or **Cerner** Patient Record System

Purpose of Each Tool:

- **Eye Exam** The most critical component of the annual VIST Review is a comprehensive C&P style eye examination. This eye exam can be completed by any eye care provider, but is probably best completed by a Low Vision Clinic Optometrist. If completed properly, the VIST Eye Exam can be used:
 - By the VBA Rating Board to complete a rating on a claim for vision loss, especially if the claim is for an increased rating of SC vision loss.
 - To accurately determine if the Veteran is legally blind and eligible for related benefits.
 - To determine if Veteran is an appropriate candidate for Low Vision devices and need for referral to a higher level of low vision evaluation (Intermediate LVC, Advanced LVC or VISOR program).
 - Help determine if Veteran is an appropriate candidate for admission to a BRC.

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- **BR-5.0 – BR Patient Option**

- Tracks critical demographic and psycho/social information specific to a visually impaired veteran's life at the time of the VIST Review. This option should be updated annually as patient demographics and adjustment to vision loss can change periodically.
- When properly updated BR-5.0 can indicate the last status of a benefits review and whether or not veteran qualified for Compensation or Pension benefits in the past.
- From a C&P benefits standpoint VIST should be monitoring and documenting:
 - Current VA Rating, with emphasis on any rating for vision loss
 - Marriage status
 - Medical status of spouse (does spouse need A&A?)
 - Number of dependent children (including step-children) and dependent parents supported by Veteran. Also note any unusual family circumstance that could impact dependent children, including:
 - dependent adult child (if they were dependent in childhood when transitioning to adulthood)
 - grandchildren that veteran may have legal custody of (must be adopted by veteran to be considered a dependent).
 - Dependent children that are turning 18
 - Veteran's current visual status, noting any changes from previous findings
 - Overall health with emphasis on any change in health as it may relate to a VA claim for benefits (i.e. SC for diabetes and has a foot amputated during past year).
 - Overall adjustment to vision loss with emphasis on any mental health changes that could be impacting independence and safety. **NOTE:** a mental health condition (i.e. depression) can be recognized as a secondary SC condition due to its impact on a primary SC condition (i.e. SC rating for vision loss).

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- **VBMS** Gives VIST easy access to the electronic VBA Claims Folder, which is the official record for all things compensation, pension and special benefits related.
 - All VIST Coordinator should have access to VBMS. However, obtaining access can take a while and may involve getting assistance from BRS-VACO to move the process along.
 - VIST should confirm in VBMS a veteran's current rating and the nomenclature used to describe the rating(s). VBMS is the "official record" for ratings, not CPRS.
 - The two most important documents in VBMS for VIST are:
 - The most recent **Rating Decision – Code Sheet**
 - Various **Rating Decision – Narrative** documents. The Narrative document is a detailed description of how the rating was conducted and the evidence used. The Narrative document specifically discusses the current issue being rated, which may not be a vision related issue. In these cases, VIST will need to search for the most recent Rating Decision – Narrative document that addresses a vision related rating.
- **CPRS/Cerner** Is the official record for VHA, but not the benefits side. Use CPRS to review and note any changes in a veteran's overall medical or mental health.
 - **Catastrophically Disabled**. Check to see if veteran is already identified as qualifying for CD (located in the patient inquiry screen)
 - **Latest Eye Exams** (VA and certain non-VA reports that were arranged by Community Care).
 - **Medical and Mental Health Reports**
 - **JLV (Joint Longitudinal Viewer)** gives access to other VHA facility medical record as well as available DoD health documents.

VIST Tips:

- You can use CPRS for a quick overview of a Veteran's rating, but the description that may be displayed in many cases is inaccurate. See Table 1 below for a comparison of the way CPRS may characterize a rating vs. VBMS.

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- Using the HINQ (Hospital Inquiry) feature in VistA is not an accurate determination of a Veteran's rating, especially if the veteran is rated SC for various conditions. VBMS is the official record and will have almost everything VIST will need to access.

TABLE-1 Comparison of Rating Description in CPRS vs. VBMS

CPRS Description of Rating in Patient Inquiry Screen:

SC Percent: 80%
 Rated Disabilities: LOSS OF EYE (80%-SC)

VBMS Description of Rating (in Ratings Tab)

Diagnosis Code: 6042-6066
 Diagnosis Description: retinitis pigmentosa
 Percentage: 80%
 Effective Date: 01/03/2019
 Rating Decision: Service Connected

VBMS Description of Rating (in Documents Tab on Rating Decision – Code Sheet)

SUBJECT TO COMPENSATION (1.SC) 6042-6066 RETINITIS PIGMENTOSA
 Service Connected, Peacetime, Incurred
 Static Disability
 70% from 06/10/1996 (6006-6080)
 80% from 01/03/2019

COMBINED EVALUATION FOR COMPENSATION:

70% from 06/10/1996
 80% from 01/03/2019
 Individual Unemployability Granted from January 03, 2019

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RATING: General Policy in VA Ratings (VASRD)

Type of Benefit: VA Regulations Regarding Ratings of Disabilities

Authorization: 38 CFR, Book C, Schedule for Rating Disabilities

§4.1 ESSENTIALS IN EVALUATIVE RATING:

- The VA Rating Schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service.
- The percentage ratings represent as far as can be practicably determined the average impairment of earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations, of the various grades of severity as set forth with due regard to previous determinations for compensation or pension purposes.
- Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations, or illnesses, proportionate to the severity of the several grades. For the application of the schedule, accurate and fully descriptive medical examinations are required, with the emphasis at all times upon the limitation of activity imposed by the disabling condition.
- A veterans disability claim may require re-ratings in accordance with changes in laws, changes in medical knowledge, and changes in the physical or mental condition, over a period of many years. It is thus essential, both in examination and in the evaluation of the disability, that each disability be viewed in relation to its whole history.

§4.2 INTERPRETATION OF EXAMINATION REPORTS:

- Different examiners, at different times, will not describe the same disability in the same language. Features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described.
- It is the responsibility of the rating specialist to interpret the reports of examination in the light of the whole recorded history, reconciling the various reports into a consistent picture, so that the current rating may accurately reflect the elements of permanent and temporary disability present.
- Each disability must be viewed from the point of view of the veteran working or seeking work.
- If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail for purposes of evaluations, it is incumbent upon the rating board to return the report as inadequate for evaluation purposes.

§4.3 RESOLUTION OF REASONABLE DOUBT:

- It is the defined and consistently applied policy of the VA to administer the law under a broad interpretation, consistent with the facts shown in every case.
- When after careful consideration of all procurable and assembled data, reasonable doubt arises regarding the degree of disability such doubt will be resolved in favor of the claimant.

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§4.6 EVALUATION OF EVIDENCE:

- The element of the weight to be accorded the character of the veteran's service is but one factor entering into considerations of the rating boards in arriving at determinations of the evaluation of disability.
- Every element in any way affecting the probative value to be assigned to the evidence in each individual claim must be thoroughly and conscientiously studied by each member of the rating board in the light of the established policies of the Department of Veterans Affairs to the end that decisions will be equitable and just as contemplated by the requirements of the law.

§4.7 HIGHER OF TWO EVALUATIONS:

- Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned.

§4.9 CONGENITAL OR DEVELOPMENTAL DEFECTS:

- Mere congenital or developmental defects, absent, displaced or supernumerary parts, refractive error of the eye, personality disorder and mental deficiency are not diseases or injuries in the meaning of applicable legislation for disability compensation purposes.

§4.10 FUNCTIONAL IMPAIRMENT:

- The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment. Whether the upper or lower extremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive, or other system, or psyche are affected, evaluations are based upon lack of usefulness, of these parts or systems, especially in self-support.
- This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory and prognostic data required for ordinary medical classification, full description of the effects of disability upon the person's ordinary activity.
- In this connection, it will be remembered that a person may be too disabled to engage in employment although he or she is up and about and fairly comfortable at home or upon limited activity.

§4.13 EFFECT OF CHANGE OF DIAGNOSIS:

- The repercussion upon a current rating of service connection when change is made of a previously assigned diagnosis or etiology must be kept in mind. The aim should be the reconciliation and continuance of the diagnosis or etiology upon which service connection for the disability had been granted. The relevant principle enunciated in §4.125, entitled "Diagnosis of mental disorders," should have careful attention in this connection. When any change in evaluation is to be made, the rating agency should assure itself that there has been an actual change in the conditions, for better or worse, and not merely a difference in thoroughness of the examination or in use of descriptive terms. This will not, of course, preclude the correction of erroneous ratings, nor will it preclude assignment of a rating in conformity with §4.7.

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§4.14 AVOIDANCE OF PYRAMIDING:

- The evaluation of the same disability under various diagnoses is to be avoided. Disability from injuries to the muscles, nerves, and joints of an extremity may overlap to a great extent, so that special rules are included in the appropriate bodily system for their evaluation. Dyspnea, tachycardia, nervousness, fatigability, etc., may result from many causes; some may be service connected, others, not.
- Both the use of manifestations not resulting from service-connected disease or injury in establishing the service-connected evaluation and the evaluation of the same manifestation under different diagnoses are to be avoided.

§4.15 TOTAL DISABILITY RATINGS:

- The ability to overcome the handicap of disability varies widely among individuals. The rating, however, is based primarily upon the average impairment in earning capacity, that is, upon the economic or industrial handicap which must be overcome and not from individual success in overcoming it. However, full consideration must be given to unusual physical or mental effects in individual cases, to peculiar effects of occupational activities, to defects in physical or mental endowment preventing the usual amount of success in overcoming the handicap of disability and to the effect of combinations of disability.
- Total disability will be considered to exist when there is present any impairment of mind or body which is sufficient to render it impossible for the average person to follow a substantially gainful occupation; *Provided*, That permanent total disability shall be taken to exist when the impairment is reasonably certain to continue throughout the life of the disabled person.
- The following will be **considered to be permanent total disability**: the **permanent loss of the use of both hands, or of both feet, or of one hand and one foot, or of the sight of both eyes**, or becoming permanently helpless or permanently bedridden. Other total disability ratings are scheduled in the various bodily systems of this schedule.

§4.16 TOTAL DISABILITY RATINGS FOR **COMPENSATION BASED ON UNEMPLOYABILITY OF THE INDIVIDUAL:**

- (a) Total disability ratings for compensation may be assigned, where the schedular rating is less than total, when the disabled person is, in the judgment of the rating agency, unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities: *Provided*, That, if there is only one such disability, this disability shall be ratable at 60 percent or more, and that, if there are two or more disabilities, there shall be at least one disability ratable at 40 percent or more, and sufficient additional disability to bring the combined rating to 70 percent or more. For the above purpose of one 60 percent disability, or one 40 percent disability in combination, the following will be considered as one disability:
 - (1) Disabilities of one or both upper extremities, or of one or both lower extremities, including the bilateral factor, if applicable,
 - (2) Disabilities resulting from common etiology or a single accident,
 - (3) Disabilities affecting a single body system, e.g. orthopedic, digestive, respiratory, cardiovascular-renal, neuropsychiatric,
 - (4) Multiple injuries incurred in action, or
 - (5) Multiple disabilities incurred as a prisoner of war.

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- It is provided further that the existence or degree of nonservice-connected disabilities or previous unemployability status will be disregarded where the percentages referred to in this paragraph for the service-connected disability or disabilities are met and in the judgment of the rating agency such service-connected disabilities render the veteran unemployable.
- Marginal employment shall not be considered substantially gainful employment. For purposes of this section, marginal employment generally shall be deemed to exist when a veteran's earned annual income does not exceed the amount established by the U.S. Department of Commerce, Bureau of the Census, as the poverty threshold for one person. Marginal employment may also be held to exist, on a facts found basis (includes but is not limited to employment in a protected environment such as a family business or sheltered workshop), when earned annual income exceeds the poverty threshold.
- Consideration shall be given in all claims to the nature of the employment and the reason for termination. (Authority: 38 U.S.C. 501(a))
- (b) It is the established policy of the Department of Veterans Affairs that all veterans who are unable to secure and follow a substantially gainful occupation by reason of service-connected disabilities shall be rated totally disabled. Therefore, rating boards should submit to the Director, Compensation Service, for extra-schedular consideration all cases of veterans who are unemployable by reason of service-connected disabilities, but who fail to meet the percentage standards set forth in paragraph (a) of this section. The rating board will include a full statement as to the veteran's service-connected disabilities, employment history, educational and vocational attainment and all other factors having a bearing on the issue.

§4.17 TOTAL DISABILITY RATINGS FOR PENSION BASED ON UNEMPLOYABILITY AND AGE OF THE INDIVIDUAL:

- All veterans who are basically eligible and who are unable to secure and follow a substantially gainful occupation by reason of disabilities which are likely to be permanent shall be rated as permanently and totally disabled. For the purpose of pension, the permanence of the percentage requirements of §4.16 is a requisite.
- When the percentage requirements are met, and the disabilities involved are of a permanent nature, a rating of permanent and total disability will be assigned if the veteran is found to be unable to secure and follow substantially gainful employment by reason of such disability.
- Prior employment or unemployment status is immaterial if in the judgment of the rating board the veteran's disabilities render him or her unemployable. In making such determinations, the following guidelines will be used:
 - Marginal employment, for example, as a self-employed farmer or other person, while employed in his or her own business, or at odd jobs or while employed at less than half the usual remuneration will not be considered incompatible with a determination of unemployability, if the restriction, as to securing or retaining better employment, is due to disability.
 - Claims of all veterans who fail to meet the percentage standards but who meet the basic entitlement criteria and are unemployable, will be referred by the rating board to the Veterans Service Center Manager or the Pension Management Center Manager under §3.321(b)(2) of this chapter. (Authority: 38 U.S.C. 1502)

§4.17a MISCONDUCT ETIOLOGY:

- A permanent and total disability rating under the provisions of §§4.15, 4.16 and 4.17 will not be precluded by reason of the coexistence of misconduct disability when:
 - (a) A veteran, regardless of employment status, also has innocently acquired 100 percent disability, or
 - (b) Where unemployable, the veteran has other disabilities innocently acquired which meet the percentage requirements of §§4.16 and 4.17 and would render, in the judgment of the rating agency, the average person unable to secure or follow a substantially gainful occupation.

§4.18 UNEMPLOYABILITY:

- A veteran may be considered as unemployable upon termination of employment, which was provided on account of disability, or in which special consideration was given on account of the same, when it is satisfactorily shown that he or she is unable to secure further employment.
- With amputations, sequelae of fractures and other residuals of traumatism shown to be of static character, a showing of continuous unemployability from date of incurrence, or the date the condition reached the stabilized level, is a general requirement in order to establish the fact that present unemployability is the result of the disability. However, consideration is to be given to the circumstances of employment in individual claims, and, if the employment was only occasional, intermittent, tryout or unsuccessful, or eventually terminated on account of the disability, present unemployability may be attributed to the static disability.
- Where unemployability for pension previously has been established on the basis of combined service-connected and nonservice-connected disabilities and the service-connected disability or disabilities have increased in severity, §4.16 is for consideration.

§4.19 AGE IN SERVICE-CONNECTED CLAIMS:

- Age may **not** be considered as **a factor in evaluating service-connected disability**; and unemployability, in service-connected claims, associated with advancing age or intercurrent disability, may not be used as a basis for a total disability rating. Age, as such, **is a factor** only in evaluations of disability not resulting from service, i.e., for the **purposes of pension**.

§4.20 ANALOGOUS RATINGS:

- When an unlisted condition is encountered it will be permissible to rate under a closely related disease or injury in which not only the functions affected, but the anatomical localization and symptomatology are closely analogous. Conjectural analogies will be avoided, as will the use of analogous ratings for conditions of doubtful diagnosis, or for those not fully supported by clinical and laboratory findings. Nor will ratings assigned to organic diseases and injuries be assigned by analogy to conditions of functional origin.

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§4.21 APPLICATION OF RATING SCHEDULE:

- In view of the number of atypical instances it is not expected, especially with the more fully described grades of disabilities, that all cases will show all the findings specified. Findings sufficiently characteristic to identify the disease and the disability therefrom and above all, coordination of rating with impairment of function will, however, be expected in all instances.

§4.22 RATING OF DISABILITIES AGGRAVATED BY ACTIVE SERVICE:

- In cases involving aggravation by active service, the rating will reflect only the degree of disability over and above the degree existing at the time of entrance into the active service whether the particular condition was noted at the time of entrance into the active service, or it is determined upon the evidence of record to have existed at that time.
- It is necessary therefore, in all cases of this character to deduct from the present degree of disability the degree, if ascertainable, of the disability existing at the time of entrance into active service, in terms of the rating schedule, except that if the disability is total (100 percent) no deduction will be made.
- The resulting difference will be recorded on the rating sheet. If the degree of disability at the time of entrance into the service is not ascertainable in terms of the schedule, no deduction will be made.

§4.23 ATTITUDE OF RATING OFFICERS:

- It is to be remembered that the majority of applicants are disabled persons who are seeking benefits of law to which they believe themselves entitled.
- In the exercise of his or her functions, rating officers must not allow their personal feelings to intrude; an antagonistic, critical, or even abusive attitude on the part of a claimant should not in any instance influence the officers in the handling of the case.
- Fairness and courtesy must at all times be shown to applicants by all employees whose duties bring them in contact, directly or indirectly, with the Department's claimants.

§4.24 CORRESPONDENCE:

- All correspondence relative to the interpretation of the schedule for rating disabilities, requests for advisory opinions, questions regarding lack of clarity or application to individual cases involving unusual difficulties, will be addressed to the Director, Compensation Service. A clear statement will be made of the point or points upon which information is desired and the complete case file will be simultaneously forwarded to Central Office.
- Rating agencies will assure themselves that the recent report of physical examination presents an adequate picture of the claimant's condition. Claims in regard to which the schedule evaluations are considered inadequate or excessive, and errors in the schedule will be similarly brought to attention.

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§4.25 COMBINED RATINGS TABLE:

- Table I, Combined Ratings Table, results from the consideration of the efficiency of the individual as affected first by the most disabling condition, then by the less disabling condition, then by other less disabling conditions, if any, in the order of severity.
- Thus, a person having a 60 percent disability is considered 40 percent efficient. Proceeding from this 40 percent efficiency, the effect of a further 30 percent disability is to leave only 70 percent of the efficiency remaining after consideration of the first disability, or 28 percent efficiency altogether. The individual is thus 72 percent disabled, as shown in table I opposite 60 percent and under 30 percent.
 - (a) To use table I, the disabilities will first be arranged in the exact order of their severity, beginning with the greatest disability and then combined with use of table I as hereinafter indicated. For example, if there are two disabilities, the degree of one disability will be read in the left column and the degree of the other in the top row, whichever is appropriate. The figures appearing in the space where the column and row intersect will represent the combined value of the two.
 - This combined value will then be converted to the nearest number divisible by 10, and combined values ending in 5 will be adjusted upward. Thus, with a 50 percent disability and a 30 percent disability, the combined value will be found to be 65 percent, but the 65 percent must be converted to 70 percent to represent the final degree of disability. Similarly, with a disability of 40 percent, and another disability of 20 percent, the combined value is found to be 52 percent, but the 52 percent must be converted to the nearest degree divisible by 10, which is 50 percent.
 - If there are more than two disabilities, the disabilities will also be arranged in the exact order of their severity and the combined value for the first two will be found as previously described for two disabilities. The combined value, exactly as found in table I, will be combined with the degree of the third disability (in order of severity). The combined value for the three disabilities will be found in the space where the column and row intersect, and if there are only three disabilities will be converted to the nearest degree divisible by 10, adjusting final 5's upward.
 - Thus, if there are three disabilities ratable at 60 percent, 40 percent, and 20 percent, respectively, the combined value for the first two will be found opposite 60 and under 40 and is 76 percent. This 76 will be combined with 20 and the combined value for the three is 81 percent. This combined value will be converted to the nearest degree divisible by 10 which is 80 percent. The same procedure will be employed when there are four or more disabilities. (See table I).
 - (b) Except as otherwise provided in this schedule, the disabilities arising from a single disease entity, e.g., arthritis, multiple sclerosis, cerebrovascular accident, etc., are to be rated separately as are all other disabling conditions, if any. All disabilities are then to be combined as described in paragraph (a) of this section. The conversion to the nearest degree divisible by 10 will be done only once per rating decision, will follow the combining of all disabilities, and will be the last procedure in determining the combined degree of disability. (Authority: 38 U.S.C. 1155)

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Table I—Combined Ratings Table

[10 combined with 10 is 19]

	10	20	30	40	50	60	70	80	90
19.....	27	35	43	51	60	68	76	84	92
20.....	28	36	44	52	60	68	76	84	92
21.....	29	37	45	53	61	68	76	84	92
22.....	30	38	45	53	61	69	77	84	92
23.....	31	38	46	54	62	69	77	85	92
24.....	32	39	47	54	62	70	77	85	92
25.....	33	40	48	55	63	70	78	85	93
26.....	33	41	48	56	63	70	78	85	93
27.....	34	42	49	56	64	71	78	85	93
28.....	35	42	50	57	64	71	78	86	93
29.....	36	43	50	57	65	72	79	86	93
30.....	37	44	51	58	65	72	79	86	93
31.....	38	45	52	59	66	72	79	86	93
32.....	39	46	52	59	66	73	80	86	93
33.....	40	46	53	60	67	73	80	87	93
34.....	41	47	54	60	67	74	80	87	93
35.....	42	48	55	61	68	74	81	87	94
36.....	42	49	55	62	68	74	81	87	94
37.....	43	50	56	62	69	75	81	87	94
38.....	44	50	57	63	69	75	81	88	94
39.....	45	51	57	63	70	76	82	88	94
40.....	46	52	58	64	70	76	82	88	94
41.....	47	53	59	65	71	76	82	88	94
42.....	48	54	59	65	71	77	83	88	94
43.....	49	54	60	66	72	77	83	89	94
44.....	50	55	61	66	72	78	83	89	94
45.....	51	56	62	67	73	78	84	89	95
46.....	51	57	62	68	73	78	84	89	95
47.....	52	58	63	68	74	79	84	89	95
48.....	53	58	64	69	74	79	84	90	95
49.....	54	59	64	69	75	80	85	90	95
50.....	55	60	65	70	75	80	85	90	95
51.....	56	61	66	71	76	80	85	90	95
52.....	57	62	66	71	76	81	86	90	95
53.....	58	62	67	72	77	81	86	91	95
54.....	59	63	68	72	77	82	86	91	95
55.....	60	64	69	73	78	82	87	91	96
56.....	60	65	69	74	78	82	87	91	96
57.....	61	66	70	74	79	83	87	91	96
58.....	62	66	71	75	79	83	87	92	96
59.....	63	67	71	75	80	84	88	92	96

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Table I—Combined Ratings Table (cont.)

	10	20	30	40	50	60	70	80	90
60.....	64	68	72	76	80	84	88	92	96
61.....	65	69	73	77	81	84	88	92	96
62.....	66	70	73	77	81	85	89	92	96
63.....	67	70	74	78	82	85	89	93	96
64.....	68	71	75	78	82	86	89	93	96
65.....	69	72	76	79	83	86	90	93	97
66.....	69	73	76	80	83	86	90	93	97
67.....	70	74	77	80	84	87	90	93	97
68.....	71	74	78	81	84	87	90	94	97
69.....	72	75	78	81	85	88	91	94	97
70.....	73	76	79	82	85	88	91	94	97
71.....	74	77	80	83	86	88	91	94	97
72.....	75	78	80	83	86	89	92	94	97
73.....	76	78	81	84	87	89	92	95	97
74.....	77	79	82	84	87	90	92	95	97
75.....	78	80	83	85	88	90	93	95	98
76.....	78	81	83	86	88	90	93	95	98
77.....	79	82	84	86	89	91	93	95	98
78.....	80	82	85	87	89	91	93	96	98
79.....	81	83	85	87	90	92	94	96	98
80.....	82	84	86	88	90	92	94	96	98
81.....	83	85	87	89	91	92	94	96	98
82.....	84	86	87	89	91	93	95	96	98
83.....	85	86	88	90	92	93	95	97	98
84.....	86	87	89	90	92	94	95	97	98
85.....	87	88	90	91	93	94	96	97	99
86.....	87	89	90	92	93	94	96	97	99
87.....	88	90	91	92	94	95	96	97	99
88.....	89	90	92	93	94	95	96	98	99
89.....	90	91	92	93	95	96	97	98	99
90.....	91	92	93	94	95	96	97	98	99
91.....	92	93	94	95	96	96	97	98	99
92.....	93	94	94	95	96	97	98	98	99
93.....	94	94	95	96	97	97	98	99	99
94.....	95	95	96	96	97	98	98	99	99

(Authority: 38 U.S.C. 1155)

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§4.26 BILATERAL FACTOR:

- When a partial disability results from disease or injury of both arms, or of both legs, or of paired skeletal muscles, the ratings for the disabilities of the right and left sides will be combined as usual, and 10 percent of this value will be added (i.e., not combined) before proceeding with further combinations, or converting to degree of disability. The bilateral factor will be applied to such bilateral disabilities before other combinations are carried out and the rating for such disabilities including the bilateral factor in this section will be treated as 1 disability for the purpose of arranging in order of severity and for all further combinations. For example, with disabilities evaluated at 60 percent, 20 percent, 10 percent and 10 percent (the two 10's representing bilateral disabilities), the order of severity would be 60, 21 and 20. The 60 and 21 combine to 68 percent and the 68 and 20 to 74 percent, converted to 70 percent as the final degree of disability.
- (a) The use of the terms "arms" and "legs" is not intended to distinguish between the arm, forearm and hand, or the thigh, leg, and foot, but relates to the upper extremities and lower extremities as a whole. Thus, with a compensable disability of the right thigh, for example, amputation, and one of the left foot, for example, pes planus, the bilateral factor applies, and similarly whenever there are compensable disabilities affecting use of paired extremities regardless of location or specified type of impairment.
- (b) The correct procedure when applying the bilateral factor to disabilities affecting both upper extremities and both lower extremities is to combine the ratings of the disabilities affecting the 4 extremities in the order of their individual severity and apply the bilateral factor by adding, not combining, 10 percent of the combined value thus attained.
- (c) The bilateral factor is not applicable unless there is partial disability of compensable degree in each of 2 paired extremities or paired skeletal muscles.

§4.27 USE OF DIAGNOSTIC CODE NUMBERS:

- The diagnostic code numbers appearing opposite the listed ratable disabilities are arbitrary numbers for the purpose of showing the basis of the evaluation assigned and for statistical analysis in the Department of Veterans Affairs, and as will be observed, extend from 5000 to a possible 9999.
- Great care will be exercised in the selection of the applicable code number and in its citation on the rating sheet. No other numbers than these listed or hereafter furnished are to be employed for rating purposes, with an exception as described in this section, as to unlisted conditions.
- When an unlisted disease, injury, or residual condition is encountered, requiring rating by analogy, the diagnostic code number will be "built-up" as follows: The first 2 digits will be selected from that part of the schedule most closely identifying the part, or system, of the body involved; the last 2 digits will be "99" for all unlisted conditions. This procedure will facilitate a close check of new and unlisted conditions, rated by analogy.
- In the selection of code numbers, injuries will generally be represented by the number assigned to the residual condition on the basis of which the rating is determined. With diseases, preference is to be given to the number assigned to the disease itself; if the rating is determined on the basis of residual conditions, the number appropriate to the residual condition will be added, preceded by a hyphen. Thus, rheumatoid (atrophic) arthritis rated as ankylosis of the lumbar spine should be coded "5002-5240." In this way, the exact source of each rating can be easily identified. In the citation of disabilities on

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- rating sheets, the diagnostic terminology will be that of the medical examiner, with no attempt to translate the terms into schedule nomenclature.
- Residuals of diseases or therapeutic procedures will not be cited without reference to the basic disease.

§4.28 PRESTABILIZATION RATING FROM DATE OF DISCHARGE FROM SERVICE:

- The following ratings may be assigned, in lieu of ratings prescribed elsewhere, under the conditions stated for disability from any disease or injury. The prestabilization rating is not to be assigned in any case in which a total rating is immediately assignable under the regular provisions of the schedule or on the basis of individual unemployability. The prestabilization 50-percent rating is not to be used in any case in which a rating of 50-percent or more is immediately assignable under the regular provisions.

	<i>Rating</i>
Unstabilized condition with severe disability:	
Substantially gainful employment is not feasible or advisable	100
Unhealed or incompletely healed wounds or injuries:	
Material impairment of employability likely	50

Note (1): Department of Veterans Affairs examination is not required prior to assignment of prestabilization ratings; however, the fact that examination was accomplished will not preclude assignment of these benefits. Prestabilization ratings are for assignment in the immediate postdischarge period. They will continue for a 12-month period following discharge from service. However, prestabilization ratings may be changed to a regular schedular total rating or one authorizing a greater benefit at any time. In each prestabilization rating an examination will be requested to be accomplished not earlier than 6 months nor more than 12 months following discharge. In those prestabilization ratings in which following examination reduction in evaluation is found to be warranted, the higher evaluation will be continued to the end of the 12th month following discharge or to the end of the period provided under §3.105(e) of this chapter, whichever is later. Special monthly compensation should be assigned concurrently in these cases whenever records are adequate to establish entitlement.

Note (2): Diagnosis of disease, injury, or residuals will be cited, with diagnostic code number assigned from this rating schedule for conditions listed therein.

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§4.29 RATINGS FOR SERVICE-CONNECTED DISABILITIES REQUIRING HOSPITAL TREATMENT OR OBSERVATION:

- A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established that a service-connected disability has required hospital treatment in a Department of Veterans Affairs or an approved hospital for a period in excess of 21 days or *hospital observation at Department of Veterans Affairs expense* for a service-connected disability for a period in excess of 21 days.
 - (a) Subject to the provisions of paragraphs (d), (e), and (f) of this section this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge (regular discharge or release to non-bed care) or effective the last day of the month of termination of treatment or observation for the service-connected disability. A temporary release which is approved by an attending Department of Veterans Affairs physician as part of the treatment plan will not be considered an absence.
 - (1) An authorized absence in excess of 4 days which begins during the first 21 days of hospitalization will be regarded as the equivalent of hospital discharge effective the first day of such authorized absence. An authorized absence of 4 days or less which results in a total of more than 8 days of authorized absence during the first 21 days of hospitalization will be regarded as the equivalent of hospital discharge effective the ninth day of authorized absence.
 - (2) Following a period of hospitalization in excess of 21 days, an authorized absence in excess of 14 days or a third consecutive authorized absence of 14 days will be regarded as the equivalent of hospital discharge and will interrupt hospitalization effective on the last day of the month in which either the authorized absence in excess of 14 days or the third 14 day period begins, except where there is a finding that convalescence is required as provided by paragraph (e) or (f) of this section. The termination of these total ratings will not be subject to §3.105(e) of this chapter.
 - (b) Notwithstanding that hospital admission was for disability not connected with service, if during such hospitalization, hospital treatment for a service-connected disability is instituted and continued for a period in excess of 21 days, the increase to a total rating will be granted from the first day of such treatment. If service connection for the disability under treatment is granted after hospital admission, the rating will be from the first day of hospitalization if otherwise in order.
 - (c) The assignment of a total disability rating on the basis of hospital treatment or observation will not preclude the assignment of a total disability rating otherwise in order under other provisions of the rating schedule, and consideration will be given to the propriety of such a rating in all instances and to the propriety of its continuance after discharge. Particular attention, with a view to proper rating under the rating schedule, is to be given to the

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claims of veterans discharged from hospital, regardless of length of hospitalization, with indications on the final summary of expected confinement to bed or house, or to inability to work with requirement of frequent care of physician or nurse at home.

- (d) On these total ratings Department of Veterans Affairs regulations governing effective dates for increased benefits will control.
- (e) The total hospital rating if convalescence is required may be continued for periods of 1, 2, or 3 months in addition to the period provided in paragraph (a) of this section.
- (f) Extension of periods of 1, 2, or 3 months beyond the initial 3 months may be made upon approval of the Veterans Service Center Manager.
- (g) Meritorious claims of veterans who are discharged from the hospital with less than the required number of days but need post-hospital care and a prolonged period of convalescence will be referred to the Director, Compensation Service, under §3.321(b)(1) of this chapter.

§4.30 CONVALESCENT RATINGS:

- A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established by report at hospital discharge (regular discharge or release to non-bed care) or outpatient release that entitlement is warranted under paragraph (a)(1), (2), or (3) of this section effective the date of hospital admission or outpatient treatment and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge or outpatient release. The termination of these total ratings will not be subject to §3.105(e) of this chapter. Such total rating will be followed by appropriate schedular evaluations. When the evidence is inadequate to assign a schedular evaluation, a physical examination will be scheduled and considered prior to the termination of a total rating under this section.
 - (a) Total ratings will be assigned under this section if treatment of a service-connected disability resulted in:
 - (1) Surgery necessitating at least one month of convalescence (Effective as to outpatient surgery March 1, 1989.)
 - (2) Surgery with severe postoperative residuals such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, or the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited). (Effective as to outpatient surgery March 1, 1989.)
 - (3) Immobilization by cast, without surgery, of one major joint or more. (Effective as to outpatient treatment March 10, 1976.)
 - A reduction in the total rating will not be subject to §3.105(e) of this chapter. The total rating will be followed by an open rating reflecting the appropriate schedular evaluation, where the evidence is

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- inadequate to assign the schedular evaluation, a physical examination will be scheduled prior to the end of the total rating period.
- (b) A total rating under this section will require full justification on the rating sheet and may be extended as follows:
 - (1) Extensions of 1, 2, or 3 months beyond the initial 3 months may be made under paragraph (a)(1), (2), or (3) of this section.
 - (2) Extensions of 1 or more months up to 6 months beyond the initial 6 months period may be made under paragraph (a)(2) or (3) of this section upon approval of the Veterans Service Center Manager.

§4.31 A NO-PERCENT RATING:

- In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met.

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RATING CONCEPT: Housebound (HB)

Type of Benefit: Additional Disability Compensation or VA Pension benefits based on being Housebound

VA provides additional compensation or pension benefits for Veterans who are determined to be housebound. It is important to note that the concept of Housebound (HB) applies to both VA NSC Pension cases and also to certain service-connected conditions usually rated at the 100% SC level.

SC COMPENSATION – Housebound (HB):

- Referred to as Special Monthly Compensation (SMC) and is paid at the SMC-S rate.
- Veterans may live at home or in a care facility or possibly be a long term resident of a hospital ward.

NSC PENSION – Housebound (HB):

- Referred to as enhanced or Special Monthly Pension
- Paid to permanently disabled Veterans who meet the NSC Pension criteria, AND
- Veteran must be greatly confined to their home.

BENEFIT: Compensation or pension would be increased to the housebound rate.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- There is no statutory visual criteria for Housebound as there is for Aid & Attendance (A&A) benefit.
- Veterans who are unable to drive or easily travel away from home are by definition housebound.

More Information: [VA FACT SHEET: Special Monthly Pension](#)

Additional Information:

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RATING CONCEPT: Aid and Attendance (A&A)

Type of Benefit: Additional Disability Compensation or VA Pension benefits based on being in need of aid and attendance of another person.

Authorization: Title 38 U.S.C. 1502(b)

VA provides additional compensation or pension benefits for Veterans who are determined to be in need of regular aid and attendance of another person. It is important to note that the concept of Aid and Attendance (A&A) applies to both certain Service-Connected (SC) conditions and VA NSC Pension cases. It also applies to veterans, spouses or surviving spouses and dependent parents.

SC COMPENSATION – Aid and Attendance (A&A):

- **SMC-A&A:** Referred to as Special Monthly Compensation (SMC) A&A levels and is paid at the SMC R-1, R-2, and T rates.
- **SC-A&A:** Another SC-A&A scenario is when the SC condition(s) requires the veteran to be in need of regular aid and attendance (A&A), VA will pay at the SMC-L or SMC-M rate.
- **Spouse-A&A:** VA also pays additional compensation when a disabled spouse of a veteran that is rated 30% SC or more (for any condition) and the spouse is determined to be in need of Aid and Attendance (A&A) .

NSC PENSION – Aid and Attendance (A&A):

- Referred to as enhanced or Special Monthly Pension
- Paid to permanently disabled Veterans who meet the NSC Pension criteria, AND
- Veteran meets the criteria for Aid and Attendance (see next section).

BENEFIT: Compensation or pension would be increased to the housebound rate.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- Veterans who are unable to drive or experience difficulty reading or performing some household tasks will often see themselves as needing the aid and assistance of another person.

More Information: [VA FACT SHEET: Special Monthly Pension](#)

Additional Information: <https://www.law.cornell.edu/cfr/text/38/3.352#a>

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RATING DEFINITION: Aid and Attendance (A&A)

To understand the concept of A&A it helps to review the definition of A&A and the related criteria that qualifies for the benefit. VA discusses what A&A is in 38 CFR.

DEFINITION: Need for *regular aid and attendance* means helplessness or being so nearly helpless as to require the regular aid and attendance of another person. The criteria set forth in paragraph [c] of 38 CFR § 3.351 will be applied in determining whether such need exists.

- **NOTE:** The person providing the assistance does not have to be a medical professional, and the aid they provide does not have to be constant, just regular.

CRITERIA – Aid and Attendance (38 CFR § 3.351(c)): The veteran, spouse, surviving spouse or parent will be considered in need of regular aid and attendance if he or she:

- (1) Is blind or so nearly blind as to have corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field to 5 degrees or less; or
- (2) Is a patient in a nursing home because of mental or physical incapacity; or
- (3) Establishes a factual need for aid and attendance under the following criteria found in 38 CFR § 3.352(a):
 - Inability of claimant to dress or undress himself/herself, or to keep himself/herself ordinarily clean and presentable.
 - Frequent need of adjustment of any special prosthetic or orthopedic appliances which by reason of the particular disability cannot be done without aid (this will not include the adjustment of appliances which normal persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.).
 - Inability of claimant to feed himself/herself through loss of coordination of upper extremities or through extreme weakness.
 - Inability to attend to the wants of nature, or
 - Incapacity, physical or mental, which requires care or assistance on a regular basis to protect the claimant from hazards or dangers incident to his or her daily environment.
 - Claimant is determined to be “bedridden”, meaning the medical condition requires the claimant remain in bed. The fact that claimant has voluntarily taken to bed or that a physician has prescribed rest in bed for the greater or lesser part of the day to promote convalescence or cure will **not** suffice.
 - It is not required that all disabling conditions enumerated in this paragraph be found to exist before a favorable rating may be made.
 - It is only necessary that the evidence establish that the veteran is so helpless as to need regular aid and attendance, not that there be a constant need.

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- Determinations that the veteran is so helpless, as to be in need of regular aid and attendance will not be based solely upon an opinion that the claimant's condition is such as would require him or her to be in bed. They must be based on the actual requirement of personal assistance from others.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- Veterans who are unable to drive or experience difficulty reading or performing some household tasks will often see themselves as needing the aid and assistance of another person. But as the definition of A&A above shows, there is a specific visual acuity or visual field criteria for A&A.
- For A&A claims involving vision loss, VBA needs proof of visual status through an eye examination that followed C&P protocols

More Information: [38 CFR § 3.351 - Special monthly dependency and indemnity compensation, death compensation, pension and spouse's compensation ratings. | CFR | US Law | LII / Legal Information Institute \(cornell.edu\)](#)

Additional Information: [38 CFR 3.352\(a\): Basic Criteria for Regular A&A](#)

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RATING CONCEPT: Presumption of Sound Condition

Type of Benefit: VA Monetary Compensation for Service Related Disabilities

Authorization:

- Title 38 U.S.C. 1111
- 38 CFR § 3.304 and 3.305

The law creates the concept of a **Presumption of Soundness** regarding considerations relating to service connection. As such a veteran will be considered to have been in sound condition when examined, accepted and enrolled for service, except as to defects, infirmities, or disorders noted at entrance into service.

What if Nothing was Noted During the Entrance Examination? If the entrance exam records no defects, infirmities or disorders then the veteran is entitled to a Presumption of Soundness.

What if Something WAS Noted During the Entrance Examination? If a disability existed before entrance into service this could rebut the Presumption of Soundness. See next paragraph and next section for more detailed information.

Can VA Rebut the Presumption of Soundness? Yes, but VA must show by clear and unmistakable (obvious or manifest) evidence that the disability in question:

- Did pre-exist military service; **AND**
- Was not otherwise aggravated by the veteran's military service
- **NOTE:** Only such conditions as are recorded in examination reports are to be considered as noted.

EXAMPLE:

- A veteran developed symptoms of retinitis pigmentosa (RP) while serving on active duty. Veteran has 3 siblings all with an RP condition impacting their vision that began in their late teens or early adulthood. If the entrance examination for military service report does not record any visual defect, the veteran is Presumed to be of Sound Condition and service connection can be granted for the RP condition.

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VIST Tips:

- The concept of Presumption of Soundness applies to Service Connection claims and not to VA pension claims.

More Information: [38 U.S. Code 1111 Presumption of Sound Condition](#)

Additional Information: [38 CFR 3.304 Direct service connection; wartime and peacetime](#)

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RATING: Authorization Sources

It is important to understand the various sources that authorize VA benefits and services, including compensation and pension ratings. The following is a list of the authorization sources for ratings by VA:

Constitution of the United States

Establishes the federal system of government and is the supreme law of the land. Article II of the Constitution establishes the Executive Branch and the offices of the President and Vice President. The executive power is vested with the President of the United States. The VA as a federal agency is part of the Executive Branch of government and answers to the President. The Constitution does not specifically address VA or VA benefits, but it authorizes the government to provide for the welfare of the people.

United States Code (U.S. Code or U.S.C)

Legislation that is passed by both houses of Congress and signed by the U.S. President (or by a veto override in Congress) becomes a Law. The U.S. Code is a consolidation and codification by subject matter of the general and permanent laws of the United States. It is divided by subject into 53 titles and published by the Office of the Law Revision Counsel of the U.S. House of Representatives. **Title 38, Veterans' Benefits**, consolidates the laws impacting Veterans and the U.S. Department of Veterans Affairs (VA).

Code of Federal Regulations (CFR)

Is the codification by subject matter of the general and permanent regulations published in the Federal Register by executive departments and agencies of the federal government of the United States. It is divided by subject into 50 titles and published by the Office of the Federal Register (part of the National Archives and Records Administration). **Title 38: Pensions, Bonuses, and Veterans' Relief** consolidates the regulations impacting Veterans and the U.S. Department of Veterans Affairs (VA).

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M21-1 Adjudication Procedures Manual

Details policies and procedures for Veterans Benefits Administration (VBA) staff who develop and adjudicate veterans' disability benefit claims for the VA. As such, M21-1 is VBA guidelines for implementing U.S. Code and Federal Regulations regarding rating policy.

Executive Orders

An executive order is a signed, written, and published directive from the President of the United States that manages operations of the federal government. They have the effect of law and are published in the Federal Register (the daily journal of the federal government) and catalogued by the National Archives as official documents produced by the federal government.

United States Court of Appeals for Veterans Claims

The USCAVC is a court of record and is part of the United States judiciary and not part of the Department of Veterans Affairs. The Court has seven (7) permanent, active Judges, and two (2) additional Judges as part of a temporary expansion provision. Judges are appointed for 15-year terms. The Court has exclusive jurisdiction over decisions of the Board of Veterans' Appeals (Board or BVA). The Court reviews Board decisions appealed by claimants who believe the Board erred in its decision. A claimant must have a final decision from the Board of Veterans Appeals before appealing to the Court.

Office of General Counsel (OGC) Precedent Opinions

The Office of the General Counsel (OGC) essentially functions as the corporate or Agency attorney for VA and will on occasion be asked to render a legal opinion on an issue facing the VA. When an OGC Opinion is classified as a Precedent Opinion it becomes binding throughout the VA and can only be modified by updated legislation or regulation, court decisions or an updated OGC Precedent Opinion.

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Board of Veterans' Appeals: The Board of Veterans' Appeals (aka, BVA) is the appellate body of the United States Department of Veterans Affairs (VA). It is an internal organization within the agency, with Board members appointed by the VA Secretary and approved by the President. The Chairman of the Board of the Board of Veterans' Appeals is nominated by the President and confirmed by the U.S. Senate to serve a 6 year term. There are approximately 100+ Board members, each are required to be experienced attorneys in the field of veterans law. Once approved by the President Board members are commissioned as Veterans Law Judges. Staff attorneys employed by the VA and assigned to the BVA are also trained in veterans law and review the fact of each appeal and assist the Board members.

VIST Tips:

- An example of how a reference in M21-1 will sometimes appear is as follows: The section on **Evaluating Visual Acuity** may appear as **M21-1.III.iv.4.C.1.a**.
- For detailed access to M21-1 Conditions of the Eyes please select the link below.

More Information:

- [Archives: The Constitution of the United States](#)
- [Cornell Law School: Title 38 US Code - Veterans' Benefits](#)
- [Cornell Law School: Code of Federal Regulation \(CFR\), Title 38, Pensions, Bonuses, and Veterans' Relief](#)
- [M21-1 Adjudication Procedures Manual \(va.gov\)](#)
- <https://www.bva.va.gov/>
- [M21-1, Adjudication Procedures Manual, Table of Contents \(va.gov\)](#)

Additional Information:

<https://www.govinfo.gov/content/pkg/CPRT-112HPRT65875/pdf/CPRT-112HPRT65875.pdf>

[eCFR: 38 CFR Pension, Bonuses, and Veterans' Relief](#)

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RATING: Schedule for Rating Disabilities (VASRD)

Type of Benefit: VA Regulations Regarding Ratings of Disabilities

Authorization: 38 CFR, Book C, Schedule for Rating Disabilities

WHAT IS IT? The VA Schedule for Rating Disabilities (VASRD) is the official federal agency regulations regarding how VA is to rate an injury, disease, dysfunction or other issue. As such the VASRD is essentially a comprehensive guidebook to VA Rating Authorities and staff. It is divided into several subsections based on categories of medical conditions that are likely to be rated. For example, there is a section specifically relating to eye conditions found in the Chapter called Organs of Special Sense.

HOW IS VASRD USED? Based on evidence submitted or obtained by VBA as part of a claim for benefits, Rating Staff assign a percentage or range of percentages (from 0-100%, in increments of 10%) to conditions claimed by the Veteran. Then a decision is made as to whether or not each rated condition is service-connected (SC), meaning related to military service or non-service-connected (NSC), meaning unrelated to military service. The percentages and the rating process is the same for SC or NSC conditions.

HOW DOES VASRD DETERMINE PERCENTAGES? The VA rating approach is based on determining a veteran's ability to work with the claimed injuries or conditions. The percentage ratings listed in the VASRD represent as far as can be practicably determined the average impairment in earning capacity resulting from diseases and injuries and their residual conditions. **Bottom line:** the more severe the condition the greater the impact on employment which would result in a higher percentage rating. A quick example of how this works with vision loss is found below in Table-1 (on next page).

NOTE: The percentages used by VA are not randomly chosen but are based on studies and input from leading medical and consumer organizations.

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Table-2: Example of Impact on Earning Capacity for Vision Loss

VBA RATING PERCENTAGE	VISION LEVEL	IMPACT ON EARNING CAPACITY
0%	20/30 and 20/20	No Impact. VA recognizes that condition exists, but there is no impact on employment.
30%	LP and 20/20	Partial Impact. VA assigns a 30% rating for loss of one eye, but since other eye is normal, low impact on earnings capacity.
70%	20/200 bilateral	Significant impact. Finding or maintaining employment is possible but will be difficult.
100%	5/200 bilateral	Full impact. Considered a Total Disability as impact on earning capacity is very severe.

WHERE CAN VIST FIND A COPY OF VASRD? The VA Schedule of Rating Disabilities is easily accessed through the internet. Check the **More Information** link at the bottom of this section to access a current copy.

VIST Tips:

- VIST are considered Subject Matter Experts in terms of benefits and services for blind and visually impaired, including VA compensation and pension benefits. Therefore, VIST should become very familiar with the VASRD and The Organs of Special Sense section.

More Information:

- [VA.gov: Schedule for Rating Disabilities](#)
- [VA eBenefits: The Organs of Special Sense](#)

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RATING: The Organs of Special Sense (VASRD)

Type of Benefit: VA Regulations Regarding Ratings of Disabilities

Authorization: 38 CFR, Book C, Schedule for Rating Disabilities, Subpart B – Disability Ratings

§4.75 GENERAL CONSIDERATIONS FOR EVALUATING VISUAL IMPAIRMENT:

- (a) **Visual impairment.** The evaluation of visual impairment is based on impairment of visual acuity (excluding developmental errors of refraction), visual field, and muscle function.
- (b) **Examination for visual impairment.** The examination must be conducted by a licensed optometrist or by a licensed ophthalmologist. The examiner must identify the disease, injury, or other pathologic process responsible for any visual impairment found. Examinations of visual fields or muscle function will be conducted only when there is a medical indication of disease or injury that may be associated with visual field defect or impaired muscle function. Unless medically contraindicated, the fundus must be examined with the claimant's pupils dilated.
- (c) **Service-connected visual impairment of only one eye.** Subject to the provisions of 38 CFR 3.383(a), if visual impairment of only one eye is service-connected, the visual acuity of the other eye will be considered to be 20/40 for purposes of evaluating the service-connected visual impairment.
- (d) **Maximum evaluation for visual impairment of one eye.** The evaluation for visual impairment of one eye must not exceed 30 percent unless there is anatomical loss of the eye. Combine the evaluation for visual impairment of one eye with evaluations for other disabilities of the same eye that are not based on visual impairment (e.g., disfigurement under diagnostic code 7800).
- (e) **Anatomical loss of one eye with inability to wear a prosthesis.** When the claimant has anatomical loss of one eye and is unable to wear a prosthesis, increase the evaluation for visual acuity under diagnostic code 6063 by 10 percent, but the maximum evaluation for visual impairment of both eyes must not exceed 100 percent. A 10-percent increase under this paragraph precludes an evaluation under diagnostic code 7800 based on gross distortion or asymmetry of the eye but not an evaluation under diagnostic code 7800 based on other characteristics of disfigurement.
- (f) **Special monthly compensation.** When evaluating visual impairment, refer to 38 CFR 3.350 to determine whether the claimant may be entitled to special monthly compensation. Footnotes in the schedule indicate levels of visual impairment that potentially establish entitlement to special monthly compensation; however, other levels of visual impairment combined with disabilities of other body systems may also establish entitlement. (Authority: 38 U.S.C. 1114 and 1155)

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§4.76 VISUAL ACUITY:

- (a) **Examination of visual acuity.** Examination of visual acuity must include the central *uncorrected* and *corrected* visual acuity for *distance and near* vision using Snellen's test type or its equivalent.
- (b) **Evaluation of visual acuity.**
 - (1) Evaluate central visual acuity on the basis of corrected distance vision with central fixation, even if a central scotoma is present. However, when the lens required to correct distance vision in the poorer eye differs by more than three diopters from the lens required to correct distance vision in the better eye (and the difference is not due to congenital or developmental refractive error), and either the poorer eye or both eyes are service connected, evaluate the visual acuity of the poorer eye using either its uncorrected or corrected visual acuity, whichever results in better combined visual acuity.
 - (2) Provided that he or she customarily wears contact lenses, evaluate the visual acuity of any individual affected by a corneal disorder that results in severe irregular astigmatism that can be improved more by contact lenses than by eyeglass lenses, as corrected by contact lenses.
 - (3) In any case where the examiner reports that there is a difference equal to two or more scheduled steps between near and distance corrected vision, with the near vision being worse, the examination report must include at least two recordings of near and distance corrected vision and an explanation of the reason for the difference. In these cases, evaluate based on corrected distance vision adjusted to one step poorer than measured.
 - (4) To evaluate the impairment of visual acuity where a claimant has a reported visual acuity that is between two sequentially listed visual acuities, use the visual acuity which permits the higher evaluation. (Authority: 38 U.S.C. 1155)

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§4.76a COMPUTATION OF AVERAGE CONCENTRIC CONTRACTION OF VISUAL FIELDS:

TABLE III—NORMAL VISUAL FIELD EXTENT AT 8 PRINCIPAL MERIDIANS

<i>Meridian</i>	<i>Normal degrees</i>
Temporally.....	85
Down temporally.....	85
Down	65
Down nasally	50
Nasally.....	60
Up nasally.....	55
Up.....	45
Up temporally	55
Total.....	500

Figure 1 [next page]

Example of computation of concentric contraction under the schedule with abnormal findings taken from Figure 1.

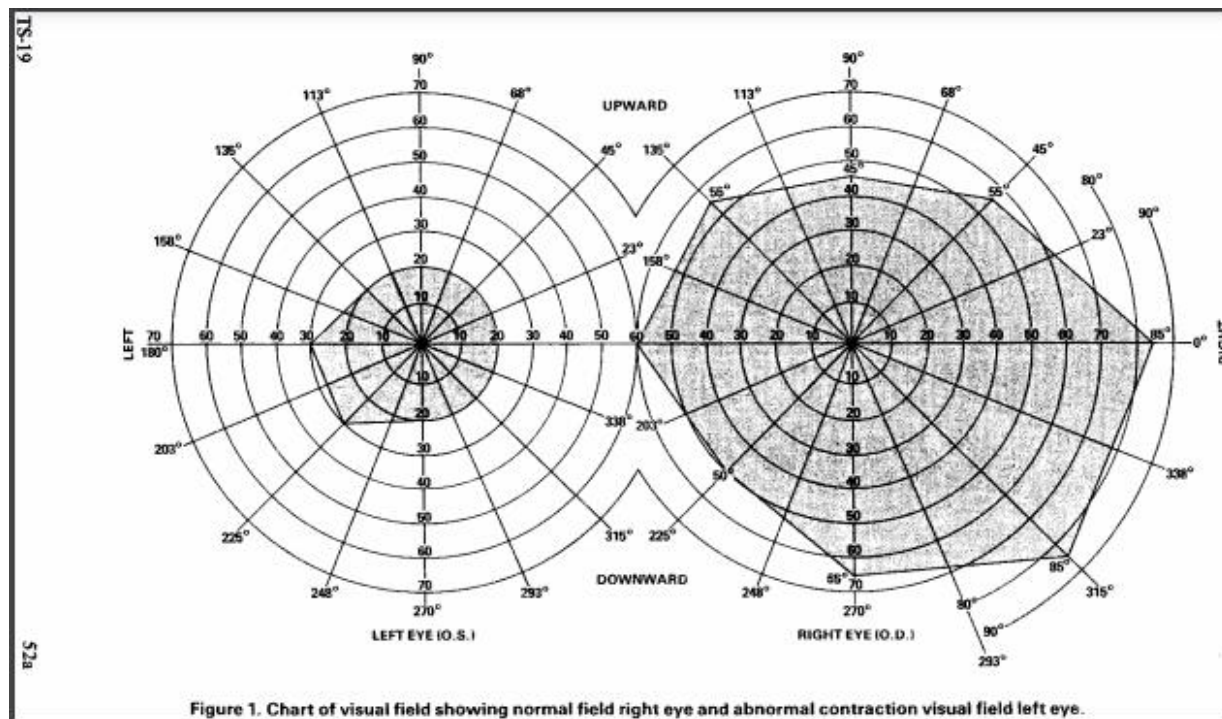
<i>Loss</i>	<i>Degrees</i>
Temporally.....	55
Down temporally.....	55
Down	45
Down nasally	30
Nasally.....	40
Up nasally.....	35
Up.....	25
Up temporally	35
Total.....	320

Remaining field 500° minus $320^{\circ} = 180^{\circ}$. $180^{\circ} \div 8 = 22.5^{\circ}$ average concentric contraction.

(Authority: 38 U.S.C. 1155)

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§4.76a Figure CHART OF VISUAL FIELD SHOWING NORMAL FIELD RIGHT EYE AND ABNORMAL CONTRACTION VISUAL FIELD LEFT EYE:



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§4.77 VISUAL FIELDS:

- (a) **Examination of visual fields.** Examiners must use either Goldmann kinetic perimetry or automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability.
 - For phakic (normal) individuals, as well as for pseudophakic or aphakic individuals who are well adapted to intraocular lens implant or contact lens correction, visual field examinations must be conducted using a standard target size and luminance, which is Goldmann's equivalent III/4e.
 - For aphakic individuals not well adapted to contact lens correction or pseudophakic individuals not well adapted to intraocular lens implant, visual field examinations must be conducted using Goldmann's equivalent IV/4e.
 - The examiner must document the results for at least 16 meridians 22½ degrees apart for each eye and indicate the Goldmann equivalent used. See Table III for the normal extent (in degrees) of the visual fields at the 8 principal meridians (45 degrees apart).
 - When the examiner indicates that additional testing is necessary to evaluate visual fields, the additional testing must be conducted using either a tangent screen or a 30-degree threshold visual field with the Goldmann III stimulus size. The examination report must document the results of either the tangent screen or of the 30-degree threshold visual field with the Goldmann III stimulus size.
- (b) **Evaluation of visual fields.** Determine the average concentric contraction of the visual field of each eye by measuring the remaining visual field (in degrees) at each of eight principal meridians 45 degrees apart, adding them, and dividing the sum by eight.
- (c) **Combination of visual field defect and decreased visual acuity.** To determine the evaluation for visual impairment when both decreased visual acuity and visual field defect are present in one or both eyes and are service connected, separately evaluate the visual acuity and visual field defect (expressed as a level of visual acuity) and combine them under the provisions of §4.25. (Authority: 38 U.S.C. 1155)

Figure 2 [next page]

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Figure-2: GOLDMANN PERIMETER CHART

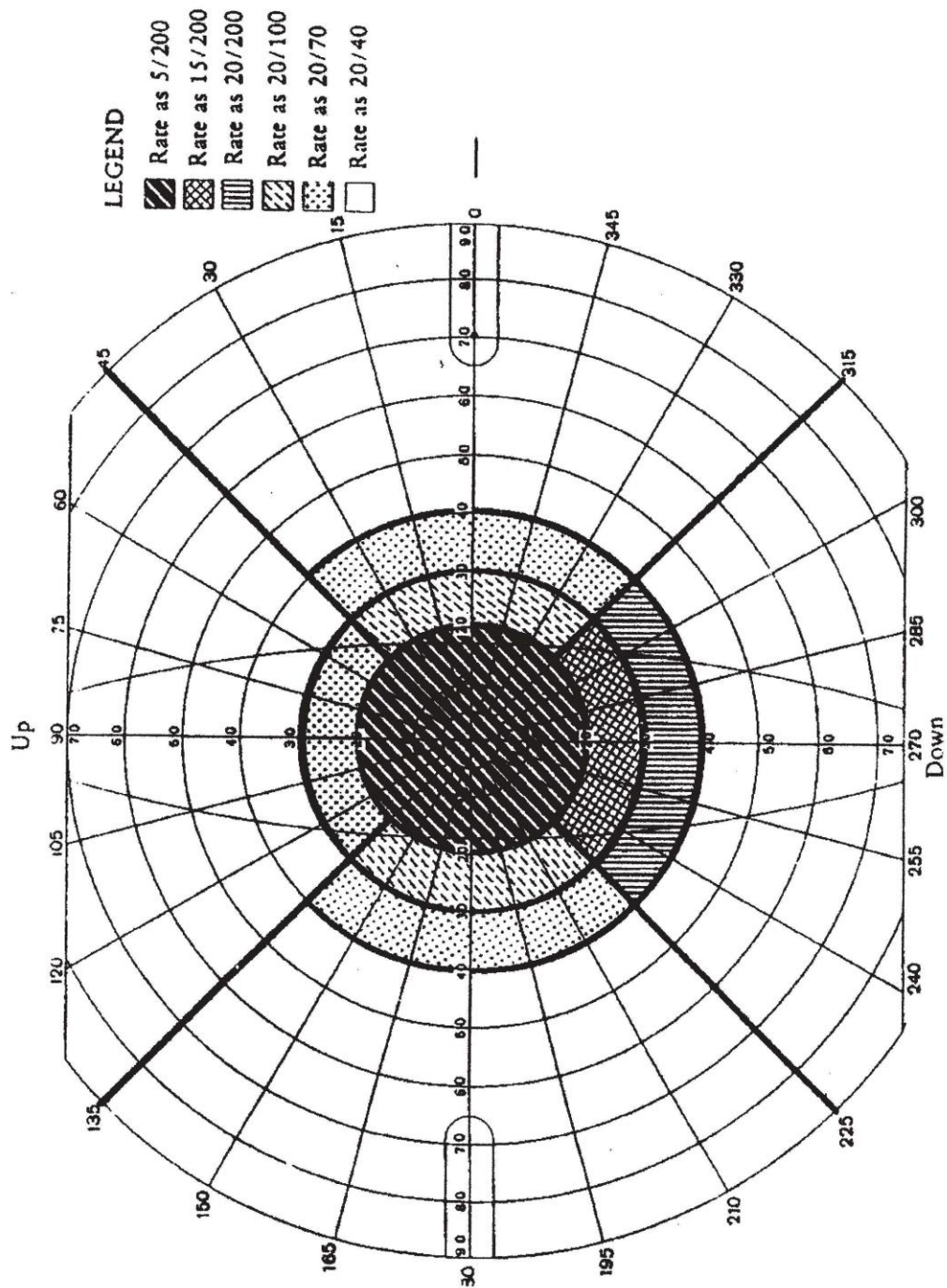


Figure 2. Goldmann Perimeter Chart

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Figure-2: GOLDMANN PERIMETER CHART

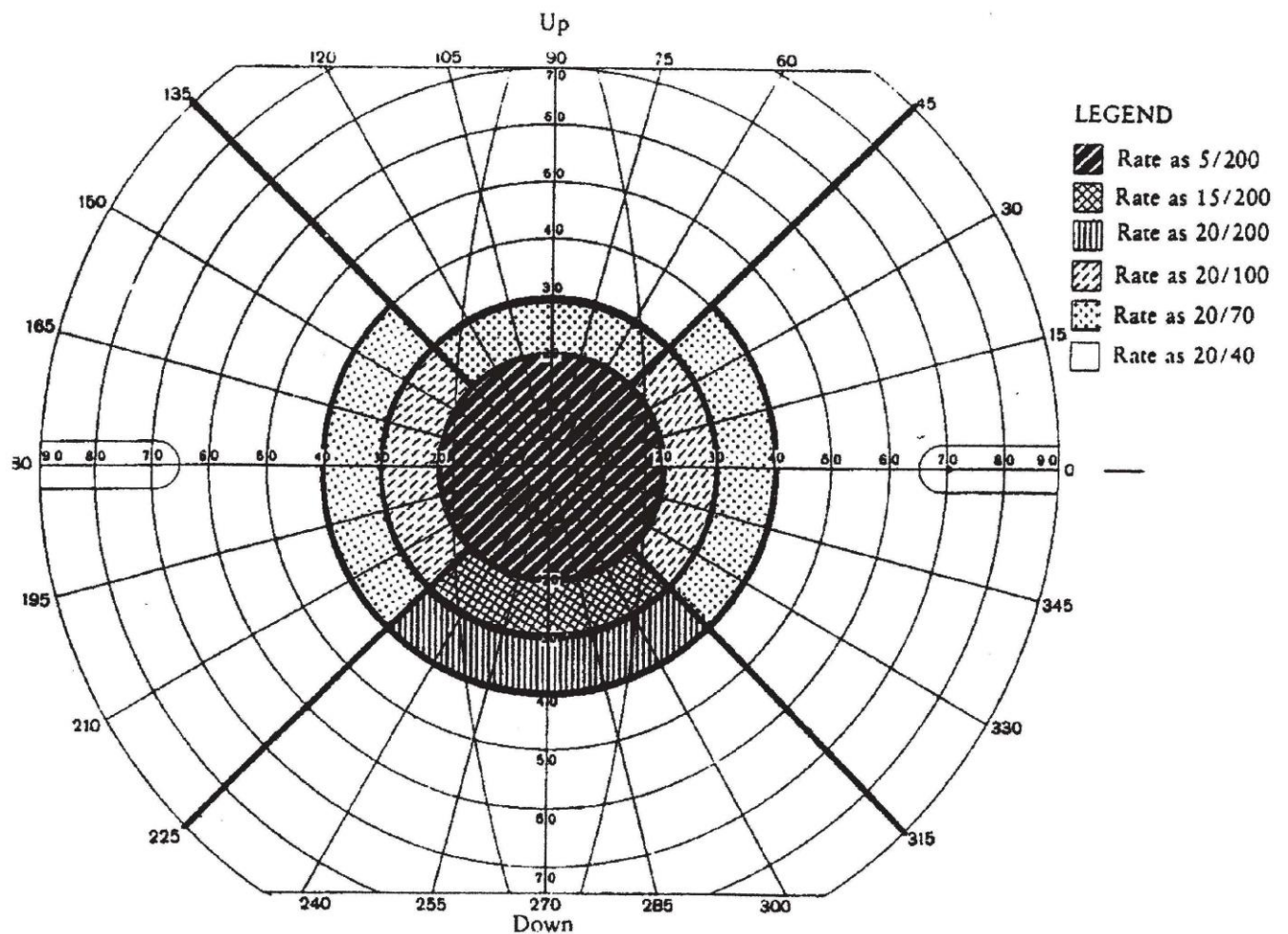


Figure 2. Goldmann Perimeter Chart

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§4.77 SCHEDULE OF RATINGS – EYE:

- Unless otherwise directed, evaluate diseases of the eye under the General Rating Formula for Diseases of the Eye.

DISEASES OF THE EYE

	Rating
GENERAL RATING FORMULA FOR DISEASES OF THE EYE:	
Evaluate on the basis of either visual impairment due to the particular condition or on incapacitating episodes, whichever results in a higher evaluation.	
With documented incapacitating episodes requiring 7 or more treatment visits for an eye condition during the past 12 months	60
With documented incapacitating episodes requiring at least 5 but less than 7 treatment visits for an eye condition during the past 12 months	40
With documented incapacitating episodes requiring at least 3 but less than 5 treatment visits for an eye condition during the past 12 months	20
With documented incapacitating episodes requiring at least 1 but less than 3 treatment visits for an eye condition during the past 12 months	10

Note (1): For the purposes of evaluation under 38 CFR 4.79, an incapacitating episode is an eye condition severe enough to require a clinic visit to a provider specifically for treatment purposes.

Note (2): Examples of treatment may include but are not limited to: Systemic immunosuppressants or biologic agents; intravitreal or periocular injections; laser treatments; or other surgical interventions

Note (3): For the purposes of evaluating visual impairment due to the particular condition, refer to 38 CFR 4.75-4.78 and to §4.79, diagnostic codes 6061-6091

6000 Choroidopathy, including uveitis, iritis, cyclitis, or choroiditis.

6001 Keratopathy.

6002 Scleritis.

6006 Retinopathy or maculopathy not otherwise specified.

6007 Intraocular hemorrhage.

6008 Detachment of retina.

6009 Unhealed eye injury.

Note: This code includes orbital trauma, as well as penetrating or non-penetrating eye injury

6010 Tuberculosis of eye:

Active 100

Inactive: Evaluate under §4.88c or §4.89 of this part, whichever is appropriate.

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6011 Retinal scars, atrophy, or irregularities:

Localized scars, atrophy, or irregularities of the retina, unilateral or bilateral, that are centrally located and that result in an irregular, duplicated, enlarged, or diminished image 10

Alternatively, evaluate based on the General Rating Formula for Diseases of the Eye, if this would result in a higher evaluation.

6012 Angle-closure glaucoma:

Evaluate under the General Rating Formula for Diseases of the Eye.
Minimum evaluation if continuous medication is required..... 10

6013 Open-angle glaucoma:

Evaluate under the General Rating Formula for Diseases of the Eye.
Minimum evaluation if continuous medication is required 10

6014 Malignant neoplasms of the eye, orbit, and adnexa (excluding skin):

Malignant neoplasms of the eye, orbit, and adnexa (excluding skin) that require therapy that is comparable to those used for systemic malignancies, i.e., systemic chemotherapy, X-ray therapy more extensive than to the area of the eye, or surgery more extensive than enucleation..... 100

Note: Continue the 100 percent rating beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy, or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating will be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination will be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluate based on residuals

Malignant neoplasms of the eye, orbit, and adnexa (excluding skin) that do not require therapy comparable to that for systemic malignancies:

Separately evaluate visual and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations

6015 Benign neoplasms of the eye, orbit, and adnexa (excluding skin):

Separately evaluate visual and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.

6016 Nystagmus, central..... 10

6017 Trachomatous conjunctivitis:

Active: Evaluate under the General Rating Formula for Diseases of the Eye, minimum rating 30

Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800).

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6018 Chronic conjunctivitis (nontrachomatous):

Active: Evaluate under the General Rating Formula for Diseases of the Eye, minimum rating 10

Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800).

6019 Ptosis, unilateral or bilateral:

Evaluate based on visual impairment or, in the absence of visual impairment, on disfigurement (diagnostic code 7800).

6020 Ectropion:

Bilateral 20

Unilateral 10

6021 Entropion:

Bilateral 20

Unilateral 10

6022 Lagophthalmos:

Bilateral 20

Unilateral 10

6023 Loss of eyebrows, complete, unilateral or bilateral 10

6024 Loss of eyelashes, complete, unilateral or bilateral 10

6025 Disorders of the lacrimal apparatus (epiphora, dacryocystitis, etc.):

Bilateral 20

Unilateral 10

6026 Optic neuropathy:**6027 Cataract:**

Preoperative: Evaluate under the General Rating Formula for Diseases of the Eye

Postoperative: If a replacement lens is present (pseudophakia), evaluate under the General Rating Formula for Diseases of the Eye. If there is no replacement lens, evaluate based on aphakia (diagnostic code 6029)

6029 Aphakia or dislocation of crystalline lens:

Evaluate based on visual impairment, and elevate the resulting level of visual impairment one step.

Minimum (unilateral or bilateral)..... 30

6030 Paralysis of accommodation (due to neuropathy of the

Oculomotor Nerve (cranial nerve III)) 20

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6032 Loss of eyelids, partial or complete:

Separately evaluate both visual impairment due to eyelid loss and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.

6034 Pterygium:

Evaluate under the General Rating Formula for Diseases of the Eye, disfigurement (diagnostic code 7800), conjunctivitis (diagnostic code 6018), etc., depending on the particular findings, and combine in accordance with §4.25.

6035 Keratoconus:

6036 Status post corneal transplant:

Evaluate under the General Rating Formula for Diseases of the Eye.

Minimum, if there is pain, photophobia, and glare sensitivity 10

6037 Pinguecula:

Evaluate based on disfigurement (diagnostic code 7800).

6040 Diabetic retinopathy

6042 Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-onset macular degeneration, rod and/or cone dystrophy)

6046 Post-chiasmal disorders

IMPAIRMENT OF CENTRAL VISUAL ACUITY

6061 Anatomical loss of both eyes¹ 100

6062 No more than light perception in both eyes¹ 100

6063 Anatomical loss of one eye: ¹

In the other eye 5/200 (1.5/60). 100
 In the other eye 10/200 (3/60) 90
 In the other eye 15/200 (4.5/60) 80
 In the other eye 20/200 (6/60) 70
 In the other eye 20/100 (6/30) 60
 In the other eye 20/70 (6/21) 60
 In the other eye 20/50 (6/15) 50
 In the other eye 20/40 (6/12) 40

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6064 No more than light perception in one eye: ¹

In the other eye 5/200 (1.5/60)	100
In the other eye 10/200 (3/60)	90
In the other eye 15/200 (4.5/60)	80
In the other eye 20/200 (6/60)	70
In the other eye 20/100 (6/30)	60
In the other eye 20/70 (6/21)	50
In the other eye 20/50 (6/15)	40
In the other eye 20/40 (6/12)	30

6065 Vision in one eye 5/200 (1.5/60):

In the other eye 5/200 (1.5/60)	¹ 100
In the other eye 10/200 (3/60)	90
In the other eye 15/200 (4.5/60)	80
In the other eye 20/200 (6/60)	70
In the other eye 20/100 (6/30)	60
In the other eye 20/70 (6/21)	50
In the other eye 20/50 (6/15)	40
In the other eye 20/40 (6/12)	30

6066 Visual acuity in one eye 10/200 (3/60) or better:

Vision in one eye 10/200 (3/60):	
In the other eye 10/200 (3/60)	90
In the other eye 15/200 (4.5/60)	80
In the other eye 20/200 (6/60)	70
In the other eye 20/100 (6/30)	60
In the other eye 20/70 (6/21)	50
In the other eye 20/50 (6/15)	40
In the other eye 20/40 (6/12)	30
Vision in one eye 15/200 (4.5/60):	
In the other eye 15/200 (4.5/60)	80
In the other eye 20/200 (6/60)	70
In the other eye 20/100 (6/30)	60
In the other eye 20/70 (6/21)	40
In the other eye 20/50 (6/15)	30
In the other eye 20/40 (6/12)	20
Vision in one eye 20/200 (6/60):	
In the other eye 20/200 (6/60)	70
In the other eye 20/100 (6/30)	60
In the other eye 20/70 (6/21)	40
In the other eye 20/50 (6/15)	30
In the other eye 20/40 (6/12)	20
Vision in one eye 20/100 (6/30):	
In the other eye 20/100 (6/30)	50
In the other eye 20/70 (6/21)	30
In the other eye 20/50 (6/15)	20
In the other eye 20/40 (6/12)	10

Vision in one eye 20/70 (6/21):	
In the other eye 20/70 (6/21)	30
In the other eye 20/50 (6/15)	20
In the other eye 20/40 (6/12)	10
Vision in one eye 20/50 (6/15):	
In the other eye 20/50 (6/15)	10
In the other eye 20/40 (6/12)	10
Vision in one eye 20/40 (6/12):	
In the other eye 20/40 (6/12)	0

¹Review for entitlement to special monthly compensation under 38 CFR 3.350.

RATINGS FOR IMPAIRMENT OF VISUAL FIELDS

6080 Visual field defects:

Homonymous hemianopsia	30
Loss of temporal half of visual field:	
Bilateral	30
Unilateral	10
Or evaluate each affected eye as 20/70 (6/21).	
Loss of nasal half of visual field:	
Bilateral	10
Unilateral	10
Or evaluate each affected eye as 20/50 (6/15).	
Loss of inferior half of visual field:	
Bilateral	30
Unilateral	10
Or evaluate each affected eye as 20/70 (6/21).	
Loss of superior half of visual field:	
Bilateral	10
Unilateral	10
Or evaluate each affected eye as 20/50 (6/15).	
Concentric contraction of visual field:	
With remaining field of 5 degrees: ¹	
Bilateral	100
Unilateral	30
Or evaluate each affected eye as 5/200 (1.5/60).	
With remaining field of 6 to 15 degrees:	
Bilateral	70
Unilateral	20
Or evaluate each affected eye as 20/200 (6/60).	

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With remaining field of 16 to 30 degrees:	
Bilateral	50
Unilateral	10
Or evaluate each affected eye as 20/100 (6/30).	
With remaining field of 31 to 45 degrees:	
Bilateral	30
Unilateral	10
Or evaluate each affected eye as 20/70 (6/21).	
With remaining field of 46 to 60 degrees:	
Bilateral	10
Unilateral	10
Or evaluate each affected eye as 20/50 (6/15).	

6081 Scotoma, unilateral:

Minimum, with scotoma affecting at least one-quarter of the visual field (quadrantanopsia) or with centrally located scotoma of any size	10
Alternatively, evaluate based on visual impairment due to scotoma, if that would result in a higher evaluation.	

¹Review for entitlement to special monthly compensation under 38 CFR 3.350.

RATINGS FOR IMPAIRMENT OF MUSCLE FUNCTION

Degree of diplopia	Equivalent Visual Acuity
6090 Diplopia (double vision):	
(a) Central 20 degrees.....	5/200 (1.5/60)
(b) 21 degrees to 30 degrees	
(1) Down.....	15/200 (4.5/60)
(2) Lateral.....	20/100 (6/30)
(3) Up	20/70 (6/21)
(c) 31 degrees to 40 degrees	
(1) Down.....	20/200 (6/60)
(2) Lateral.....	20/70 (6/21)
(3) Up	20/40 (6/12)

Note: In accordance with 38 CFR 4.31, diplopia that is occasional or that is correctable with spectacles is evaluated at 0 percent.

6091 Symblepharon:

Evaluate under the General Rating Formula for Diseases of the Eye, lagophthalmos (diagnostic code 6022), disfigurement (diagnostic code 7800), etc., depending on the particular findings, and combine in accordance with §4.25.

(Authority: 38 U.S.C. 1155)

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M21-1: Conditions of the Eyes

M21-1 Adjudication Procedures, Part 03 (III) outlines the General Claims Process for VBA rating staff. **Subpart iv** addresses the General Rating Process that is followed. **Chapter 4, Section C** of Subpart iv specifically addresses **Conditions of the Eyes**. This is the VBA manual reference that VA rating specialists will rely on to provide official guidance on how to properly rate an eye condition.

Section C is divided into 4 main topic areas:

1. Basic Rating Principles for Eye Conditions
2. Congenital and Developmental Defects and Refractive Error of the Eyes
3. Other Eye Conditions
4. Examples of Rating Decision for Diplopia

Topic 1 – Basic Rating Principles for Eye Conditions is subdivided into the following sections:

- Evaluating visual acuity
- Measuring field of vision
- Examination requirements for diplopia
- Evaluating diplopia with impairment of visual acuity or field
- Considering impairments of both visual acuity and visual field
- Incapacitating episodes of eye disease
- Citing disease or injury in the diagnosis
- Evaluating anatomical loss of one eye with inability to wear a prosthesis
- Considering visual acuity in a non-service-connected (NSC) when the other eye is service-connected (SC)
- Changes in the eye rating schedule

Topic 2 – Congenital or Developmental Defects and Refractive Error of the Eyes is subdivided into the following sections:

- Excluding congenital or developmental defects
- Definition of refractive errors
- Refractive errors
- Amblyopia
- Establishing SC for unusual developments

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Topic 3 – Other Eye Conditions is subdivided into the following sections:

- Glaucoma
- Cataracts
- Dry eye syndrome
- Decision making principles – dry eye syndrome
- Retinitis pigmentosa

Topic 4 – Examples of Rating Decisions for Diplopia provides three (3) examples.

VIST Tips:

- An example of how a reference in M21-1 will sometimes appear is as follows: The section on **Evaluating Visual Acuity** may appear as **M21-1.III.iv.4.C.1.a**.
- For detailed access to M21-1 Conditions of the Eyes please select the link below.

More Information: [M21-1, Part III, Subpart iv, Chapter 4, Section C - Conditions of the Eyes](#)

Additional Information:

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RATING: Office of General Counsel Opinions

The Office of the General Counsel (OGC) essentially functions as the corporate or Agency attorney for VA. The OGC ensures the just and faithful execution of the laws, regulations and policies that the Secretary has responsibility for administering. VA top management and program managers can request OGC provide legal guidance and clarification regarding laws and regulations. Legal opinions are either “advisory only” or “precedent opinions”.

What is an OGC Precedent Opinion? A **Precedent Opinion** from OGC is binding on VA officials and staff in subsequent matters involving a legal issue decided in the **Precedent Opinion**.

What is the impact of an OGC Precedent Opinion? A precedent opinion is binding and deemed conclusive not only on the immediate issue being addressed but also in future adjudications and appeals. A Precedent Opinion remains in force unless there is a change in a controlling statute or regulation, Court decision, or a superseding written legal opinion of the OGC.

Examples of OGC Precedent Opinions Impacting Blinded Veterans. The following are three (3) examples of Precedent Opinions that directly impacted benefits for blinded veterans:

- **PREC 63-90 (07/18/1990): Benefits for Blind Veterans Under 38 U.S.C. § 614:** Essentially paved the way for issuance of computer technology and later smart phone devices for blinded veterans to overcome blindness. Prior to the opinion VA issuance criteria was narrow and mostly employment focused.
- **PREC 67-90 (07/18/1990): Congenital/Developmental Conditions Under 38 U.S.C. § 3.303(c):** Held that service-connection may be granted for hereditary diseases which either first manifest themselves during service or which pre-exist service and progress at an abnormally high rate during service. This opinion updated an earlier 1988 opinion which essentially held the same findings. Prior to the 1988 opinion, congenital/developmental conditions were deemed not related to service and therefore rated as NSC. This opinion paved the way for many blinded veterans with RP to have their eye condition rated SC.

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- **PREC 11-99** (09/02/1999): **Effect of Former Manual Provisions Concerning Authority to Pay Compensation for Retinitis Pigmentosa:** Is a somewhat complicated legal opinion based on a U.S. Court of Appeals for Veterans Claims case involving a claim to SC a Veteran's RP condition dating back to 1963.

VIST Tips:

- The number of Precedent Opinions published each year by OGC can vary from none or just a couple to 100 or more.

More Information: [VA OGC: Precedent Opinions for 1989 to 2019](#)

Additional Information: [VA.gov: OGC](#)

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RATING: Eye Conditions Disability Benefits Questionnaire

VBA's preferred tool for rating Eye Conditions is called the **Eye Conditions Disability Benefits Questionnaire (DBQ)**.

What is an Eye Conditions DBQ? It is 12 printed pages in length and must be completed by a licensed Ophthalmologist or Optometrist. It is a comprehensive report on a Veteran's visual status as it relates to a claim for VA compensation or pension benefits. VBA created a number of DBQs to streamline the ratings process for frequently identified conditions claimed by Veterans seeking compensation or pension benefits. The **Eye Conditions DBQ** is specific to a claim for rating an eye condition. A completed DBQ makes the rating process more accurate and efficient for rating staff.

A copy of the **Eye Conditions DBQ** is found in the following PDF:



Eye-Conditions-DB
Q-1.pdf

VIST Tips:

- VBA staff will usually arrange for a formal C&P eye examination to be completed prior to adjudicating a claim for vision loss. However, they have the option of using other medical evidence if available. An example of this could be a veteran who is rated Service-Connected for vision loss with HM in one eye and NLP in the other eye. Veteran completes an updated VIST Review and is found to now have visual acuities of NLP in both eyes. VBA can accept the VHA eye exam as evidence if properly documented.
- The Eye Condition DBQ provides specific instructions for measuring and recording visual acuities. The eye provider is expected to adhere to the guidelines (i.e. central visual acuity vs. best visual acuity).
- A veteran can have their health care provider complete any DBQ, if the provider is willing. VA will not pay or reimburse any expenses or costs incurred in the process of completing and/or submitting DBQs completed by the Veteran's healthcare provider.
- To access other DBQs check out the More Information link below.

More Information: [VA Disability Benefits Questionnaires \(DBQs\)](#)

Additional Information:

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Ratings for Vision Loss

RATING: Disability Ratings for Visual Impairment

Type of Benefit: Disability Ratings – For Vision Loss

LEGAL AUTHORIZATION: Title 38 U.S. Code _____

VA rates claims for vision loss based on the Organs of Special Sense guidelines in _____. The process of examination and rating is the same for both compensation and for pension claims. The ratings for vision loss are based either on visual acuity measurements and/or visual field loss measurements.

BENEFIT: VA may pay compensation for vision loss that is determined to be service-connected(SC) or pension benefits for vision loss that is determined to be non-service connected (NSC).

ELIGIBILITY: Any veteran can file a claim for benefits based on vision loss.

Managed By: VBA

Application Procedure: VBA would apply the appropriate rating for vision loss based on overall rating.

VIST Tips:

- The next pages include the breakdown of VA ratings based on Central Visual Acuity and ratings also based on Visual Field Loss.

More Information: [38 CFR, Section 3.340](#)

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RATING: Visual Acuity Rating Tips

The Veterans Benefits Administration (VBA) uses specific acuity measurements for rating purposes. Those VBA rating acuities appear on the previous 2 pages. To help reduce confusion for Adjudication staff, VBA implemented a C&P eye examination form (see link for DBQ Form on previous page) which requires the eye care provider to record the acuity information using the VBA recognized acuities.

These tips are included in the Desk Reference and Quick Reference Guides to assist VIST in converting distance acuity measurements into a VBA ratable acuity level.

Central Visual Acuity vs. Best Visual Acuity

Note: Legal blindness and VBA Ratings are based on best corrected, **central** visual acuity using a Snellen or Snellen equivalent eye chart.

Tip: If visual acuity is recorded as OS: **20/80 EV** (indicating off-center or Eccentric Viewing was used) ask the eye care provider to retest using best corrected, **central** vision only.

Counts Fingers

Abbrev: **CF**

Tip: Acuity is recorded as OS: **CF @ less than 3 feet** then convert to **Light Perception (LP)**

Tip: Acuity is recorded as OD: **CF @ 3 to 5 feet** then convert to **5/200**

Tip: Acuity is recorded as OS: **CF @ 6 feet or higher** then convert to **20/400**

Tip: Acuity is recorded as OU: **CF @ 20 or no distance** ask provider to retest or clarify

Tip: Conventional wisdom holds that CF is equivalent to the 200 size target on an acuity chart. Therefore, the distance would be recorded relative to the 200 target: XX/200 (where XX is the distance recorded). This can be a somewhat inaccurate measurement as there is no standard finger size used by the eye care provider.

Examples: **CF@2.5 feet = LP**
CF<3' = LP
CF@4' = 5/200
CF@X = X/200 (i.e. CF@6' = 6/200)

Hand Motion

Abbrev: **HM**

Tip: Acuity is recorded as OS: **HM** then convert to **Light Perception (LP)**

Example: **HM@1' = LP**

Common Acuity Conversions

Tip: When a recorded acuity falls between a recognized VBA rating acuity, round up to the next recognized VBA rating acuity

Examples: **20/60 = 20/70**
20/80 = 20/100
20/160 = 20/200
20/300 = 20/400
6/200 = 5/200

10/200 = 20/400 (the DBQ eye form uses the 20/400 measurement while the rating schedule uses the 10/200 measurement as found on the prior page)

Tip: When the acuity measurement uses a distance less than 20 feet then convert the measurement to a 20 foot equivalent.

Examples: **10/80 = 20/160** (rate as 20/200 since 20/160 falls between 20/100 and 20/200)
10/60 = 20/120 (rate as 20/200 since 20/120 falls between 20/100 and 20/200)

C&P DBQ Form (VA Form 21-0960N-2)

[Eye Conditions Disability Benefits Questionnaire](#)

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RATING: Visual Field Rating Tips

The Veterans Benefits Administration (VBA) uses special procedures and testing for rating visual field constriction. The VBA impairment of visual field ratings appear on the next page. To help reduce confusion for Adjudication staff, VBA implemented a C&P eye examination form (see link for DBQ Form on next page) which requires the eye care provider to record the acuity information using the VBA recognized acuities.

These tips are included in the VIST Desk and Quick Reference Guides to assist VIST in better understanding the procedures for rating visual field loss.

Legal Blindness vs. VBA Rating of Visual Field Loss

- Note: VBA uses a different process for measuring legal blindness based on visual field loss compared to how VBA rates impairment of visual field.
- Tip: Legal Blindness based on a visual field loss uses a *diameter* of 20 degrees or less in the better eye. This is based on the widest diameter of the remaining central visual field, without consideration to the shape of the visual field.
- Tip: To calculate impairment of visual field VBA uses a formula based on testing the 16 meridians of the visual field. The formula results in an average concentric contraction based on the *radius* in each meridian.

Testing for Impairment of Visual Field Loss

- Note: VBA requires either a Goldmann kinetic perimetry or automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability.
- Tip: The results must be recorded on a standard Goldmann chart providing at least 16 meridians 22-1/2 degrees apart for each eye.
- Tip: The results should be obtained using a Goldmann equivalent III/4e target. A IV/4e equivalent target can be used for aphakic individuals not well adapted to contact lens correction or pseudophakic individuals not well adapted to intraocular lens implant.

Rating for Combination of Visual Field Defect and Decreased Visual Acuity

- Note: To determine the evaluation for visual impairment when both decreased visual acuity and visual field defect are present in one or both eyes and are service connected, separately evaluate the visual acuity and visual field defect (expressed as a level of visual acuity), and combine them under the provision of CFR 38 §4.25 (combined ratings).

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TABLE-2: Ratings for Vision Loss – Central Visual Acuity

RATINGS FOR IMPAIRMENT OF CENTRAL VISUAL ACUITY				
VISION IN ONE EYE	VISION IN OTHER EYE	VA RATING	SPECIAL MONTHLY COMP (SMC)	SPECIAL MONTHLY PENSION
20/40 or Better	20/40 or Better	0%		
	20/50	10%		
	20/70			
	20/100			
	20/200	20%		
	15/200			
	10/200	30%		
	5/200			
	LP	K-Award		
	NLP or Anatomical Loss	40%*	K-Award	
20/50	20/50	10%		
	20/70	20%		
	20/100			
	20/200			30%
	15/200			
	10/200	40%		
	5/200			
	LP		K-Award	
	NLP or Anatomical Loss	50%*	K-Award	
20/70	20/70	30%		
	20/100			
	20/200			
	15/200	40%		
	10/200			
	5/200			
	LP	K-Award		
	NLP or Anatomical Loss	60%*	K-Award	
20/100	20/100	50%		
	20/200	60%*		
	15/200			
	10/200			
	5/200			
	LP		K-Award	
	NLP or Anatomical Loss		K-Award	
NOTE: *Add 10% if artificial eye cannot be worn				

NOTE: *Add 10% if artificial eye cannot be worn

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TABLE-2: Ratings for Vision Loss – Central Visual Acuity, continued

RATINGS FOR IMPAIRMENT OF CENTRAL VISUAL ACUITY				
VISION IN ONE EYE	VISION IN OTHER EYE	VA RATING	SPECIAL MONTHLY COMP (SMC)	SPECIAL MONTHLY PENSION
20/200	20/200	70%*		
	15/200			
	10/200			
	5/200			
	LP		K-Award	
	NLP or Anatomical Loss		K-Award	
15/200	15/200	80%*		
	10/200			
	5/200			
	LP		K-Award	
	NLP or Anatomical Loss		K-Award	
10/200	10/200	90%*		
	5/200			
	LP		K-Award	
	NLP		K-Award	
5/200	5/200	100%	L	A&A
	LP		L-1/2	A&A
	NLP or Anatomical Loss		M	A&A
	Factual Need for A&A		L or M	A&A
			L or M	A&A
LIGHT PERCEPTION	LP – Light Perception	100%	M	A&A
	NLP or Anatomical Loss		M-1/2	A&A
NO LIGHT PERCEPTION	NLP or Anatomical Loss	100%	N	A&A
NOTE: *Add 10% if artificial eye cannot be worn				

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Table-3: Ratings for Vision Loss – Visual Field

RATINGS FOR IMPAIRMENT OF VISUAL FIELD				
VISUAL FIELD MEASUREMENT	RATE AS	VA RATING	SPECIAL MONTHLY COMP (SMC)	SPECIAL MONTHLY PENSION
UNILATERAL				
60 degrees but not to 45 degrees	20/50	10%		
45 degrees but not to 30 degrees	20/70	10%		
30 degrees but not to 15 degrees	20/100	10%		
15 degrees but not to 5 degrees	20/200	20%		
5 degrees or less	5/200	30%		
BILATERAL				
60 degrees but not to 45 degrees	20/50	20%		
45 degrees but not to 30 degrees	20/70	30%		
30 degrees but not to 15 degrees	20/100	50%		
15 degrees but not to 5 degrees	20/200	70%		
5 degrees or less	5/200	100%	SMC-L	A&A
<p>NOTE: PL 110-57 (enacted in late 2007) changed the bilateral visual field required to qualify for the paired organ benefit from 5 degrees to 20 degrees. This may eventually have an impact on the Schedule of Rating Disabilities for Ratings of Impairment of Visual Field listed above, but at the time of publication of this edition of the VIST Reference Guide the Schedule reads as listed above and the ruling only applies to the paired organ benefit until CFR-38 is amended.</p>				

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VA **COMPENSATION** **BENEFITS**

COMPENSATION: Types of VA Compensation

Type of Benefit: VA Monetary Compensation

Authorization: Title 38 U.S.C., Chapter 11: Compensation for Service-Connected Disability or Death

VA provides monetary compensation through monthly tax free benefits to Veterans in recognition of the effects of disabilities, diseases, or injuries incurred or aggravated during military service.

The VA also provides compensation through monthly payments to surviving spouses, dependent children, and dependent parents in recognition of the economic loss caused by a Veteran's death during military service or, after discharge, as a result of a service-connected (SC) disability.

BENEFIT: Tax free, monetary compensation with annual cost-of-living adjustments. It is not considered income, but rather compensation. VA has four (4) different types of compensation that are paid to eligible Veterans and their family members:

1. **Disability Compensation:** The benefit amount is graduated according to the degree of the Veteran's disability on a scale from 10 percent to 100 percent, in increments of 10 percent.
 - Compensation may also be paid for:
 - disabilities that are considered related or secondary to disabilities occurring in service.
 - disabilities presumed to be related to circumstances of military service, even though they may arise after service.
2. **Special Monthly Compensation (SMC):** SMC is an additional benefit that can be paid to Veterans, their spouses, surviving spouses and parents.
 - For Veterans, SMC is a higher rate of compensation paid due to special circumstances such as the bilateral blindness, loss or loss of use of a limb or organ of special sense; or need of aid and attendance by another person.
 - VA pays additional compensation for spouses and surviving spouses that are in need of aid and attendance by another person.
3. **Dependency and Indemnity Compensation (DIC):** DIC is a benefit payable to a surviving spouse, child, or parent of Servicemembers who died while on active duty, active duty for training, or inactive duty training, or to survivors of Veterans who died from their service-connected disabilities.
 - Parents DIC is for parents who were financially dependent on a Servicemember or Veteran who died from a service-related cause.

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4. Special VA Disability Compensation

- Automobile Allowance
- Clothing Allowance
- Hospitalization and Convalescence
- Individual Unemployability (IU)
- Birth Defects linked to Agent Orange
- Title 38 U.S.C. 1151 Claims

Eligibility: See separate sections for each type of VA compensation.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify what type of VA compensation a veteran is receiving. Eligibility for different VA benefits and services are sometimes dependent on the type of compensation awarded.
- **EXAMPLE:** Veteran is rated 100% SC for PTSD and receiving Disability Compensation at the 100% rate for Veteran with spouse. The monthly compensation check would be \$3,321.85 at the 100% rate for Veteran with spouse. If it is determined that veteran's SC condition meets the A&A criteria, Veteran can be approved for SMC and would receive SMC-L rate of \$4,090.57/month (2021 rate).

More Information: <https://www.benefits.va.gov/COMPENSATION/types-compensation.asp>

Additional Information:

- <https://www.va.gov/disability/eligibility/special-claims/>

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COMPENSATION: Establishing Service Connection (SC)

Type of Benefit: VA Monetary Compensation

Authorization: Title 38 U.S.C., Part II, Chapter 11: Compensation for Service-Connected Disability or Death

5 WAYS TO ESTABLISH AN SC RATING: VA can award service connection based on the following (see separate sections for more detailed information):

- **DIRECT SERVICE CONNECTION:** The facts, shown by the evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces.
- **PRESUMPTIVE SERVICE CONNECTION:** VA *presumes* that certain disabilities were caused by military service. Unique circumstances of specific military service may lead to certain diseases or conditions. Certain presumed conditions, when diagnosed in a Veteran that was part of a certain group, can be awarded disability compensation.
 - Veterans in the following groups may qualify for “presumptive” SC disability benefits:
 - Former Prisoners of War
 - Vietnam Veterans
 - Atomic Veterans
 - Gulf War Veterans
 - Certain chronic medical conditions may be eligible for presumptive service connection.
- **SECONDARY SERVICE CONNECTION:** A primary SC condition causes or aggravates a second condition that is otherwise not related to military service. VA can service connect the NSC condition.
- **SERVICE CONNECTION BASED ON AGGRAVATION:** Pre-existing injuries or conditions can be rated service connected if determined to be aggravated during military service or by aggravation of another condition which is rated SC.
- **SERVICE CONNECTION BASED ON 1151 CLAIMS:** Service Connection for conditions caused by VA care.

3 Elements Required for Direct Service Connection: Adjudicating service connection requires 3 basic elements to be satisfied:

1. A current disability or condition.
2. An event, injury, or illness during military service.
3. A medical connection (or nexus) linking the current disability/condition to the event, injury or illness occurring during military service.

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VIST Tips:

- The next sections discuss in greater detail the primary ways to establish service connection with VBA.

More Information: [Eligibility For VA Disability Benefits | Veterans Affairs](#)

Additional Information:

- <https://cck-law.com/blog/5-ways-to-establish-va-service-connection/>

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DISABILITY

COMPENSATION

COMPENSATION: VA Disability Compensation

Type of Benefit: VA Monetary Compensation

Authorization: Title 38 U.S.C., Part II, Chapter 11: Compensation for Service-Connected Disability or Death

WHAT IS IT? VA provides financial compensation for injuries and or disabilities incurred or developed due to active service in the line of duty related causes.

BENEFIT: Tax free, monetary compensation with annual cost-of-living adjustments.

- The benefit amount is graduated according to the degree of the Veteran's disability on a scale from 10 percent to 100 percent, in increments of 10 percent.
 - A zero (0) percent disability is considered non-compensable.
 - VA pays additional compensation based on number of dependents.
 - **Example:** A veteran with bilateral best corrected vision of 20/200 due to a service-connected cause and no other disabilities would be rated at the 70% degree of disability and would receive compensation at the 70% rate.
- Tables 1 and 2 on the next pages shows the 2021 VA Disability Compensation Rates.

Eligibility: To be considered eligible for disability compensation a veteran must meet **both** of the following conditions:

- Disabled by injury or disease incurred or aggravated during active service in the line of duty during wartime or peacetime service, **AND**
- Discharged or separated under other than dishonorable conditions.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify if veteran may be a candidate for an increased rating for vision loss (or possibly other conditions) based on latest eye report findings.

More Information: <https://www.benefits.va.gov/COMPENSATION/types-compensation.asp>

Additional Information:

- <https://www.va.gov/disability/eligibility/special-claims/>

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COMPENSATION: Disability Compensation Rates

Type of Benefit: VA Disability Compensation

Authorization: Title 38 U.S.C., 1114

The higher the rating percentage the more severe the disability, therefore the higher the monthly compensation payment.

Table 4: 2021 VA Disability Compensation Rates for Veteran only (no dependents)

VA SC RATING	MONTHLY RATES
0%	\$0.00
10%	\$144.14
20%	\$284.93
30%	\$441.35
40%	\$635.77
50%	\$905.04
60%	\$1,146.39
70%	\$1,444.71
80%	\$1,679.35
90%	\$1,887.18
100%	\$3,146.42

VIST Tips:

- Note the jump in monthly compensation between a 90% SC rating and a 100% SC rating in Table-1 above. This is over \$1,250 per month difference which is approximately a 66% increase in compensation. The additional money is just one of the benefits of reaching the 100% SC disability level.
- The disability compensation rates are subject to cost-of-living increases and will usually increase each year, similar to Social Security benefits. Check the link below for the current rate that is in effect.
- If the compensation rates change the effective date is usually December 1st of the current year and will appear in the following January 1st payment. For example, the rates listed above went into effect on December 1, 2020 and paid starting with the January 1, 2021 disability compensation payment.
- **REMINDER:** A 100% SC rating is considered a Total Disability rating and may or may not be permanent in nature.

More Information: [VA Disability Compensation Rates](#)

COMPENSATION: Disability Compensation Rates – Allowances for Dependents

Type of Benefit: VA Disability Compensation

Authorization: Title 38 U.S.C., 1114

WHAT IS IT? VA disability compensation provides additional allowances for a Veteran's dependents. VA factors in a Veteran's spouse, dependent children and dependent parents to arrive at the Veteran's monthly payment. The more dependents a Veteran has the higher the monthly compensation payment.

Table-2 on the next page shows the 2021 Disability Compensation Rates for a Veteran with spouse and dependent children.

BENEFIT: Additional tax free, monetary compensation with annual cost-of-living adjustments for each eligible dependent.

DEFINITIONS: VA considers the following to be **dependents** of a Veteran:

- A **spouse** (VA recognizes same-sex and common-law marriages)
- A **parent** (if Veteran is directly caring for the Veteran's parent and the parent's income and net worth are below a certain amount).
 - **NOTE:** VA will only recognize one father and one mother of a Veteran.
- An **unmarried child** (including biological children, an adopted child or stepchild) who meets one of the eligibility criteria listed below:
 - Is under 18 years old, **OR**
 - Are between the ages of 18 and 23 years old and enrolled in school full time, **OR**
 - Became permanently disabled before the turning 18 years old
 - **NOTE:** A Veteran who serves as the legal guardian for a child (i.e. grandchild) must adopt the child to receive additional compensation.

VIST Tips:

- VA does not start factoring in dependents until the 30% SC level is reached.
- Part of an annual review is determining a Veteran's current number of dependents and their status. VIST should compare the current status to what is known in the VBA record, which may be different. For example, VBA may be unaware of the death of a spouse or a new marriage or the addition of a step-child or new adoptive child. The Veteran's parent(s) may also become dependents as they age. Knowing a Veteran's number of dependents can help VIST accurately advise a Veteran regarding filing a claim to update their VBA status.

- As Table-2 demonstrates the amount of compensation increases with additional dependents. However, the additional compensation amount VA pays for a spouse or children is much smaller than what is ultimately being paid to the Veteran.
- A dependent child under the age of 18 is compensated differently than a dependent child between ages of 18-23, both in terms of amount and how the funds are paid.
- **REMINDER:** Family dynamics can be very complex, and it is **not** the responsibility of VIST to sort out who is and who is not recognized as a dependent. The best advice is for the Veteran to work with VBA to verify a dependents status.

More Information: [VA Disability Compensation Rates](#)

[M21-1, Part III, Subpart iii, Chapter 5, Section F - Establishing a Child's Age and Relationship](#)

Table 5: 2021 VA Disability Compensation Rates for Veteran WITH Spouse and Dependent Children

VA SC RATING	VETERAN ONLY	VETERAN + SPOUSE (No Children)	VETERAN+ SPOUSE +1 CHILD	Each Additional Child (Under 18)	Each Schoolchild (18-23 years old)
0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10%	144.14	144.14	144.14	0.00	0.00
20%	284.93	284.93	284.93	0.00	0.00
30%	441.35	493.35	532.35	26.00	84.00
40%	635.77	705.77	756.77	34.00	112.00
50%	905.04	992.04	1,056.04	43.00	140.00
60%	1,146.39	1,251.39	1,328.39	52.00	168.00
70%	1,444.71	1,566.71	1,656.71	61.00	197.00
80%	1,679.35	1,819.35	1,922.35	69.00	225.00
90%	1,887.18	2,044.18	2,160.18	78.00	253.00
100%	3,146.42	3,321.85	3,450.32	87.17	281.57

NOTES:

- The additional allowances for dependents starts when a Veteran is rated 30% SC or higher. Veterans rated 10% or 20% can only receive the compensation rate for a Veteran Only.
- Rates for each school child are shown separately. They are NOT included with any other compensation rates. To find the amount payable to a 70% disabled veteran with a spouse and 2 children, one of whom is over 18 and attending school, take the 70% rate for a veteran with a spouse and 1 child (\$1,656.71) and add the rate for one school child (\$197.00). The total amount payable is \$1,853.71.

COMPENSATION: Direct Service Connection (SC)

Type of Benefit: VA Monetary Compensation Based on Direct Service Connection

Authorization: 38 CFR § 3.304

What is Direct Service Connection? The facts, shown by the evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces.

- Most common form of service connection and the one that VBA will first try to establish, if able, when adjudicating a claim.
- Requires 3 **Elements** to establish Direct Service Connection (the law firm **Chisholm, Chisholm & Kilpatrick LTD** provides an excellent description of these 3 elements – see link to their website on next page for more information):
 1. A current disability or condition (due to injury or illness), **and**
 2. That disability or condition occurred **during** military service, or is connected in some manner to military service (referred to as an in-service event), **and**
 3. There is a medical link (also referred to as a medical nexus) between the current disability or condition and military event or service. A positive medical link or nexus will indicate that it is “at least as likely as not” that the Veteran’s condition was caused or aggravated by their time in military service.

NOTE: Refer to Figure-1 (a, b, and c) on page [REDACTED] for a representation on how the 3 Elements described above are used.

Examples of Direct Service Connection:

- **Veteran-A**
 1. Current disability or condition claimed: **total blindness, bilateral**.
 2. Current disability or condition was documented in the service medical records as having occurred while actively deployed to Iraq (**explosion in combat**).
 3. **C&P eye exam confirms** current vision loss is the result of trauma to the eyes resulting from the explosion described in #2.
- **Veteran-B**
 1. Current disability or condition claimed: **visual impairment: 20/200, bilateral**.

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2. Current disability or condition was documented in the service medical records as having occurred on active military service during peacetime (**Stargardt Disease**).
3. **C&P eye exam confirms** current vision loss is the result of diagnosis of Stargardt Disease and is directly related to military service.

VIST Tips:

- Veterans can have an undiagnosed illness and still receive VA disability benefits.

More Information: [Eligibility For VA Disability Benefits | Veterans Affairs](#)

Additional Information: <https://cck-law.com/blog/5-ways-to-establish-va-service-connection/>

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Figure-1A Unconnected Elements (represented by Dots) Required for Direct SC Rating

Description: The 3 Elements are represented by 3 separate **unconnected** small, solid color, circles (dots). The dots are located on the same horizontal axis or row. The **Current Disability Element** is represented by a **green** solid dot and **Blindness** is the identified disability, the **Event, Injury or Illness During Military Service Element** is represented by a **purple** solid dot, and the **Medical Nexus Link Element** is represented by an **orange** solid dot.



Figure-1B Two Elements (Dots) Are Now Connected

Description: The 3 Elements are represented by 3 separate small, solid color, circles (dots). Two of the dots are now connected by a line with arrow. The dots are located on the same horizontal axis or row. The **Current Disability Element** is represented by a **green** solid dot and **Blindness** is the identified disability. The **Event, Injury or Illness During Military Service Element** is now represented by a **green** solid dot and is connected to the Current Disability dot by a line with arrow. The Event, Injury or Illness During Military Service is identified as an **IED Explosion While Serving in Iraq**. The **Medical Nexus Link Element** is still represented by an **orange** solid dot and is **not** connected to the other two dots.

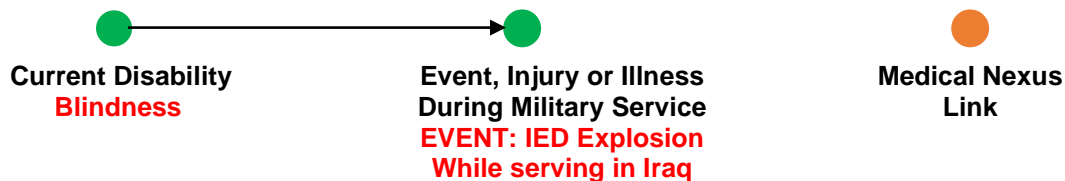
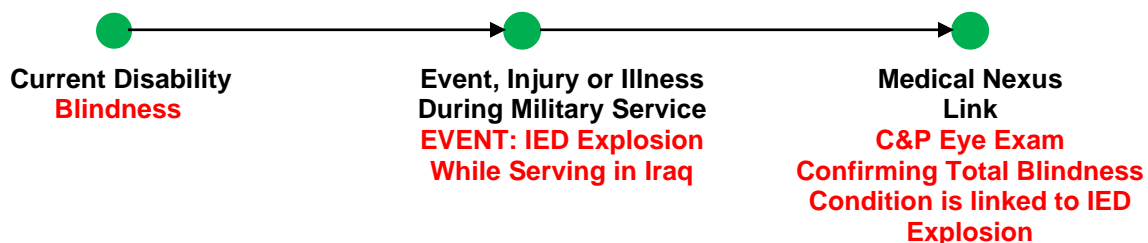


Figure-1C Connecting (Linking) all 3 Elements (Dots)

Description: The 3 Elements are represented by 3 separate small, solid color, circles (dots). All 3 dots are now connected by a line with arrow. The dots are located on the same horizontal axis or row. The **Current Disability Element** is represented by a **green** solid dot and **Blindness** is the identified disability. The **Event, Injury or Illness During Military Service Element** is now represented by a **green** solid dot and is connected to the Current Disability dot by a line with arrow. The Event, Injury or Illness During Military Service is identified as an **IED Explosion While Serving in Iraq**. The **Medical Nexus Link Element** is now represented by a **green** solid dot and is connected to the other two dots by a line with an arrow. The Medical Nexus Link is identified as a **C&P Eye Exam confirming that total blindness condition is linked to IED explosion**.



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COMPENSATION: Presumptive Service Connection (SC)

Type of Benefit: VA Monetary Compensation Based on Presumption

Authorization:

- 38 CFR § 3.307
- 38 CFR § 3.309 (Diseases subject to presumptive service connection)
- 38 CFR § 3.317 (Gulf War Diseases subject to presumptive service connection)
- 38 CFR § 3.318 (Presumptive service connection for ALS)

If a Veteran is not able to satisfy the Direct Service Connection Elements for a claimed condition, VBA will consider whether the condition qualifies for a **Presumptive Service Connection**.

What is Presumptive Service Connection? VA is authorized to *presume* that certain elements of service connection have been satisfied even if the veteran cannot otherwise establish that the condition occurred during military service.

EXAMPLE: A good example of Presumptive Service Connection is when a veteran files a claim related to diabetes mellitus due to Agent Orange exposure years after military service. For Veterans who served in the Republic of Vietnam during the Vietnam Era, VA is authorized by law to presume that those veterans were exposed to herbicide agents (i.e. Agent Orange). The veteran will not be required to prove they were exposed or that the condition occurred during military service. It will be presumed the Veteran was exposed to Agent Orange by VA during military service in Vietnam. Diabetes mellitus is a recognized presumed condition associated with Agent Orange.

Who Qualifies for Presumptive Service Connections? Certain groups of Veterans may qualify for Presumptive Service Connection, these include:

- Veterans suffering from specific chronic or tropical diseases
 - The disease must have become manifest to a degree of 10% or more within 1 year from the date of separation from service.
 - The time is extended for the following conditions:
 - Hansen' disease (leprosy)3 years
 - Tuberculosis3 years
 - Multiple sclerosis (MS).....7 years
 - Amyotrophic lateral sclerosis (ALS)Any time after discharge

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- Former Prisoners of War (POW)
- Vietnam Veterans
- Atomic Veterans exposed to ionizing radiation
- Veterans with service at Camp Lejeune
- Gulf War Veterans

Rebuttal of Presumed Service Incurrence or Aggravation: VA can deny a Presumption of Service Connection if there is “affirmative evidence to the contrary” indicating that the disease was not incurred in service. An example would be a condition resulting from a tropical disease where there is no evidence a Veteran had service in a locality with a high incidence of the tropical disease. That evidence may rebut the presumption.

Veterans suffering from Chronic or Tropical Diseases: If a veteran is diagnosed with the following chronic or tropical diseases listed in **38 CFR § 3.309(a and b)** shall be granted service connection if manifested to a degree of disability of 10% or more (within applicable time limits) even though the condition is not otherwise established as incurred in or aggravated by military service, provided the rebuttable presumption provisions discussed above have been satisfied.

NOTE: The **highlighted** diseases below could lead to vision loss and should be monitored by VIST. Other diseases on the list could also impair the visual system, but the likelihood is considered very low.

- **Chronic Diseases** (38 CFR § 3.309(a)):

- Anemia, primary
- Arteriosclerosis
- Arthritis
- Atrophy, progressive muscular
- **Brain hemorrhage**
- **Brain thrombosis**
- Bronchiectasis
- Calculi of the kidney, bladder, or gallbladder
- Cardiovascular-renal disease, including hypertension. (This term applies to combination involvement of the type of arteriosclerosis, nephritis, and organic heart disease, and since hypertension is an early symptom long preceding the development of those diseases in their more obvious forms, a disabling hypertension within the 1-year period will be given the same benefit of service connection as any of the chronic diseases listed.)
- Cirrhosis of the liver
- Coccidioidomycosis
- **Diabetes mellitus**
- Encephalitis lethargica residuals
- Endocarditis. (This term covers all forms of valvular heart disease.)
- Endocrinopathies
- Epilepsies
- Hansen's disease
- Hodgkin's disease

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- Leukemia
- Lupus erythematosus, systemic
- Myasthenia gravis
- Myelitis
- Myocarditis
- Nephritis
- **Other organic diseases of the nervous system**
- Osteitis deformans (Paget's disease)
- Osteomalacia
- Palsy, bulbar
- Paralysis agitans
- Psychoses
- Purpura idiopathic, hemorrhagic
- Raynaud's disease
- **Sarcoidosis**
- Scleroderma
- Sclerosis, amyotrophic lateral
- **Sclerosis, multiple**
- Syringomyelia
- Thromboangiitis obliterans (Buerger's disease)
- Tuberculosis, active
- **Tumors, malignant, or of the brain** or spinal cord or peripheral nerves
- Ulcers, peptic (gastric or duodenal) (A proper diagnosis of gastric or duodenal ulcer (peptic ulcer) is to be considered established if it represents a medically sound interpretation of sufficient clinical findings warranting such diagnosis and provides an adequate basis for a differential diagnosis from other conditions with like symptomatology; in short, where the preponderance of evidence indicates gastric or duodenal ulcer (peptic ulcer). Whenever possible, of course, laboratory findings should be used in corroboration of the clinical data.)
- **Tropical Diseases (38 CFR § 3.309(b)):**
 - Amebiasis
 - Blackwater fever
 - Cholera
 - Dracontiasis
 - Dysentery
 - Filariasis
 - Leishmaniasis, including kala-azar
 - Loiasis
 - Malaria
 - Onchocerciasis
 - Oroya fever
 - Pinta
 - Plague
 - Schistosomiasis
 - Yaws

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- Yellow fever
- Resultant disorders or diseases originating because of therapy administered in connection with such diseases or as a preventative thereof

Former Prisoner of War (POW) Presumed Conditions: If a veteran is a former POW the diseases listed in **38 CFR § 3.309(c)** shall be service connected if manifested to a degree of disability of 10% or more.

- **Imprisoned for any length of time:**
 - Psychosis
 - Any of the anxiety states
 - Dysthymic disorder (or depressive neurosis)
 - Organic residuals of frostbite, if it was determined that the veteran was interned in climatic conditions consistent with occurrence of frostbite
 - Post-traumatic osteoarthritis
 - Heart disease or hypertensive vascular and heart disease and their complications (including myocardial infarction, congestive heart failure, arrhythmia)
 - **Stroke and its complications**
 - On or after October 10, 2008, Osteoporosis, if the Secretary determined that the veteran has PTSD
- **Imprisoned for at least 30 days AND rebuttable provision are satisfied:**
 - Avitaminosis
 - Beriberi (including beriberi heart disease)
 - Chronic dysentery
 - Helminthiasis
 - **Malnutrition (including optic atrophy associated with malnutrition)**
 - Pellagra
 - Any other nutritional deficiency
 - Irritable bowel syndrome
 - Peptic ulcer disease
 - Peripheral neuropathy except where directly related to infectious causes
 - Cirrhosis of the liver
 - On or after September 28, 2009, Osteoporosis

Atomic Veterans Exposed to Ionizing Radiation Presumed Conditions: If a veteran served in a location where they may have been exposed to ionizing radiation the diseases listed in **38 CFR § 3.309(d)** shall be service connected:

- **Mostly applies to Veterans who served in the following areas:**
 - Participated in atmospheric nuclear testing
 - Occupied or were prisoners of war in Hiroshima or Nagasaki
 - Served before February 1, 1992, at a diffusion plant in Paducah, KY; Portsmouth, OH; or Oak Ridge, TN
 - Served before January 1, 1974, at Amchitka Island, Alaska
- Presumed conditions include:
 - All forms of leukemia, except chronic lymphocytic leukemia
 - Various cancers (including **brain cancer**)

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- Bronchioloalveolar carcinoma
- Multiple myeloma
- Lymphomas, other than Hodgkin's disease
- Primary liver cancer, except if there are indications of cirrhosis or hepatitis B

Veterans Exposed to Certain Herbicide Agents Presumed Conditions: If a veteran was exposed to an herbicide agent during active military, naval, or air service the following diseases listed in **38 CFR § 3.309(e)** shall be service connected even though there is no record of such disease during service, provided that the rebuttable presumption provisions are also satisfied:

- **Applies specifically to Veterans who served in the following areas:**
 - Republic of Vietnam between January 9, 1962 and May 7, 1975
 - Service in the Republic of Vietnam includes service in the waters offshore and service in other locations if the conditions of service involved duty or visitation in the Republic of Vietnam.
 - Served in or near the Korean DMZ between April 1, 1968 and August 31, 1971 in an area known to have herbicides applied.
 - Served in the Air Force or Air Force Reserve and regularly and repeatedly operated, maintained, or served onboard C-123 aircraft known to have been used to spray an herbicide agent during Vietnam era.
- **Herbicide Agent is defined as:**
 - A chemical in an herbicide, specifically:
 - 2, 4-D
 - 2,4,5-T and its contaminant TCDD
 - Cacodylic acid
 - Picloram
- **Diseases must have become manifest to a degree of disability of 10% or more.**
 - At any time after service
 - The following must become manifest within 1 year after the last date on which the veteran was exposed to an herbicide agent during military service:
 - Chloracne
 - Porphyria cutanea tarda
 - Early-onset peripheral neuropathy
- **Presumed conditions include:**
 - AL amyloidosis
 - B-cell leukemia
 - Chloracne
 - Chronic lymphocytic leukemia
 - **Diabetes Type-2**
 - Early-onset peripheral neuropathy
 - Hodgkin's disease
 - Ischemic heart disease
 - Non-Hodgkin's lymphoma
 - **Parkinson's disease**
 - Porphyria cutanea tarda
 - Prostate cancer

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- Respiratory cancers
- Soft-tissue sarcoma, not including:
 - Osteosarcoma
 - Chondrosarcoma
 - Kaposi's Sarcoma
 - Mesothelioma

Veterans Exposed to Contaminants in the Water Supply at Camp Lejeune Presumed Conditions: If a veteran was exposed to an herbicide agent during active military, naval, or air service the following diseases listed in **38 CFR § 3.309(f)** shall be service connected even though there is no record of such disease during service, provided that the rebuttable presumption provisions are also satisfied:

- **Applies specifically to Veterans, Former Reservist or member of the National Guard who served in the following areas:**
 - United States Marine Corps Base Camp Lejeune and Marine Corps Air Station New River, North Carolina during the period August 1, 1953 and ending on December 31, 1987.
 - 30 days (consecutive or nonconsecutive) of service at Camp Lejeune.
- **Contaminants in the Water Supply is defined as:**
 - Volatile organic compounds that were in the on-base water-supply systems located at United States Marine Corps Base Camp Lejeune, specifically:
 - Trichloroethylene (TCE)
 - Perchloroethylene (PCE)
 - Benzene and vinyl chloride
- **Diseases must have become manifest to a degree of disability of 10% or more at any time after service.**
- **Presumed conditions include:**
 - Kidney cancer
 - Liver cancer
 - Non-Hodgkin's lymphoma
 - Adult Leukemia
 - Multiple myeloma
 - Parkinson's disease
 - Aplastic anemia and other myelodysplastic syndromes
 - Bladder Cancer

Veterans with Persian Gulf Undiagnosed Illnesses Presumed Conditions: Certain veterans who served in the Southwest Asia theater of military operations during the Persian Gulf War may suffer from undiagnosed illnesses and medically unexplained chronic multisymptom illnesses. Diseases listed in **38 CFR § 3.317(c)** shall be service connected even though there is no record of such disease during service, provided that the rebuttable presumption provisions are also satisfied. following diseases listed in **38 CFR § 3.309(f)** shall be service connected even though there is no record of such disease during service, provided that the rebuttable presumption provisions are also satisfied. If the veteran exhibits objective indications of a **qualifying chronic disability** VA will pay compensation provided that the following are met:

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- Became manifest either during active military, naval, or air service in Southwest Asia theater of operations OR to a degree of 10% or more not later than December 31, 2021, **AND**
- By history, physical examination, and laboratory tests cannot be attributed to any known clinical diagnosis.
- **Definition – Qualifying Chronic Disability:** Means a chronic disability resulting from any of the following (or in combination of the following):
 - An undiagnosed illness
 - A medically unexplained chronic multisymptom illness that is defined by a cluster of signs or symptoms, such as:
 - Chronic fatigue syndrome
 - Fibromyalgia
 - Functional gastrointestinal disorders
- **Definition – Medically Unexplained Chronic Multisymptom Illness:** Means a diagnosed illness without conclusive pathophysiology or etiology, that is characterized by overlapping symptoms and signs and has features such as fatigue, pain, disability out of proportion to physical findings, and inconsistent demonstration of laboratory abnormalities.
- **Signs and Symptoms:** The following are considered some of the more common signs of undiagnosed illness and medically unexplained chronic multisymptom illnesses:
 - Fatigue
 - Signs or symptoms involving skin
 - Headache
 - Muscle pain
 - Joint pain
 - Neurological signs or symptoms
 - Neuropsychological signs or symptoms
 - Signs or symptoms involving the respiratory system (upper or lower)
 - Sleep disturbances
 - Gastrointestinal signs or symptoms
 - Cardiovascular signs or symptoms
 - Abnormal weight loss
 - Menstrual disorders
- **Diseases must have become manifest to a degree of disability of 10% or more at any time after service and been diagnosed within one year of date of separation from the military.**
- **Presumed Service Connection for diseases include:**
 - Brucellosis
 - **Can lead to Optic Neuritis and Uveitis**
 - Campylobacter jejuni
 - **Can lead to Uveitis**
 - Coxiella burnetii (Q fever)

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- Malaria
 - **Can lead to Ophthalmologic manifestations, particularly retinal hemorrhage and scarring**
- Nontyphoid salmonella
- Shigella
- West Nile virus
- **Presumed diseases that can be diagnosed any time after date of separation:**
 - Mycobacterium tuberculosis
 - Visceral leishmaniasis

VIST Tips:

-

More Information: [38 CFR § 3.309 - Disease subject to presumptive service connection](#)

- <https://www.benefits.va.gov/BENEFITS/factsheets/serviceconnected/presumption.pdf>

Additional Information:

- [38 CFR § 3.307 - Presumptive service connection](#)
- [38 CFR § 3.317 - Gulf War Presumed Diseases](#)
- <https://cck-law.com/blog/5-ways-to-establish-va-service-connection/>
- [Gulf War Illnesses Linked To Southwest Asia Service | Veterans Affairs \(va.gov\)](#)

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COMPENSATION: Secondary Service Connection (SC)

Type of Benefit: VA Monetary Compensation Based on SC Condition Causing or Aggravating a Second Condition

Authorization:

- 38 CFR § 3.310
- 38 CFR § 3.322

If a Veteran is not able to satisfy the Direct Service Connection Elements for a claimed condition or qualify through a Presumed disease or condition, VBA will consider whether the condition qualifies for a **Secondary Service Connection**.

What is Secondary Service Connection? VA can grant service connection when an identified service-connected condition causes or aggravates a second condition that is otherwise not related to military service. The non-service-connected condition can be granted service connection when there is a clear connection (nexus) between the primary SC condition and the NSC condition.

EXAMPLE: A good example of Secondary Service Connection is when a veteran is service connected for diabetes and develops a secondary condition years later, such as diabetic retinopathy, that is caused by the diabetic condition. The diabetic retinopathy condition could also be rated as service connected secondary to the diabetes condition.

What is Aggravation of an NSC Disability? VA can grant service connection when there is an increase in severity of a non-service-connected (NSC) disease or disability due to being aggravated by a service connected condition. The progression can not be due to the natural progression of the NSC disease.

- VA would need to establish a baseline level of disability of the NSC condition before the onset of aggravation.
- SC would be based on the difference between current level of disability and the baseline level prior to aggravation.

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VIST Tips:

- VIST should monitor veterans for secondary conditions that might be able to be rated as SC, including depression related to an SC condition or aggravated by an SC condition.

More Information: [38 CFR § 3.310 - Disabilities that are proximately due to, or aggravated by, service-connected disease or injury](#)

Additional Information:

- [38 CFR § 3.322 - Rating of disabilities aggravated by service](#)

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COMPENSATION: Preservice Disabilities**Type of Benefit:**

Authorization: 38 CFR § 3.303

When a disability or condition is noted upon the entrance examination it will be considered to have **preexisted service**.

Preservice Disabilities: Other situations that also can be considered as preexisting service include:

- Notation or discovery during service of residual conditions (scars; fibrosis of the lungs; atrophies following disease of the central or peripheral nervous system; healed fractures; absent, displaced or resected parts of organs; supernumerary parts; congenital malformations or hemorrhoidal tags or tabs, etc.) with no evidence of active disease or injury during service.
- Manifestation of lesions or symptoms of chronic disease from date of enlistment, or so close to enlistment, that the disease could not have originated in so short a period.
- Conditions of an infectious nature, if manifested in less than the respective incubation periods after reporting for duty.
- Mental and personality disorders which are characterized by developmental defects or pathological trends in the personality structure manifested by a lifelong pattern of action or behavior, chronic psychoneurosis of long duration or other psychiatric symptomatology shown to have existed prior to service with the same manifestations during service, which were the basis of the service diagnosis.
- Congenital or developmental defects, refractive error of the eye, personality disorders and mental deficiency are not diseases or injuries within meaning of the law.

Can a Preservice Disability or Condition Be Service Connected? Yes. There are 2 ways a Preservice Disability can be rated service connected:

- **Aggravation** of Preservice Disability or Condition; OR
- Qualify for a **Paired Organ** rating

EXAMPLES:

- Prior to entrance in 1971 into active service a veteran had prior history of mental illness and a prolonged hospitalization for schizophrenia. He voluntarily discharged in 1974 in response to various behavior related instances while in service. In 1990 veteran filed a claim to service connect the schizophrenia condition. The claim was denied as VA found there was clear medical evidence in the record indicating the veteran's psychiatric condition was not incurred or aggravated by active service. The case was ultimately appealed to the U.S. Court of Appeals for the Federal Circuit, which upheld the VA decision.
- Veteran entered military service with vision in only one eye (right eye) and functioned with monocular vision due to a childhood accident. Veteran suffers an injury in the right eye while on active duty and is rated service connected (SC) for impaired vision in one eye. The pre-existing condition in the left eye (light perception) is considered non-service-connected (NSC) and is a pre-existing condition. During a VIST Review it is discovered that veteran now has 20/200 vision in the SC eye (Right Eye). Veteran can file a claim for Paired Organ rating based on one eye being blind and rated SC and the other being blind and rated NSC.

VIST Tips:

- It is rare that a veteran with pre-existing vision loss would be accepted into military service, however during periods of large scale war DoD has accepted people with pre-existing conditions, including vision loss in one eye. There are times when DoD is trying to recruit a difficult to fill position and will accept a pre-existing condition.

More Information: [38 CFR § 3.303 - Principles relating to service connection. | CFR | US Law | LII / Legal Information Institute \(cornell.edu\)](#)

Additional Information:

- [38 CFR § 3.322 - Rating of disabilities aggravated by service](#)
- [38 CFR § 3.310 - Disabilities that are proximately due to, or aggravated by, service-connected disease or injury](#)

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RATING: Stabilization of Disability Evaluations – 5 Year Rule

Type of Benefit: Disability Rating – Protection of Stabilized Rating

LEGAL AUTHORIZATION: 38 CFR § 3.344

BENEFIT: Any rating that has remained at the same level for 5 years or longer is considered “stabilized”. VA has to follow specific rating reduction rules to prove that a stabilized rating has improved. This includes the following:

- VA cannot use just one re-examination to show “sustained” improvement. VA must show through medical records as well as C&P re-examination that a veteran is not just temporarily experiencing an improvement.
- VA must show that the evidence predominantly demonstrates “sustained” improvement. VA must provide an explanation of why VA is reasonably certain that the condition will continue to show sustained improvement.

Eligibility: The protection of service connection statute applies:

- Veteran must have a service connection for any disability rating or death granted under Title 38 which has been in force for TEN (10) YEARS or more.
- **NOTE-1:** The ten (10) year period is computed from the date determined by the Secretary as the date on which the status commenced for rating purposes. The effective date of the rating as shown on the rating sheet or in VBMS.
- **NOTE-2:** This law does not apply if the rating is based on fraud.

Managed By: VBA

Application Procedure: None, automatic based on effective date of rating.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 30% SC for blindness in one eye (based on central visual acuities of LP and 20/20) for 11 years. New C&P eye examination records improved bilateral central visual acuities of 20/20 in both eyes following new surgical treatment. Rating would be decreased to 0% SC for vision loss. Veteran retains the SC rating for vision loss in one eye even though he now has normal vision.
- **REMINDER:** It is important to advise Veterans that there are always 3 possible outcomes from a VA rating: the rating can be increased, remain the same or be decreased based on the latest findings. The 10-year rule helps preserve the service connected rating but does not preserve the rating level. If a veteran is close to a continuous rating of 20 years, they might want to wait to pursue a new claim for an increased rating.

More Information: [Cornell Law School: 38 CFR 3.344 - Stabilization of Disability Evaluations](https://cornell-law-school.org/38-cfr-3.344-stabilization-of-disability-evaluations/)

<https://cck-law.com/blog/protected-va-disability-ratings/>

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RATING: Protection of SC – 10 Year Rule

Type of Benefit: Disability Rating – Protection of Service-Connection from Severance

LEGAL AUTHORIZATION: U.S.C., Title 38, Chapter 11, Sec. 1159

BENEFIT: The VA service connection shall not be severed on or after January 1, 1962. Ratings for Veterans covered by this law can be reduced to 0%, but the Veteran retains the SC rating for the condition.

Eligibility: The protection of service connection statute applies:

- Veteran must have a service connection for any disability rating or death granted under Title 38 which has been in force for TEN (10) YEARS or more.
- **NOTE-1:** The ten (10) year period is computed from the date determined by the Secretary as the date on which the status commenced for rating purposes. The effective date of the rating as shown on the rating sheet or in VBMS.
- **NOTE-2:** This law does not apply if the rating is based on fraud.

Managed By: VBA

Application Procedure: None, automatic based on effective date of rating.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 30% SC for blindness in one eye (based on central visual acuities of LP and 20/20) for 11 years. New C&P eye examination records improved bilateral central visual acuities of 20/20 in both eyes following new surgical treatment. Rating would be decreased to 0% SC for vision loss. Veteran retains the SC rating for vision loss in one eye even though he now has normal vision.
- It is important to advise Veterans that there are always 3 possible outcomes from a VA rating: the rating can be increased, remain the same or be decreased based on the latest findings. The 10-year rule helps preserve the service connected rating but does not preserve the rating level. If a veteran is close to a continuous rating of 20 years, they might want to wait to pursue a new claim for an increased rating.

More Information: [38 U.S. Code, 1159: Protection of Service Connection](#)

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RATING: Preservation of Disability Rating – 20 Year Rule

Type of Benefit: Disability Rating – Preservation

LEGAL AUTHORIZATION: U.S.C., Title 38, Chapter 1, Sec. 110

BENEFIT: The VA disability rating shall **not** be reduced or rated at less than the current evaluation.

Eligibility: The preservation of disability statute applies:

- Veteran must have a permanent total disability or total disability rating for compensation, pension or insurance purposes which has been in force continuously for TWENTY (20) YEARS or more.
- Veterans with a disability which has been continuously rated at or above any evaluation for twenty (20) years or more for compensation purposes.
- **NOTE-1:** The twenty (20) year period is computed from the date determined by the Secretary as the date on which the status commenced for rating purposes. The effective date of the rating as shown on the rating sheet or in VBMS.
- **NOTE-2:** This law does **not** apply if the rating is based on fraud.

Managed By: VBA

Application Procedure: None, automatic based on effective date of rating.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 100% SC for blindness (based on central visual acuities of 5/200) for 21 years. New C&P eye examination records improved bilateral central visual acuities of 20/200 (would be a 70% rating). Rating would remain unchanged (100%) based on the 20-year rule.
- It is important to advise Veterans that there are always 3 possible outcomes from a VA rating: the rating can be increased, remain the same or be decreased based on the latest findings. The 20-year rule helps preserve the rating at the current level. If a veteran is close to a continuous rating of 20 years, they might want to wait to pursue a new claim for an increase rating.

More Information: [38 U.S. Code, 110 - Preservation of Disability Ratings](#)

Additional Information: [VA OGC Precedent Opinion: PREC 31-90 Preservation of Disability Ratings - 38 USC 110](#)

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RATING CONCEPT: Total and Permanent Total Ratings

Type of Benefit: Disability Rating – Definition of Total and Permanent Total Ratings

LEGAL AUTHORIZATION: 38 CFR § 3.340

BENEFIT: 38 CFR § 3.340 defines what is meant by a Total, Permanent Total and Unemployability ratings.

TOTAL Disability Ratings: Total disability will be considered to exist when there is present any impairment of mind or body which is sufficient to render it impossible for the average person to follow a substantially gainful occupation.

- Total disability may or may not be permanent.
- Total ratings will not be assigned, generally, for temporary exacerbations or acute infectious diseases except where specifically prescribed by the schedule.
- **Schedule for Rating Disabilities:** Total ratings are authorized for any disability or combination of disabilities for which the Schedule for Rating Disabilities prescribes a 100% evaluation or in the case of unemployability.

PERMANENT TOTAL Disability: Permanence of total disability will be taken to exist when such impairment is reasonably certain to continue throughout the life of the disabled person. The permanent loss or loss of use of the following constitutes permanent total disability:

- Both hands
- Both feet
- One hand and one foot
- **Sight of both eyes**
- Becoming permanently helpless or bedridden
- Diseases of long standing which are totally incapacitating
- **NOTE:** Age may be considered in determining permanence.

Insurance Ratings: A rating of permanent and total disability for insurance purposes will have no effect on ratings for compensation or pension.

Managed By: VBA

Application Procedure: None, determination of P&T status is made at time of rating decision.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 100% SC for blindness (based on central visual acuities of 5/200) due to macular degeneration. Veteran's condition would be considered permanent total disability (P&T).

More Information: [38 CFR, Section 3.340](#)

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ADJUSTMENTS TO COMPENSATION

ADJUSTMENTS: Increased Disability Rating for Time in a Hospital

Type of Benefit: Disability Compensation – Special Claims

VA provides additional disability compensation or benefits for Veterans who spend time in a VA hospital or a VA-approved hospital for treatment of an SC condition.

BENEFIT: Compensation would be increased to temporary 100% disability rating for the time Veteran spent in the hospital.

Eligibility: Must meet one of the criteria below:

- Veteran spent more than 21 days in a VA hospital or other approved hospital for treatment of an SC condition, **or**
- Veteran was under hospital observation for more than 21 days at VA expense for treatment of an SC condition.
- **NOTE:** This benefit only applies when veterans are rated less than 100% SC.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- In some situations, VBA may be notified automatically by VHA of an admission that might qualify. However, a claim should be filed as a precaution in case there was no notification.
- If veteran's hospital stay was in a non-VA facility, veteran/caregiver will need to provide a copy of the hospital discharge showing length of stay and cause.
- This is a temporary rating for a specified period of hospitalization.
- An example of this benefit would be a veteran is rated 70% SC for vision loss and is hospitalized in a VAMC for 8 weeks while attending a Blind Rehabilitation Center (BRC) program. VA would temporarily increase the rating to 100% during the hospital stay. After discharge from the BRC the disability rating would return to 70% SC.

More Information: [Increased Disability Rating For Time In A Hospital | Veterans Affairs \(va.gov\)](#)

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ADJUSTMENTS: Increased Compensation when Spouses Need Aid and Attendance (A&A)

Type of Benefit: Additional Disability Compensation benefits based on Spouse being in need of aid and attendance of another person.

Authorization: Title 38 U.S.C. 1114
38 CFR § 3.350(b)
M21-1, Part IV, Subpart ii, Chapter 2, Section H-SMC, Topic 12

2021 Monthly Rate: Varies from **\$48.00** (30% SC) up to max of **\$160.89** (100% SC)
NOTE: See Table 1 on next page for various spousal A&A rates.

VA provides additional compensation when the spouse of an eligible veteran is determined to be in need of regular aid and attendance of another person.

BENEFIT: Veteran's monthly Compensation (or spouse's DIC payment) is increased to reflect spouse being in need of regular aid and attendance.

- Paid in addition to normal compensation for spouse.
- A&A allowance gradually increases for each corresponding 10% SC rating increase (from 30% SC up to 100% SC).
- The spousal A&A allowance is maximized at the 100% SC level for the veteran. If veteran is receiving Special Monthly Compensation and the spouse is in need of A&A then the rate would be equal to the 100% rate.
- **NOTE:** This benefit only applies to VA disability compensation and not to VA NSC Pension benefits.

Eligibility: Veteran must be rated service-connected (SC) for any condition 30% or more, **AND** the spouse must be in need of regular aid and attendance of another person as defined in the Spousal A&A criteria below:

Spousal A&A Criteria: the spouse will be considered in need of A&A if he/she

- Is blind with corrected visual acuity of 5/200 or less, in both eyes, or concentric contraction of the visual field of 5 degrees or less
- Is a patient in a nursing home because of mental or physical incapacity, or
- Has disabilities causing a factual need for A&A as defined in [38 CFR 3.352\(a\)](#)

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify the status of veteran's dependents and if spouse now meets the A&A criteria a claim should be filed with VBA to reflect this change.

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- **EXAMPLE-1:** Veteran is rated 100% SC for vision loss and receiving SMC-L compensation for Veteran with spouse. The monthly compensation check is \$4,090.57 at the SMC-L rate for V-S (2021 rate). Add \$160.89 to monthly compensation check if spouse is determined to require A&A (i.e. wife now resident of long term care facility due to dementia). New monthly check amount would be \$4,251.46 (\$4,090.57+\$160.89).
- **EXAMPLE-2:** Veteran is rated 70% SC for vision loss and no other conditions. He re-married since the last review and reports during the current VIST Review that his spouse also happens to be legally blind based on RP. She has 20 degree visual fields and 20/20 vision both eyes. She is **not** entitled to A&A since she does **not** meet the criteria (vision is too good) as defined above.
- **EXAMPLE-3:** Same Veteran in Example-2 above. During a future review reports that his spouse has lost significant vision due to RP. Veteran and spouse provide a non-VA eye report in which the Eye Doctor indicates the spouse has bilateral visual fields of 3 degrees or less in each eye. Veteran should file a claim with VBA to increase compensation based on spouse's need for A&A based on vision loss. If approved veteran would receive compensation at the 70% SC rate for Veteran with spouse and additional compensation (\$113/month at 2021 rate) for spouse being in need of A&A.

More Information: <https://www.law.cornell.edu/cfr/text/38/3.352#a>

Additional Information: [M21-1, Part IV, Subpart ii, Chapter 2, Section H-SMC, Topic 12](#)

Table-6: Spouse A&A Rate (2021 rate)

VA RATING	2021 ADDITIONAL FOR A&A SPOUSE
30% SC	\$48.00
40% SC	\$64.00
50% SC	\$81.00
60% SC	\$96.00
70% SC	\$113.00
80% SC	\$129.00
90% SC	\$145.00
100% SC	\$160.89

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ADJUSTMENTS: Increase due to Paired Organ Rule

Type of Benefit: Disability Compensation – Paired Organs or Extremities

Compensation is payable under 38 U.S.C. 1160 for disabilities involving certain paired organs or extremities, one service-connected (SC) and the other non-service-connected (NSC), provided the NSC disability is not the result of the Veteran's own willful misconduct.

BENEFIT: Compensation is payable for qualifying combinations of SC and NSC disabilities as if both disabilities were SC. Creates eligibility for Dependency and Indemnity Compensation (DIC), and Dependent's Educational Assistance (DEA) – Chapter 35.

Eligibility: The Paired Organ rule applies for the following SC/NSC combined disabilities, provided the NSC disability is not the result of the veteran's own willful misconduct:

- Impairment of vision in one eye as a result of SC disability and impairment of vision in the other eye as a result of NSC disability and
 - The impairment of vision in each eye is rated at a visual acuity of 20/200 or less; or
 - The peripheral field of vision for each eye is 20 degrees or less.
- Loss or loss of use of one kidney as a result of SC disability and involvement of the other kidney as a result of NSC disability.
- Hearing impairment in one ear compensable to a degree of 10 percent or more as a result of SC disability and hearing impairment as a result of NSC disability in the other ear.
- Loss or loss of use of one hand or one foot as result of SC disability and loss or loss of use of the other hand or foot as a result of NSC disability.
- Permanent SC disability of one lung, rated 50% or more disabling, in combination with a NSC disability of the other lung.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- VIST should monitor eye exam reports for latest findings indicating veteran may qualify for a rating based on paired organ finding.
 - An example would be right eye is rated 30% SC (for light perception) due to trauma while on active military service, left eye is rated NSC or not rated. Veteran functions as monocular for many years and later develops macular degeneration that is not related to military service. When vision in the NSC eye reaches 20/200 or less or 20 degrees or less in the visual field a claim should be filed for increased SC rating due to Paired Organ
- Paired Organ cases are **NOT** eligible for:
 - Specially Adapted Housing (SAH) – 2101a **OR** Special Home Adaptation (SHA) – 2101b
 - Automobile and Adaptive Equipment Allowance if based on visual impairment

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More Information: [38 U.S.C. 1160](#)
[38 CFR 3.383](#)
[M21-1, Part IV, Subpart ii, Chapter 2, Section K - Other Compensation Considerations](#)
[M21-1, Part IX, Subpart i, Chapter 2 - Automobile and Adaptive Equipment](#)

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ADJUSTMENTS: Unemployability (called: Individual Unemployability (IU))

Type of Benefit: Disability Compensation – Special Claims

If a Veteran is unable to work because of a service-connected (SC) disability, VA can award an Individual Unemployability (IU) rating. This entitles a Veteran to disability compensation or benefits at the same level as a Veteran who has a 100% SC disability rating.

BENEFIT: Compensation is increased to 100% disability rating level based on IU finding.

Eligibility: Must meet both criteria below:

- Veteran has at least 1 SC disability rated at 60% SC or more disabling, or 2 or more SC disabilities – with at least 1 rated at 40% SC or more disabling and combined rating of 70% or more, **and**
- Veteran can't hold down a steady job that provides financial support (known as substantially gainful employment) because of the SC disability. Odd jobs (referred to as marginal employment) doesn't count as substantially gainful employment.
- **NOTE:** In certain cases (i.e. frequent hospitalization or epilepsy) a Veteran may qualify for IU at a lower disability rating.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- IU is not an automatic statutory rating; it is *individualized* to the specific Veteran.
- Veterans rated 60-90% for vision loss are excellent candidates for consideration of an IU rating if they are not working.
- VBA will not provide a favorable IU rating if Veteran is still gainfully employed. Veterans must stop working/retire for VBA to consider an IU claim.
- Veterans awarded IU are not only entitled to increased monthly compensation, but may also become eligible for certain dental benefits, CHAMPVA and Chapter 35 Education benefits.
- With IU cases the compensation is increased to the 100% SC rate, but the veteran's VBA rating stays the same (60, 70, 80 or 90%).

More Information: [VA Individual Unemployability If You Can't Work | Veterans Affairs](#)

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ADJUSTMENTS: Reduction in Compensation During Hospitalization (at the A&A Rates)

Type of Benefit: Disability Compensation – Adjustments due to extended hospitalization

Authorization: 38 CFR § 3.552 (Adjustment of Allowance for A&A)

When a Veteran entitled to the aid and attendance (A&A) allowance is hospitalized for an extended period of hospitalization (including admission to a BRC program) at VA expense, the A&A allowance is discontinued.

ADJUSTMENT: The adjustment (reduction in compensation) is made:

- Where a veteran is admitted for hospitalization at the expense of the VA the additional compensation for **A&A will be discontinued** *effective the last day of the month following the month in which the veteran is admitted for hospitalization.*
- The discontinuance also applies to both pension (see separate section of this Volume for details) and compensation A&A cases, including SMC R-1, R-2 and T cases.
- **NOTE:** The criteria is not specific to number of days of hospitalization, but is triggered by the last day of the second month following admission.

Does this adjustment apply during admission to a BRC program?

- YES, any admission to a hospital at the expense of the VA, including admission to a BRC program will trigger a possible discontinuance of the additional compensation for A&A during the admission if the time criteria is met.
- **VIST REMINDER:** Notify BRC Staff PRIOR to admission that timing is critical in order to maximize training time and avoid a reduction in compensation. The Veteran should insist on being admitted at the beginning of month in order to maximize available training time prior to triggering a reduction.

What Compensation Rate is paid during the discontinuation of A&A allowance?

- No reduction in compensation if the monthly rate of compensation would be payable without consideration of need for regular A&A.
- If veteran is receiving SMC-L based on need for A&A, compensation is reduced to the rate payable at SMC-S.
- If veteran is receiving SMC-O based in part on need for A&A, compensation is reduced to the rate payable for the other conditions shown.
- If veteran is entitled to SMC-L, SMC-M, SMC-N by reason of anatomical losses or losses of use of extremities, blindness (visual acuity of 5/200 or less or light perception only), or anatomical loss of both eyes is being paid compensation at the SMC-O rate because of entitlement to another condition rated at SMC-L on account of need for A&A, the compensation will be reduced while hospitalized at VA expense. Please see 38 CFR § 3.552 for details of how reduction is made.

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Managed By: VBA (local VA Regional Office)

Application Procedure: None. VBA will automatically adjust compensation payment once notified by VHA of hospitalization dates.

VIST Tips:

- This is a temporary reduction for a specified period of hospitalization.
- An example of this adjustment (reduction) would be:
 - A veteran is rated 100% SC and receiving SMC-R-1 due to needing Regular A&A. Upon admission to a Blind Rehabilitation Center (BRC) program the reduction trigger is set based on the end of the second month of admission. If the veteran is admitted at the end of the first month (i.e. January 31st), the reduction would start after the last day of the following month (i.e. February 28th). Therefore, it is best to admit at the very beginning of the first month in order to maximize available training time.
 - In the example above if the veteran was admitted to a BRC on January 31st and discharged on March 31st the reduction would be for 1 month and the SMC (for Veteran with no spouse or dependents) would go down from \$7,850.43 (R-1 2021 rate) to \$5,493.95 (O 2021 rate) for the month of March. That is a loss of \$2,356.48.
 - In the same example above if the admission date was changed to February 1st and the discharge date stayed the same March 31st there would be NO reduction in compensation, thus avoiding a \$2,356.48 loss of income.

More Information: [38 CFR 3.552](#)

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ADJUSTMENTS: Reduction in Compensation due to Incarceration

Type of Benefit: Reduction of Benefits – Due to Incarceration

LEGAL AUTHORIZATION: 38 CFR § 3.665

ADJUSTMENT: VA can still pay certain benefits to Veterans who are incarcerated in a Federal, State, or local penal institution; however, the amount depends on the type of benefit and reason for incarceration. The rules for adjustment are different for Disability Compensation benefits compared to NSC Pension benefits:

- **Disability Compensation:** Payments are reduced if a Veteran is convicted of a felony and imprisoned for more than 60 days.
 - **NOTE:** Compensation benefits are NOT reduced, if imprisoned for a misdemeanor.
 - **Veteran Rated 20% or More:** Veterans rated 20% SC or more are reduced to the 10% disability rate.
 - **Veteran Rated less than 20%:** For Veterans whose disability rating is 10% SC the compensation payable is reduced by one-half.
 - **Fugitive Felons:** Compensation is NOT payable on behalf of a veteran for any period during which he/she is a fugitive felon.
 - Compensation or DIC is not payable on behalf of a dependent of a veteran for any period during which the veteran or the dependent is a fugitive felon.
 - Once a Veteran is released from prison, compensation payments may be reinstated based upon the severity of the SC condition(s) at that time.
 - Payments are not reduced for recipients participating in work release programs, residing in halfway houses (also known as “residential re-entry centers”), or under community control.
 - The amount of any increased compensation awarded to an incarcerated Veteran that results from other than a statutory rate increase may be subject to reduction.
- **NSC Pension:** Veterans in receipt of VA pension will have payments terminated effective the 61st day after imprisonment in a Federal, State, or local penal institution for conviction of a felony or misdemeanor.
 - Payments may be resumed upon release from prison if the Veteran meets VA eligibility requirements.

APPORTIONMENT TO SPOUSE OR CHILDREN: All or part of the compensation not paid to an incarcerated Veteran may be apportioned to the Veteran’s spouse, child or children, and dependent parents on the basis of individual need.

- When determining individual need, consideration is given to such factors as the claimant’s income and living expenses, the amount of compensation available to be apportioned, the needs and living expenses of other claimants as well as any special needs, if any, of all claimants.
- No apportionment may be made to or on behalf of any person who is incarcerated in a Federal, State, or local penal institution for conviction of a felony.
- Apportionment of an incarcerated Veteran’s VA benefits is NOT granted automatically to the Veteran’s dependents. The dependent(s) must file a claim for apportionment.

IMPACT ON EDUCATIONAL BENEFITS: Beneficiaries incarcerated for other than a felony can receive full monthly benefits, if otherwise entitled.

- Convicted felons residing in halfway houses (also known as "residential re-entry centers"), or participating in work-release programs also can receive full monthly benefits.
- Claimants incarcerated for a felony conviction can be paid only the costs of tuition, fees, and necessary books, equipment, and supplies. VA cannot make payments for tuition, fees, books, equipment, or supplies if another Federal State or local program pays these costs in full.
- If another government program pays only a part of the cost of tuition, fees, books, equipment, or supplies, VA can authorize the incarcerated claimant payment for the remaining part of the costs.

IMPACT ON VA MEDICAL CARE BENEFITS: Incarcerated Veterans are in a "catch-22" when it comes to eligibility for VA medical care. Technically they are eligible and do not forfeit their eligibility for medical care. However, current regulations restrict VA from providing hospital and outpatient care to an incarcerated Veteran who is an inmate in an institution of another government agency when that agency has a duty to give the care or services.

- VA may provide care once the Veteran has been released from a penal institution.
- Veterans released to a temporary housing program (halfway house or community residential re-entry center) can use VHA medical services to which they are eligible.

Managed By: VBA

Application Procedure: Veterans should notify VBA of incarceration to avoid any overpayments. Dependents will need to file a claim with VBA to apportion any compensation benefits to which they might be entitled.

VIST Tips:

- The VA Homeless Program manages Justice-Involved Veteran programs such as Health Care for Re-entry Veterans (HCRV) and the Veterans Justice Outreach Program (VJO). Although rare, there are instances of visually impaired veterans who are sent to prison after conviction of a felony. Once released these veterans are eligible to resume BRS services.

More Information: [VA.gov: Incarcerated Veterans](https://www.va.gov/justice-involved-veterans/).

Additional Information:

- [Cornell Law Center: 38 CFR 3.665](https://www.cornell.edu/lawcenter/38-cfr-3.665/)
- [Justice Involved Veterans \(va.gov\)](https://www.va.gov/justice-involved-veterans/)

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SPECIAL MONTHLY COMPENSATION

SMC: Special Monthly Compensation (SMC)

Type of Benefit: Disability Rating – Special Monthly Compensation

LEGAL AUTHORIZATION: Title 38 U.S. Code 1114 (k-n); 38 CFR § 3.350(a, b, c, f, n, p)

WHAT IS IT? VA provides additional financial compensation beyond the disability compensation rates for injuries and or disabilities with special circumstances such as need for aid and attendance of another person or loss of or loss of use of an extremity or body organ. VA calls the additional compensation Special Monthly Compensation or SMC.

BENEFIT: Tax free, monetary compensation with annual cost-of-living adjustments.

- The benefit amount is identified by letters of the alphabet (K, L, M, N, O, Q, R, S and T) which corresponds to the type of loss and severity of the disability described in Title 38, U.S. Code.
 - Each sequential letter pays a higher monthly compensation rate (M pays higher than L; N pays higher than M, etc.).
 - SMC pays additional compensation based on number of dependents, but pays at the 100% disability compensation rate.
 - **Example:** A veteran with bilateral best corrected vision of Light Perception due to a service-connected cause and no other disabilities would be rated at the 100% degree of disability and would receive Special Monthly Compensation at the SMC-M rate.
- Table-1 in this section shows the visual criteria for the various SMC levels.
- Table-2 in this section shows the criteria for all conditions for the various SMC levels

Eligibility: To be considered eligible for special monthly compensation (SMC) benefits a veteran must meet the qualifications for Disability Compensation and also meet the criteria identified in Table-2 of this section.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify if veteran may be a candidate for an increased rating for vision loss (or possibly other conditions) based on latest eye report findings.

More Information: <https://www.benefits.va.gov/COMPENSATION/types-compensation.asp>

Additional Information:

- [CCK, LTD: A Guide for Special Monthly Compensation \(SMC\)](#)

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SMC: Special Monthly Compensation (SMC) Rates

Type of Benefit: VA Special Monthly Compensation

Authorization: Title 38 U.S.C., 1114

VA pays additional compensation for Veterans with loss or loss of use of certain body functions or extremities. The more severe the disability the higher the Special Monthly Compensation payment. With the exception of the K-Award, all SMC ratings are at the 100% SC level. The SMC rate is therefore designated as a letter from L through T.

Table-7: 2021 VA Special Monthly Compensation Rates for Veteran only (no dependents)

VA SMC RATING	MONTHLY RATES
K	\$111.74
L	\$3,915.14
L-1/2	\$4,117.54
M	\$4,320.76
M-1/2	\$4,617.63
N	\$4,915.17
N-1/2	\$5,204.30
O/P	\$5,493.95
Q	\$67.00
R-1	\$7,850.43
R-2	\$9,004.64
S	\$3,521.85
T	\$9,004.64

VIST Tips:

- Note the jump in monthly compensation between a 100% SC rate (\$3,146.42) on the Disability Compensation chart on page 63 compared to the rate paid at SMC-L on the table above (\$3,915.14). This is over \$768 per month difference which is approximately a 20% increase in monthly compensation. The additional money is the primary benefit of reaching the SMC compensation rates.

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- Also note the jump in monthly compensation between SMC-L through SMC-O and the A&A rates of SMC-R and SMC-T. A Veteran who is increased from SMC-M to SMC-R-2 would receive an increase of \$4,683 per month, which is over a 100% increase in monthly compensation benefits.
- The SMC rates are subject to cost-of-living increases and will usually increase each year, similar to Social Security benefits. Check the link below for the current rate that is in effect.
- If the compensation rates change the effective date is usually December 1st of the current year and will appear in the following January 1st payment. For example, the rates listed above went into effect on December 1, 2020 and paid starting with the January 1, 2021 SMC payment.
- **REMINDER:** A 100% SC rating is considered a Total Disability rating and may or may not be permanent in nature.

More Information: [2021 VA Special Monthly Compensation Rates | Veterans Affairs](#)

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SMC: K-Awards (Loss or Loss of Use of)

Type of Benefit: Disability Compensation – Special Monthly Compensation (SMC)

2021 Monthly Rate: **\$111.74**

VA provides additional disability compensation known as Special Monthly Compensation (SMC) for veterans with disability ratings for amputations or loss of use of a body part(s) or function(s). This rate applies to each body part that is lost or has loss of use. VA refers to the loss or loss-of-use as a K-Award.

BENEFIT: Disability compensation or Special Monthly Compensation (SMC) is increased by the K-Award monthly rate.

- K-Award rate is added to the rate of disability compensation or SMC that is payable.
- The K-Award rate is discontinued when a veteran is entitled to receive SMC-O, SMC-Q, and SMC-R level compensation.
- A Veteran can receive 1 to 3 SMC K-Awards in addition to their basic or SMC compensation.

Eligibility: SMC-K Award is payable for each Service-Connected rating for anatomical loss or loss of use of:

- One hand
- One foot
- Both buttocks
- Creative organ
- **Blindness of one eye with light perception only**
- Deafness of both ears
- Constant inability to communicate by speech
- Loss of breast tissue

Managed By: VBA (local VA Regional Office) 38 CFR § 3.350 Special Monthly Compensation

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- VIST should monitor eye exam reports for latest findings indicating veteran may qualify for a K-Award based on vision loss in 1 eye.
- Veterans can only have 1-K Award for vision loss. If both eyes meet the eligibility criteria identified above, the additional payment for K-Award for blindness in one eye is discontinued and Veteran's compensation rate is increased to a higher SMC level.
- VIST should monitor overall healthcare of service-disabled VIST veterans that may qualify for a K-Award based on other losses due to their SC conditions. An example would be a veteran with SC diabetic condition who loses the use of a foot and/or creative organ due to the diabetic condition.

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More Information:

- [38 CFR § 3.350 Special Monthly Compensation](#)
- [VA Special Monthly Compensation Factsheet](#)

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SMC: S-Housebound

Type of Benefit: Disability Compensation – Special Monthly Compensation (SMC)

LEGAL AUTHORIZATION:

- 38 U.S.C. 1114(s)
- 38 CFR § 3.350(i)

What is it? SMC allows VA to pay additional compensation beyond the disability compensation rate of 100% for certain conditions. The first increase beyond the 100% Disability Compensation rate is the SMC-S level. This SMC level is often referred to as Housebound level because of one of the eligibility criteria listed below.

BENEFIT: Compensation is increased to the SMC-S level monthly rate. Which pays a higher rate than 100% Disability Compensation, but less than SMC-L.

Eligibility: SMC-S Award is payable where the veteran has a single service connected (SC) disability rated at **100%** without resort to Individual Unemployability **AND:**

- (1) Has additional SC disability or disabilities independently ratable at **60%**, separate and distinct from the permanent disability rated as **100%** SC disabling and involving different anatomical segments or bodily systems, **OR**
- (2) Is permanently housebound by reason of SC disability or disabilities.
 - This requirement is met when the veteran is substantially confined as a direct result of SC disabilities to his/her dwelling and the immediate premises or,
 - If institutionalized, to the ward or clinical area, and it is reasonably certain that the disability or disabilities and resultant confinement will continue through his/her lifetime.

EXAMPLE: Veteran is rated 100% SC for mental illness (PTSD) and 30% SC for bilateral visual impairment. He receives VA compensation at the 100% Disability Compensation rate. During an initial VIST Review it is discovered that veteran's vision is now 20/200 in both eyes and he is legally blind. The rating for vision should be increased to the 70% rate. If the claim is approved, veteran's rating would increase and compensation payable would increase to SMC-S level due to having one SC condition rated 100% and another condition rated 60% SC or more.

Managed By: VBA (local VA Regional Office) 38 CFR § 3.350 Special Monthly Compensation

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- VIST should monitor eye exam reports for latest findings indicating veteran may qualify for SMC-S compensation if meets the above eligibility criteria.

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- Once the veteran qualifies for SMC-L levels, then housebound status would no longer factor into the rating as the SMC-L level pays a higher rate.
- The 100% SC disability discussed in the Eligibility Criteria above cannot be based on an Individual Unemployability (IU) rating.

More Information:

- [38 CFR § 3.350 Special Monthly Compensation](#)
- [VA Special Monthly Compensation Factsheet](#)

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SMC: Rating Eligibility Criteria (All Levels)

Type of Benefit: Disability Compensation – Special Monthly Compensation (SMC)

LEGAL AUTHORIZATION:

- 38 U.S.C. 1114
- 38 CFR § 3.350

What is it? This section identifies the eligibility criteria (both visual and non-visual) for all levels of Special Monthly Compensation.

BENEFIT: Compensation is increased to the appropriate monthly SMC rate based on the eligibility criteria identified.

Eligibility: Please see **Table-1 SMC Rating Eligibility Criteria (All Conditions)** starting on next page.

Managed By: VBA (local VA Regional Office) 38 CFR § 3.350 Special Monthly Compensation

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- During the VIST Annual Review, VIST should monitor each Veteran's current rating and confirm the rating is correct or determine what action is needed (i.e. file for an increase) based on eligibility criteria listed in this section.

More Information:

- [38 CFR § 3.350 Special Monthly Compensation](#)
- [VA Special Monthly Compensation Factsheet](#)

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TABLE-8: SMC RATING ELIGIBILITY CRITERIA – All Conditions

SPECIAL MONTHLY COMPENSATION (SMC)		
SMC LEVEL	DISABILITY LEVEL	AUTHORIZATION
K	<ul style="list-style-type: none"> Anatomical loss or loss of use of one foot. Anatomical loss or loss of use of one hand Anatomical loss or loss of use of both buttocks Anatomical loss or loss of use of one eye having only light perception Anatomical loss or loss of use of one or more creative organs Deafness of both ears, having absence of air and bone conduction Complete organic aphonia with constant inability to communicate by speech In the case of a woman veteran, has suffered anatomical loss of 25% or more of tissue from a single breast or both breasts in combination (including loss by mastectomy or partial mastectomy) or received radiation treatment of breast tissue 	38 USC 1114(k) 38 CFR § 3.350(a)
L	<ul style="list-style-type: none"> Anatomical loss or loss of use of both feet Anatomical loss or loss of use of one hand and anatomical loss or loss of use of one foot Blindness in both eyes with 5/200 visual acuity or less Being permanently bedridden Being so helpless as to be in need of regular aid and attendance 	38 USC 1114(l) 38 CFR § 3.350(b)
L-1/2	<ul style="list-style-type: none"> Anatomical loss or loss of use of one foot with anatomical loss or loss of use of one leg at a level, or with complications preventing natural knee action with prosthesis in place Anatomical loss or loss of one foot with anatomical loss of one arm at level or with complications, preventing natural elbow action with prosthesis in place Anatomical loss or loss of one leg at level or with complications, preventing natural knee action with prosthesis in place with anatomical loss or loss of use of one hand Blindness in one eye with 5/200 visual acuity or less and blindness in the other eye having only light perception 	38 USC 1114(p) 38 CFR § 3.350(f)

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TABLE-8: SMC RATING ELIGIBILITY CRITERIA – All Conditions, continued

SPECIAL MONTHLY COMPENSATION (SMC)		
SMC LEVEL	DISABILITY LEVEL	AUTHORIZATION
M	<ul style="list-style-type: none"> Anatomical loss or loss of use of both hands Anatomical loss or loss of use of both legs at with factors preventing natural knee action with prosthesis in place Anatomical loss or loss of use of one arm and one leg with factors preventing natural elbow and knee action with prosthesis in place Blindness in both eyes having only light perception. 	38 USC 1114(m) 38 CFR § 3.350(c)
M-1/2	<ul style="list-style-type: none"> Anatomical loss or loss of use of one hand with anatomical loss or loss of use of one arm at, or with complications, preventing natural elbow action with prosthesis in place. Anatomical loss or loss of use of one leg at a level preventing natural knee action with prosthesis in place with the anatomical loss or loss of use of one arm so near the shoulder as to prevent the use of a prosthetic appliance Anatomical loss or loss of use of one leg so near the hip as to prevent use of a prosthetic appliance with anatomical loss or loss of use of one arm at a level, or with complications, preventing natural elbow action with prosthesis in place Blindness in one eye having only light perception and anatomical loss of, or blindness having no light perception in the other eye 	38 USC 1114(p) 38 CFR§3.350(f)(2)(iii)
N	<ul style="list-style-type: none"> Anatomical loss or loss of use of both arms with factors preventing natural elbow action with prosthesis in place Anatomical loss of both legs with factors that prevent the use of prosthetic appliances Anatomical loss of one arm and one leg with factors that prevent the use of prosthetic appliances Anatomical loss of both eyes or suffered blindness without light perception in both eyes 	38 USC 1114(n) 38 CFR § 3.350(d)

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TABLE-8: SMC RATING ELIGIBILITY CRITERIA – All Conditions, continued

SPECIAL MONTHLY COMPENSATION (SMC)		
SMC LEVEL	DISABILITY LEVEL	AUTHORIZATION
N-1/2	<ul style="list-style-type: none"> Anatomical loss or loss of use of one arm at a level, or with complications, preventing natural elbow action with prosthesis in place with anatomical loss of the other arm so near the shoulder as to prevent the use of a prosthetic appliance 	38 USC 1114(p) 38 CFR§3.350(f)(1)(xii)
O	<ul style="list-style-type: none"> 2 separate SC conditions rated at the SMC level (l) through (n) 20/200 blindness or less rated SC and an SC hearing loss rated at 60% or more Bilateral blindness with light perception or loss rated SC and SC hearing loss rated at 40% or more Anatomical loss of both arms so near the shoulders as to prevent the use of prosthetic appliances Amount payable exceeds the “O” rate, cannot pay more than the “O” rate unless veteran is considered for the “R” levels 	38 USC 1114(o) 38 CFR § 3.350(e)
P	<ul style="list-style-type: none"> Additional independent 50% SC disability(ies) Additional 100% SC disability Loss or loss of use of three (3) extremities 	38 USC 314(p) 38 CFR § 3.350(f)
Q	<ul style="list-style-type: none"> Statutory tuberculosis Note: <i>Public Law 90-493 repealed section 314(q) of Title 38, US Code. The repeal does not apply in the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for tuberculosis which was active or inactive</i> 	38 USC 314(q) 38 CFR § 3.350(g)
R-1	<ul style="list-style-type: none"> Veteran is rated at the “O” level and a factual need for Aid and Attendance (A&A) is evident 	38 USC 314(r) 38 CFR § 3.350(h)
R-2	<ul style="list-style-type: none"> Veteran is in need of skilled medical care on a daily basis Skilled care can be provided by a licensed practitioner or non-licensed person who is supervised at least one a month 	38 USC 314(r) 38 CFR § 3.350(h)

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TABLE-8: SMC RATING ELIGIBILITY CRITERIA – All Conditions, continued

SPECIAL MONTHLY COMPENSATION (SMC)		
SMC LEVEL	DISABILITY LEVEL	AUTHORIZATION
S	<ul style="list-style-type: none"> • 100% SC disability and housebound • 100% SC disability and a second SC disability rated at 60% • Veteran is not eligible for “S” if already rated at the “L” through “R” levels • “S” is equivalent to HB rating on the SMP 	38 USC 1114(s) 38 CFR § 3.350(i)
T	<ul style="list-style-type: none"> • Special aid and attendance (A&A) benefit for residuals of traumatic brain injury (TBI) • Veteran must be in need of A&A for the residuals of TBI and will be paid at the R-2 SMC rate 	38 USC 1114(t) 38 CFR § 3.350(j)

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RATING: Entitlement to SMC Based on the Need for A&A

Type of Benefit: Special Monthly Compensation (SMC) benefits based on Veteran being in need of aid and attendance of another person.

Authorization: Title 38 U.S.C. 1114(l)
38 CFR § 3.350(b)
M21-1, Part IV, Subpart ii, Chapter 2, Section H-SMC, Topic 8

VA provides Special Monthly Compensation (SMC) benefits when a veteran's service-connected (SC) condition is such that they require the aid and attendance of another person.

BENEFIT: Veteran's monthly Compensation is increased to the SMC-L rate based on the SC condition demonstrating need for regular aid and attendance (A&A) of another person. VA will pay:

- **SMC-L Rate** when it is determined that the veteran is so helpless as to be in need of regular aid and attendance.
 - **NOTE:** A single disability evaluated as 100-percent disabling under a schedular evaluation is generally a prerequisite for entitlement to A&A.
 - The single disability rated as totally disabling must be the sole or partial cause of the need for A&A.
 - Both the nature of the impairment (being in need of regular A&A) and the compensation indicate that a greater level of disability is required for entitlement to the additional allowance for A&A than for entitlement to SMC at the housebound rate, or a 100-percent schedular evaluation.

Eligibility: Veteran's SC condition must meet the criteria for need of regular aid and attendance of another person as explained in [38 CFR 3.352\(a\)](#).

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify if veteran may be a candidate for an increased rating based on the special SMC rule for A&A (see examples below).
- **EXAMPLE:** Veteran is rated 100% SC for PTSD and receiving Disability Compensation at the 100% rate for Veteran with spouse. The monthly compensation check would be \$3,321.85 (2021 rate) at the 100% rate for Veteran with spouse. If it is determined that veteran's SC condition meets the A&A criteria, Veteran can be approved for SMC and would receive SMC-L rate of \$4,090.57 (2021 rate).

More Information: [VA FACT SHEET: Special Monthly Pension](#)

Additional Information: <https://www.law.cornell.edu/cfr/text/38/3.352#a>

- <https://cck-law.com/video/special-monthly-compensation-smc/>

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SMC: R-1 Regular Aid & Attendance (A&A)

Type of Benefit: Disability Compensation – Special Monthly Compensation (SMC)

LEGAL AUTHORIZATION:

- 38 U.S.C. 1114(r)(1)
- 38 CFR § 3.350(h)

What is it? This is the highest level of SMC and is divided into two (2) levels (R-1) and (R-2) based on a need for Aid and Attendance. This section describes the R-1 level. The next section describes the R-2 level in detail.

The SMC R-1 level enables VA to pay additional compensation (or allowance) beyond the SMC rate of “O” or “N-1/2+1-K Award”, if the veteran is in need of **regular aid and attendance (A&A)**.

BENEFIT: Compensation is increased to the SMC-R-1 level monthly rate. Which pays a higher rate than SMC-O based on the need for regular A&A.

NOTE: SMC-R level compensation is payable only when the veteran is being cared for at home. It is **NOT** payable if the veteran is hospitalized or in a care institution.

Eligibility Criteria: SMC-R-1 is payable where the veteran meets all of the following conditions:

- The veteran is entitled to SMC at the “O” or “P” rate or “N-1/2 + 1-K Award” rate, **AND**
- The veteran meets the requirements for entitlement to regular aid and attendance allowance discussed in 38 CFR § 3.352(a):
 - Inability of claimant to dress or undress himself/herself, or to keep himself/herself ordinarily clean and presentable.
 - Frequent need of adjustment of any special prosthetic or orthopedic appliances which by reason of the particular disability cannot be done without aid (this will not include the adjustment of appliances which normal persons would be unable to adjust without aid, such as supports, belts, lacing at the back, etc.).
 - Inability of claimant to feed himself/herself through loss of coordination of upper extremities or through extreme weakness.
 - Inability to attend to the wants of nature.
 - Incapacity, physical or mental, which requires care or assistance on a regular basis to protect the claimant from hazards or dangers incident to his or her daily environment. (e.g. if the building was on fire could the veteran safely exit without assistance?)
 - “Bedridden” is that condition which requires the claimant to remain in bed. The fact that the claimant has voluntarily taken to bed or that a physician has prescribed rest in bed for the greater or lessor part of the day to promote convalescence or cure will **not** suffice.

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- It is only necessary that the evidence establish that the veteran is so helpless as to need regular aid and attendance, not that there is a constant need.
- It is not required that all of the disabling conditions listed above be found to exist before a favorable rating can be made. The particular functions which the veteran is unable to perform should be considered in connection with his/her condition as a whole.

EXAMPLE: Veteran is rated 100% SC for bilateral blindness and 100% SC for bilateral loss of lower legs both due to multiple sclerosis (MS) diagnosis. She receives VA compensation at the **SMC-O** rate. During an initial VIST Review it is discovered that veteran's overall medical condition due to MS is now requiring her to need regular assistance throughout the day. She files a claim for SMC-A&A levels. If the claim is approved, veteran's compensation payable would increase to **SMC-(R-1)** level due to her need for regular A&A.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- VIST should monitor veterans overall health and related SC conditions to determine if latest findings indicate veteran may qualify for SMC-R compensation based on regular need for A&A.
- Veterans who receive SMC-R level compensation are subject to a reduction in compensation when admitted to a VAMC after a specific time period of hospitalization. This includes visually impaired veterans admitted to a BRC program. Please see separate section on compensation adjustments for hospitalization. If VIST are aware that a veteran applying for admission to a BRC program is receiving SMC-R level compensation they need to alert the BRC program.

More Information:

- [38 CFR § 3.350 Special Monthly Compensation](#)
- [VA Special Monthly Compensation Factsheet](#)
- [38 CFR 3.352: Criteria for determining need for A&A](#)
- [38 US Code: 1114](#)

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SMC: R-2 Higher Level of Care Aid & Attendance (A&A)

Type of Benefit: Disability Compensation – Special Monthly Compensation (SMC)

LEGAL AUTHORIZATION:

- 38 U.S.C. 1114(r)(1)
- 38 CFR § 3.350(h)
- 38 CFR § 3.352(b)

What is it? SMC R-2 is the highest level of compensation VA pays for any condition. It is technically an additional allowance, but in reality, is paid in lieu of all other compensation benefits.

VA will pay additional compensation (or allowance) beyond the SMC rate for regular A&A “R-1” if the veteran is in need of a **Higher Level of Care aid and attendance (A&A)**.

BENEFIT: Compensation is increased to the SMC-R-2 level monthly rate. Which pays the highest monthly rate based on the need for regular A&A at a higher level of care.

DEFINITIONS:

- **Higher Level of Care**
 - A need for personal health-care services provided on a daily basis in the veteran’s home by a person who is licensed to provide such services or who provides such services under the regular supervision of a licensed health-care professional.
 - In the absence of the higher level of care veteran would need require hospitalization, nursing home care, or other residential institutional care.
 - The existence of the need for a higher level of care shall be determined by a VA physician or by a contract or fee arranged physician.
- **Personal Healthcare Services, includes (but are not limited to) such services as:**
 - Physical therapy (PT)
 - Administration of injections
 - Placement of indwelling catheters
 - Changing of sterile dressings
 - Like functions which require professional health-care training or the regular supervision of a trained health-care professional to perform
- **Licensed Health-care Professional, includes (but are not limited to):**
 - Doctor of Medicine or Osteopathy
 - Registered nurse (RN)
 - Licensed Practical Nurse (LPN)
 - Physical Therapist (PT)

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- **Under the Regular Supervision of a Licensed Health-Care Professional:**

- An unlicensed person performing personal health-care services is following a regimen of personal health-care services prescribed by a health-care professional
- The health-care professional consults with the unlicensed person providing the health-care services at least once each month to monitor the prescribed regimen.
- The consultation need not be in person; a telephone call will suffice.
- A relative of the veteran may provide the personal health-care services, but they must meet any licensing criteria.

NOTE: SMC-R level compensation is payable only when the veteran is being cared for at home. It is **NOT** payable if the veteran is hospitalized or in a care institution.

Eligibility Criteria: SMC-R-2 is payable where the veteran meets all of the following conditions:

- The veteran is entitled to SMC at the “O” or “P” rate **AND**
- Meets the criteria for Regular A&A, **AND**
- Requires a higher level of care as defined above

EXAMPLE: Veteran is rated 100% SC for bilateral blindness and 100% SC for bilateral loss of lower legs both due to multiple sclerosis (MS) diagnosis. She receives VA compensation at the **SMC-R-1** due to her need for regular A&A. During an annual VIST Review it is discovered that veteran’s overall medical condition due to MS is now requiring her to need a higher level of care throughout the day. She files a claim for increased rating to the SMC-R-2 levels. If the claim is approved, veteran’s compensation payable would increase to **SMC-(R-2)** level due to her need for a higher level of care A&A.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- VIST should monitor veterans overall health and related SC conditions to determine if latest findings indicate veteran may qualify for SMC-R compensation based on regular need for A&A. Conditions that might require R level ratings include SC rated conditions such as MS, ALS, TBI, SCI, diabetes, stroke, heart conditions, etc..
- Veterans who receive SMC-R level compensation are subject to a reduction in compensation when admitted to a VAMC after a specific time period of hospitalization. This includes visually impaired veterans admitted to a BRC program. Please see separate section on compensation adjustments for hospitalization. If VIST are aware that a veteran applying for admission to a BRC program is receiving SMC-R level compensation they need to alert the BRC program.

More Information:

- [38 CFR § 3.350 Special Monthly Compensation](#)
- [VA Special Monthly Compensation Factsheet](#)
- [38 CFR 3.352: Criteria for determining need for A&A](#)
- [38 US Code: 1114](#)

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SMC: Rules for Combining SC Conditions at the SMC Rate

Type of Benefit: Disability Compensation – Special Monthly Compensation (SMC)

LEGAL AUTHORIZATION:

- 38 U.S.C. 1114
- 38 CFR § 3.350

What is it? VA has special rating rules that apply when two (2) or more conditions are rated at the SMC levels.

BENEFIT: Compensation is increased to the appropriate monthly SMC rate based on the eligibility criteria identified in each rule.

Eligibility: Please see **Table-3 Rules for Combining SC Conditions at the SMC Rate** starting on next page.

Managed By: VBA (local VA Regional Office) 38 CFR § 3.350 Special Monthly Compensation

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- During the VIST Annual Review, VIST should monitor each Veteran's current rating and confirm the rating is correct or determine what action is needed (i.e. file for an increase) based on eligibility criteria listed in this section. VIST should be watching for ratings involving 2 or more conditions at the SMC levels.

More Information:

- [38 CFR § 3.350 Special Monthly Compensation](#)
- [VA Special Monthly Compensation Factsheet](#)

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TABLE-9: SMC RATINGS – Rules for Combined SC Conditions at the SMC Rate

SPECIAL MONTHLY COMPENSATION (SMC) RULES For Combining SC Conditions at the SMC Rate	
SMC RULE	RATING ACTION
SC for 1 condition 50% or more, but less than 100% AND rated at the SMC level for a second condition EXAMPLE: Blindness is rated “L” on the SMC scale and veteran is also rated 70% SC for diabetes and receiving a “K” award (for loss of use of creative organ). Rating would be: SMC “L-1/2” + 1-K Award	Increase an Additional HALF (½) STEP
Blindness is rated at the SMC levels AND another SC condition is rated 100% EXAMPLE: Bilateral Blindness is rated “M” on the SMC scale and veteran is also rated 100% SC for mental health condition. Rating would be: SMC “N”	Increase an Additional FULL (1) STEP
Two (2) conditions rated at the SMC Levels EXAMPLE: Blindness is rated “L” on the SMC scale and veteran is also rated SMC-L for loss of use of both lower legs due to trauma resulting from explosion in service. Rating would be: SMC “O”	Increase to the “O” RATE
If dollar value of the award equals the “O” rate EXAMPLE: Blindness is rated “N” on the SMC scale and veteran is also rated 70% SC for diabetes and a “K” Award (creative organ). Veteran is in receipt of SMC at the “N-1/2” rate + 1-K award. Rating would be: SMC “O”	Increase to the “O” RATE
If dollar value of the award exceeds the “O” rate	Can only receive the “O” RATE Unless the “R” rate levels are awarded

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TABLE-9: SMC RATINGS – Rules for Combined SC Conditions at the SMC Rate, Continued

SPECIAL MONTHLY COMPENSATION (SMC) RULES For Combining SC Conditions at the SMC Rate	
SMC RULE	RATING ACTION
<p>“S” rate (Housebound) is only payable when veteran is not eligible for SMC levels</p> <p>EXAMPLE: Blindness is rated 70% SC and veteran is also rated 100% SC for psychiatric condition. Veteran’s SC conditions are NOT rated at the SMC levels.</p> <p>Rating would be: SMC “S”</p>	<p>Increase to the “S” RATE</p>
<p>“K” Award for loss or loss of use of 1-Eye AND rated at SMC level for blindness</p> <p>EXAMPLE: Blindness is rated 70% SC based on visual acuities of LP and 20/200. Veteran receives compensation at the 70% SC + 1-K Award rate (Loss of Use of 1-Eye). During VIST Review update veteran’s vision is determined to be LP and LP.</p> <p>Rating would be: SMC “M” (K-Award is dropped at SMC level)</p>	<p>“K” Award is Dropped Or Factored into SMC Award (Once the rating for vision loss reaches SMC-L or higher)</p>
<p>All “K” Awards AND rated at SMC “O” or “R” levels for any condition(s)</p> <p>EXAMPLE: Blindness is rated 100% SC based on visual acuities of 5/200 bilateral and veteran was also rated 40% SC for loss of lower leg. Veteran receives compensation at the SMC-L + 1-K Award rate (Loss of Leg). During VIST Review update veteran’s vision is stable and remains 5/200 bilateral, BUT VIST verifies that veteran has now lost the other lower leg to the same SC condition that caused the loss of the first leg.</p> <p>Rating would be: SMC “O” (based on 2 separate conditions rated at the SMC level, K-Awards for loss of use of legs dropped at SMC “O” or “R” level)</p>	<p>“K” Award(s) are Dropped Or Factored into SMC Award (Once the rating is SMC-O or SMC-R)</p>

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TABLE-9: SMC RATINGS – Rules for Combined SC Conditions at the SMC Rate, Continued

SPECIAL MONTHLY COMPENSATION (SMC) RULES For Combining SC Conditions at the SMC Rate	
SMC RULE	RATING ACTION
<p>Three (3) Extremities: Anatomical loss or loss of use, or a combination of anatomical loss and loss of use, of three (3) extremities</p> <p>EXAMPLE: Veteran is rated 100% SC based on amputation of both hands. He is also rated 40% SC for loss of lower leg and 20% SC for hypertension. Veteran is entitled SMC-M for the loss of use of both hands and to 1-K Award for loss of use of foot. In addition, veteran is entitled to an additional ½ step in the level of SMC due to the separate disabilities ratable at 50% or greater (this is for the loss of foot combined with the hypertension condition). Veteran is receiving SMC-M1/2+K Award. During the Annual Review VIST discovers that veteran may be entitled to an increased rating based on loss of 3 extremities. Veteran files a claim for an increased rating and back pay based on a clear and unmistakable error (CUE) in the rating.</p> <p>Rating would be: SMC “N” + 1-K Award (based on loss of 3 extremities).</p>	<p>Increase an Additional HALF (½) STEP</p>
Authorization: 38 USC 1114(p) and 38 CFR § 3.350(f)(2)(vii)	

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Blindness

Ratings at

SMC

Levels

SMC: Ratings for Blindness

Type of Benefit: Disability Rating – Special Monthly Compensation for Blindness

LEGAL AUTHORIZATION: Title 38 U.S. Code 314 (k-n); 38 CFR § 3.350(a, b, c, f, n, p)

VA is authorized to pay additional (or special) monthly compensation when service-connected vision loss reaches a particular central visual acuity or visual field measurement.

BENEFIT: Authorizes Special Monthly Compensation (SMC) for service-connected blindness ratings. VA pays additional compensation for severe vision loss based on current level of vision as described on next page.

- SMC is identified by letters of the alphabet. Each letter reflect the paragraph in the U.S. Code that describes that benefit. For example, 38 U.S. Code 314(k) describes a K-Award.
- The highest Rating for SC vision loss is SMC-N.
- The SMC-S rating is considered to be a Housebound (HB) rating.

ELIGIBILITY: Veteran must have vision loss that is rated as service-connected (SC) and meet the visual requirements as outlined in Table-1 on next page.

Managed By: VBA

Application Procedure: VBA would apply the appropriate SMC rating based on overall rating.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 70% SC for vision loss (based on central visual acuities of RE: 5/200 and LE: 20/200) during the Annual VIST Review veteran's latest central visual acuities were found to be RE: 5/200 and LE: 5/200). Based on these findings Veteran should be advised to file a claim to increase his rating to 100% SC for vision loss and compensation would increase to SMC-L rate.
- VIST should monitor eye exam reports for latest findings indicating veteran may qualify for a K-Award based on vision loss in 1 eye.
- Veterans can only have 1-K Award for vision loss. If both eyes meet the eligibility criteria identified above, the additional payment for K-Award for blindness in one eye is stopped and Veteran's compensation rate is increased to a higher SMC level.
- It is important that VIST monitor the current visual acuity and visual field findings as part of the Annual Review to determine if an increased rating claim may be advised.

More Information: [38 CFR, Section 3.340](#)

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TABLE-10: SMC FOR BLINDNESS RATINGS

SPECIAL MONTHLY COMPENSATION (SMC) FOR BLINDNESS		
SMC LEVEL	VISION LEVEL	AUTHORIZATION
K	<p>Blindness in one eye only have light perception (i.e., inability to recognize test letters at one foot, and perception of objects, hand movements, or counting fingers cannot be accomplished at three (3) feet.</p> <ul style="list-style-type: none"> • Does not contemplate payment where the affected eye can be corrected better than light perception. • Loss of one eye means in effect, were the vision in the good eye lost, total blindness would result. • If an opaque lens is used over an eye otherwise normal to avoid diplopia, the requirements for the payment of additional SMC have not been met. 	<p>38 USC 1114(k) 38 CFR § 3.350(a)</p>
L	<ul style="list-style-type: none"> • 5/200 or less bilateral. However, evaluation of 5/200 based on acuity in excess of that degree but less than 10/200, does not qualify. • 5 degrees or less concentric contraction of visual field bilateral 	<p>38 USC 1114(l) 38 CFR § 3.350(b)</p>
L-1/2	<ul style="list-style-type: none"> • 5/200 and light perception 	<p>38 USC 1114(p) 38 CFR § 3.350(f)(2)</p>
M	<ul style="list-style-type: none"> • Light Perception (LP) and Light Perception (LP) • 5/200 and factual need for aid and attendance (A&A) • 5/200 and anatomical loss of eye • 5/200 and No Light Perception (NLP) 	<p>38 USC 1114(m) 38 CFR § 3.350(c)</p>
M-1/2	<ul style="list-style-type: none"> • Light Perception (LP) and anatomical Loss • Light Perception (LP) and No Light Perception (NLP) 	<p>38 USC 1114(p) 38 CFR§3.350(f)(2)(iii)</p>
N	<ul style="list-style-type: none"> • No Light Perception (NLP) and Enucleation • Bilateral Enucleation • Bilateral No Light Perception (NLP) 	<p>38 USC 1114(n) 38 CFR § 3.350(d)</p>

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SMC: Ratings for SC Bilateral Blindness and SC Hearing Loss

Type of Benefit: Disability Rating – Special Monthly Compensation for SC Bilateral Blindness with SC Hearing Loss

LEGAL AUTHORIZATION: Title 38 U.S. Code 1114 (p); 38 CFR § 3.350(f)(2)

VA has special rules for rating a case with service connected (SC) bilateral blindness and service connected (SC) hearing loss. VA is authorized to pay additional special monthly compensation when service-connected vision loss reaches a particular central visual acuity or visual field measurement when combined with SC rated hearing loss.

BENEFIT: Authorizes a higher level of Special Monthly Compensation (SMC) for service-connected blindness ratings when combined with service connected (SC) hearing loss. Table-2 on the next page describes the level of SMC increase dependent on combined SC rating for vision at SMC rates and SC hearing loss status.

ELIGIBILITY: Veteran must have vision loss that is rated as service-connected (SC) at the SMC levels and hearing loss that is also rated as service-connected (SC).

Managed By: VBA

Application Procedure: VBA would apply the appropriate SMC rating based on overall rating.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 100% SC for vision loss (based on central visual acuities of RE: 5/200 and LE: 5/200) and is in receipt of SMC at the “L” rate. During the Annual VIST Review veteran’s latest central visual acuities were found to be RE: 5/200 and LE: LP. It is also noted that Audiology reports that veteran is now totally deaf in his right ear which was rated SC 10%. Based on these findings Veteran should be advised to file a claim to increase his rating for both vision loss and hearing loss. If approved the rating would be SMC: L-1/2 for vision loss and increase an additional ½ step on the SMC scale based on total deafness in one ear. Overall rating would increase to SMC-M rate.
- VIST should monitor any decrease in hearing loss if veteran is rated SC for bilateral blindness at the SMC level and SC for hearing loss.

More Information: [38 CFR, Section 3.340](#)

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TABLE-11: SMC RATINGS – SC Bilateral Blindness Combined with SC Hearing Loss

SPECIAL MONTHLY COMPENSATION (SMC) RULES SC Bilateral Blindness AND SC Hearing Loss		
SMC RATED VISION LOSS	AND SC RATED HEARING LOSS	RATING ACTION
<ul style="list-style-type: none"> • 5/200 (Both) • 5/200 and LP • 5/200 and NLP • 5/200 and Anatomical Loss 	<ul style="list-style-type: none"> • Total deafness in one (1) ear 	Increase an Additional HALF (½) STEP
<ul style="list-style-type: none"> • Bilateral LP • LP and NLP • LP and Anatomical Loss 	<ul style="list-style-type: none"> • Bilateral deafness 10% or 20% (at least one ear SC) 	Increase an Additional HALF (½) STEP
<ul style="list-style-type: none"> • Both eyes 5/200 or less 	<ul style="list-style-type: none"> • Bilateral deafness 30% or more (at least one ear SC) 	Increase an Additional FULL (1) STEP
<ul style="list-style-type: none"> • Both eyes 5/200 or less 	<ul style="list-style-type: none"> • Bilateral deafness 60% or more (at least one ear SC) 	Rated “O”, Usually Increased to “R”
<ul style="list-style-type: none"> • Bilateral LP 	<ul style="list-style-type: none"> • SC total deafness one ear, OR • Bilateral deafness rated 40% SC (at least one ear SC) 	Rated “O”, Consideration for “R”
Authorization: 38 USC 1114(p) and 38 CFR § 3.350(j)		

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SMC: Ratings for SC Bilateral Blindness Combined with SC Loss of Extremities

Type of Benefit: Disability Rating – Special Monthly Compensation for SC Bilateral Blindness with SC Loss of an Extremity

LEGAL AUTHORIZATION: Title 38 U.S. Code 1114 (p); 38 CFR § 3.350(f)(2)

VA has special rules for rating a case with service connected (SC) bilateral blindness and service connected (SC) loss of an extremity (hand/arm; foot/leg). VA is authorized to pay additional special monthly compensation when service-connected vision loss reaches a particular central visual acuity or visual field measurement when combined with SC rated loss of an extremity.

BENEFIT: Authorizes a higher level of Special Monthly Compensation (SMC) for service-connected blindness ratings when combined with service connected (SC) hearing loss. Table-3 on the next page describes the level of SMC increase dependent on combined SC rating for vision at SMC rates and SC rated loss or loss of use of an extremity.

ELIGIBILITY: Veteran must have vision loss that is rated as service-connected (SC) at the SMC levels and hearing loss that is also rated as service-connected (SC).

Managed By: VBA

Application Procedure: VBA would apply the appropriate SMC rating based on overall rating.

VIST Tips:

- **EXAMPLE:** Veteran has been rated 100% SC for vision loss (based on central visual acuities of RE: 5/200 and LE: 5/200) and is in receipt of SMC at the “L” rate. During the Annual VIST Review veteran’s latest central visual acuities were found to be unchanged. It is also noted that Primary Care reports and veteran confirms that veteran is now an above knee amputee due to diabetic neuropathy in his right leg which was rated SC 30%. Based on these findings Veteran should be advised to file a claim to increase his rating for both vision loss combined with loss of an extremity. If approved the SMC rating would increase an additional Full-Step on the SMC scale. Overall rating would increase to SMC-M rate.
- VIST should monitor during subsequent VIST Reviews any decrease in overall health due to SC rated conditions (diabetes, MS, ALS, etc.).

More Information: [38 CFR, Section 3.340](#)

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TABLE-12: SMC RATINGS – SC Bilateral Blindness Combined with SC Loss or Loss of Use of Extremities

SPECIAL MONTHLY COMPENSATION (SMC) RULES SC Bilateral Blindness AND SC Loss of Extremities		
SMC RATED VISION LOSS	AND SC RATED LOSS OF EXTREMITY	RATING ACTION
• Both eyes 5/200 or less	1-HAND Loss or Loss of Use of one hand	Increase an Additional FULL (1) STEP
• Both eyes 5/200 or less	1-FOOT Rated Less than 50% SC Loss or Loss of Use of one foot	Increase an Additional HALF (½) STEP
• Both eyes 5/200 or less	1-FOOT Rated 50% SC or More Loss or Loss of Use of one foot	Increase an Additional FULL (1) STEP
Authorization: 38 USC 1114(p) and 38 CFR § 3.350(f)(2)(vii)		

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RATING: Entitlement to SMC Rule When Aid and Attendance (A&A) is Needed Due to an SC Blindness Condition

Type of Benefit: Special Monthly Compensation (SMC) benefits based on Veteran being in need of aid and attendance of another person.

Authorization: Title 38 U.S.C. 1114(m) and 38 CFR § 3.350(c)

VA provides Special Monthly Compensation (SMC) benefits when a veteran's service-connected (SC) blindness condition is such that they require the aid and attendance of another person.

BENEFIT: Veteran's monthly Compensation is increased to SMC-M rate based on the SC blindness condition requiring regular aid and attendance (A&A) of another person. VA will pay:

- **SMC-M Rate** when it is determined that veteran has blindness in both eyes leaving the veteran so helpless as to be in need of regular aid and attendance.

Eligibility: Veteran's SC condition must meet the criteria for need of regular aid and attendance of another person as explained in [38 CFR 3.352\(a\)](#).

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify if veteran may be a candidate for an increased rating based on this special SMC rule for A&A (see examples below).
- **EXAMPLE-1:** Veteran is rated 100% SC for blindness based on central visual acuities of 5/200 in both eyes and receiving Special Monthly Compensation (SMC) at the L rate for Veteran alone. The monthly compensation check would be \$3,915.14 at the L rate for Veteran only. If it is determined that veteran's SC blindness condition meets the A&A criteria, Veteran can be approved for an increase in SMC and would receive the SMC-M rate of \$4,320.76.
- **EXAMPLE-2:** Veteran is rated 100% SC for blindness based on central visual acuities of RE = 5/200 and LE = LP. Veteran is in receipt of SMC at the L-1/2 rate with a monthly VA check of \$4,117.54 for Veteran alone. He has relocated to an assisted living environment due to difficulty living independently based on struggles with ADLs (preparing meals, maintain the home, and managing medications). Veteran should file a claim to increase VA monthly compensation to SMC-M based on blindness and need for A&A. If approved the new monthly check would be \$4,320.76.

More Information: [VA FACT SHEET: Special Monthly Pension](#)

Additional Information: <https://www.law.cornell.edu/cfr/text/38/3.352#a>

- <https://cck-law.com/video/special-monthly-compensation-smc/>

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DEPENDENCY & **I**NDEMNITY **C**OMPENSATION

DIC: Dependency and Indemnity Compensation

Type of Benefit: VA Monetary Compensation for Surviving Spouse and Dependents

Authorization: 38 U.S.C., Part II, Chapter 13: Dependency and Indemnity Compensation

WHAT IS IT? VA provides financial compensation to a **surviving spouse, child, or parent** of Servicemembers who died while on active duty, active duty for training, or inactive duty training, or to survivors of Veterans who died from their service-connected disabilities.

BENEFIT: Tax free, monetary compensation with annual cost-of-living adjustments.

- The benefit amount will vary depending on the survivor status and date of death of the Servicemember or Veteran.
 - VA pays DIC at a variable rate if the Veteran died **before** January 1, 1993
 - VA pays a different DIC rate if the death occurred **on or after** January 1, 1993
 - VA pays additional compensation:
 - based on number of dependent children.
 - if the veteran was rated totally disabled (100% SC) for a specified period of time.
 - if the surviving spouse is considered housebound or in need of regular aid and attendance (A&A) of another person.
- The Department of Defense (DoD) offers a similar program called Survivors Benefits Plan (SBP). For many years a surviving spouse family member could NOT draw both DIC and SBP benefits. This led to most Veteran's cancelling the SBP benefit once their family became eligible for DIC benefits. However, the law has changed regarding the ability of eligible DIC recipients to draw both DIC and SBP benefits. Please see Volume-1 of the VIST Desk Reference Guide for more information about changes to the SBP program.
- Tables 1 and 2 on the next pages shows the 2021 VA DIC Rates.

Eligibility: To be considered eligible for DIC a surviving spouse, dependent child or surviving parent of a service member or Veteran must meet DIC eligibility criteria as outlined below:

- **Surviving Spouse:** One of the following must be true for the Surviving Spouse to qualify for DIC:
 - Married the Veteran or service member before January 1, 1957, **OR**
 - Married the Veteran or servicemember within 15 years of their discharge from the period of military service during which the qualifying illness or injury started or became worse, **OR**
 - Were married to the Veteran or service member for at least 1 year, **OR**
 - Had a child with the Veteran or service member, aren't currently remarried, and either lived with the Veteran or service member without a break until their death or, if separated, weren't at fault for the separation.
 - **NOTE:** If the surviving spouse is remarried on or after December 16, 2003, **AND** was 57 years of age or older at the time of remarriage, they may continue to receive DIC benefits.

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- **Surviving Spouse:** One of these descriptions is true for the Veteran or service member:
 - The service member died while on active duty, active duty for training, or inactive-duty training, **OR**
 - The Veteran died from a service-connected illness or injury, **OR**
 - The Veteran did **NOT** die from a service-connected illness or injury, but was eligible to receive VA compensation for a service-connected disability rated as totally disabling (100% SC). If the eligibility is due to a total disability rating, the Veteran's total disability rating must have been in effect:
 - For at least 10 years before their death, **OR**
 - Since their release from active duty and for at least 5 years immediately before their death, **OR**
 - For a least 1 year before their death if they were a former prisoner of war who died after September 30, 1999.
- **Surviving Child:** All of the following must be true for the Surviving Child to qualify for DIC compensation:
 - Not married, **AND**
 - Are NOT included on the surviving spouse's compensation, **AND**
 - Are under the age of 18 (or under the age of 23 if attending school).
 - **NOTE:** If the surviving child was adopted out of the Veteran's or service member's family, but meets all other eligibility criteria, they may still qualify for DIC compensation.
- **Surviving Child:** One of these descriptions is true for the Veteran or service member:
 - The service member died while on active duty, active duty for training, or inactive-duty training, **OR**
 - The Veteran died from a service-connected illness or injury, **OR**
 - The Veteran did **NOT** die from a service-connected illness or injury, but was eligible to receive VA compensation for a service-connected disability rated as totally disabling (100% SC). If the eligibility is due to a total disability rating, the Veteran's total disability rating must have been in effect:
 - For at least 10 years before their death, **OR**
 - Since their release from active duty and for at least 5 years immediately before their death, **OR**
 - For a least 1 year before their death if they were a former prisoner of war who died after September 30, 1999.
- **Surviving Parent:** Both of the following must be true for the Surviving Parent to qualify for DIC compensation:
 - Must be the biological, adoptive, or foster parent of the Veteran or service member, **AND**
 - Surviving parent's income is below a certain amount (see Table XX)
 - **NOTE:** A foster parent is defined as someone who served in the role of a parent to the Veteran or service member before their last entry into active service.
- **Surviving Parent:** One of these descriptions is true for the Veteran or service member:
 - The service member died from an injury or illness while on active duty, or in the line of duty while on active duty for training, **OR**
 - The service member died from an injury or illness in the line of duty while on inactive training, **OR**
 - The Veteran died from a service-connected illness or injury

Managed By: VBA (local VA Regional Office)

Application Procedure:

- The Surviving Spouse or Child of a Veteran should fill out VA Form 21P-534EZ - [Download VA Form 21P-534EZ \(PDF\)](#)
- The Surviving Parent should complete the parent(s) VA Form 21P-535 – [Download VA Form 21P-535 \(PDF\)](#)

DIC Rates: Please see DIC rate tables on the following pages.

VIST Tips:

- Veterans will sometimes inquire about death benefits that their family members may be eligible for as part of their estate planning. This can become complicated as benefits and rules change over time (check out the changes to DoD's SBP program). Therefore, what applies in current time may not apply in future years.
- It is important to note that if the service disabled Veteran dies from an NSC cause there are specific time requirements that must be met prior DIC eligibility kicking in.
- The amount of DIC paid to a surviving spouse and dependent children can be substantially less per month than what the Veteran was paid monthly by VA while alive. This is especially true if the Veteran was receiving SMC benefits at the higher rates.

More Information: [VA.gov: DIC Benefits](#)

Additional Information: [38 CFR Part 3 - Adjudication, Subpart A Pension, Compensation and DIC](#)

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TABLE-13: 2021 DIC RATES (Veteran death on or AFTER January 1, 1993)

DIC RATES – Surviving Spouse (effective date 12/01/2020) Veteran Died on or After January 1, 1993		
SURVIVING SPOUSE STATUS	Description	DIC MONTHLY AMOUNT
Basic Rate	• For qualified Surviving Spouse	\$1,357.56
Add the monthly amount below when each status occurs		
Veteran Had a Total Disability Rating (100% SC)	<ul style="list-style-type: none"> • For at least the 8 full years leading up to the Veteran's death, AND • Surviving spouse was married to the Veteran for those same 8 years • The total rating can be based on an Individual Unemployability (IU) rating 	\$288.27
A&A	• Surviving spouse has a disability needing regular A&A	\$336.32
HB	• Surviving spouse has a disability and can't leave the house	\$157.55
Child Transitional DIC Benefit	<ul style="list-style-type: none"> • Paid if 1 or more children are under age 18 (1 monthly additional payment covering all qualifying children, not each child) • Paid for first 2 years after Veteran's death, then discontinued 	\$289.00
Child DIC Rate	• Paid for each eligible child UNDER the age of 18 years old	\$336.32
Adult Child of a Veteran	<ul style="list-style-type: none"> • Paid for each eligible child between ages 18 and 23 who is in a qualified school program • Adult child must be unmarried 	\$284.93
Helpless Adult Child	<ul style="list-style-type: none"> • Must be over age 18 • Adult child must have become permanently unable to support themselves before age 18) 	\$573.20
Authorization: 38 USC 1311(a, b, c, d, f) and 38 CFR § 3.461(b)		

EXAMPLE: A Surviving spouse has 2 children under 18 and who also qualifies for the 8-year provision (Veteran had total disability) and spouse is in need of A&A.

Total DIC Monthly Payment for the first 2 years:**\$2,943.79/month**

Monthly Rate:	\$1,357.56
1 st Child Under age 18:	+\$336.32
2 nd Child Under age 18:	+\$336.32
8-Year Provision:	+\$288.27
A&A:	+\$336.32
Transitional Benefit for first 2 years:	+\$289.00

Total DIC Monthly Payment after 2 years (when transitional benefit ends):**\$2,654.79/month**

Monthly Rate with transitional benefit:	\$2,943.79
Transitional benefit:	-\$289.00

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TABLE-14: 2021 DIC RATES (Veteran death BEFORE January 1, 1993)

DIC RATES – Surviving Spouse (effective date 12/01/2020) Veteran Died Before January 1, 1993		
SURVIVING SPOUSE STATUS	Description	DIC MONTHLY AMOUNT
Basic Rate	<ul style="list-style-type: none"> For qualified Surviving Spouse the basic rate payable varies based on the pay grade of service member/Veteran at the time of separation from service. 	Varies from \$1,357.56 to \$3,110.67
Add the monthly amount below when each status occurs		
Veteran Had a Total Disability Rating (100% SC)	<ul style="list-style-type: none"> The Veteran had a pay grade of E-1 to E-7, AND For at least the 8 full years leading up to the Veteran's death, AND Surviving spouse was married to the Veteran for those same 8 years The total rating can be based on an Individual Unemployability (IU) rating 	\$288.27
Veteran Had a Total Disability Rating (100% SC)	<ul style="list-style-type: none"> The Veteran had an Enlisted pay grade of E-8 or E-9 or Warrant Officer pay grade W-1 to W-4 or Officer pay grade O-1 to O-3 AND For at least the 8 full years leading up to the Veteran's death, AND Surviving spouse was married to the Veteran for those same 8 years The total rating can be based on an Individual Unemployability (IU) rating 	Increase monthly DIC payment to \$1,645.84
Child DIC Rate	<ul style="list-style-type: none"> Paid for each eligible child UNDER the age of 18 years old 	\$336.32
Adult Child of a Veteran	<ul style="list-style-type: none"> Paid for each eligible child between ages 18 and 23 who is in a qualified school program Adult child must be unmarried 	\$284.93
Helpless Adult Child	<ul style="list-style-type: none"> Must be over age 18 Adult child must have become permanently unable to support themselves before age 18) 	\$573.20
Authorization: 38 USC 1311(a, b, c, d, f) and 38 CFR § 3.461(b)		

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TABLE-15: 2021 DIC RATES (Surviving Child ONLY)

DIC RATES – Surviving Child ONLY NO Surviving Spouse (effective date 12/01/2020)		
SURVIVING CHILD STATUS	Description	DIC MONTHLY AMOUNT
Basic Rate	<ul style="list-style-type: none"> • Paid for 1 qualifying dependent child (under 18 years old) If more than 1 child see below 	\$573.20
Add the monthly amount below when each status occurs		
Surviving eligible Child of a Veteran when there is NO surviving spouse who is eligible for DIC	<ul style="list-style-type: none"> • Payment amount is based on the number of the Veteran's eligible surviving children. • At least one of the following must be true for an eligible child to qualify: <ul style="list-style-type: none"> ○ Under age 18, OR ○ Between the ages 18 and 23 and in a VA-approved school program, OR ○ Permanently unable to support self, due to a disability that happened before age 18 (called a helpless child) 	The total monthly payment increases with each additional child, however, the amount paid per child decreases (see below)
# of Veteran's Eligible Children	Monthly Rate for Each Child	Total Monthly Payment
1	\$573.20	\$573.20
2	\$412.30	\$824.59
3	\$358.67	\$1,076.01
4	\$320.12	\$1,280.49
5	\$296.99	\$1,484.97
6	\$281.58	\$1,689.45
7	\$270.56	\$1,893.93
8	\$262.30	\$2,098.41
9	\$255.88	\$2,302.89
10 or more	\$204.48	Multiply by # of children
Helpless Adult Child	<ul style="list-style-type: none"> • Must be over age 18 • Adult child must have become permanently unable to support themselves before age 18) 	\$336.62
Authorization: 38 USC 1310 to 1318 and 38 CFR § 3.5, 3.10		

EXAMPLE There are 2 eligible surviving children, and one of them is a helpless child. The DIC payable would be **\$412.30/month** for one child and **\$748.62/month** (\$412.30 + \$336.32) for the adult helpless child.

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TABLE-16: 2021 DIC RATES – Surviving Parent(s)

DIC RATES – Surviving Parent(s) (effective date 12/01/2020)		
SURVIVING PARENT STATUS	Description	DIC MONTHLY AMOUNT
Veteran's only Surviving Parent, AND either not remarried or remarried and living with new spouse	<ul style="list-style-type: none"> Rates vary depending on income, check out the following link for more detailed information: VA DIC Rate Chart: Surviving Parent(s) 	Varies depending on Income
Both parents are alive, AND not living with	<ul style="list-style-type: none"> For at least the 8 full years leading up to the Veteran's death, AND Surviving spouse was married to the Veteran for those same 8 years The total rating can be based on an Individual Unemployability (IU) rating 	\$288.27
A&A	<ul style="list-style-type: none"> Surviving spouse has a disability needing regular A&A 	\$336.32
HB	<ul style="list-style-type: none"> Surviving spouse has a disability and can't leave the house 	\$157.55
Child Transitional DIC Benefit	<ul style="list-style-type: none"> Paid if 1 or more children are under age 18 (1 monthly additional payment covering all qualifying children, not each child) Paid for first 2 years after Veteran's death, then discontinued 	\$289.00
Child DIC Rate	<ul style="list-style-type: none"> Paid for each eligible child UNDER the age of 18 years old 	\$336.32
Adult Child of a Veteran	<ul style="list-style-type: none"> Paid for each eligible child between ages 18 and 23 who is in a qualified school program Adult child must be unmarried 	\$284.93
Helpless Adult Child	<ul style="list-style-type: none"> Must be over age 18 Adult child must have become permanently unable to support themselves before age 18) 	\$573.20
Authorization: 38 USC 1311(a, b, c, d, f) and 38 CFR § 3.461(b)		

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SPECIAL **VA** **DISABILITY** **COMPENSATION**

SPECIAL: VA Disability Compensation Programs

Type of Benefit: VA Monetary Compensation for Special Circumstances

Authorization: 38 U.S.C.

WHAT IS IT? In addition to VA Disability Compensation, Special Monthly Compensation (SMC) and Dependency and Indemnity Compensation (DIC), the 4th type of compensation paid by VA are called Special VA Disability Compensation Programs.

BENEFIT: Tax free, monetary compensation with annual cost-of-living adjustments. It is not considered income, but rather compensation. The Special VA Disability Compensation programs are either generally paid in addition to applicable VA Disability Compensation benefits that a Veteran is entitled to receive or paid as an increase in monthly compensation (i.e. hospitalization, unemployability).

- **Special Claims – VA Disability Compensation**

- [Automobile Allowance](#)
- [Birth Defects linked to Exposure](#)
- [Clothing Allowance](#)
- [Convalescence \(recovery from surgery or an immobilizing disability\)](#)
- [Increased Rating While Hospitalized](#)
- [Individual Unemployability \(IU\)](#)
- [Prestabilization Ratings \(temporary disability\)](#)
- [Title 38 U.S.C. 1151 Claims](#)

Eligibility: See separate for each type of VA compensation.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- During the annual VIST Review VIST should verify if veteran may be a candidate for an increased rating based on the special SMC rule for A&A (see examples below).

More Information: [Special Claims | Veterans Affairs \(va.gov\)](#)

Additional Information:

- <https://www.va.gov/disability/eligibility/special-claims/>

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SPECIAL: AUTOMOBILE ALLOWANCE

Type of Benefit: Disability Compensation – Special Claims

What is an Automobile Allowance Benefit? A *one-time* payment to help buy a specially equipped vehicle.

VIST NOTE: This benefit is actually combined by VA with the Adaptive Equipment Benefit (next page) and is referred to in VBA rating decisions as VA Automobile Allowance and Adaptive Equipment. Since the benefits are similar, but different they have been separated out in this document.

2021 Rate: **\$21,795.57**

Eligibility: Must be rated service-connected for at least 1 of the conditions below:

- Loss, or permanent loss of use, of 1 or both feet, **or**
- Loss, or permanent loss of use, of 1 or both hands, **or**
- Permanent decreased vision in both eyes: 20/200 vision or less in the better eye with glasses, or greater than 20/200 vision but with visual field defect that has reduced the peripheral vision to 20 degrees or less in the better eye, **or**
- A severe burn injury, **or**
- Amyotrophic lateral sclerosis (ALS)

Managed By: VBA (VA Regional Office)

Application Procedure: File a claim with VBA using form 21-4502

VIST Tips:

- The veteran does **not** have to be a driver to qualify or require a special adaptation.
- This is a one-time payment therefore veterans are encouraged to purchase a vehicle up to the full amount of the Automobile Allowance.
- The amount of the benefit is the Allowance rate at the time the benefit is used, not the rate at time of approval.
- VA pays the vehicle's seller directly.
- Many people refer to this benefit as the Auto Grant.
- Veterans awarded compensation based on Paired Organ for vision loss do **NOT** qualify for this benefit.

More Information:

- [VA Automobile Allowance](#)
- [M21-1, Part IX, Subpart i, Chapter 2 - Automobile and Adaptive Equipment](#)

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SPECIAL: Birth Defects Linked to Exposure

Type of Benefit: Disability Compensation – Special Claims

Children with spina bifida or certain other birth defects of eligible Veterans may also be entitled to disability benefits through the VA.

BENEFITS: Includes health care, compensation and job training (called Veteran Readiness or VR&E). Please see Table-1 and Table-2 on next page for current VA compensation rates

Eligibility: For **spina bifida** the child must meet the all of the requirements below:

- The child's biological mother or father served in:
 - The Republic of Vietnam or in Thailand for any length of time between January 9, 1962, and May 7, 1975, **OR**
 - A unit in or near the DMZ for any length of time between September 1, 1967, and August 31, 1971
- The child was diagnosed with a form of spina bifida other than spina bifida occulta, **AND**
- The child was conceived after the parent first entered the Republic of Vietnam, Thailand, or the DMZ during the qualifying time periods listed above.
- **NOTE:** The character of the Veteran's discharge and length of service does not affect the child's eligibility for disability benefits relating to spina bifida.

Eligibility: For **other birth defects** the child must meet a covered birth defect that caused a permanent physical or mental disability (a disability that doesn't go away) and they meet all the requirements below:

- The child's biological mother served in Vietnam from January 9, 1962, through May 7, 1975, **AND**
- The child was conceived after the mother first entered the Republic of Vietnam during the qualifying time period listed above.
- **NOTE:** [List of Covered Birth Defects](#)

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- IU is not an automatic statutory rating; it is *individualized* to the specific Veteran.

More Information: [Benefits for Veterans' Children with Birth Defects](#)

Additional Information:

- <https://www.va.gov/disability/compensation-rates/birth-defect-rates/>

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TABLE-17: 2021 SPINA BIFIDA COMPENSATION RATES

VIETNAM and KOREA VETERANS' CHILDREN WITH SPINA BIFIDA (effective date 12/01/2020)	
Disability Level	Monthly Payment
Level I (least disabling)	\$341
Level II	\$1,162
Level III (most disabling)	\$1,979

TABLE-18: BIRTH DEFECT COMPENSATION RATES

WOMEN VIETNAM VETERANS' CHILDREN WITH CERTAIN BIRTH DEFECTS (effective date 12/01/2020)	
Disability Level	Monthly Payment
Level I (least disabling)	\$159
Level II	\$341
Level III	\$1,162
Level IV (most disabling)	\$1,979

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CLOTHING ALLOWANCE

Type of Benefit: Disability Compensation – Special Claims

2021 Rate: **\$830.56**

VA provides money each year to help eligible Veterans buy new clothes that might have been damaged by a prosthetic or orthopedic device or by medicine taken to treat a skin condition.

Eligibility: Must meet both criteria below:

- Prosthetic or orthopedic device or skin medicine causes damage to the clothes, **AND**
- Veteran needs this device or skin medicine because of an injury or illness related to a service-connected condition.

Managed By: VHA (local Prosthetics Service)

Application Procedure: File a request with Prosthetics using form 10-8678 (Application for Annual Clothing Allowance) on or before August 1 of each calendar year.

VIST Tips:

- A Veteran may apply for more than 1 Clothing Allowance if specific criteria is met.
 - Has more than 1 prosthetic or orthopedic device, or
 - Has more than one skin medicine, and/or
 - Device or skin medicine affects more than one type of clothing
- Veteran's must apply each year (before the deadline of August 1st).
- Payment is made between September 1st and October 31st each year.

More Information: [VA Clothing Allowance | Veterans Affairs](#)

Additional Info: [Clothing Allowance - Rehabilitation and Prosthetic Services \(va.gov\)](#)

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SPECIAL: Increased Disability Rating After Surgery or Cast

Type of Benefit: Disability Compensation – Special Claims

Authorization: 38 CFR § 4.30 (Convalescent ratings)

VA provides additional disability compensation or benefits for Veterans recovering from surgery or immobilized by a cast. This is often referred to as Convalescent ratings.

BENEFIT: Compensation would be increased to temporary 100% disability rating for the time needed to recover from surgery or cast. This is generally 1-3 months from the first day of the month following hospital discharge or outpatient release. The time period can be extended for an additional 1-3 months. If additional time is needed, VBA will need to approve.

Eligibility: To qualify a Veteran must have received surgery or other treatment at a VA hospital, approved hospital, or outpatient center for a service-connected (SC) disability.

SURGERY: Both of these must be true:

- Surgery required a recovery time of at least one month or reports show that the surgery or treatment was for an SC disability, **AND**
- The surgery resulted in severe issues, like:
 - Surgical wounds that haven't totally healed
 - Stumps of recent amputations
 - Being unable to move due to being put in splints or casts to help with healing (known as therapeutic immobilizations)
 - Being unable to leave the house (known as house confinement)
 - Being required to use a wheelchair or crutches
- **NOTE:** This benefit only applies when veterans are rated less than 100% SC.

NON-SURGERY: For veterans that did NOT have surgery one or more major joints must be immobilized by a cast.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- **EXAMPLE** A veteran is rated 30% SC for a knee injury. VA doctor recommends knee surgery to stop more damage from happening. Since the doctor wouldn't know if the surgery was successful until 3 months after the Veteran's 1-week stay in the hospital, VA granted the Veteran a temporary 100% disability rating for 3 months.

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More Information: [Temporary Disability Rating After Surgery Or Cast | Veterans Affairs \(va.gov\)](#)

Additional Information: [38 CFR § 4.30 - Convalescent ratings](#)

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SPECIAL: Prestabilization Rating (temporary disability)

Type of Benefit: Disability Compensation – Special Claims

Authorization: 38 CFR § 4.28 (Prestabilization rating from date of discharge from service)

VA provides disability compensation for eligible service members with unstable conditions at the time of discharge or separation from military service. This is often referred to as prestabilization ratings.

Prestabilization ratings are provided to assure earliest payment to those veterans separated from service with a significant disability at a time when they are most likely in need and least likely to be self-sufficient.

BENEFIT: VA awards a temporary 50% or 100% disability rating.

- Prestabilization ratings are for assignment in the immediate post-discharge period.
- The rating will continue for a 12-month period following discharge from service.
- The prestabilization rating may be changed to a regular schedular total rating or one authoring a greater benefit at any time.
- A C&P rating examination will be completed no earlier than 6 months nor more than 12 months following discharge.
- If the examination determines a reduction in evaluation is warranted, the temporary higher evaluation will be continued to the end of the 12th month following discharge.

Eligibility: To qualify both of these must be true:

- Veteran must have a severe service-connected (SC) disability that is unstable (meaning an illness or injury that will change or hasn't yet been fully treated), **AND**
- The disability is expected to continue for an unknown amount of time.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- **EXAMPLE** While in active service, a service member is diagnosed with Hodgkin's disease and began chemotherapy that continued during and after her medical discharge process. She continued to get treatment through her local VA medical center, and VBA gave her a prestabilization rating of 100% for 1 year from date of discharge.

More Information: [38 CFR § 4.28 - Prestabilization rating from date of discharge from service](#)

Additional Information: [VA Temporary Disability \(Prestabilization Rating\) | Veterans Affairs](#)

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SPECIAL: Unemployability (called: Individual Unemployability (IU))

Type of Benefit: Disability Compensation – Special Claims

If a Veteran is unable to work because of a service-connected (SC) disability, VA can award an Individual Unemployability (IU) rating. This entitles a Veteran to disability compensation or benefits at the same level as a Veteran who has a 100% SC disability rating.

BENEFIT: Compensation is increased to 100% disability rating level based on IU finding.

Eligibility: Must meet both criteria below:

- Veteran has at least 1 SC disability rated at 60% SC or more disabling, or 2 or more SC disabilities – with at least 1 rated at 40% SC or more disabling and combined rating of 70% or more, **and**
- Veteran can't hold down a steady job that provides financial support (known as substantially gainful employment) because of the SC disability. Odd jobs (marginal employment) doesn't count.
- **NOTE:** In certain cases (i.e. frequent hospitalization or epilepsy) a Veteran may qualify for IU at a lower disability rating.

Managed By: VBA (local VA Regional Office)

Application Procedure: File a claim with VBA using [VA Form 21-526EZ](#).

VIST Tips:

- IU is not an automatic statutory rating; it is *individualized* to the specific Veteran.
- Veterans rated 60-90% for vision loss are excellent candidates for consideration of an IU rating if they are not working.
- VBA will not provide a favorable IU rating if Veteran is still gainfully employed. Veterans must stop working/retire for VBA to consider an IU claim.
- Veterans awarded IU are not only entitled to increased monthly compensation, but may also become eligible for certain dental benefits, CHAMPVA and Chapter 35 Education benefits.
- With IU cases the compensation is increased to the 100% SC rate, but the veteran's VBA rating stays the same (60, 70, 80 or 90%).

More Information: [VA Individual Unemployability If You Can't Work | Veterans Affairs](#)

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SPECIAL: 1151 Claims – Service Connection (SC) for Conditions Caused by VA Care

Type of Benefit: VA Monetary Compensation for Disability Resulting from VA care.

Authorization:

- Title 38 U.S.C. 1151
- 38 CFR § 3.361

VA can award compensation based on circumstances of VA care that result in disability or death. This type of claim is known as an **1151 Claim** because of the Title 38, U.S. Code section 1151 that describes the claim criteria.

What is an 1151 Claim Service Connection? When a disability arises from VA care a Veteran can seek compensation from the VA for that disability even though the condition does not involve military service. The Veteran or family would file an 1151 Claim with VBA for any disabilities or death that results from hospital care, medical or surgical treatment, or examination by a VA medical professional or facility. 1151 Claims can also be filed for injury or disability while participating in a vocational rehabilitation program or a compensated work therapy program. If approved the level of disability would be compensated as using the VA Schedule for Rating Disabilities.

Does an 1151 Claim Require Negligence? Yes and No. If the claimed disability or condition was caused by hospital care, medical or surgical treatment, or medical examination furnished by the VA, then the answer is **YES**. The law requires that the disability or condition must have resulted from the “carelessness, negligence, lack of proper skill, error in judgement, or similar instance of fault on the part of the VA in furnishing the hospital care, medical or surgical treatment, or examination or from an event not reasonably foreseeable.”

If the claimed disability or condition was caused by the Veteran’s participation in a Chapter 31 rehabilitation program or in a Section 1718 Compensated Work Therapy program (CWT), then the answer is

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NO. The 1151 statute does not require negligence or fault on the part of VA.

EXAMPLES:

- A veteran receives foot surgery from local VAMC in which unforeseen complications arose during treatment resulting in bilateral blindness. Veteran's vision was normal with no identified abnormalities prior to surgery. Veteran can file an 1151 claim with VBA and if approved the blindness would be rated as SC at the appropriate level based on visual acuity or visual field loss. **NOTE:** Veteran will need to prove the VA care provided was negligent or in error.
- A veteran admitted to a BRC program accidentally trips and falls while participating in a recreational outing with BRC staff in the community. The fall results in a permanent TBI condition which impacts the Veteran's memory and cognitive skill. Veteran or his family can file an 1151 Claim to service connect the TBI condition.

VIST Tips:

- 1151 Claims can be legally complicated, especially when having to prove negligence or fault on the part of VA care. It is highly recommended that Veterans seek legal representation from an attorney familiar with 1151 claims.

More Information: [38 CFR § 3.310 - Disabilities that are proximately due to, or aggravated by, service-connected disease or injury](#)

Additional Information:

- [38 CFR § 3.322 - Rating of disabilities aggravated by service](#)
- [M21-1, Part IV, Subpart ii, Chapter 2, Section G - Benefits Under 38 U.S.C. 1151 \(va.gov\)](#)

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SPECIAL: Medal of Honor Pension

Type of Benefit: VA Monetary Stipend/Pension for Medal of Honor Recipients

Authorization: 38 U.S.C 1562 and 38 CFR § 1562

2021 Rate: **\$1,406.73** per month

WHAT IS IT? The Medal of Honor Pension is a monthly entitlement paid to Veterans who were awarded the Medal of Honor for distinguished military service.

BENEFIT: Tax free, monetary payment with annual cost-of-living adjustments that is independent of entitlement to any other benefits. It is paid to each living recipient of the Medal of Honor.

- Does not require service-connection (SC) or even a disability, **AND**
- Does not deprive the Veteran to entitlement to any other pension, compensation, or other benefit, right, or privilege under any laws of the United States.
- Is **not** subject to reduction under 38 CFR § 3.551 (reductions due to hospitalization).
- VA is authorized to pay a retroactive lump-sum payment of Medal of Honor Pension back to the **date of heroism**, which led to the award. The lump sum payment provision became effective on October 1, 2003 and applies to all recipients from that date forward.
- **NOTE:** Although this benefit is called a “pension”, the Medal of Honor Pension is not based on income and net worth and should not be confused with VA Pension benefits. It functions as a special compensation for a very specific group of Veterans.

Eligibility: A branch of service must certify entitlement to the Medal of Honor by entering the name on the Army, Navy, Air Force, and Coast Guard Medal of Honor Roll.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- If a Veteran was awarded more than one Medal of Honor, they can only receive 1 Medal of Honor Pension benefit.
- The Medal of Honor Pension is not subject to any attachment, execution, levy, tax lien or detention under any process.
- The law allows a Medal of Honor recipient to elect not to receive a Medal of Honor Pension, if they do so in writing.
- In addition to eligibility for a special pension, Medal of Honor recipients are also entitled to the following benefits:
 - Military retired pay is increased by 10%.
 - Free lifelong travel on DoD military aircraft as a priority “Space-A” traveler.
 - Assignment to Priority Group 1 for VA healthcare.

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- Exempt from co-payments for VA medical care.
- Children of Medal of Honor recipients are offered automatic appointment to any military service academy they are qualified to enter, without regard to nomination or quota regulations.
- Enlisted recipients are entitled to a supplemental uniform allowance.
- Many states offer Medal of Honor automobile license plates and other benefits.

More Information: [38 U.S. Code 1562 - Special Provisions relating to pension](#)

Additional Information:

- [38 CFR 3.802](#)
- [M21-1, Part IX, Subpart ii, Chapter 3 - Medal of Honor](#)

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VA **PENSION**

PENSION: VA Pension Benefits

Type of Benefit: VA Monetary Payment for NSC Disabilities

Authorization: Title 38 U.S.C., Part II, Chapter 11: Compensation for Service-Connected Disability or Death

WHAT IS IT? VA provides financial benefits to wartime Veterans who meet certain age or disability requirements, AND who have income and net worth within certain limits. As such the VA Pension program provides a guaranteed monthly income for eligible Veterans.

BENEFIT: Tax free, monetary payment with annual cost-of-living adjustments.

- The benefit amount can vary depending on the Pension level and Pension program that a Veteran is participating in (see next section for more details).
- Tables 1 and 2 on the next pages shows the 2021 VA Pension Income Rates.

Eligibility: To be considered eligible for the VA Pension program a veteran must meet the following requirements:

- **DISCHARGE:** Must be other than dishonorable, **AND**
- **TIME IN SERVICE:** Veteran is subject to the following service time requirements:
 - Started on Active Duty BEFORE September 8, 1980: And served at least 90 days on active duty with **1 day during wartime**, **OR**
 - Started on Active Duty as an enlisted person AFTER September 7, 1980 and served at least 24 months or the full period for which they were called or ordered to active duty (with some exceptions) with at least **1 day during wartime**, **OR**
 - Veteran was an officer and started Active Duty AFTER October 16, 1981, and had not previously served on active duty for at least 24 months.
- **AGE AND/OR DISABILITY:** At least one of these must be met:
 - At least 65 years old, **OR**
 - Have a permanent and total disability from non-service-connected (NSC) conditions, **OR**
 - Are a patient in a nursing home for long-term care because of a disability, **OR**
 - Are receiving Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.
- **FAMILY INCOME:** Yearly family income and net worth must meet certain limits set by Congress.
 - Net worth includes all personal property owned by Veteran (except for house, car, and most home furnishings), minus any debt owed.
 - Net worth includes the net worth of Veteran's spouse.

Managed By: VBA (local VA Regional Office)

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VIST Tips:

- VIST should always verify that a veteran has maximized eligibility for VA compensation benefits before pursuing VA Pension benefits.
- A Service-Connected (SC) veteran may be eligible for VA Pension benefits if they otherwise qualify based on an NSC condition. However, the veteran can only receive the greater of the two benefits. If VA compensation pays more than would the NSC pension, then veteran would receive VA compensation benefit.
 - **EXAMPLE:** Vietnam Era Veteran is rated 20% SC for a scar condition and is rated 100% NSC for vision loss. Veteran is entitled to \$284.93 (2021 rate) in VA compensation benefits. He also qualifies for VA NSC Pension benefits at the A&A rate based on his blindness condition. If the VA pension benefit pays greater than \$284.93 per month then the Veteran would receive the VA pension benefit in place of the VA compensation benefit. If the pension benefit pays less than \$284.93 per month then the Veteran would continue to receive VA compensation.
- Legal Blindness would be a qualifying disability for VA pension.

More Information: [VA Pension Benefits](#)

Additional Information:

- [VA Pension Eligibility](#)
- [VA Survivors Pension](#)
- [VA Pension Fact Sheet](#)

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PENSION: Types of VA Pensions

Type of Benefit: VA Monetary Payment for NSC Conditions

Authorization:

The VA Pension Programs provide a guaranteed income level for eligible veterans with non-service-connected (NSC) disabilities or their eligible survivors. VA has two Pension Programs, a **Disability Pension** program for Veterans and another Pension for a Veteran's eligible surviving family members called **Survivors Pension**. VA also has special allowance when the Veteran or Surviving Spouse is determined to be housebound or in need of Aid and Attendance.

BENEFIT: Tax free, monetary payment with annual cost-of-living adjustments. It is not considered compensation but is a guaranteed income level for eligible wartime era veterans or their eligible survivors. VA provides the difference between the Veteran's income (or survivors income) and the Income Limit allowed for the VA Pension program. If a Veteran or survivor achieves the income limit on their own, they are not entitled to VA Pension benefits. VA has two (2) different types of pension programs that are paid to eligible Veterans or their surviving family members: Disability Pension (for Veterans) and Survivors Pension (for surviving spouses and eligible dependent children).

- **Disability Pension:** Within the Disability Pension program there are three (3) different programs (the current program and 2 older protected pension programs):
 - **Improved Disability Pension (current program):**
 - Became effective January 1, 1979 and is currently the active VA Disability Pension program.
 - **Section 306 Disability Pension (Protected Pension):**
 - Was available to eligible Veterans from July 1, 1960 through December 31, 1978.
 - It was replaced by the Improved Pension program for all newly awarded Pension claims from January 1, 1979 forward.
 - **Old Law Disability Pension (Protected Pension):**
 - Was available to eligible Veterans before July 1, 1960.
 - It was replaced by the Section 306 Pension program.
 - **NOTE:** Veterans who receive a Protected Pension continue to receive Pension Benefits under the regulations covering either the Section 306 or Old Law Pension program. They can switch to the Improved Pension program if the benefits would be more beneficial. However, once they switch to Improved Pension, they may not switch back to the Protected Pension benefit at a later date.
- **Survivors Pension:** Offers monthly payments to qualified surviving spouses and unmarried dependent children of wartime Veterans who meet certain income and net worth limits set by Congress.

- **Housebound and Aid & Attendance Allowance:** VA allows for a higher maximum annual pension rate when a Veteran or Surviving Spouse is determined to be housebound or in need of Aid and Attendance.
 - There is a higher pension income rate allowed for the Surviving Spouse of a Spanish-American War Veteran.

Eligibility: See separate section on VA Pension eligibility.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- The difference between the Improved Pension program and the earlier Protected Pension Programs is the way in which VA calculated a Veteran's income. The Improved Pension takes into account more income sources, particularly the spousal net worth.
- VA allows a higher Maximum Annual Pension Rate (or level of income) for Veterans or Surviving Spouses that are determined to be Housebound (HB) or in need of Aid and Attendance (A&A) of another person.
- The VA allows a higher Maximum Annual Pension Rate (MAPR) for the Surviving Spouse of a Spanish-American War (SAW) Veteran in need of Aid & Attendance (A&A).

More Information: <https://www.va.gov/pension/>

Additional Information:

PENSION: VA Pension Eligibility

Type of Benefit: VA Monetary Payment for NSC Disabilities

Authorization: Title 38 U.S.C. 1512 and 38 CFR § 3.3 (Pension)

To be eligible for VA Pension benefits a Veteran must meet strict criteria relating to the following 4 requirements:

- Character of military discharge
- Time in wartime service
- Age or Disability (due to NSC causes)
- Income and net worth limits

Character of Discharge: To receive VA Pension benefits and services, the Veteran's character of discharge or service must be under **other than dishonorable conditions** (including honorable, under honorable conditions, and general).

- If a Veteran received an other than honorable, bad conduct, or dishonorable discharge they may **not** be eligible for VA Pension benefits. They would need to upgrade the status of their military discharge in order to qualify for VA Pension benefits.

Time in Active Service During Wartime: To be eligible for VA Pension benefits and services, the Veteran must have served for a minimum length of active military service during an official war time period (see Table-1 War Time Periods in the next section).

- If active duty service started **BEFORE** September 8, 1980 (for Enlisted) or October 16, 1981 (for Officers):
 - Must have **90 days** on active duty with at least 1 day during wartime, OR
 - For at least 90 consecutive days or more if the period began or ended during a wartime period, OR
 - For an aggregate of 90 days or more during more than one wartime period, OR
 - During a wartime period, Veteran was discharged or released because of a service-connected disability.
- If active duty service started **AFTER** September 7, 1980 (for Enlisted) or October 16, 1981 (for Officers):
 - Must have served at least **24 months** on active duty **OR** the full period for which the Veteran was called or ordered to active duty (there are some exceptions) with at least 1 day during wartime.
 - During a wartime period, Veteran was discharged or released because of a service-connected disability.
 - Time in Service requirements would also be met if a Veteran previously completed 24 continuous months of active service prior to the dates above, or received an early discharge under section 1171 of Title 10.

Age or Disability Requirements: To receive VA Pension benefits and services, the Veteran must meet one of the following age or non-service-connected (NSC) disability requirements:

- Age 65 or older, **OR**
- Permanently and totally disabled (not due to own personal misconduct), **OR**
- A patient in a nursing home receiving skilled nursing care, **OR**
- Receiving Social Security Disability Insurance (SSDI), **OR**
- Receiving Supplemental Security Income (SSI)
- **NOTE:** Legal blindness and certain levels of visual impairment will meet the required disability standard as identified above.

Income and Net Worth Limits: To receive VA Pension benefits and services, the Veteran must have family income and net worth below limits set by Congress.

- The payment amount of VA Pension benefits is based on the difference between a Veteran's countable income and the Maximum Annual Pension Rate (MAPR) set by Congress each year.
- **Countable Annual Income:** Is how much the Veteran earns, including Social Security benefits, investment and retirement payments, **AND** any income received by dependents.
 - Annual income is the money earned in a year from a job or from retirement or annuity payments, including:
 - Salary or hourly pay
 - Bonuses
 - Commissions
 - Overtime and tips
- **Medical expenses** not covered by VA or an insurance provider may **reduce** countable income.
 - A Veteran may deduct only the amount of medical expenses above 5% of their Maximum Annual Pension Rate (MAPR).
 - In 2021 the 5% medical expense threshold is **\$696** (Veteran with no dependents) and **\$912** (Veteran with at least 1 dependent).
- Educational expenses may be subtracted from the annual income calculation when VA assesses net worth.
- **Net Worth Limit:** The 2021 net worth limit to be eligible for VA Pension benefits is **\$130,773**. The Veteran's net worth must at or below the yearly limit in order to qualify for VA Pension benefits.
 - Net worth limit includes the Veteran's **AND** the spouse's assets and annual income. A dependent child's net worth is **not** factored in.
 - Assets include the fair market value of all a Veteran's real and personal property, minus the amount of any mortgages owed.
 - Real property is defined as land and buildings owned.
 - Personal property is defined as Investments (like stocks and bonds), furniture, boats, etc.
 - Assets do **NOT** include:
 - Primary residence (the home where the Veteran lives most or all of the time).
 - Veteran's car

- Basic home items like appliances that would remain in the home if Veteran moves to a new house.
- Net worth includes the net worth of Veteran's spouse.
- **3-Year Look-Back Period for Asset Transfers:** Starting on October 18, 2018, VA evaluates any assets transferred in the 3 years before filing a claim for Pension benefits. If the Veteran transferred assets for less than fair market value during the look-back period, and those assets would have pushed the net worth above the limit for VA pension, the Veteran may be subject to a penalty period of up to 5 years.
- **Penalty Period:** A penalty period is a length of time when a Veteran isn't eligible for pension benefits because they transferred (or gifted) assets for less than fair market value during the look-back period.
 - Veteran is not eligible for pension benefits during the penalty period.
 - The 2021 penalty period divisor rate is \$2,295.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- A reminder that a Veteran needs to meet ALL 4 criteria to qualify.
 - **EXAMPLE:** VIST conducts an initial review on newly referred blinded Veteran. Veteran has no dependents and is rated NSC with honorable discharge. The official active military entry/discharge is: November 1, 1971 to January 15, 1972. He has very limited income (only source is SSI). Veteran meets 3 of the 4 criteria for VA Pension and would be deemed not eligible due to short length of service (less than 90 days, even though he served during Vietnam War period).
- VIST should always verify that a veteran has maximized eligibility for VA compensation benefits before pursuing VA Pension benefits.
- A Service-Connected (SC) veteran may be eligible for VA Pension benefits if they otherwise qualify based on an NSC condition. However, the veteran can only receive the greater of the two benefits. If VA compensation pays more than would the NSC Pension benefit, then veteran would receive VA compensation as it pays more.
 - **EXAMPLE:** Veteran is rated 30% SC for mental health condition and is rated 90% NSC for vision loss. Veteran is in receipt of VA compensation of \$493.35 per month (for Veteran with Spouse). Veteran could receive VA Pension benefits in place of VA compensation benefits if the Pension pays an amount greater than \$493.35 per month.
- Legal Blindness would be a qualifying disability for VA pension.

More Information: [VA Pension Benefits](#)

Additional Information:

- [VA Pension Eligibility](#)
- [VA Survivors Pension](#)
- [VA Pension Fact Sheet](#)
- [38 CFR 3.271 \(Computation of income\)](#)
- [38 CFR 3.275 \(How VA determines the asset amount for pension net worth determinations\)](#)
- [VA Look Back & Net Income Rules for VA Pension](#)

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PENSION: VA Look Back Rule & Penalty Period

Type of Benefit: Impact of Asset Transfers on Net Worth Calculation

Authorization: Title 38 U.S.C. 1512 and 38 CFR § 3.3 (Pension)

What is it? The VA Look Back Rule or Look Back Period establishes a period of time in which VA “looks back” on all asset transfers made for less than they are worth. It is designed to prevent Veterans and Surviving Spouses from gifting assets or selling them for less than they are worth in order to meet the net worth (assets + income) eligibility limit for VA pension benefits.

- Look Back Period is **36-months (3 years)**.
- Rule was implemented on October 18, 2018. Prior to that date there was no Look Back Period. VA only looks at asset transfers that occur from **10/18/2018** forward.
- Net Worth Limit for 2021 is **\$130,773**.
 - Increases annually as Social Security benefits are increased.
- If found in violation of the Look Back Rule, a period of VA Pension benefit ineligibility (up to 5 years) will be the penalty.

Determining the Penalty Period: VA uses a calculation based on a divisor of \$2,295/month (based on 2021 rate). The VA takes the value of the transferred or gifted asset(s) and divides by the Look Back Rule divisor (in 2021 it is \$2,295). This calculation produces the number of months that a veteran or surviving spouse will be ineligible for VA pension benefits.

- The divisor number is derived using the Maximum Annual Pension Rate (MAPR) for Veteran plus 1-Dependent at the A&A Rate. For 2021 that rate is \$27,549 (annual) ÷ 12 (months) is \$2,295/month.
- The penalty period starts the first day of the month following the date asset(s) were transferred in violation of the Look Back Rule.
- **EXAMPLE:** A Veteran with no dependents submits a claim in 2021 for VA Pension benefits with Veterans Benefits Administration (VBA). Veteran reports a net worth of \$120,000. During the Look Back Period, VA discovers Veteran transferred a total of \$40,000 to a relative during the previous 3-year period.
 - Had the transfer not been made the Veteran’s net worth would be \$160,000.
 - The Pension Net Worth Limit in 2021 is \$130,773).
 - This means the Veteran violated the Look Back Period by \$29,227 (\$160,000 - \$130,773 = \$29,227).
 - To determine the Penalty Period VA takes the amount over the Net Worth Limit which in this case is \$29,227 and then divides that amount by the Penalty Period Divisor which in 2021 is \$2,295 and results in $29,227 \div 2,295 = 12.74$. The resulting number is the approximate number of months that the Veteran will be ineligible for

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- VA pension benefits. In this example the approximate penalty period is 12-13 months.

Exceptions to the Look Back Rule: A Veteran or Surviving Spouse may be granted an exception to the Look Back Rule, including:

- If the value of the Veteran's or Surviving Spouse's net worth never was over the established net worth limit (in 2021 the limit is \$130,773), then he/she will **not** be in violation of the Look Back Rule.
- If the transfer of assets was done to set up a trust for a disabled child (must have been deemed disabled and unable to support himself/herself prior to the age of 18).
- Veterans and Surviving Spouses are able to "spend down" their excess net worth without violating the Look Back Rule if the assets are spent on services and items valued at fair market value.
 - Purchases must be for non-countable assets, including outstanding medical bill payments (prior to qualification for VA benefits), pre-paying for a burial policy, buying a new vehicle, or spending money on a vacation.

More Information: [VA Look Back Rule \(American Council on Aging\)](#)

Additional Information:

- **NOTE:** If the hyper-link above does not work, paste the following into your browser:
<https://www.medicaidplanningassistance.org/va-pension-lookback-rules/>
- <https://www.va.gov/pension/veterans-pension-rates/>

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RATING: Pension Ratings for Visual Impairment

Type of Benefit: Disability Ratings – For Vision Loss

LEGAL AUTHORIZATION: Title 38 U.S. Code _____

VA rates claims for vision loss based on the Organs of Special Sense guidelines in _____. The process of examination and rating is the same for both compensation and for pension claims. The ratings for vision loss are based either on visual acuity measurements and/or visual field loss measurements.

For Pension cases there are only 3 possible rating assignments depending on the severity of the NSC disability:

- Basic Pension
- Housebound (HB)
- Aid & Attendance (A&A)

Table-25 below shows how NSC vision loss would factor into which level of VA Pension would be assigned for Veterans who meet the NSC Pension eligibility criteria.

BENEFIT: VA may pay compensation for vision loss that is determined to be service-connected(SC) or pension benefits for vision loss that is determined to be non-service connected (NSC).

ELIGIBILITY: Any veteran can file a claim for benefits based on vision loss.

Managed By: VBA

Application Procedure: VBA would apply the appropriate rating for vision loss based on overall rating.

VIST Tips:

- Only the A&A pension level has a statutory level of vision (meaning it is mentioned in the law and regulation).

More Information: [38 CFR, Section 3.340](#)

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TABLE-25: Vision Loss and Pension Level

VISION IN BETTER EYE	VA RATING FOR VISION LOSS (NSC)	PENSION LEVEL	NOTES
5/200 or Less	100%	A&A	Statutory Rating Assignment at A&A level is automatic
5 degree VF or less			
20/200 to 6/200	70% - 90%	BASIC Maybe HB	Vision loss = Legal Blindness if based on visual acuity and may qualify as legally blind if based on VF loss. Should qualify for Basic level, but not statutory. Consider claim for HB.
15 degree to 6 degrees VF			
20/100	50% - 60%	BASIC Maybe HB	Not Legally Blind, but may qualify for Basic or HB pension depending on overall vision level and impact on independence. Should qualify for Basic level, but not statutory. Consider claim for HB at higher levels of vision loss.
20/70	30% - 60%	Maybe BASIC	Not legally blind, may qualify for Basic depending on overall vision level and impact on independence. Will qualify for Basic level if 65 or older.
20/50 or Better	10% - 50%	Maybe BASIC	Not legally blind and may not qualify for Basic level at the lower rating levels (better vision)
30 degree to 16 degree VF	50%	Maybe Basic	Not legally blind and may not qualify for Basic level pension

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TABLE-19: Official WARTIME Periods

OFFICIAL WARTIME PERIODS of the United States			
PERIOD OF WAR	START DATE	END DATE	NOTES
Indian Wars	January 1, 1817	December 31, 1898	Service must have been rendered with the United States military forces against Indian tribes or nations.
Spanish-American War	April 21, 1898	July 4, 1902	
		July 15, 1903	If the veteran served with the United States military forces engaged in hostilities in the Moro Province. The Philippine Insurrection and the Boxer Rebellion are included.
Mexican Border Period	May 9, 1916	April 5, 1917	
World War I	April 6, 1917	November 11, 1918	
		April 1, 1920	If the veteran served with the United States military forces in Russia
World War II	December 7, 1941	December 31, 1946	
Korean Conflict	June 27, 1950	January 31, 1955	
Vietnam War Era	February 28, 1961	May 7, 1975	For Veterans who served in the Republic of Vietnam during that period
	August 5, 1964		For Veterans who served outside the Republic of Vietnam
Gulf War	August 2, 1990	To Be Determined	End date will be a future date to be set by law or presidential proclamation

Authorization Source: 38 CFR § 3.2 Periods of war.

VIST Tips:

- To be recognized as an official Period of War requires a future declaration of war by the Congress and end on the date prescribed by Presidential proclamation or concurrent resolution of the Congress.
- The Gulf War period is still open and is the longest Period of War recognized by the U.S. Government.
- The Indian Wars and the Spanish-American War period were not used for VA Pension.

More Information: [38 CFR 3.2 \(Period of war\)](#)

Additional Information: <https://www.va.gov/pension/eligibility/>

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PENSION: VA NSC Maximum Annual Pension Rates

Type of Benefit: VA NSC Pension

Authorization: 38 CFR § 3.23 (Improved Pension Rates)

VA pays Pension benefits based on the *difference* between the Maximum Annual Pension Rate (MAPR) **minus** other income sources the Veteran, their dependents or Surviving Spouse have. The MAPR is essentially the maximum income limit allowed by law.

- If the Veteran or Surviving Spouse's income exceeds the MAPR then Pension benefits are **not** awarded.
- The MAPR/Income limit is raised if the Veteran or Surviving Spouse is determined to be **Housebound (HB)** and is raised even higher if the Veteran or Surviving Spouse is determined to be in need of **Aid and Attendance (A&A)** of another person (as demonstrated in Table-1 below).
- Medical expenses above the 5% threshold (5% of the Maximum Annual Basic Pension Rate) may be used to reduce the overall calculation for income for the year. These medical expenses can be important in helping a Veteran or Surviving Spouse qualify for a VA NSC Pension benefit.

TABLE 20: 2021 VA Improved Pension Rates for Veteran only (no dependents)

VA PENSION TYPE	MAXIMUM ANNUAL PENSION RATE (MAPR)	
	ANNUAL	MONTHLY
Basic	\$13,931	\$1,160
Housebound	\$17,024	\$1,418
Aid & Attendance	\$23,238	\$1,936
Medical Expense Exclusion (5%)	\$696	

VIST Tips:

- The A&A Maximum Income Rate is the highest Pension rate available.
- Monthly rates are rounded down to the whole dollar (i.e. \$696.55 becomes \$696.00).
- The Maximum Annual Pension Rate is also the maximum amount of income allowed. An eligible Veteran with NO income would receive a VA Pension check for the Maximum Amount (i.e. Veteran is entitled to A&A with no income his VA Pension check would be for \$1,936 per month in 2021).
- See Table-2 Improved Pension Rates and Table-3 Prior (Protected) Pension Rates at the end of this section for the full range of Maximum Annual Pension Rates.

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More Information: <https://www.va.gov/pension/survivors-pension-rates/>

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TABLE-21: Maximum Annual Pension/Income Rates for NSC Pension (effective 12/01/2020)

2021 NSC PENSION MAXIMUM PENSION/INCOME RATES							
Improved Pension							
VETERAN STATUS	BASIC		HOUSEBOUND (HB)		AID & ATTENDANCE (A&A)		MEDICAL EXCLUSION (5%)
	Annual	Monthly	Annual	Monthly	Annual	Monthly	
No Dependents	\$13,931	\$1,160	\$17,024	\$1,418	\$23,238	\$1,936	\$696
Veteran +1 Dependent	18,243	1,520	21,337	1,778	27,549	2,295	912
Each Additional Dependent	2,382	198					
NET WORTH LIMIT (effective 12/01/2020) = \$130,773 (Penalty Period Rate = \$2,295)							
Surviving Spouse (Death Pension)							
No Dependents	\$9,344	\$778	\$11,420	\$951	\$14,934	\$1,244	\$467
Surviving Spouse +1 Dependent	12,229	1,019	14,300	1,191	17,815	1,484	611
Each Additional Dependent	2,382	198					
Spanish-American War (SAW) (no dependents)					15,539	1,294	
Spanish-American War (SAW) (w/1 dependent)					18,355	1,529	
Child Alone (Death Pension)							
1-Child	\$2,382	\$198					
Each Additional Child	2,382	198					
Exclusion from Child's Earnings (2021): \$12,550							
Two Veterans Married to One Another							
Both Basic	\$18,243	\$1,520					
One HB			\$21,337	\$1,778			
Both HB			24,428	2,035			
One A&A					\$27,549	\$2,295	
One HB and One A&A					30,635	2,552	
Both A&A					36,861	3,071	

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TABLE-22: Maximum Annual Pension/Income Rates for NSC Pension Prior Pension (Protected) Programs (effective 12/01/2020)

2021 NSC PENSION MAXIMUM PENSION/INCOME RATES				
Prior Pension (Protected) Programs				
Section 306 Pension (Prior to 12/31/1978)				
VETERAN/SURVIVORS WITH DEPENDENCY STATUS	MAXIMUM INCOME LIMITS		AID & ATTENDANCE (A&A)	
	Annual	Monthly	Annual	Monthly
Veteran Only or Surviving Spouse Only	\$15,845	\$1,320	\$16,415	\$1,367
Veteran with Dependents	21,298	1,774	21,866	1,822
Surviving Spouse with Children	21,298	1,774		
Child Only	12,956	1,079		
Death Pension SBP/MIW Annuity Limitation	9,344			
Old Law (Prior to 07/01/1960)				
Veteran or Surviving Spouse or Child (no spouse)	\$13,875	\$1,156		
Veteran or Surviving Spouse with Children	19,997	1,666		

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ADJUSTMENTS TO NSC PENSION

ADJUSTMENTS: Increased Pension When Housebound

Type of Benefit: Additional Pension benefits based on Veteran or Surviving Spouse being found to be Housebound.

Authorization: Title 38 U.S.C. 1521
38 CFR § 3.351

VA provides additional Pension benefits when a determination is made by VBA that Veteran's non-service-connected (NSC) disability results in Veteran being confined to their home.

- Referred to as Enhanced or Special Monthly Pension (SMP)
- Paid to permanently disabled Veterans and Surviving Spouses who meet the NSC Pension or Death Pension eligibility criteria, **AND**
- Veteran or Surviving Spouse must be greatly confined to their home.

BENEFIT: Veteran's or Surviving Spouse's Maximum Annual Pension Rate (MAPR) is raised to a higher limit based on being found to be Housebound. Table-23 below shows the increased MAPR for a Veteran Only (no dependents) between Basic level and Housebound level. Note how the Housebound level of Pension allows for a higher MAPR rate than the Basic MAPR rate. This Housebound adjustment also applies to Surviving Spouses that are entitled to VA Death Pension benefits.

TABLE 23: 2021 VA Improved Pension Rates for Veteran only (no dependents)

VA PENSION TYPE	MAXIMUM ANNUAL PENSION RATE (MAPR)	
	ANNUAL	MONTHLY
Basic	\$13,931	\$1,160
Housebound	\$17,024	\$1,418
Medical Expense Exclusion (5%)	\$696	

Eligibility: Veteran's non-service-connected (NSC) disabilities or Surviving Spouse's disabilities must meet the following criteria to be considered Housebound for VA Pension purposes:

- ☐ By reason of a disability or disabilities, is permanently housebound but does not qualify for pension at the aid and attendance (A&A) rate, **OR**
- ☐ Has one (1) NSC disability rated as permanent and total (100%) and has an additional NSC disability or disabilities independently ratable at 60%

Managed By: VBA (local VA Regional Office)

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VIST Tips:

- There is no statutory visual criteria for Housebound as there is for Aid & Attendance (A&A) benefit.
- Veterans who are unable to drive or easily travel away from home are by definition housebound. An NSC blinded Veteran who qualifies for VA Pension benefits can claim housebound status based on the overall impact of vision loss on their independence.

More Information: [38 U.S. Code 1521](#)

Additional Information:

- [38 CFR 3.351](#)
- [M21-1, Part V, Subpart ii, Chapter 1, Section A - Requirements for Live Pension Ratings](#)
- [VBA: Enhanced or Special Monthly Pension A&A or HB](#)

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ADJUSTMENTS: Increased Pension When in Need of A&A

Type of Benefit: Additional Pension benefits based on Veteran being found to be in need of Aid and Attendance of another person.

Authorization: Title 38 U.S.C. 1521
38 CFR § 3.351

VA provides additional Pension benefits when a determination is made by VBA that Veteran's non-service-connected (NSC) disability results in Veteran being in need of Aid and Attendance (A&A) of another person.

- Referred to as Enhanced or Special Monthly Pension (SMP)
- Paid to permanently disabled Veterans and Surviving Spouses who meet the NSC Pension or Death Pension eligibility criteria, **AND**
- Veteran or Surviving Spouse must be in need of Aid and Attendance (A&A) of another person.

BENEFIT: Veteran's or Surviving Spouse's Maximum Annual Pension Rate (MAPR) is raised to a higher limit based on being found to be in need of A&A. Table-24 below shows the increased MAPR for a Veteran Only (no dependents) between Basic level, Housebound level, and A&A level. Note how the A&A level of Pension allows for a higher MAPR rate than either the Basic MAPR or the Housebound MAPR. This A&A adjustment also applies to Surviving Spouses that are entitled to VA Death Pension benefits.

TABLE 24: 2021 VA Improved Pension Rates for Veteran only (no dependents)

VA PENSION TYPE	MAXIMUM ANNUAL PENSION RATE (MAPR)	
	ANNUAL	MONTHLY
Basic	\$13,931	\$1,160
Housebound	\$17,024	\$1,418
Aid & Attendance	\$23,238	\$1,936
Medical Expense Exclusion (5%)	\$696	

Eligibility: Veteran's non-service-connected (NSC) disabilities must meet the following criteria to be considered in need of Aid and Attendance (A&A) for VA Pension purposes:

- ☐ Veteran requires help to perform activities of daily living, including:
- Bathing
 - Feeding
 - Dressing
 - Toileting
 - adjusting prosthetic devices or protection from environmental hazards, **OR**

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- ☐ Veteran is bedridden (disability requires Veteran to remain in bed when not receiving treatment), **OR**
- ☐ Veteran is a patient in a nursing home due to mental or physical incapacity), **OR**
- ☐ Veteran has best corrected central visual acuity of 5/200 or less in both eyes), **OR**
- ☐ Veteran has concentric contraction of the visual field to 5 degrees or less.

Managed By: VBA (local VA Regional Office)

VIST Tips:

- Note the statutory visual criteria for A&A as highlighted above in the Eligibility area of this section. If a Veteran qualifies for VA pension benefits and meets the visual acuity or visual field criteria highlighted above for an NSC condition then A&A will be awarded.
- The A&A designation only applies to the Veteran or his/her Surviving Spouse. The VA Pension program does not pay an additional A&A benefit for the spouse needing A&A of a living Veteran as is the case with VA compensation.

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More Information: [38 U.S. Code 1521](#)

Additional Information:

- [38 CFR 3.351](#)
- [M21-1, Part V, Subpart ii, Chapter 1, Section A - Requirements for Live Pension Ratings](#)
- [VBA: Enhanced or Special Monthly Pension A&A or HB](#)

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ADJUSTMENTS: Reduction of Pension While Hospitalized

Type of Benefit: Disability Pension – Reduction in Benefits While Hospitalized

VA Pension benefits are subject to reduction when a veteran with no dependents is hospitalized in a VA facility or at VA expense.

SOURCE: 38 CFR 3.551

BENEFIT: For Veterans with NO dependents, VA pension benefits are reduced during periods of hospitalization, including:

- Hospital treatment in a VA hospital or in any hospital at VA expense.
- Institutional, domiciliary or nursing home care in a VA institution or domiciliary or at VA expense.

REDUCTION: The rules for reduction of VA Pension benefits varies depending on the VA Pension program the Veteran is participating in.

- **Improved Pension – Current Law Pension** (Admitted AFTER January 31, 1990).
 - Pension is reduced to **\$90** effective the first (1st) day of the:
 - Fourth (4th) month after the date of admission for domiciliary or nursing home care in a VA institution or at VA expense.
 - Month following readmission if readmitted within six (6) months of a previous admission requiring reduction.
 - **EXCEPTIONS:**
 - Pension is **NOT** reduced for admission to Hospital Care.
 - If Veteran is married but paid as a Veteran with no dependents, the withheld amount may be apportioned to the spouse.
- **Section 306 Pension**
 - Pension is reduced to **\$50** effective the first day of the:
 - 3rd month after admission to hospital, nursing home, or domiciliary care, OR
 - Month following readmission if admitted within six (6) months of a previous admission requiring reduction.
 - **EXCEPTION:** If the Veteran is married but receives pension as a Veteran without dependents, withheld may be apportioned to the Veteran's spouse.
- **Old-Law Pension**
 - Pension in excess of \$30 monthly for a Veteran with NO dependents continues at the full monthly rate until the end of the sixth (6th) calendar month following the month of admission for hospitalization.
 - The rate payable will be reduced effective the first (1st) day of the seventh (7th) calendar month to **\$30** monthly **or 50%** of the amount otherwise payable, whichever is greater.
 - The reduced rate will be effective the first day of the seventh (7th) calendar month following admission.

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- For readmission following a regular discharge: readmission the next day to the same or any other VA institution begins a new period of hospitalization, unless the veteran was released for purposes of admission to another VA institution.
- Special rules applies for readmission following an *irregular* discharge. See 38 CFR § 3.551(b)(3).

Eligibility: Reduction of VA NSC Pension benefits could apply to Veterans with No dependent that meet the criteria listed on the previous page.

Managed By: VBA (local VA Regional Office)

Application Procedure: None. VHA contacts VBA regarding hospitalization status.

VIST Tips:

- Most blind and visually impaired veterans served by VIST that receive VA NSC Pension benefits are usually receiving Improved Pension benefits. This means that any reduction in Pension benefits would occur only if hospitalized for nursing home care or domiciliary care.
- Any reduction in Pension benefits would be handled automatically by VBA based on notification from VHA.

More Information: <https://www.law.cornell.edu/cfr/text/38/3.551>

Additional Information: [M21-1, Part III, Subpart v, Chapter 6, Section B - Adjustments Under 38CFR 3.551](#)

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ADJUSTMENTS: Termination of Pension During Period of Incarceration

Type of Benefit: Termination of Benefits – Due to Incarceration

LEGAL AUTHORIZATION: 38 CFR § 3.665

ADJUSTMENT: VA has specific rules that apply regarding eligibility for certain benefits to Veterans who are incarcerated in a Federal, State, or local penal institution. The rules for adjustment are different for Disability Compensation benefits compared to NSC Pension benefits. See separate section [for impact of incarceration on Disability Compensation](#) earlier in this Volume. The specific rule regarding VA NSC Pension benefits is as follows:

- **NSC Pension:** Veterans in receipt of VA pension will have payments **terminated** effective the 61st day after imprisonment in a Federal, State, or local penal institution for conviction of a felony or misdemeanor.
 - Payments may be resumed upon release from prison if the Veteran meets VA eligibility requirements.

IMPACT ON VA MEDICAL CARE BENEFITS: Incarcerated Veterans are in a “catch-22” when it comes to eligibility for VA medical care. Technically they are eligible and do not forfeit their eligibility for medical care. However, current regulations restrict VA from providing hospital and outpatient care to an incarcerated Veteran who is an inmate in an institution of another government agency when that agency has a duty to give the care or services.

- VA may provide care once the Veteran has been released from a penal institution.
- Veterans released to a temporary housing program (halfway house or community residential re-entry center) can use VHA medical services to which they are eligible.

Managed By: VBA

Application Procedure: Veterans should notify VBA of incarceration to avoid any overpayments. Dependents will need to file a claim with VBA to apportion any compensation benefits to which they might be entitled.

VIST Tips:

- The VA Homeless Program manages Justice-Involved Veteran programs such as Health Care for Re-entry Veterans (HCRV) and the Veterans Justice Outreach Program (VJO). Although rare, there are instances of visually impaired veterans who are sent to prison after conviction of a felony. Once released these veterans are eligible to resume BRS services.

More Information: [VA.gov: Incarcerated Veterans](#).

Additional Information:

- [Cornell Law Center: 38 CFR 3.665](#)
- [Justice Involved Veterans \(va.gov\)](#)

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ADJUSTMENTS: NO Reduction in Pension While Hospitalized for Rehabilitation

Type of Benefit: Disability Pension – Extension of time period before reduction

VA Pension benefits are subject to reduction when a veteran with no dependents is hospitalized in a VA facility or at VA expense. However, when the hospitalization is for providing a prescribed program of rehabilitation then a reduction will not be made.

SOURCE: 38 CFR 3.551(h)

BENEFIT: VA pension benefits are **not** reduced during periods of hospitalization to participate in a prescribed rehabilitation program.

Eligibility: Veterans in receipt of VA NSC Pension benefits that are hospitalized must meet the following criteria:

- The primary purpose for furnishing hospital or nursing home care is to provide the veteran with a prescribed program of rehabilitation under Chapter 17 of title 38, United States Code, **and**
- Veteran is admitted to a VA hospital or nursing home after October 16, 1981.

Managed By: VBA (local VA Regional Office)

Application Procedure: None. VHA contacts VBA regarding hospitalization status.

VIST Tips:

- Admission to a Blind Rehabilitation Center (BRC) program would qualify as a prescribed program of rehabilitation.
- The regulation is written in a manner that essentially gives a time period extension of 3 months while participating in a rehabilitation program. But the regulation also extends the time period beyond 3 months if the continued hospitalization or nursing home care is for a prescribed program of rehabilitation. It is possible that VBA may request clarification from a BRC to indicate that additional admission time was needed.
- Changes to Title 38, U.S. Code and Title 38 Code of Federal Regulation have made this issue protection much less relevant. For example, Pension no longer is reduced when a Veteran in receipt of Improved Pension is admitted for hospital care that is not considered nursing home or domiciliary care.

More Information: <https://www.law.cornell.edu/cfr/text/38/3.551>

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FAQ **About** **COMPENSATION** **&** **PENSION**

FAQ: VA Compensation Benefits

C.1. What is VA compensation?

VA compensation is a financial payment from the U.S. Government that is paid according to rated percentages to eligible Veterans who have loss of earning capacity resulting from service-connected (SC) disability.

C.2. Is VA compensation considered income?

No, it is not considered income that is reportable. VA compensation is not subject to taxation. It is paid without consideration of any other income sources a Veteran may have (earnings from employment, retirement pensions, investments, inheritance, etc.).

C.3. Does VA have different compensation programs?

Yes, there are 4 different types of VA compensation available, each with specific eligibility criteria:

1. **Disability Compensation:** Paid to the Veteran for compensable SC disabilities.
2. **Special Monthly Compensation (SMC):** Additional compensation paid to the Veteran for loss or loss of use organs of special sense, extremities or being in need of Aid and Attendance of another person due to an SC disability.
3. **Dependency and Indemnity Compensation (DIC):** Paid to the eligible surviving spouse and dependent children of a deceased SC Veteran.
4. **Special VA Disability Compensation Programs:** Paid to the Veteran or eligible child separate from disability compensation, SMC or in some cases DIC.

C.4. Where can I learn more about VA compensation benefits?

The best place to start is to review the main VA website at www.VA.gov. The VA is constantly trying to improve information available to the general public and the Veteran population in particular about VA benefits and programs.

There are many other excellent sources online to learn more about compensation and pension benefits. These sites are generally managed by Veteran's Service Organizations or Law Firms that specialize in legal issues and claims for Veterans.

C.5. If a veteran is rated service-connected (SC) for several different disabilities, are the percentages added together (i.e. 2+2+3=7) to arrive at the proper level of compensation?

NO, all the percentages are used but they are **NOT** added together. Instead they are combined using the Combined Ratings table. The resulting figure is rounded to the nearest multiple of ten to arrive at the correct, final percent rating.

C.6. Can NSC disabilities be considered when determining the percentage rated for a service-connected disability?

NO. The rating is made by looking only at the service-connected disabilities.

C.7. Is a rating of 0% SC important?

YES, although not compensable at 0%, this disability is acknowledged by VA as service-connected and the percentage may increase if the condition worsens. Also, a veteran with two (2) 0% SC disabilities and no other SC rated disability or condition, may receive a 10% SC rating if the SC disabilities interfere with employment.

C.8. Is a veteran whose service-connected disability is rated at 20% less service-connected than the veteran rated at 100% SC?

NO, they are both considered fully service-connected. The percentages assigned reflect the severity of the disability and therefore its effect on the veteran's employment status. Veteran's with higher SC ratings may be eligible for different VA benefits, but they are not considered more service-connected.

C.9. Why is a 30% SC rating a significant threshold?

It is at this rating that additional compensation payments are included for dependents. VIST Coordinator's play an important role in monitoring a Veteran's rating and status of dependents and VIST Coordinators can determine if VA is accurately including a spouse, dependent children or parents.

C.10. Why is the date a claim for service-connection is filed important?

The date of claim helps determine the effective date of the rating. If a successful claim is filed with VBA:

- Within 1 year of discharge: compensation will be paid from the date of discharge.
- If filed later than 1 year of discharge: compensation will be paid from the date of receipt of claim (intent to file) or eligibility; whichever is later.
- If the claim is filed on presumptive grounds, it will be paid from the date evidence shows entitlement arose.

C.11. Is there any monetary help for a service-connected veteran whose spouse is disabled?

YES, a veteran rated at 30% SC or more (for any condition) is entitled to receive additional payment if their spouse is determined to be in need of regular aid and attendance (A&A). This is additional payment beyond that received for having a spouse and/or dependent children or parents. The amount paid for spouse A&A increases with the veteran's SC disability percentage rating.

C.12. What is a Nexus Letter that veteran's sometimes request?

For service-connection to be granted three criteria must be met:

- A current disability or condition.
- An event, injury, or illness during military service.
- A medical connection (or **nexus**) linking the current disability/condition an event, injury or illness occurring during military service.

The **nexus** is the link between the current disability or condition and an event, illness or injury that occurred during military service. When a veteran is asking for a **nexus letter** the request is for a medical provider to state that the disability or condition that veteran has is related in some manner to their military service.

EXAMPLE: During a VA eye exam veteran asks the VA eye doctor if his eye condition could be related to his service in Iraq in the mid-2000s. Veteran has been diagnosed with MS and believes his condition started during his military service. Veteran is currently rated NSC. Eye doctor reviews military medical records and concludes that veteran's reported vision issues while on active duty could be early symptoms of optic atrophy related to the now diagnosed MS condition. If the doctor states these findings in a progress note or letter this becomes evidence that can be used in pursuit of a VA claim for compensation and would be considered a Nexus Letter.

C.13. Can a veteran receiving military retirement also receive compensation from the VA?

YES, but it depends. Historically military retirees were subject to the government's "double-dipping" laws. These laws stipulate that benefits cannot be duplicated. So, veterans who received military retirement pay and VA disability compensation simultaneously were required to waive (in other words give up) part of their service retired pay. The amount of VA compensation is subtracted from the amount of retired pay to avoid the "double-dipping" requirement. This was referred to as the "VA waiver". After years of pressure from military retiree groups and Veterans Service Organizations, a new law was passed which created the **Concurrent Retirement and Disability Pay (CRDP)** benefit which allowed **eligible** veterans to receive their VA compensation benefit **AND** full military retirement pay.

C.14. Which military retired veterans are eligible for the Concurrent Retirement and Disability Pay (CRDP) benefit?

To be eligible for the CRDP benefit a veteran must meet one of the following criteria:

- They are a regular military retiree with a VA disability rating of 50% SC or higher.
- They are a military reserve retiree with 20 qualifying years of service, who have a VA disability rating of 50% SC or higher, and who have reached retirement age (which is generally 60 years of age, although there are exceptions).
- They retired under Temporary Early Retirement Act (TERA) and have a VA disability rating of 50% SC or higher.
- They are a military disability retiree who earned entitlement to retired pay under any provision of law other than solely by disability, and they have a VA disability rating of 50% SC or higher.

