RATEMYVSO VISUAL GUIDE

PULMONARY LAB FILE

ASTHMA CLAIM IN ONE PAGE

ASTHMA CLAIMS

Separate the service-connection question from the rating question. DC 6602 provides alternative pulmonary-function, treatment, and attack criteria.

01 Four parts of the asthma file

01 CURRENT ASTHMA

Document the diagnosis and a verified history of attacks when examination findings are absent.

02 SERVICE CONNECTION

Use the direct, presumptive, secondary, or aggravation route supported by the facts.

03 PULMONARY FUNCTION

Preserve FEV-1 and FEV-1/FVC results and identify the values VA used under the respiratory-testing rules.

04 TREATMENT BURDEN

Document medication type, route, frequency, exacerbation visits, systemic steroid courses, and respiratory failure.

02 Service-connection routes

PACT PRESUMPTION

Confirm qualifying service and diagnosis timing, then develop current severity evidence.

DIRECT

Use in-service respiratory symptoms, exposures, diagnosis, continuity, and a medical relationship.

SECONDARY

Explain how a service-connected condition or its treatment caused asthma.

AGGRAVATION

Identify worsening beyond baseline and explain the service-connected mechanism.

03 Build one connected evidence record

1. **PULMONARY FUNCTION TESTS**
   Include clearly labeled pre-bronchodilator and post-bronchodilator FEV-1 and FEV-1/FVC values.
2. **MEDICATION HISTORY**
   Identify inhaled bronchodilators, anti-inflammatory medication, systemic corticosteroids, and immunosuppressive therapy.
3. **EXACERBATION VISITS**
   Count physician visits required for exacerbation care by date and purpose.
4. **ATTACK EVIDENCE**
   Document attack frequency and any episodes of respiratory failure with medical records.
5. **MEDICAL RELATIONSHIP**
   Address the exact direct, presumptive, causal, or aggravation route and competing respiratory diagnoses.

THE RECORD SHOULD EXPLAIN

Why these facts support this veteran's claim

- What evidence was reviewed
- When the condition and limitations began
- Which legal or medical pathway applies
- How competing explanations were addressed

DLCO is not a listed DC 6602 asthma criterion. An inhaled corticosteroid is not the same as systemic corticosteroid therapy. Respiratory conditions may be subject to special anti-pyramiding rules.

04 DC 6602 rating ladder

100%

Severe pulmonary-function findings, qualifying respiratory-failure attacks, or daily systemic high-dose corticosteroids or immunosuppressive medication.

60%

FEV-1 or ratio from 40 to 55 percent, monthly exacerbation visits, or at least three systemic steroid courses yearly.

30%

FEV-1 or ratio from 56 to 70 percent, daily bronchodilator therapy, or inhalational anti-inflammatory medication.

10%

FEV-1 or ratio from 71 to 80 percent, or intermittent inhalational or oral bronchodilator therapy.

05 Before you file

- ✓ Current diagnosis documented
- ✓ Recent PFT included
- ✓ Medication classes verified
- ✓ Exacerbation visits counted
- ✓ Service route identified
- ✓ FEV-1 and ratio labeled
- ✓ Steroid courses counted
- ✓ Respiratory-failure episodes supported