

NAMING CONDITIONS ON THE 21-526EZ

Use clear condition language, identify the claimed relationship, and avoid unsupported precision.



GOAL Make each issue identifiable	USE Known diagnosis or clear symptoms	DO NOT GUESS VA assigns diagnostic codes
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READ FIRST

The claim should identify the disability with enough clarity for the VA to understand what benefit is sought. The veteran does not need to invent a medical diagnosis or choose a diagnostic code.

WHEN DIAGNOSED

USE THE KNOWN MEDICAL NAME

Back problems



Lumbar degenerative disc disease

Breathing issue



Obstructive sleep apnea

Head trouble



Migraine headache disorder

Examples assume the medical record actually uses the condition shown.

WHEN NOT DIAGNOSED

DESCRIBE THE BODY PART, SYMPTOMS, AND FUNCTIONAL PROBLEM

SITE

Where

Identify the body part, system, side, or region, such as right knee, left hand, skin, hearing, or digestive symptoms.

SYM

What

Describe the observable problem, such as pain, numbness, ringing, rash, shortness of breath, or loss of motion.

TIME

When

Give onset or event timing honestly. Approximate dates are better than invented certainty.

FOR SECONDARY CLAIMS

NAME THE DIRECTION OF THE CLAIMED LINK

Primary service-connected condition

Service-connected left knee disability

CAUSES OR WORSENS

Claimed secondary condition

Right knee condition secondary to altered gait

Direction matters: "sleep apnea secondary to asthma" asks a different medical question from "asthma secondary to sleep apnea."

ISSUE CONTROL

AVOID FOUR NAMING ERRORS

NO

Do not list only a diagnostic code

The VA assigns codes after reviewing the medical evidence and rating schedule.

NO

Do not self-diagnose

Use the known diagnosis or truthful symptoms. Do not invent a technical disease label.

NO

Do not combine unrelated issues

List distinct disabilities separately so each receives a clear decision.

NO

Do not hide the theory

Identify secondary, increase, presumptive, or other special paths when they apply.

CLARITY OVER JARGON

The goal is to identify the disability and requested relationship, not to prove medical expertise. The evidence will determine the diagnosis, legal connection, and diagnostic code.