RATE MY VSO // VISUAL FIELD GUIDE

COPD CLAIMS

ONE-PAGE GUIDE

Prove the diagnosis, preserve the complete PFT, and document serious complications.

AIRFLOW // PFT // OXYGEN

Prove the diagnosis, preserve the complete PFT, and document serious complications.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 6604 USES PFTS AND DEFINED COMPLICATIONS

COPD is commonly evaluated with FEV-1, FEV-1/FVC, DLCO, or maximum exercise capacity. Pulmonary hypertension, cor pulmonale, right-heart changes, respiratory failure, or outpatient oxygen can also control the evaluation.

PFT
Keep the full report, post-bronchodilator values, and any explanation for an invalid test.

COMPLICATIONS
Document oxygen, respiratory failure, pulmonary hypertension, cor pulmonale, or right-heart changes.

FUNCTION
Record exertional limits, flare-ups, treatment response, and hospitalization.

02 SERVICE-CONNECTION PATHS

PACT ACT	COPD is presumptive for qualifying Gulf War era and post-9/11 veterans who meet VA's service requirements.
DIRECT	A clinician links current COPD to the veteran's in-service exposure or disease using the individual history and competing risks.
SECONDARY	A service-connected condition caused or aggravated COPD or a distinct complication, supported by medical reasoning.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Shortness of breath with activity
- Ongoing cough
- Mucus or phlegm
- Wheezing
- Chest tightness or heaviness
- Fatigue and flare-ups

04 BUILD THE RECORD

1. **COPD DIAGNOSIS**
   Clinical history, examination, and spirometry supporting persistent airflow obstruction.
2. **COMPLETE PFT**
   FEV-1, FEV-1/FVC, DLCO when useful, bronchodilator status, quality, and interpretation.
3. **ADVANCED TESTING**
   Exercise-capacity testing, oxygen measurements, imaging, and cardiac studies when clinically indicated.
4. **TREATMENT**
   Inhalers, steroids, antibiotics, pulmonary rehabilitation, oxygen, and response.
5. **FLARE-UPS**
   Infections, urgent visits, hospitalization, respiratory failure, triggers, and recovery.
6. **SERVICE FACTS**
   Qualifying PACT Act service or a direct-exposure history with veteran-specific medical nexus.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — DIAGNOSIS NOT ESTABLISHED
Symptoms or imaging were present, but spirometry and the clinical record did not support COPD.

B — INCOMPLETE OR UNUSABLE PFT
The report omitted needed values, bronchodilator context, or an explanation for an invalid or inconsistent result.

C — PRESUMPTION FACTS MISSING
The veteran had COPD but the claimed PACT Act service requirements were not established.

D — SEVERITY NOT DOCUMENTED
Oxygen use, pulmonary hypertension, right-heart findings, respiratory failure, or exercise limits were asserted without records.

06 COPD RISK FACTORS AND COMPLICATIONS

Risk factors do not prove the source of one veteran's COPD. Complications must be diagnosed and medically tied to COPD.

FACTORS THAT CAN CONTRIBUTE TO COPD

Tobacco smoke // occupational dust or fumes // air pollution // secondhand smoke // alpha-1 antitrypsin deficiency

COMPLICATIONS COPD MAY PRODUCE

Low oxygen // recurrent exacerbations // respiratory infections // pulmonary hypertension // cor pulmonale // respiratory failure

07 DO THIS, NOT THAT

DO

- Keep the complete PFT report.
- Prove the correct service route.
- Document oxygen and serious complications.

DO NOT

- Rely on symptoms alone for diagnosis.
- Assume all service is PACT Act qualifying.
- Mix METs with respiratory exercise criteria.

Medical and symptom source: NHLBI COPD guidance and VA respiratory DBQ. Rating rules: 38 CFR 4.96 and 4.97, DC 6604. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.