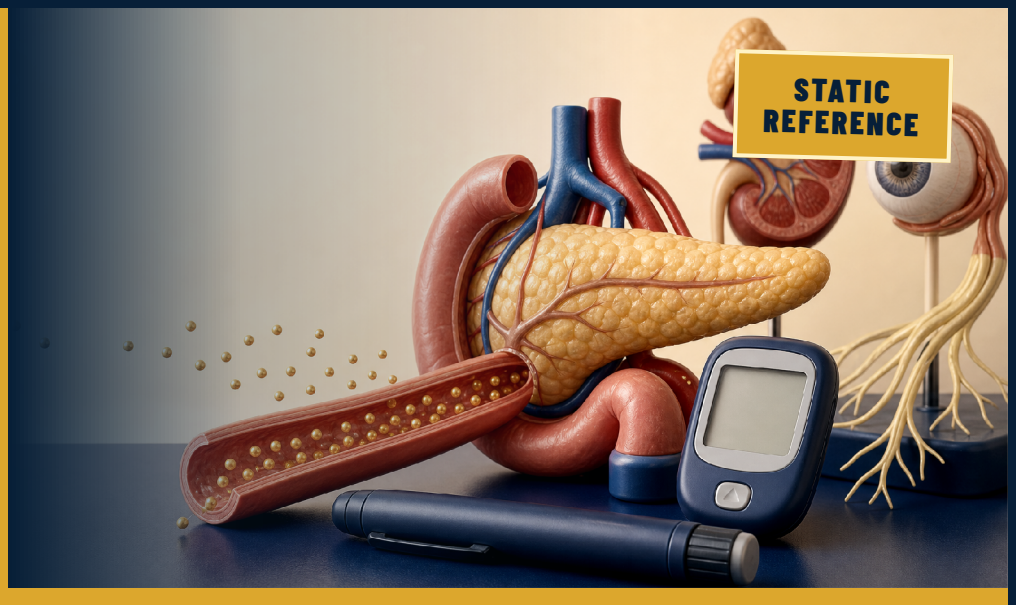
RATE MY VSO // VISUAL FIELD GUIDE

VA DIABETES CLAIMS

ONE-PAGE GUIDE

Preserve the prescribed regimen, not just the diagnosis or A1C result.



REGIMEN // ACTIVITY // COMPLICATIONS

Preserve the prescribed regimen, not just the diagnosis or A1C result.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7913 USES SUCCESSIVE TREATMENT AND SEVERITY ELEMENTS

The schedule progresses from restricted diet to oral medication or insulin, then to medically required regulation of activities. Higher levels add defined episodes, care frequency, weight or strength loss, and complications. A1C alone does not set the percentage.

REGIMEN
Document restricted diet, oral agents, insulin type, dose, and injection frequency.

ACTIVITY
Show a clinician's medical instruction to avoid strenuous occupational and recreational activity.

COMPLICATIONS
Identify each diabetic complication and whether it is evaluated separately.

02 SERVICE-CONNECTION PATHS

HERBICIDE PRESUMPTION	Type 2 diabetes may qualify when the veteran meets VA's herbicide-exposure service requirements.
DIRECT	A clinician links diabetes to an in-service disease, injury, exposure, or event using the veteran's individual history.
SECONDARY	A service-connected disease, treatment, or medication caused or aggravated diabetes, supported by medical reasoning.

03 SYMPTOMS

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

- Increased thirst
- Frequent urination
- Increased hunger
- Fatigue
- Blurred vision
- Slow-healing sores or frequent infections

04 BUILD THE RECORD

1. **EXACT TYPE AND DIAGNOSIS**
   Type 1, type 2, or another form, with the diagnostic laboratory and clinical evidence.
2. **PRESCRIBED DIET**
   The treatment plan and clinician documentation of dietary restriction.
3. **MEDICATION AND INSULIN**
   Names, dose changes, injection frequency, adherence, and response.
4. **REGULATION OF ACTIVITIES**
   The medical reason, date, and exact occupational or recreational activities the clinician restricted.
5. **EPISODES AND CARE**
   Ketoacidosis or hypoglycemia, hospitalization, provider visits, and recovery.
6. **COMPLICATIONS**
   Eye, kidney, nerve, heart, foot, bladder, skin, or sexual diagnoses evaluated under the correct code.

05 WHY CLAIMS BREAK DOWN

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

A — SERVICE ROUTE MISSING
The diagnosis was established, but qualifying herbicide service or another medical nexus was not.

B — SELF-LIMITED ACTIVITY
The veteran avoided exertion, but the record did not show medically required regulation of activities.

C — REGIMEN NOT ESTABLISHED
The claimed level required diet, medication, insulin, or care facts that the treatment record did not show.

D — COMPLICATIONS MISHANDLED
A distinct complication was not diagnosed, not linked, or was counted again after supporting another level.

06 DIABETES CAUSES AND COMPLICATIONS

A risk factor is not a nexus. Each complication still needs its own diagnosis and medical relationship to diabetes.

CONDITIONS OR TREATMENTS THAT CAN LEAD TO DIABETES

Pancreatic disease or removal // Cushing's syndrome // certain medicines // genetic disorders // other endocrine disease

COMPLICATIONS DIABETES MAY PRODUCE

Neuropathy // kidney disease // eye disease // heart and vessel disease // foot problems // sexual or bladder problems

07 DO THIS, NOT THAT

DO

- Keep the complete treatment timeline.
- Get activity limits in the medical record.
- List each diagnosed complication.

DO NOT

- Use A1C as the rating formula.
- Call personal caution regulation of activities.
- Assume every diabetes case is herbicide-presumptive.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NIDDK diabetes guidance and VA diabetes DBQ. Rating rules: 38 CFR 4.119, DC 7913. 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.

DIABETES FIELD GUIDE