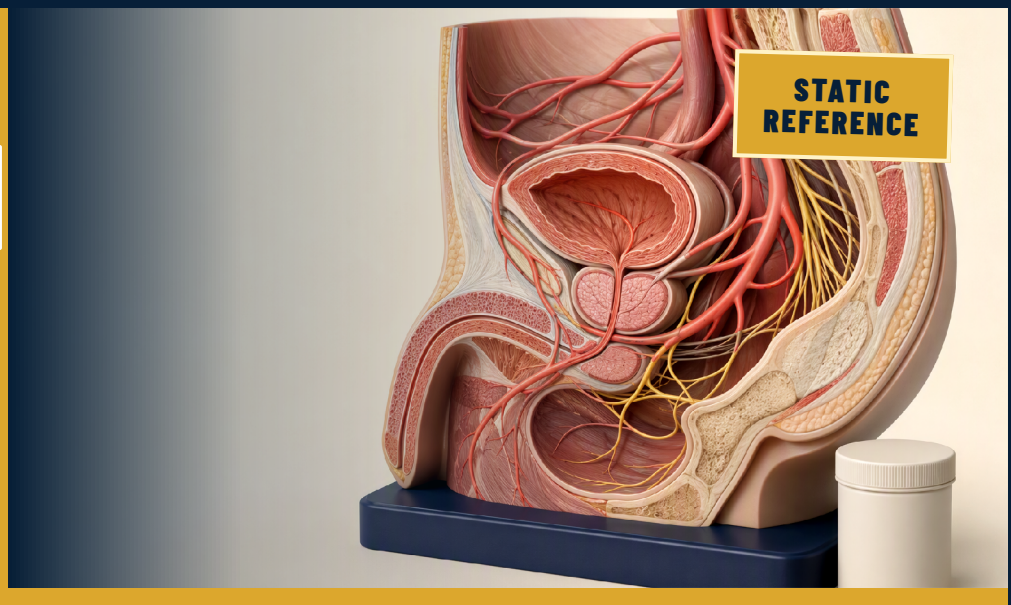
RATE MY VSO // VISUAL FIELD GUIDE

ERECTILE DYSFUNCTION

VA CLAIM GUIDE

A zero-percent schedular line does not erase service connection or the separate SMC question.



DIAGNOSIS // NEXUS // SMC-K REVIEW

A zero-percent schedular line does not erase service connection or the separate SMC question.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7522 ASSIGNS 0 PERCENT AND DIRECTS SMC REVIEW

Erectile dysfunction, with or without penile deformity, is a 0 percent schedular evaluation under DC 7522. Service connection and possible special monthly compensation for loss or loss of use of a creative organ are separate determinations based on the record.

DIAGNOSIS
Confirm persistent difficulty getting or keeping an erection and identify the medical cause when possible.

NEXUS
Connect onset and mechanism to service, a service-connected disability, treatment, surgery, or medication.

SMC REVIEW
Preserve the facts needed for VA to consider loss or loss of use of a creative organ under 38 CFR 3.350.

02 SERVICE-CONNECTION PATHS

DIRECT	An in-service injury, disease, pelvic event, or treatment is medically linked to current erectile dysfunction.
SECONDARY	Diabetes, vascular disease, neurologic disease, prostate treatment, or another service-connected condition caused or aggravated ED.
MEDICATION OR TREATMENT	A prescribed medicine, surgery, radiation, or other treatment for a service-connected disability caused or worsened ED.

03 SYMPTOMS

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

- Erection occurs only sometimes
- Erection does not last long enough
- Unable to get an erection
- Reduced firmness
- Change after illness, surgery, or medication
- Sexual function causes concern or distress

04 BUILD THE RECORD

1. **CURRENT DIAGNOSIS**
   Primary care, urology, endocrinology, or other clinician documentation of persistent erectile dysfunction.
2. **ONSET AND COURSE**
   When the change began, whether it is consistent, and how it relates to disease, injury, treatment, or medication.
3. **MEDICAL CAUSE**
   Vascular, neurologic, hormonal, medication, pelvic-surgery, prostate, or mental-health assessment.
4. **TREATMENT**
   Oral medication, devices, counseling, procedures, response, side effects, and contraindications.
5. **EXAMINATION AND TESTING**
   Relevant physical examination, laboratory findings, vascular testing, or specialist evaluation.
6. **SMC FACTS**
   Medical evidence addressing loss or loss of use of a creative organ, not merely the 0 percent schedule line.

05 WHY CLAIMS BREAK DOWN

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

A — CURRENT DIAGNOSIS MISSING
A prescription or complaint appeared in the record without a clear persistent diagnosis.

B — NEXUS TOO GENERIC
The opinion named a possible risk factor but did not explain why it caused or aggravated this veteran's ED.

C — TIMELINE INCOMPLETE
The record did not show whether ED began before or after the claimed disease, surgery, radiation, or medication.

D — ZERO PERCENT MISUNDERSTOOD
The claim treated the schedular percentage and the separate SMC review as the same question.

06 ED CAUSES AND EFFECTS TO EVALUATE

ED has many possible causes. The veteran's records must establish the actual mechanism and direction.

CONDITIONS OR TREATMENTS THAT CAN CONTRIBUTE TO ED

Diabetes // heart or blood-vessel disease // kidney disease // nerve or spinal injury // pelvic or prostate surgery // certain medicines

EFFECTS ED MAY PRODUCE

Sexual-function loss // distress // relationship strain // treatment side effects // possible SMC consideration

07 DO THIS, NOT THAT

DO

- Get the diagnosis into the record.
- Build the disease, treatment, and onset timeline.
- Address schedular rating and SMC separately.

DO NOT

- Assume a prescription proves the nexus.
- Use a list of risk factors as medical reasoning.
- Assume 0 percent means no benefit question remains.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NIDDK erectile-dysfunction guidance and VA male reproductive DBQ. Rating rules: 38 CFR 4.115b, DC 7522, and 3.350. 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.

ED FIELD GUIDE