RATE MY VSO // VISUAL FIELD GUIDE

HYPOTHYROIDISM CLAIMS

ONE-PAGE GUIDE

The current schedule uses a timed initial evaluation, then rates the lasting residuals.

DIAGNOSIS // SIX MONTHS // RESIDUALS

The current schedule uses a timed initial evaluation, then rates the lasting residuals.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 7903 SEPARATES MYXEDEMA, THE INITIAL PERIOD, AND LATER RESIDUALS

Hypothyroidism without myxedema is evaluated for six months after initial diagnosis, then residuals are rated under the appropriate body-system codes. Myxedema has a separate definition and continues for six months beyond physician-determined crisis stabilization.

INITIAL DATE
Preserve when hypothyroidism was first diagnosed and when treatment began.

MYXEDEMA
Document the full regulatory constellation and physician-determined crisis stabilization when present.

RESIDUALS
After the timed period, identify each lasting eye, digestive, mental, heart, muscle, or other effect.

02 SERVICE-CONNECTION PATHS

HERBICIDE PRESUMPTION	Hypothyroidism may qualify when the veteran meets VA's herbicide-exposure service requirements.
DIRECT	Service thyroid findings, onset, continuity, exposure, or another in-service event are linked to the current diagnosis.
SECONDARY	Thyroid surgery, neck radiation, treatment, or another service-connected condition caused or aggravated hypothyroidism.

03 SYMPTOMS

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

- Fatigue
- Weight gain
- Cold intolerance
- Joint or muscle pain
- Constipation
- Dry skin or thinning hair

04 BUILD THE RECORD

1. **DIAGNOSIS AND LABS**
   TSH, free T4, thyroid antibodies when useful, examination, and the clinician's diagnosis.
2. **INITIAL TIMELINE**
   First diagnosis, treatment start, medication changes, and the six-month period.
3. **MYXEDEMA FINDINGS**
   Cold intolerance, weakness, cardiovascular involvement, mental disturbance, crisis care, and stabilization date.
4. **TREATMENT**
   Thyroid replacement, dose changes, adherence, response, side effects, surgery, or radiation history.
5. **CHRONIC RESIDUALS**
   Separate eye, digestive, heart, muscle, fertility, mental, or neurologic diagnoses and testing.
6. **SERVICE ROUTE**
   Qualifying herbicide service or a reasoned direct, treatment-related, or secondary nexus.

05 WHY CLAIMS BREAK DOWN

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

A — DIAGNOSIS NOT SECURED
Symptoms suggested thyroid disease, but thyroid testing and a current diagnosis were missing.

B — SERVICE FACTS MISSING
Qualifying herbicide service, in-service onset, or another medical nexus was not established.

C — OLD SYMPTOM CHECKLIST USED
Symptoms were treated as a permanent percentage instead of applying the current timed-residual framework.

D — RESIDUALS NOT DIAGNOSED
Fatigue or other limitations were reported without identifying the lasting body-system condition.

06 HYPOTHYROIDISM CAUSES AND EFFECTS

Symptoms overlap many conditions. The diagnosis, mechanism, and residual must be medically established.

CONDITIONS OR TREATMENTS THAT CAN CAUSE HYPOTHYROIDISM

Hashimoto's disease // thyroid surgery // radioactive iodine // neck radiation // thyroiditis // certain medicines

EFFECTS HYPOTHYROIDISM MAY PRODUCE

High cholesterol // slow heart rate // depression or slowed thinking // constipation // muscle and joint pain // fertility or menstrual effects

07 DO THIS, NOT THAT

DO

- Preserve the first-diagnosis date.
- Use current DC 7903, not an old checklist.
- Name and test each lasting residual.

DO NOT

- Diagnose from symptoms alone.
- Call every severe case myxedema.
- Assume medication alone creates a permanent percentage.

Medical and symptom source: NIDDK hypothyroidism guidance and VA thyroid DBQ. Rating rules: 38 CFR 4.119, DC 7903. 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.