

# ULCERATIVE COLITIS

## VA CLAIM GUIDE

Prove the diagnosis, then document the treatment and whole-body impact.

Static Reference

IBD // DC 7323

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

### DC 7323 IS EVALUATED USING THE CURRENT IBD CRITERIA

Ulcerative colitis is listed at DC 7323 and evaluated under DC 7326. The rating picture turns on treatment intensity, pain, diarrhea, systemic toxicity, hospital care, and work impact.

CONFIRMATION

Endoscopy or radiologic studies must confirm inflammatory bowel disease.

TREATMENT

Capture medication, biologics, steroid courses, surgery, and response.

SEVERITY

Record bleeding, diarrhea, anemia, fever, weight effects, hospital care, and work loss.

02

### SERVICE-CONNECTION PATHS

DIRECT

In-service onset, illness, exposure, or event plus a reasoned medical link.

SECONDARY

A service-connected condition or treatment caused or aggravated ulcerative colitis.

IMPORTANT

Ulcerative colitis is inflammatory bowel disease. It is not the same diagnosis as functional IBS.

03

### SYMPTOMS

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



Diarrhea



Rectal bleeding



Abdominal pain or cramping



Bowel urgency



Mucus or pus in stool



Fatigue, fever, or weight loss

04

### BUILD THE RECORD

1

DIAGNOSIS

Colonoscopy, biopsy, imaging, and gastroenterology findings.

2

BOWEL PATTERN

Bleeding, diarrhea frequency, urgency, pain, and flare duration.

3

OBJECTIVE EFFECTS

Anemia, inflammation, nutrition, fever, and weight change.

4

TREATMENT

Medication, biologics, steroid courses, response, and side effects.

5

MAJOR CARE

Emergency care, hospitalization, colectomy, ostomy, or other procedures.

6

DAILY IMPACT

Missed work, bathroom access, sleep disruption, travel, and activity limits.

05

### WHY CLAIMS BREAK DOWN

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

A

NO PERSUASIVE NEXUS

The current disease was not medically linked to service.

B

SERVICE ELEMENT MISSING

The claimed in-service disease, injury, event, or exposure was not established.

C

DIAGNOSIS MISMATCH

Symptoms were described without the testing needed to distinguish IBD from IBS.

D

SEVERITY TOO VAGUE

Bleeding, treatment, daily diarrhea, systemic effects, or work impact were not detailed.

06

### SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO

PTSD // Diabetes // Depressive disorders // Spine conditions

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

GERD // Hemorrhoids

07

### DO THIS, NOT THAT

DO

- Name ulcerative colitis, not just bowel trouble.
- Track bleeding and flare duration.
- Connect testing, treatment, and functional impact.

DO NOT

- Substitute an IBS theory for IBD evidence.
- Ignore anemia or weight change.
- Assume diagnosis alone shows current severity.