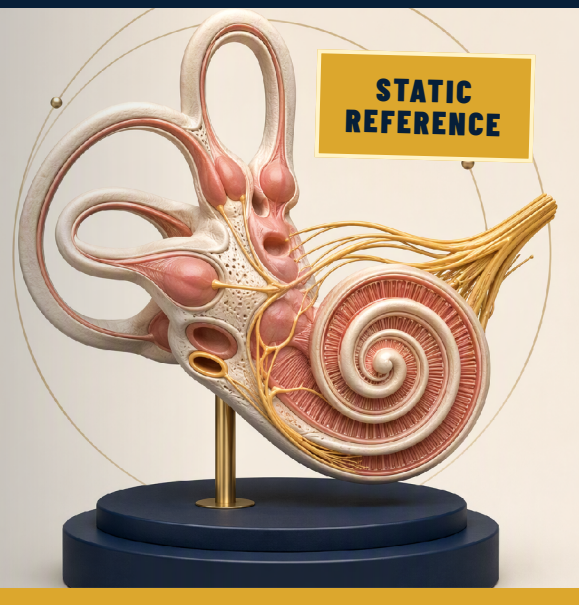
RATE MY VSO // VISUAL FIELD GUIDE

VERTIGO AND MENIERE'S

VA CLAIMS GUIDE

Separate peripheral vestibular disease from Meniere's, then document objective findings, hearing, gait, and attack frequency.



DIAGNOSIS // OBJECTIVE FINDINGS // FREQUENCY

Separate peripheral vestibular disease from Meniere's, then document objective findings, hearing, gait, and attack frequency.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

DC 6204 AND 6205 USE DIFFERENT EVIDENCE

Peripheral vestibular disorders use dizziness and occasional staggering, with objective findings required for a compensable evaluation. Meniere's uses hearing impairment, vertigo attacks, cerebellar gait, and frequency.

DC 6204
Dizziness is 10 percent; dizziness with occasional staggering is 30 percent, with objective support.

DC 6205
Meniere's is 30, 60, or 100 percent based on hearing, vertigo, gait, and attack frequency.

EITHER OR
Use DC 6205 or separate vertigo, hearing, and tinnitus ratings, whichever is higher, not both.

02 SERVICE-CONNECTION PATHS

DIRECT	Blast, head injury, barotrauma, infection, acoustic trauma, or another in-service event is medically linked to the current disorder.
SECONDARY	Service-connected TBI, migraine, ear disease, hearing condition, or another disability caused or aggravated diagnosed vertigo.
INCREASED RATING	An established vestibular or Meniere's condition has worsened in objective findings, staggering, hearing, gait, or attack frequency.

03 SYMPTOMS

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

- Spinning or motion sensation
- Unsteadiness, falls, or staggering
- Nausea or vomiting
- Fluctuating or reduced hearing
- Tinnitus
- Ear pressure or fullness

04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Peripheral vestibular disorder, Meniere's disease, BPPV, labyrinthitis, vestibular migraine, or another cause clearly identified.
2. **OBJECTIVE VESTIBULAR TESTING**
   VNG or ENG, caloric, rotary-chair, posturography, head-impulse, Dix-Hallpike, Romberg, or other supporting findings.
3. **ATTACK DIARY**
   Date, duration, vertigo, staggering or gait, nausea, falls, recovery, treatment, and witness information.
4. **HEARING AND TINNITUS**
   Audiogram, fluctuating hearing, tinnitus history, and whether these manifestations support DC 6205 or separate ratings.
5. **GAIT AND FUNCTION**
   Cerebellar gait, assistive device, driving, work, falls, missed activity, and safety limitations.
6. **SERVICE ROUTE**
   Exposure or injury facts, onset, continuity, and a reasoned direct or secondary medical nexus.

05 WHY CLAIMS BREAK DOWN

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

A — NO OBJECTIVE SUPPORT
Self-reported dizziness was not backed by findings supporting vestibular disequilibrium under DC 6204.

B — DIAGNOSIS BLURRED
Vertigo, vestibular migraine, Meniere's, and nonspecific lightheadedness were treated as interchangeable.

C — FREQUENCY OR GAIT MISSING
The record did not establish attack frequency, staggering, cerebellar gait, hearing impairment, or functional effects.

D — SAME SYMPTOMS STACKED
DC 6205 was combined with separate vertigo, hearing, or tinnitus ratings for the same manifestations.

06 VERTIGO CAUSES AND EFFECTS TO EVALUATE

Dizziness has many causes. The vestibular diagnosis and medical direction must be established for the individual veteran.

CONDITIONS OR EVENTS THAT CAN CAUSE VERTIGO

Inner-ear disease or infection // TBI or head trauma // migraine // barotrauma // medication // neurologic or visual disorder

EFFECTS VESTIBULAR DISEASE MAY PRODUCE

Falls // nausea // hearing loss // tinnitus // driving or work limits // anxiety or activity avoidance

07 DO THIS, NOT THAT

DO

- Get the exact vestibular diagnosis.
- Preserve objective testing and an attack diary.
- Compare the two Meniere's rating methods.

DO NOT

- Treat every dizziness complaint as vertigo.
- Skip hearing and gait evidence.
- Stack DC 6205 with duplicate manifestations.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: NIH/NIDCD balance and Meniere's guidance and VA ear DBQ. Rating rules: 38 CFR 4.87, DCs 6204 and 6205. 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.

VERTIGO + MENIERE'S FIELD GUIDE