RATEMYVSO VISUAL GUIDE

ESOPHAGEAL RECORD

GERD CLAIM IN ONE PAGE

GASTROESOPHAGEAL REFLUX DISEASE

Service connection and the rating percentage are separate questions. Prove the relationship first, then apply the current esophageal criteria.

01 Four parts of the GERD file

01 CURRENT DIAGNOSIS

Show GERD or another covered esophageal diagnosis in current medical records.

02 SERVICE-CONNECTION PATH

Document direct onset, secondary causation, secondary aggravation, or another supported theory.

03 MEDICAL RELATIONSHIP

Use a reasoned opinion when the connection is not already established by the record.

04 CURRENT RATING EVIDENCE

Current DC 7206 focuses on documented stricture, dysphagia, imaging, procedures, and treatment.

02 Common service-connection routes

DIRECT

Use in-service symptoms, diagnosis, treatment, continuity evidence, and medical analysis.

MEDICATION

Explain how treatment for a service-connected disability caused or aggravated GERD.

MENTAL HEALTH

A medical opinion must address the veteran's specific mechanism, history, and competing factors.

AGGRAVATION

Identify worsening beyond baseline and explain why the service-connected condition or treatment caused it.

03 Build one connected evidence record

1 DIAGNOSTIC RECORD

Use gastroenterology notes, EGD, barium swallow, CT, pathology, and documented diagnoses.

2 DYSPHAGIA EVIDENCE

Describe swallowing difficulty, food impaction, diet changes, aspiration, and weight effects.

3 PROCEDURE HISTORY

Count dilatations, steroid dilatation, stent placement, surgery, and PEG use by date.

4 MEDICATION HISTORY

Identify daily therapy, dose changes, response, and the medication implicated in a secondary claim.

5 MEDICAL OPINION

Address timing, mechanism, baseline, aggravation, and alternative causes with record-specific reasoning.

THE RECORD SHOULD EXPLAIN

Why these facts support this veteran's claim

- What evidence was reviewed
- When the condition and limitations began
- Which legal or medical pathway applies
- How competing explanations were addressed

The digestive rating schedule changed May 19, 2024. Do not use the old hiatal-hernia symptom framework for a period controlled by current DC 7206.

04 Current DC 7206 rating ladder

80%

Refractory stricture with dysphagia and serious complications, plus surgical correction or PEG tube.

50%

Refractory stricture with dysphagia requiring frequent or advanced intervention.

30%

Recurrent stricture causing dysphagia and requiring dilatation up to twice yearly.

10% / 0%

Documented stricture controlled by daily medication, or documented history without the compensable requirements.

05 Before you file

- √ Current diagnosis documented
- √ Service path selected
- √ Imaging or EGD included
- √ Procedures counted by date
- √ Rating period identified
- √ Medical link addressed
- √ Dysphagia and stricture documented
- √ Current and former criteria applied correctly

38 C.F.R. 4.114, DC 7206, effective May 19, 2024. Rules checked July 2026. Educational use only. Not legal or medical advice. Individual facts determine outcomes.

GERD-CELIAC ONE PAGE