

VA Disability Cheat Sheet: Psychiatric Ratings

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Rating Ladder — 38 CFR § 4.130

All six tiers are verbatim regulatory language. Both columns are required for accurate documentation and rating review.

Rating	Verbatim Criterion (38 CFR § 4.130)	Plain-Language Descriptor
0%	"A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication."	Diagnosed; no functional impact; no continuous medication. Service connection established, compensation not yet warranted.
10%	"Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or; symptoms controlled by continuous medication."	Mild symptoms under stress only — or symptoms fully controlled by medication. Functional between episodes.
30%	"Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal)..."	Mostly functional. Real, documented dips during difficult periods. Self-care and routine intact.
50%	"Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory; impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships."	Reduced reliability and productivity. Panic frequency (>1/week), memory impairment, and relationship difficulty must be documented against this tier.
70%	"Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals; speech intermittently illogical; near-continuous panic or depression affecting ability to function independently; impaired impulse control; spatial disorientation; neglect of personal appearance and hygiene; difficulty adapting to stressful circumstances; inability to establish and maintain effective relationships."	Deficiencies in most areas. Near-continuous symptoms. Suicidal ideation, hygiene deterioration, and inability to maintain relationships are explicit tier markers.
100%	"Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living; disorientation to time or place; memory loss for names of close relatives, own occupation, or own name."	Total impairment — work and independent self-care both untenable.

Documentation Language by Tier

Documentation should allow a rater to map the clinical picture onto a § 4.130 tier without inference.

Tier	Weak Language	Strong Language
30% Tier	"Patient reports mood episodes and occasional difficulty at work."	"Patient demonstrates intermittent inability to complete occupational tasks during periods of elevated symptom load, approximately 2–3 times monthly, with preserved baseline occupational and social functioning between episodes. Routine behavior, self-care, and conversational capacity are intact."
50% Tier	"Patient has panic attacks and memory problems."	"Patient endorses panic attacks occurring 2–3 times weekly. Demonstrates impaired retention of novel procedural information — requires multiple repetitions to learn new job tasks and frequently fails to complete initiated work tasks. Difficulty establishing and maintaining effective professional relationships secondary to mood lability. These impairments produce reduced reliability and productivity."
70% Tier	"Patient is significantly impaired in most areas of life."	"Patient presents with near-continuous depressive and hyperarousal symptoms precluding sustained independent functioning across work, family, and social domains. Endorses passive suicidal ideation without current plan. Unable to maintain effective professional or personal relationships. Hygiene deterioration noted on examination. Marked difficulty adapting to minor occupational stressors."

Tier	Weak Language	Strong Language
100% Tier	"Patient is severely impaired and unable to function."	"Patient presents with disorientation to time, intermittent inability to perform basic activities of daily living without external prompting, persistent auditory hallucinations with command quality, inability to maintain minimal personal hygiene. Persistent danger to self cannot be safely excluded."

Common Mistakes

Service connection ≠ rating. These are separate findings. A low rating means the documentation doesn't reflect the impairment — not that the condition isn't real or connected.

Secondary service connection (38 CFR § 3.310). Conditions caused or aggravated by a service-connected disability can receive separate ratings. PTSD causing MDD, AUD, or chronic pain may each qualify. Separate ratings compound under VA math.

C&P; exam behavior. Report your worst typical week — not your best day, not your coping-mode performance. The exam is a functional snapshot, not a test of stoicism.

TDIU ≠ schedular 100%. Total Disability based on Individual Unemployability (38 CFR § 4.16) pays at the 100% rate when service-connected conditions prevent substantially gainful employment. Combined rating of 70%+ (or single disability of 60%+) makes you eligible to apply.

The 2026 medication rule — rescinded. A February 17, 2026 IFR briefly amended 38 CFR § 4.10 to rate disabilities based on treated functional state. After 20,880 public comments and congressional opposition, VA rescinded it ten days later (Feb 27, 2026, 91 Fed. Reg. 9712, doc 2026-03940). Under current law, medication efficacy does not automatically lower a rating. VA's Federal Circuit appeal of *Ingram v. Collins* remains active — another rulemaking attempt is possible if VA prevails.

Quick-Reference by Condition

Condition	Typical Range	Key Documentation Needs	Common Pitfalls
PTSD	30–70% (100% possible)	Hyperarousal/avoidance/re-experiencing frequency and severity; occupational and social functional impact; suicidal ideation if present	Understating on C&P; missing hygiene/relationship markers for 70%
Major Depressive Disorder	10–70%	Sleep, concentration, motivation, anhedonia as functional impairment; work reliability data	Vague mood language; missed as ratable secondary condition to PTSD
Generalized Anxiety Disorder	10–50%	Worry frequency and duration (days/week, hours/day); somatic symptoms; occupational performance impact	Often 10% because anxiety described symptomatically, not functionally
Persistent Depressive Disorder	10–50%	Chronicity (2+ years documented); sustained functional erosion across work and relationships	"Mild" framing obscures occupational impairment; conflated with MDD
Panic Disorder	10–70%	Attack frequency explicitly documented (>1/week = 50% marker); avoidance behavior and occupational impact	Frequency not documented; attacks described without functional context

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