

— FWD ASSIST HQ —

FIELD GUIDE

Identifying and Filing for Special Monthly Compensation (SMC)

Identify and file for the SMC categories your
conditions support.



J. Erickson

A FWD Assist HQ Field Guide

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This guide is education, not representation. It explains how part of the VA system works so you can handle your own business with confidence. It is not legal or claims advice, and reading it does not create any representative relationship between you and the author. The author is not affiliated with the Department of Veterans Affairs, and nothing here is endorsed by the VA.

This guide prints no live VA dollar figures on purpose, because they change. Before you make a decision based on any number, check the current figure at va.gov. No book can promise you a rating; the evidence in your file decides the result. Help from an accredited Veterans Service Officer is always free.

In crisis? Call the **Veterans Crisis Line**: dial **988**, then press **1**. You can also text **838255** or chat online at veteranscrisisline.net. It is free, confidential, and available 24/7.

Identifying and Filing for Special Monthly Compensation (SMC)

Identify and file for the SMC categories your conditions support.

Companion to *Beyond 100%*.

This is general education, not legal or claims advice, and not guidance for your specific claim. It cannot promise you a rating or an outcome, and no one can. For help with your own claim, see a free accredited representative (see [the back of this guide](#)). Nothing here creates a representative relationship.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

THE BEST WAY TO USE THIS GUIDE

The strongest position is to be your own informed advocate and to work with a free accredited representative. An accredited Veterans Service Organization, such as the DAV, VFW, American Legion, or a county or state veterans office, helps at no charge. Accredited claims agents and attorneys can help too. They can't charge for work done before VA issues its initial decision on your claim, and after that they may charge a fee within the limits of 38 CFR 14.636. This guide is here so you understand your own situation and can work with them as a full partner instead of handing it over blind. If you'd rather handle this yourself, and you're comfortable doing that, the guide walks you through every step. Either way, you stay in control.

The Outcome and What You Need Before You Start

The outcome: By the end of this guide you'll know which Special Monthly Compensation (SMC) categories your service-connected conditions may support, and you'll file for the ones that fit with the evidence each requires.

This guide prepares you for the task. It doesn't and can't promise a rating, a level, or an outcome. The evidence in your file decides the result. SMC rates and thresholds change; check any current figure at va.gov.

WHAT YOU NEED BEFORE YOU START

- ☐ Your most recent VA rating decision letter, listing every service-connected condition.
- ☐ Your current medication list, and which service-connected condition each drug treats.
- ☐ A rough sense of your daily routine: what you can do alone, what you need help with, and how often you leave home.
- ☐ Access to va.gov to file forms and to check current SMC rates and thresholds.
- ☐ The name of a free accredited representative for anything claim-specific or beyond this guide.

When to start: Now. VA is supposed to consider SMC whenever it decides a claim, but it can only act on what's in your file, and it often misses levels nobody raised. Your effective date is tied to when VA receives your claim or your Intent to File, so protecting that date early matters.

Start Here: The Basics

Special Monthly Compensation, or SMC, is an additional benefit for specific, serious situations, such as loss or loss of use of a limb, being housebound, or needing the regular aid and attendance of another person. SMC-K is paid on top of your regular compensation. SMC-S, SMC-L, and the higher levels are set monthly rates that pay more than your regular rate and take its place. SMC follows its own rules rather than the usual rating scale. This guide helps you spot whether an SMC category may apply and how to file. The VA sets SMC amounts, so check current figures at [va.gov](https://www.va.gov).

The Steps

STEP 1

Understand what SMC is, and why you should raise it yourself.

SMC is a separate set of payment levels with its own rules. SMC-K is added to what you already get. SMC-S, SMC-L, and the higher levels are higher monthly rates that replace your regular rate. When VA decides a claim, it's supposed to consider SMC that the decision makes you eligible for, but it can only see what the evidence shows.

Do not count on VA to spot your SMC eligibility for you. Name the level and send the evidence.

Where this is written down: 38 U.S.C. § 1114; 38 CFR § 3.350; 38 CFR § 3.352; 38 CFR § 3.155(d)(2).

Done when you understand SMC is a benefit you should name and support, not one to wait for.

STEP 2

Inventory your conditions and medications.

Write down every service-connected condition from your rating decision, its individual rating, and every medication you take for a service-connected condition. This list is the raw material for spotting which SMC categories may apply.

Done when you have one written list of conditions with individual ratings and a matching list of medications.

STEP 3

Screen for SMC-K (loss of use).

SMC-K is an add-on, up to a monthly cap set by law, for each anatomical loss or loss of use of one hand, one foot, both buttocks, or a creative organ (for example erectile dysfunction, or ovarian or testicular dysfunction). It also covers blindness of one eye with only light perception, deafness of both ears with no air and bone conduction (total deafness, not ordinary hearing loss), complete organic aphonia (loss of the voice), and, for women veterans, loss of 25 percent or more of breast tissue or radiation treatment of breast tissue.

If a service-connected condition or a medication side effect matches a listed loss of use, **then** flag SMC-K to claim. **If** nothing clearly matches yet, **then** move on but recheck this list against your medication side effects.

Where this is written down: 38 U.S.C. § 1114(k); 38 CFR § 3.350(a).

Done when you have noted every SMC-K loss your conditions or medications may support, named by criterion (for example "loss of use of creative organ"), not just "SMC-K."

STEP 4

Run the SMC-S housebound check under both paths.

SMC-S has two paths, and both start with one single service-connected disability rated at 100 percent, not a combined 100. The schedular path adds other service-connected disabilities, separate from that one and in different body parts or systems, that are independently ratable at 60 percent. The housebound-in-fact path applies when your service-connected disabilities substantially confine you to your home and its immediate premises, and that's reasonably certain to last for life. A TDIU award based on one disability may count as the 100 percent disability; ask a representative to check yours.

If your other disabilities reach 60 percent, **then** flag the schedular path. **If** your conditions keep you substantially confined to home, **then** flag the housebound-in-fact path. **If** both fit, **then** file under both to strengthen the claim.

Do not just add the other ratings together. VA rates several disabilities with the combined ratings table, and three ratings of 20 percent combine to less than 60. Leave out the 100 percent disability when you run the numbers.

Where this is written down: 38 U.S.C. § 1114(s); 38 CFR § 3.350(i); 38 CFR § 4.25.

Done when you know which SMC-S path or paths, if any, your file supports.

STEP 5

Screen for SMC-L (aid and attendance).

SMC-L applies when you need the regular help of another person with daily life: dressing, staying clean, eating, toileting, adjusting a prosthetic, or protection from the hazards of your daily environment. The hazards part covers mental as well as physical conditions, such as a TBI or mental health condition that makes it unsafe to be alone. The need has to be regular, not constant. SMC-L also covers certain losses on their own, such as loss of use of both feet, or of one hand and one foot, or being permanently bedridden.

If you need recurring help with any of those activities because of a service-connected condition, **then** flag SMC-L. **If** a caregiver already provides that help, **then** note who, what, and how often.

Where this is written down: 38 U.S.C. § 1114(l); 38 CFR § 3.350(b); 38 CFR § 3.352(a).

Done when you have listed the specific activities you need regular help with and roughly how often.

STEP 6

Note the higher levels and route them out.

Higher levels (SMC-M, N, O, P, and the R and T levels) apply to more severe combinations: multiple losses of use, blindness, bilateral amputations, or the need for a higher level of aid and attendance. There are also half-step rates between levels, and SMC-P can never pay above the SMC-O rate.

If your losses look more severe than SMC-L describes, **then** take your file to a free accredited representative to evaluate the higher levels. This is genuinely case-specific and beyond this guide.

Done when you have either ruled out the higher levels or booked time with an accredited rep to assess them.

STEP 7

Protect your effective date with an Intent to File.

Submit an Intent to File online at va.gov/resources/your-intent-to-file-a-va-claim, by phone at 1-800-827-1000, or on VA Form 21-0966, before you have all your evidence. If VA gets your complete claim within one year, VA treats it as filed on the Intent to File date.

Do not wait for perfect evidence before protecting the date.

Where this is written down: 38 CFR § 3.155(b).

Done when your Intent to File is submitted and you have the confirmation.

STEP 8

Establish secondary service connection where the SMC condition isn't yet service-connected.

Many SMC-K claims run through secondary service connection: a condition caused or made worse by a service-connected disability is itself service connected. The classic chain is a medication prescribed for a service-connected condition causing a qualifying loss of use. File the secondary service connection claim together with the SMC claim so the VA can connect the condition first, then evaluate SMC.

Where this is written down: 38 CFR § 3.310.

Done when any not-yet-connected SMC condition has a secondary service connection claim ready to file alongside it.

STEP 9

Gather the evidence each level requires.

For SMC-K: medical documentation of the diagnosis and functional loss, plus, if the condition isn't service connected yet, a medical opinion that it's "at least as likely as not" caused or made worse by a service-connected condition (VA may also get one at an exam). For SMC-S schedular: copies of your rating decisions plus your combined-ratings math. For SMC-S housebound-in-fact and for SMC-L: VA Form 21-2680 (Examination for Housebound Status or Permanent Need for Regular Aid and Attendance) completed by your physician, or an equivalent physician letter, plus a specific personal statement and caregiver or buddy statements (VA Form 21-10210).

Do not use VA Form 21-2680 for an SMC-K loss-of-use claim. That form is for aid and attendance and housebound status; SMC-K uses medical records and a nexus letter instead.

Done when each level you're claiming has its matching evidence assembled.

STEP 10

File the claim and name the exact level.

File on VA Form 21-526EZ online at VA.gov or by mail to Department of Veterans Affairs, Claims Intake Center, PO Box 4444, Janesville, WI 53547-4444. In the condition list or an attached statement on VA Form 21-4138, state the level and statute plainly, for example: "Claiming Special Monthly Compensation under 38 U.S.C. 1114(k) for loss of use of creative organ secondary to service-connected PTSD." Name the specific criterion, not just the letter. Attach all supporting evidence at the time of filing.

Do not file a vague "SMC-K" request with no named criterion. Tell VA exactly which loss or need you mean.

Done when the 21-526EZ is submitted with the level named, the statute cited, and the evidence attached.

STEP 11

Prepare for a C&P examination if one is scheduled.

The VA may schedule a Compensation and Pension exam, especially for housebound-in-fact and aid and attendance claims. Expect detailed questions about your daily routine, the help you receive, and what would happen without it. Be honest and specific about your bad days as well as your typical ones, and don't stretch anything.

Done when you have attended the exam or confirmed none was required.

STEP 12

If denied, respond with more evidence rather than giving up.

To keep your effective date, choose a review within one year of the decision notice. Depending on your situation you can file a Supplemental Claim (VA Form 20-0995) with new and relevant evidence, request a Higher-Level Review (VA Form 20-0996), or appeal to the Board (VA Form 10182). A physician letter that addresses each part of the regulation's wording often fills the gap a denial points to.

If the denial turns on a missing medical opinion, **then** obtain a letter that mirrors the standard in the relevant regulation and file a Supplemental Claim. **If** the path forward is unclear, **then** bring the decision to a free accredited representative.

Where this is written down: 38 CFR § 3.2500.

Done when you have either an award you accept or a review filed within the year.

Recap Checklist

- ☐ I understand SMC is a separate benefit I should name and support myself.
- ☐ I listed every service-connected condition, its individual rating, and my medications.
- ☐ I screened for SMC-K loss of use and named any qualifying criterion.
- ☐ I ran the SMC-S schedular math with the combined ratings table and checked the housebound-in-fact path.
- ☐ I screened for SMC-L aid and attendance using the "regular need" standard.
- ☐ I noted the higher levels and routed them to an accredited rep if they might apply.
- ☐ I filed an Intent to File (21-0966) to protect my effective date.
- ☐ I set up secondary service connection for any not-yet-connected condition.
- ☐ I gathered the evidence each level requires, using 21-2680 only where it belongs.
- ☐ I filed 21-526EZ naming the exact level and statute and attached my evidence.
- ☐ I prepared for any C&P exam honestly and specifically.
- ☐ If denied, I chose a review option within one year.

Reminder: rules and rates change. Check any current figure at [va.gov](https://www.va.gov). Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. This guide prepared you for the task. The evidence in your file decides the result.

Get Free, Accredited Help

For anything about your own claim, talk to an accredited representative. Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. Free help is available through Veterans Service Organizations such as the DAV, VFW, and American Legion, and through county and state veterans offices.

To find one near you, visit va.gov/get-help-from-accredited-representative. Representation begins only when you sign VA Form 21-22 (for a Veterans Service Organization) or 21-22a (for an individual agent or attorney). With one rare exception for a single unpaid case, only accredited people can represent you before the VA, and only an accredited agent or attorney can charge you a fee. Nothing in this guide creates that relationship.

A warning about claim sharks. Anyone who offers to file your initial claim for a fee, or who guarantees you a rating or a percentage, is selling something you shouldn't buy. Accredited Veterans Service Organizations help at no charge, and accredited claims agents and attorneys may charge only after VA issues its initial decision, within the limits of 38 CFR 14.636. Report predatory companies to the VA Office of Inspector General at 1-800-488-8244.

Keep Going: The Full Guide

This field guide is the short, do-this-now companion to the book *Beyond 100%*. See every FWD Assist HQ title that is out now at fwdassisthq.com/books.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

About the Author

J. Erickson. Author, educator, former veteran service officer.

J. Erickson is a service-disabled Air Force veteran. He served as a military firefighter and as a veteran service officer, where he spent years walking veterans through the same claims process he writes about now. He holds an MBA and writes plain-language guides for veterans who want to understand the system without a translator.

He writes the For the Rest of Us series at fwdassisthq.com. This guide is published by FWD Assist HQ as a veteran education resource. It is not affiliated with or endorsed by the Department of Veterans Affairs.