

Department of Veterans Affairs

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anastomotic stoma are sufficiently recognized as to warrant two separate graduated descriptions. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

§4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the “dumping syndrome” are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§4.112 Weight loss.

For purposes of evaluating conditions in §4.114, the term “substantial weight loss” means a loss of greater than 20 percent of the individual’s baseline weight, sustained for three months or longer; and the term “minor weight loss” means a weight loss of 10 to 20 percent of the individual’s baseline weight, sustained for three months or longer. The term “inability to gain weight” means that there has been substantial weight loss with inability to regain it despite appropriate therapy. “Baseline weight” means the average weight for the two-year-period preceding onset of the disease.

(Authority: 38 U.S.C. 1155)

[66 FR 29488, May 31, 2001]

§4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title “Diseases of the Digestive System,” do not lend themselves to distinct and separate disability evaluations without violating the funda-

mental principle relating to pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

	Rating
7200 Mouth, injuries of. Rate as for disfigurement and impairment of function of mastication.	
7201 Lips, injuries of. Rate as for disfigurement of face.	
7202 Tongue, loss of whole or part: With inability to communicate by speech	100
One-half or more	60
With marked speech impairment	30
7203 Esophagus, stricture of: Permitting passage of liquids only, with marked impairment of general health	80
Severe, permitting liquids only	50
Moderate	30
7204 Esophagus, spasm of (cardiospasm). If not amenable to dilation, rate as for the degree of obstruction (stricture).	
7205 Esophagus, diverticulum of, acquired. Rate as for obstruction (stricture).	
7301 Peritoneum, adhesions of: Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage	50
Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain	30
Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension	10
Mild	0
NOTE: Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intraabdominal) process, and at least two of the following: disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain.	
7304 Ulcer, gastric.	
7305 Ulcer, duodenal: Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health	60
Moderately severe; less than severe but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes averaging 10 days or more in duration at least four or more times a year	40

	Rat- ing		Rat- ing
Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations	20	Portal hypertension and splenomegaly, with weakness, anorexia, abdominal pain, malaise, and at least minor weight loss	30
Mild; with recurring symptoms once or twice yearly	10	Symptoms such as weakness, anorexia, abdominal pain, and malaise	10
7306 Ulcer, marginal (gastrojejunal):		NOTE: For evaluation under diagnostic code 7312, documentation of cirrhosis (by biopsy or imaging) and abnormal liver function tests must be present.	
Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating	100	7314 Cholecystitis, chronic:	
Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health	60	Severe; frequent attacks of gall bladder colic	30
Moderately severe; intercurrent episodes of abdominal pain at least once a month partially or completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena	40	Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice	10
Moderate; with episodes of recurring symptoms several times a year	20	Mild	0
Mild; with brief episodes of recurring symptoms once or twice yearly	10	7315 Cholelithiasis, chronic.	
7307 Gastritis, hypertrophic (identified by gastroscop):		Rate as for chronic cholecystitis.	
Chronic; with severe hemorrhages, or large ulcerated or eroded areas	60	7316 Cholangitis, chronic.	
Chronic; with multiple small eroded or ulcerated areas, and symptoms	30	Rate as for chronic cholecystitis.	
Chronic; with small nodular lesions, and symptoms	10	7317 Gall bladder, injury of.	
Gastritis, atrophic.		Rate as for peritoneal adhesions.	
A complication of a number of diseases, including pernicious anemia.		7318 Gall bladder, removal of:	
Rate the underlying condition.		With severe symptoms	30
7308 Postgastrectomy syndromes:		With mild symptoms	10
Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia	60	Nonsymptomatic	0
Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss	40	Spleen, disease or injury of.	
Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations	20	See Hemic and Lymphatic Systems.	
7309 Stomach, stenosis of.		7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.):	
Rate as for gastric ulcer.		Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress	30
7310 Stomach, injury of, residuals.		Moderate; frequent episodes of bowel disturbance with abdominal distress	10
Rate as peritoneal adhesions.		Mild; disturbances of bowel function with occasional episodes of abdominal distress	0
7311 Residuals of injury of the liver:		7321 Amebiasis:	
Depending on the specific residuals, separately evaluate as adhesions of peritoneum (diagnostic code 7301), cirrhosis of liver (diagnostic code 7312), and chronic liver disease without cirrhosis (diagnostic code 7345).		Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea	10
7312 Cirrhosis of the liver, primary biliary cirrhosis, or cirrhotic phase of sclerosing cholangitis:		Asymptomatic	0
Generalized weakness, substantial weight loss, and persistent jaundice, or; with one of the following refractory to treatment: ascites, hepatic encephalopathy, hemorrhage from varices or portal gastropathy (erosive gastritis)	100	NOTE: Amebiasis with or without liver abscess is parallel in symptomatology with ulcerative colitis and should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.	
History of two or more episodes of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis), but with periods of remission between attacks	70	7322 Dysentery, bacillary.	
History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis)	50	Rate as for ulcerative colitis..	
		7323 Colitis, ulcerative:	
		Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess	100
		Severe; with numerous attacks a year and malnutrition, the health only fair during remissions	60
		Moderately severe; with frequent exacerbations	30
		Moderate; with infrequent exacerbations	10
		7324 Distomiasis, intestinal or hepatic:	
		Severe symptoms	30
		Moderate symptoms	10
		Mild or no symptoms	0
		7325 Enteritis, chronic.	
		Rate as for irritable colon syndrome.	
		7326 Enterocolitis, chronic.	
		Rate as for irritable colon syndrome.	
		7327 Diverticulitis.	
		Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.	
		7328 Intestine, small, resection of:	

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	Rat- ing		Rat- ing
With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss	60	NOTE: Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree.	
With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss	40	7339 Hernia, ventral, postoperative:	
Symptomatic with diarrhea, anemia and inability to gain weight	20	Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable	100
NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.		Large, not well supported by belt under ordinary conditions	40
7329 Intestine, large, resection of:		Small, not well supported by belt under ordinary conditions, or healed ventral hernia or post-operative wounds with weakening of abdominal wall and indication for a supporting belt	20
With severe symptoms, objectively supported by examination findings	40	Wounds, postoperative, healed, no disability, belt not indicated	0
With moderate symptoms	20	7340 Hernia, femoral.	
With slight symptoms	10	Rate as for inguinal hernia.	
NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.		7342 Visceroptosis, symptomatic, marked	10
7330 Intestine, fistula of, persistent, or after attempt at operative closure:		7343 Malignant neoplasms of the digestive system, exclusive of skin growths	100
Copious and frequent, fecal discharge	100	NOTE: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.	
Constant or frequent, fecal discharge	60	7344 Benign neoplasms, exclusive of skin growths:	
Slight infrequent, fecal discharge	30	Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.	
Healed; rate for peritoneal adhesions.		7345 Chronic liver disease without cirrhosis (including hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and hepatitis C):	
7331 Peritonitis, tuberculous, active or inactive:		Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)	100
Active	100	Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly	60
Inactive: See §§4.88b and 4.89.		Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period	40
7332 Rectum and anus, impairment of sphincter control:			
Complete loss of sphincter control	100		
Extensive leakage and fairly frequent involuntary bowel movements	60		
Occasional involuntary bowel movements, necessitating wearing of pad	30		
Constant slight, or occasional moderate leakage	10		
Healed or slight, without leakage	0		
7333 Rectum and anus, stricture of:			
Requiring colostomy	100		
Great reduction of lumen, or extensive leakage ..	50		
Moderate reduction of lumen, or moderate constant leakage	30		
7334 Rectum, prolapse of:			
Severe (or complete), persistent	50		
Moderate, persistent or frequently recurring	30		
Mild with constant slight or occasional moderate leakage	10		
7335 Ano, fistula in.			
Rate as for impairment of sphincter control.			
7336 Hemorrhoids, external or internal:			
With persistent bleeding and with secondary anemia, or with fissures	20		
Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences	10		
Mild or moderate	0		
7337 Pruritus ani.			
Rate for the underlying condition.			
7338 Hernia, inguinal:			
Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable	60		
Small, postoperative recurrent, or unoperated irreducible, not well supported by truss, or not readily reducible	30		
Postoperative recurrent, readily reducible and well supported by truss or belt	10		
Not operated, but remediable	0		
Small, reducible, or without true hernia protrusion	0		

	Rat- ing		Rat- ing
Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12-month period	20	NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308.	
Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period	10	7351 Liver transplant:	
Nonsymptomatic	0	For an indefinite period from the date of hospital admission for transplant surgery	100
NOTE (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.)		Minimum	30
NOTE (2): For purposes of evaluating conditions under diagnostic code 7345, "incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician.		NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for transplant surgery and shall continue. One year following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.	
NOTE (3): Hepatitis B infection must be confirmed by serologic testing in order to evaluate it under diagnostic code 7345.		7354 Hepatitis C (or non-A, non-B hepatitis):	
7346 Hernia hiatal:		With serologic evidence of hepatitis C infection and the following signs and symptoms due to hepatitis C infection:	
Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health	60	Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)	100
Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health	30	Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly	60
With two or more of the symptoms for the 30 percent evaluation of less severity	10	Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period	40
7347 Pancreatitis:		Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12-month period	20
With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition	100	Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period	10
With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks	60	Nonsymptomatic	0
Moderately severe; with at least 4–7 typical attacks of abdominal pain per year with good remission between attacks	30	NOTE (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.)	
With at least one recurring attack of typical severe abdominal pain in the past year	10	NOTE (2): For purposes of evaluating conditions under diagnostic code 7354, "incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician.	
NOTE 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies.			
NOTE 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent.			
7348 Vagotomy with pyloroplasty or gastroenterostomy:			
Followed by demonstrably confirmative post-operative complications of stricture or continuing gastric retention	40		
With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea	30		
Recurrent ulcer with incomplete vagotomy	20		

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(Authority: 38 U.S.C. 1155)

[29 FR 6718, May 22, 1964, as amended at 34 FR 5063, Mar. 11, 1969; 40 FR 42540, Sept. 15, 1975; 41 FR 11301, Mar. 18, 1976; 66 FR 29488, May 31, 2001]

THE GENITOURINARY SYSTEM

§4.115 Nephritis.

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities. If, however, absence of a kidney is the sole renal disability, even if removal was required because of nephritis, the absent kidney and any hypertension or heart disease will be separately rated. Also, in the event that chronic renal disease has progressed to the point where regular dialysis is required, any coexisting hypertension or heart disease will be separately rated.

[41 FR 34258, Aug. 13, 1976, as amended at 59 FR 2527, Jan. 18, 1994]

§4.115a Ratings of the genitourinary system—dysfunctions.

Diseases of the genitourinary system generally result in disabilities related to renal or voiding dysfunctions, infections, or a combination of these. The following section provides descriptions of various levels of disability in each of these symptom areas. Where diagnostic codes refer the decisionmaker to these specific areas dysfunction, only the predominant area of dysfunction shall be considered for rating purposes. Since the areas of dysfunction described below do not cover all symptoms resulting from genitourinary diseases, specific diagnoses may include a

description of symptoms assigned to that diagnosis.

	Rating
Renal dysfunction:	
Requiring regular dialysis, or precluding more than sedentary activity from one of the following: persistent edema and albuminuria; or, BUN more than 80mg%; or, creatinine more than 8mg%; or, markedly decreased function of kidney or other organ systems, especially cardiovascular	100
Persistent edema and albuminuria with BUN 40 to 80mg%; or, creatinine 4 to 8mg%; or, generalized poor health characterized by lethargy, weakness, anorexia, weight loss, or limitation of exertion	80
Constant albuminuria with some edema; or, definite decrease in kidney function; or, hypertension at least 40 percent disabling under diagnostic code 7101	60
Albumin constant or recurring with hyaline and granular casts or red blood cells; or, transient or slight edema or hypertension at least 10 percent disabling under diagnostic code 7101	30
Albumin and casts with history of acute nephritis; or, hypertension non-compensable under diagnostic code 7101	0
Voiding dysfunction:	
Rate particular condition as urine leakage, frequency, or obstructed voiding	
Continual Urine Leakage, Post Surgical Urinary Diversion, Urinary Incontinence, or Stress Incontinence:	
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than 4 times per day	60
Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day ..	40
Requiring the wearing of absorbent materials which must be changed less than 2 times per day	20
Urinary frequency:	
Daytime voiding interval less than one hour, or; awakening to void five or more times per night	40
Daytime voiding interval between one and two hours, or; awakening to void three to four times per night	20
Daytime voiding interval between two and three hours, or; awakening to void two times per night	10
Obstructed voiding:	
Urinary retention requiring intermittent or continuous catheterization	30
Marked obstructive symptomatology (hesitancy, slow or weak stream, decreased force of stream) with any one or combination of the following:	
1. Post void residuals greater than 150 cc.	
2. Uroflowmetry; markedly diminished peak flow rate (less than 10 cc/sec).	
3. Recurrent urinary tract infections secondary to obstruction.	
4. Stricture disease requiring periodic dilatation every 2 to 3 months	10
Obstructive symptomatology with or without stricture disease requiring dilatation 1 to 2 times per year	0
Urinary tract infection:	
Poor renal function: Rate as renal dysfunction.	
Recurrent symptomatic infection requiring drainage/frequent hospitalization (greater than two times/year), and/or requiring continuous intensive management	30