**THE CARDIOVASCULAR SYSTEM**

### §4.100 Application of the evaluation criteria for diagnostic codes 7000–7007, 7011, and 7015–7020.

(a) Whether or not cardiac hypertrophy or dilatation (documented by electrocardiogram, echocardiogram, or X-ray) is present and whether or not there is a need for continuous medication must be ascertained in all cases.

(b) Even if the requirement for a 10% (based on the need for continuous medication) or 30% (based on the presence of cardiac hypertrophy or dilatation) evaluation is met, METs testing is required in all cases except:

1. When there is a medical contraindication.
2. When the left ventricular ejection fraction has been measured and is 50% or less.
3. When chronic congestive heart failure is present or there has been more than one episode of congestive heart failure within the past year.
4. When a 100% evaluation can be assigned on another basis.

(c) If left ventricular ejection fraction (LVEF) testing is not of record, evaluate based on the alternative criteria unless the examiner states that the LVEF test is needed in a particular case because the available medical information does not sufficiently reflect the severity of the veteran’s cardiovascular disability.

[71 FR 52460, Sept. 6, 2006]

### §4.101–4.103 [Reserved]

### §4.104 Schedule of ratings—cardiovascular system.

#### DISASES OF THE HEART

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>100</td>
<td>During active infection with valvular heart damage and for three months following cessation of therapy for the active infection.</td>
</tr>
<tr>
<td>100</td>
<td>Thereafter, with valvular heart disease (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in: Chronic congestive heart failure, or; work-load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent.</td>
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<tr>
<td>60</td>
<td>More than one episode of acute congestive heart failure in the past year; or; work-load of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.</td>
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NOTE (1): Evaluate cor pulmonale, which is a form of secondary heart disease, as part of the pulmonary condition that causes it.

NOTE (2): One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute. When the level of METs at which dyspnea, fatigue, angina, dizziness, or syncope develops is required for evaluation, and a laboratory determination of METs by exercise testing cannot be done for medical reasons, an estimation by a medical examiner of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope may be used.