§ 4.110 DISEASES OF THE HEART—Continued

<table>
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<tr>
<th>Rating</th>
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<tr>
<td>10</td>
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<tr>
<td>20</td>
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<tr>
<td>30</td>
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</table>

With the following in affected parts:

- Arthralgia or other pain, numbness, or cold sensitivity plus two or more of the following: tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, X-ray abnormalities (osteoporosis, subarticular punched out lesions, or osteoarthritis)

**NOTE (1):** Separately evaluate amputations of fingers or toes, and complications such as squamous cell carcinoma at the site of a cold injury scar or peripheral neuropathy, under other diagnostic codes. Separately evaluate other disabilities that have been diagnosed as the residual effects of cold injury, such as Raynaud’s phenomenon, muscle atrophy, etc., unless they are used to support an evaluation under diagnostic code 7122.

**NOTE (2):** Evaluate each affected part (e.g., hand, foot, ear, nose) separately and combine the ratings in accordance with §§ 4.25 and 4.26.

7123 Soft tissue sarcoma (of vascular origin) 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.

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

§ 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 fundamental 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.

<table>
<thead>
<tr>
<th>§4.114</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating</td>
<td>100</td>
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<tr>
<td>Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health</td>
<td>60</td>
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<tr>
<td>Moderately severe; recurrent episodes of abdominal pain at least once a month partially or completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena</td>
<td>40</td>
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<tr>
<td>Moderate; with episodes of recurring symptoms several times a year</td>
<td>20</td>
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<tr>
<td>Mild; with brief episodes of recurring symptoms once or twice yearly</td>
<td>10</td>
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<tr>
<td>7307 Gastritis, hypertrophic (identified by gastroscopy):</td>
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<tr>
<td>Chronic; with severe hemorrhages, or large ulcerated or eroded areas</td>
<td>60</td>
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<tr>
<td>Chronic; with multiple small eroded or ulcerated areas, and symptoms</td>
<td>30</td>
</tr>
<tr>
<td>Chronic; with small nodular lesions, and symptoms</td>
<td>10</td>
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<tr>
<td>7308 Postgastrectomy syndromes:</td>
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<tr>
<td>Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia</td>
<td>60</td>
</tr>
<tr>
<td>Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss</td>
<td>40</td>
</tr>
<tr>
<td>Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations</td>
<td>20</td>
</tr>
<tr>
<td>7309 Stomach, stenosis of.</td>
<td>Rate as for gastric ulcer.</td>
</tr>
<tr>
<td>7310 Stomach, injury of, residuals.</td>
<td>10</td>
</tr>
<tr>
<td>Rate as peritoneal adhesions.</td>
<td>0</td>
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<tr>
<td>7311 Residuals of injury of the liver:</td>
<td></td>
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<tr>
<td>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).</td>
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<tr>
<td>7312 Cirrhosis of the liver, primary biliary cirrhosis, or cirrhotic phase of sclerosing cholangitis:</td>
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<tr>
<td>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)</td>
<td>100</td>
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<tr>
<td>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</td>
<td>70</td>
</tr>
<tr>
<td>History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis)</td>
<td>50</td>
</tr>
<tr>
<td>Portal hypertension and splenomegaly, with weakness, anorexia, abdominal pain, malaise, and at least minor weight loss</td>
<td>30</td>
</tr>
<tr>
<td>Symptoms such as weakness, anorexia, abdominal pain, and malaise</td>
<td>10</td>
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</tbody>
</table>
7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.):
    Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress ...
    Moderate; frequent episodes of bowel disturbance with abdominal distress ...
    Mild; disturbances of bowel function with occasional episodes of abdominal distress ...

7321 Amebiasis:
    Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea ...
    Asymptomatic ...

NOTE: Amebiasis with or without liver abscess is asymptomatic. Asymptomatic amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.

7322 Dyentery, bacillary.
    Rate for ulcerative colitis.

7323 Colitis, ulcerative:
    Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscesses ...
    Severe; with numerous attacks a year and malnutrition, the health only fair during remissions Moderately severe; with frequent exacerbations ...
    Moderate; with infrequent exacerbations ...

7324 Diastasis, intestinal or hepatic:
    Severe symptoms ........................................... 10
    Moderate symptoms ......................................... 30
    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:
    With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss ...
    With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss ...

7329 Intestine, large, resection of:
    With severe symptoms, objectively supported by examination findings .......... 40
    With moderate symptoms .......... 20
    With slight symptoms .......... 10

NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.

7330 Intestine, fistula of, persistent, or after attempt at operative closure:
    Copious and frequent, fecal discharge .......... 100
    Constant or frequent, fecal discharge .......... 60
    Slight infrequent, fecal discharge .......... 30
    Healed; rate for peritoneal adhesions. ........... 0

7331 Peritonitis, tuberculous, active or inactive; rate as for chronic cholecystitis.

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
    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. .......... 10

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

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.

7339 Hernia, ventral, postoperative:
Department of Veterans Affairs

§ 4.114

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

Large, not well supported by belt under ordinary conditions

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

Wounds, postoperative, healed, no disability, belt not indicated

Rate as for inguinal hernia.

7342 Visceroposis, symptomatic, marked

7343 Malignant neoplasms of the digestive system, exclusive of skin growths

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.

7344 Benign neoplasms, exclusive of skin growths

Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.

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)

Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)

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

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

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

7346 Hernia hiatal

Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health

Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health

With two or more of the symptoms for the 30 percent evaluation of less severity

7347 Pancreatitis

With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition

With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks

Moderately severe; with at least 4–7 typical attacks of abdominal pain per year with good remission between attacks

With at least one recurring attack of typical severe abdominal pain in the past year

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 gastro-enterostomy

Followed by demonstrably confirmative post-operative complications of stricture or continuing gastric retention

With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea

Recurrent ulcer with incomplete vagotomy

NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308.

7351 Liver transplant

For an indefinite period from the date of hospital admission for transplant surgery

Minimum
§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.