

**§4.127**

**38 CFR Ch. I (7-1-14 Edition)**

of psychiatric symptoms, the length of remissions, and the veteran's capacity for adjustment during periods of remission. The rating agency shall assign an evaluation based on all the evidence of record that bears on occupational and social impairment rather than solely on the examiner's assessment of the level of disability at the moment of the examination.

(b) When evaluating the level of disability from a mental disorder, the rating agency will consider the extent of social impairment, but shall not assign an evaluation solely on the basis of social impairment.

(c) Delirium, dementia, and amnesic and other cognitive disorders shall be evaluated under the general rating formula for mental disorders; neurologic deficits or other impairments stemming from the same etiology (e.g., a head injury) shall be evaluated separately and combined with the evaluation for delirium, dementia, or amnesic or other cognitive disorder (see §4.25).

(d) When a single disability has been diagnosed both as a physical condition and as a mental disorder, the rating agency shall evaluate it using a diagnostic code which represents the dominant (more disabling) aspect of the condition (see §4.14).

(Authority: 38 U.S.C. 1155)  
[61 FR 52700, Oct. 8, 1996]

**§4.127 Mental retardation and personality disorders.**

Mental retardation and personality disorders are not diseases or injuries for compensation purposes, and, except as provided in §3.310(a) of this chapter, disability resulting from them may not be service-connected. However, disability resulting from a mental disorder that is superimposed upon mental retardation or a personality disorder may be service-connected.

(Authority: 38 U.S.C. 1155)  
[61 FR 52700, Oct. 8, 1996]

**§4.128 Convalescence ratings following extended hospitalization.**

If a mental disorder has been assigned a total evaluation due to a continuous period of hospitalization lasting six months or more, the rating agency shall continue the total evaluation indefinitely and schedule a mandatory examination six months after the veteran is discharged or released to nonbed care. A change in evaluation based on that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

(Authority: 38 U.S.C. 1155)  
[61 FR 52700, Oct. 8, 1996]

**§4.129 Mental disorders due to traumatic stress.**

When a mental disorder that develops in service as a result of a highly stressful event is severe enough to bring about the veteran's release from active military service, the rating agency shall assign an evaluation of not less than 50 percent and schedule an examination within the six month period following the veteran's discharge to determine whether a change in evaluation is warranted.

(Authority: 38 U.S.C. 1155)  
[61 FR 52700, Oct. 8, 1996]

**§4.130 Schedule of ratings—mental disorders.**

The nomenclature employed in this portion of the rating schedule is based upon the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, of the American Psychiatric Association (DSM-IV). Rating agencies must be thoroughly familiar with this manual to properly implement the directives in §4.125 through §4.129 and to apply the general rating formula for mental disorders in §4.130. The schedule for rating for mental disorders is set forth as follows:

		Rating
<b>Schizophrenia and Other Psychotic Disorders</b>		
9201	Schizophrenia, disorganized type	
9202	Schizophrenia, catatonic type	
9203	Schizophrenia, paranoid type	
9204	Schizophrenia, undifferentiated type	

**Department of Veterans Affairs**

**§ 4.130**

	Rating
9205 Schizophrenia, residual type; other and unspecified types	
9208 Delusional disorder	
9210 Psychotic disorder, not otherwise specified (atypical psychosis)	
9211 Schizoaffective disorder	
<b>Delirium, Dementia, and Amnestic and Other Cognitive Disorders</b>	
9300 Delirium	
9301 Dementia due to infection (HIV infection, syphilis, or other systemic or intracranial infections)	
9304 Dementia due to head trauma	
9305 Vascular dementia	
9310 Dementia of unknown etiology	
9312 Dementia of the Alzheimer's type	
9326 Dementia due to other neurologic or general medical conditions (endocrine disorders, metabolic disorders, Pick's disease, brain tumors, etc.) or that are substance-induced (drugs, alcohol, poisons)	
9327 Organic mental disorder, other (including personality change due to a general medical condition)	
<b>Anxiety Disorders</b>	
9400 Generalized anxiety disorder	
9403 Specific (simple) phobia; social phobia	
9404 Obsessive compulsive disorder	
9410 Other and unspecified neurosis	
9411 Posttraumatic stress disorder	
9412 Panic disorder and/or agoraphobia	
9413 Anxiety disorder, not otherwise specified	
<b>Dissociative Disorders</b>	
9416 Dissociative amnesia; dissociative fugue; dissociative identity disorder (multiple personality disorder)	
9417 Depersonalization disorder	
<b>Somatoform Disorders</b>	
9421 Somatization disorder	
9422 Pain disorder	
9423 Undifferentiated somatoform disorder	
9424 Conversion disorder	
9425 Hypochondriasis	
<b>Mood Disorders</b>	
9431 Cyclothymic disorder	
9432 Bipolar disorder	
9433 Dysthymic disorder	
9434 Major depressive disorder	
9435 Mood disorder, not otherwise specified	
<b>Chronic Adjustment Disorder</b>	
9440 Chronic adjustment disorder	
General Rating Formula for Mental Disorders:	
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 (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name .....	100
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 which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships .....	70
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 (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships .....	50

	Rating
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), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events) .....	30
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 .....	10
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 .....	0

**Eating Disorders**

9520 Anorexia nervosa	
9521 Bulimia nervosa	
Rating Formula for Eating Disorders:	
Self-induced weight loss to less than 80 percent of expected minimum weight, with incapacitating episodes of at least six weeks total duration per year, and requiring hospitalization more than twice a year for parenteral nutrition or tube feeding .....	100
Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of six or more weeks total duration per year .....	60
Self-induced weight loss to less than 85 percent of expected minimum weight with incapacitating episodes of more than two but less than six weeks total duration per year .....	30
Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder and incapacitating episodes of up to two weeks total duration per year .....	10
Binge eating followed by self-induced vomiting or other measures to prevent weight gain, or resistance to weight gain even when below expected minimum weight, with diagnosis of an eating disorder but without incapacitating episodes .....	0

NOTE: An incapacitating episode is a period during which bed rest and treatment by a physician are required.

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

[61 FR 52700, Oct. 8, 1996, as amended at 74 FR 18467, Apr. 23, 2009]

**DENTAL AND ORAL CONDITIONS**

**§ 4.149 [Reserved]**

**§ 4.150 Schedule of ratings—dental and oral conditions.**

	Rating
Range of lateral excursion: 0 to 4 mm .....	10
NOTE—Ratings for limited inter-incisal movement shall not be combined with ratings for limited lateral excursion.	
9906 Ramus, loss of whole or part of: Involving loss of temporomandibular articulation	
Bilateral .....	50
Unilateral .....	30
Not involving loss of temporomandibular articulation	
Bilateral .....	30
Unilateral .....	20
9907 Ramus, loss of less than one-half the substance of, not involving loss of continuity:	
Bilateral .....	20
Unilateral .....	10
9908 Condylod process, loss of, one or both sides	30
9909 Coronoid process, loss of:	
Bilateral .....	20
Unilateral .....	10
9911 Hard palate, loss of half or more:	
Not replaceable by prosthesis .....	30
Replaceable by prosthesis .....	10
9912 Hard palate, loss of less than half of:	
Not replaceable by prosthesis .....	20
Replaceable by prosthesis .....	0
9913 Teeth, loss of, due to loss of substance of body of maxilla or mandible without loss of continuity:	
Where the lost masticatory surface cannot be restored by suitable prosthesis:	
Loss of all teeth .....	40
9900 Maxilla or mandible, chronic osteomyelitis or osteoradionecrosis of: Rate as osteomyelitis, chronic under diagnostic code 5000.	
9901 Mandible, loss of, complete, between angles	100
9902 Mandible, loss of approximately one-half: Involving temporomandibular articulation .....	50
Not involving temporomandibular articulation	30
9903 Mandible, nonunion of:	
Severe .....	30
Moderate .....	10
NOTE—Dependent upon degree of motion and relative loss of masticatory function.	
9904 Mandible, malunion of:	
Severe displacement .....	20
Moderate displacement .....	10
Slight displacement .....	0
NOTE—Dependent upon degree of motion and relative loss of masticatory function.	
9905 Temporomandibular articulation, limited motion of:	
Inter-incisal range:	
0 to 10 mm .....	40
11 to 20 mm .....	30
21 to 30 mm .....	20
31 to 40 mm .....	10