section, however, still applies to the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for tuberculosis. The use of the protective provisions of Pub. L. 90–493 should be mentioned in the discussion portion of all ratings in which these provisions are applied. For application in rating cases in which the protective provisions of Pub. L. 90–493 apply, the former evaluations pertaining to pulmonary tuberculosis are retained in §4.97.

(c) Special monthly compensation. When evaluating any claim involving complete organic aphony, refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, there are other conditions in this section which under certain circumstances also establish entitlement to special monthly compensation.

(d) Special provisions for the application of evaluation criteria for diagnostic codes 6600, 6603, 6604, 6825–6833, and 6840–6845. (1) Pulmonary function tests (PFT’s) are required to evaluate these conditions except:
   (i) When the results of a maximum exercise capacity test are of record and are 20 ml/kg/min or less. If a maximum exercise capacity test is not of record, evaluate based on alternative criteria.
   (ii) When pulmonary hypertension (documented by an echocardiogram or cardiac catheterization), cor pulmonale, or right ventricular hypertrophy has been diagnosed.
   (iii) When there have been one or more episodes of acute respiratory failure.
   (iv) When outpatient oxygen therapy is required.

(2) If the DLCO (SB) (Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method) test is not of record, evaluate based on alternative criteria as long as the examiner states why the test would not be useful or valid in a particular case.

(3) When the PFT’s are not consistent with clinical findings, evaluate based on the PFT’s unless the examiner states why they are not a valid indication of respiratory functional impairment in a particular case.

(4) Post-bronchodilator studies are required when PFT’s are done for disability evaluation purposes except when the results of pre-bronchodilator pulmonary function tests are normal or when the examiner determines that post-bronchodilator studies should not be done and states why.

(5) When evaluating based on PFT’s, use post-bronchodilator results in applying the evaluation criteria in the rating schedule unless the post-bronchodilator results were poorer than the pre-bronchodilator results. In those cases, use the pre-bronchodilator values for rating purposes.

(6) When there is a disparity between the results of different PFT’s (FEV–1 (Forced Expiratory Volume in one second), FVC (Forced Vital Capacity), etc.), so that the level of evaluation would differ depending on which test result is used, use the test result that the examiner states most accurately reflects the level of disability.

(7) If the FEV–1 and the FVC are both greater than 100 percent, do not assign a compensable evaluation based on a decreased FEV–1/FVC ratio.

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

[34 FR 5062, Mar. 11, 1969, as amended at 61 FR 46727, Sept. 5, 1996; 71 FR 52459, Sept. 6, 2006]

§ 4.97 Schedule of ratings—respiratory system.

<table>
<thead>
<tr>
<th>DISEASES OF THE NOSE AND THROAT</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>6502 Septum, nasal, deviation of:</td>
<td></td>
</tr>
<tr>
<td>Traumatic only, With 50-percent obstruction of the nasal passage on both sides or complete obstruction on one side</td>
<td>10</td>
</tr>
<tr>
<td>6504 Nose, loss of part of, or scars:</td>
<td></td>
</tr>
<tr>
<td>Exposing both nasal passages</td>
<td>30</td>
</tr>
<tr>
<td>Loss of part of one ala, or other obvious disfigurement</td>
<td>10</td>
</tr>
</tbody>
</table>
Granulomatous rhinitis:

Allergic or vasomotor rhinitis:

Pharynx, injuries to:

Larynx, stenosis of, including residuals of laryngeal trauma (unilateral or bilateral):

Aphonia, complete organic:

Laryngitis, chronic:

Sinusitis, sphenoid, chronic.

Sinusitis, frontal, chronic.

Sinusitis, maxillary, chronic.

Sinusitis, ethmoid, chronic.

Sinusitis, pansinusitis, chronic.

Sinusitis, ethmoid, chronic.

Sinusitis, frontal, chronic.

Sinusitis, maxillary, chronic.

Sinusitis, ethmoid, chronic.

Sinusitis, pansinusitis, chronic.

Sinusitis, frontal, chronic.

Sinusitis, maxillary, chronic.

General Rating Formula for Sinusitis (DC's 6510 through 6514):

- Following radical surgery with chronic osteomyelitis, or; near constant sinusitis characterized by headaches, pain and tenderness of affected sinus, and purulent discharge or crusting after repeated surgeries ................................................................. 50
- Three or more incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment, or; more than six non-incapacitating episodes per year of sinusitis characterized by headaches, pain, and purulent discharge or crusting ................................................. 30
- One or two incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment, or; three to six non-incapacitating episodes per year of sinusitis characteristic by headaches, pain, and purulent discharge or crusting ......................................................... 10
- Detected by X-ray only ............................................................................................................................. 0

Rate the residuals of partial laryngectomy as laryngitis (DC 6516), aphonia (DC 6519), or stenosis of larynx (DC 6520).

Laryngectomy, total. ................................................................................................................................. 100

Aphonia, complete organic:

- Constant inability to communicate by speech ............................................................................................ 100
- Constant inability to speak above a whisper ............................................................................................ 60

Larynx, stenosis of, including residuals of laryngeal trauma (unilateral or bilateral):

- Forced expiratory volume in one second (FEV-1) less than 40 percent of predicted value, with Flow-Volume Loop compatible with upper airway obstruction ......................................................... 100
- FEV-1 of 40 to 55-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction .......... 60
- FEV-1 of 56 to 70-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction ........ 30
- FEV-1 of 71 to 80-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction .......... 10

Pharynx, injuries to:

- Stricture or obstruction of pharynx or nasopharynx, or; absence of soft palate secondary to trauma, chemical burn, or granulomatous disease, or; paralysis of soft palate with swallowing difficulty (nasal regurgitation) and speech impairment ................................................. 50
- With polyps ............................................................................................................................................... 30
- Without polyps, but with greater than 50-percent obstruction of nasal passage on both sides or complete obstruction on one side ................................................................................................................. 10

Bacterial rhinitis:

- With permanent hypertrophy of turbinates and with greater than 50-percent obstruction of nasal passage on both sides or complete obstruction on one side ................................................................................................. 10

Rhinoscleroma ........................................................................................................................................... 30

Wegener’s granulomatosis, lethal midline granuloma .............................................................................. 100

Other types of granulomatous infection ................................................................................................. 20

Bronchitis, chronic:

- FEV-1 less than 40 percent of predicted value, or; the ratio of Forced Expiratory Volume in one second to Forced Vital Capacity (FEV-1/FVC) less than 40 percent, or; Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)) less than 40 percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption (with cardiac or respiratory limitation), or; cor pulmonale (right heart failure), or; right ventricular hypertrophy, or; pulmonary hypertension (shown by Echo or cardiac catheterization), or; episode(s) of acute respiratory failure, or; requires outpatient oxygen therapy ........................................................................................................................................................................... 100
- FEV-1 of 40 to 55-percent predicted, or; FEV-1/FVC of 40 to 55 percent, or; DLCO (SB) of 40 to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit) ........................................... 60
- FEV-1 of 56 to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; DLCO (SB) 56 to 65-percent predicted ........................................................................................................................................................................... 30
- FEV-1 of 71 to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; DLCO (SB) 66 to 80-percent predicted ........................................................................................................................................................................... 10

Bronchiectasis:

- With incapacitating episodes of infection of at least six weeks total duration per year ................................................................................................................................. 100
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With incapacitating episodes of infection of four to six weeks total duration per year, or, near constant findings of cough with purulent sputum associated with anorexia, weight loss, and frank hemoptysis and requiring antibiotic usage almost continuously .......................... 60
With incapacitating episodes of infection of two to four weeks total duration per year, or, daily productive cough with sputum that is at times purulent or blood-tinged and that requires prolonged (lasting four to six weeks) antibiotic usage more than twice a year ......................................................................................... 30
Intermittent productive cough with acute infection requiring a course of antibiotics at least twice a year .......... 10
Or rate according to pulmonary impairment as for chronic bronchitis (DC 6600).

Note: An incapacitating episode is one that requires bedrest and treatment by a physician.

6601 Asthma, bronchial:
FEV–1 less than 40 percent predicted, or; FEV–1/FVC less than 40 percent, or; or more than one attack per week with episodes of respiratory failure, or; requires daily use of systemic (oral or parenteral) high dose corticosteroids or immuno-suppressive medications .............................................................................................................................................. 100
FEV–1 of 40- to 55-percent predicted, or; FEV–1/FVC of 40 to 55 percent, or; at least monthly visits to a physician for required care of exacerbations, or; intermittent (at least three per year) courses of systemic (oral or parenteral) corticosteroids .............................................................................................................................................. 60
FEV–1 of 56- to 70-percent predicted, or; FEV–1/FVC of 56 to 70 percent, or; daily inhalational or oral bronchodilator therapy, or; inhalational anti-inflammatory medication .............................................................................................................................................. 30
FEV–1 of 71- to 80-percent predicted, or; FEV–1/FVC of 71 to 80 percent, or; intermittent inhalational or oral bronchodilator therapy .............................................................................................................. 10

Note: In the absence of clinical findings of asthma at time of examination, a verified history of asthmatic attacks must be of record.

6602 Emphysema, pulmonary:
FEV–1 less than 40 percent of predicted value, or; the ratio of Forced Expiratory Volume in one second to Forced Vital Capacity (FEV–1/FVC) less than 40 percent, or; Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)) less than 40 percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption (with cardiac or respiratory limitation), or; cor pulmonale (right heart failure), or; right ventricular hypertrophy, or; pulmonary hypertension (shown by Echo or cardiac catheterization), or; episode(s) of acute respiratory failure, or; requires outpatient oxygen therapy. .............................................................................................................................................. 100
FEV–1 of 40- to 55-percent predicted, or; FEV–1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit) .............................................................................................................. 60
FEV–1 of 56- to 70-percent predicted, or; FEV–1/FVC of 56 to 70 percent, or; DLCO (SB) 56- to 65-percent predicted .............................................................................................................................................. 30
FEV–1 of 71- to 80-percent predicted, or; FEV–1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .............................................................................................................................................. 10

Note: In the absence of clinical findings of emphysema at time of examination, a verified history of obstructive airway disease must be of record.

6603 Chronic obstructive pulmonary disease:
FEV–1 less than 40 percent of predicted value, or; the ratio of Forced Expiratory Volume in one second to Forced Vital Capacity (FEV–1/FVC) less than 40 percent, or; Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)) less than 40 percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption (with cardiac or respiratory limitation), or; cor pulmonale (right heart failure), or; right ventricular hypertrophy, or; pulmonary hypertension (shown by Echo or cardiac catheterization), or; episode(s) of acute respiratory failure, or; requires outpatient oxygen therapy. .............................................................................................................................................. 100
FEV–1 of 40- to 55-percent predicted, or; FEV–1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit) .............................................................................................................. 60
FEV–1 of 56- to 70-percent predicted, or; FEV–1/FVC of 56 to 70 percent, or; DLCO (SB) 56- to 65-percent predicted .............................................................................................................................................. 30
FEV–1 of 71- to 80-percent predicted, or; FEV–1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .............................................................................................................................................. 10

DISEASES OF THE LUNGS AND PLEURA—TUBERCULOSIS

Ratings for Pulmonary Tuberculosis Entitled on August 19, 1968

6701 Tuberculosis, pulmonary, far advanced, active .......................................................................................... 100
6702 Tuberculosis, pulmonary, chronic, moderately advanced, active .......................................................... 100
6703 Tuberculosis, pulmonary, chronic, minimal, active .................................................................................. 100
6704 Tuberculosis, pulmonary, chronic, active, advancement unspecified .................................................... 100
6721 Tuberculosis, pulmonary, chronic, far advanced, inactive.
6722 Tuberculosis, pulmonary, chronic, moderately advanced, inactive.
6723 Tuberculosis, pulmonary, chronic, minimal, inactive.
6724 Tuberculosis, pulmonary, chronic, inactive, advancement unspecified.

General Rating Formula for Inactive Pulmonary Tuberculosis: For two years after date of inactivity, following active tuberculosis, which was clinically identified during service or subsequently .............................................................................................................................................. 100
Thereafter for four years, or in any event, to six years after date of inactivity .............................................................................................................................................. 50
Thereafter, for five years, or to eleven years after date of inactivity .............................................................................................................................................. 30
Following far advanced lesions diagnosed at any time while the disease process was active, minimum .............................................................................................................................................. 30
Following moderately advanced lesions, provided there is continued disability, emphysema, dyspnea on exertion, impairment of health, etc. .............................................................................................................................................. 20
Otherwise ......................................................................................................................................................... 0
### NONTUBERCULOUS DISEASES

**6731 Tuberculosis, pulmonary, chronic, inactive:**
Depending on the specific findings, rate residuals as interstitial lung disease, restrictive lung disease, or, when obstructive lung disease is the major residual, as chronic bronchitis (DC 6600). Rate thoracoplasty as removal of ribs under DC 5297.

**Note:** A mandatory examination will be requested immediately following notification that active tuberculosis evaluated under DC 6730 has become inactive. Any change in evaluation will be carried out under the provisions of §3.105(e).

**6732 Pleurisy, tuberculous, active or inactive:**
Rate under §§ 4.88c or 4.89, whichever is appropriate.

### Bacterial Infections of the Lung

**6820 Neoplasms, benign, any specified part of respiratory system.** Evaluate using an appropriate respiratory analogy.

**6822 Actinomycosis.**

**6823 Nocardiosis.**

**6824 Chronic lung abscess.**

General Rating Formula for Bacterial Infections of the Lung (diagnostic codes 6822 through 6824):

- Active infection with systemic symptoms such as fever, night sweats, weight loss, or hemoptysis...

Depending on the specific findings, rate residuals as interstitial lung disease, restrictive lung disease, or, when obstructive lung disease is the major residual, as chronic bronchitis (DC 6600).

**6825 Diffuse interstitial fibrosis (interstitial pneumonitis, fibrosing alveolitis).**

**6826 Desquamative interstitial pneumonitis.**

**6827 Pulmonary alveolar proteinosis.**

**6828 Eosinophilic granuloma of lung.**
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6829 Drug-induced pulmonary pneumonitis and fibrosis.
6830 Radiation-induced pulmonary pneumonitis and fibrosis.
6831 Hypersensitivity pneumonitis (extrinsic allergic alveolitis).
6832 Pneumoconiosis (silicosis, anthracosis, etc.).
6833 Asbestosis.

General Rating Formula for Interstitial Lung Disease (diagnostic codes 6825 through 6833):

FVC of 56- to 70-percent predicted, or; DLCO (SB) of 56- to 65-percent predicted, or; maximum exercise capacity of 15 to 20 ml/kg/min oxygen consumption with cardiorespiratory limitation ................................ 60
FVC of 65- to 74-percent predicted, or; DLCO (SB) of 56- to 65-percent predicted ........................................ 30
FVC of 75- to 80-percent predicted, or; DLCO (SB) of 66- to 80-percent predicted ......................................... 10

Mycotic Lung Disease

6834 Histoplasmosis of lung.
6835 Coccidioidomycosis.
6836 Blastomycosis.
6837 Cryptococcosis.
6838 Aspergillosis.
6839 Mucormycosis.

General Rating Formula for Mycotic Lung Disease (diagnostic codes 6834 through 6839):

Chronic pulmonary mycosis with persistent fever, weight loss, night sweats, or massive hemoptysis .............................................................. 100
Chronic pulmonary mycosis requiring suppressive therapy with no more than minimal symptoms such as occasional minor hemoptysis or productive cough .................................................. 50
Chronic pulmonary mycosis with minimal symptoms such as occasional minor hemoptysis or productive cough .................................................. 30
Healed and inactive mycotic lesions, asymptomatic .............................................................................. 0

Note: Coccidioidomycosis has an incubation period up to 21 days, and the disseminated phase is ordinarily manifest within six months of the primary phase. However, there are instances of dissemination delayed up to many years after the initial infection which may have been unrecognized. Accordingly, when service connection is under consideration in the absence of record or other evidence of the disease in service, service in southwestern United States where the disease is endemic and absence of prolonged residence in this locality before or after service will be the deciding factor.

Restrictive Lung Disease

6840 Diaphragm paralysis or paresis.
6841 Spinal cord injury with respiratory insufficiency.
6842 Kyphoscoliosis, pectus excavatum, pectus carinatum.
6843 Traumatic chest wall defect, pneumothorax, hernia, etc.
6844 Post-surgical residual (lobectomy, pneumonectomy, etc.).
6845 Chronic pleural effusion or fibrosis.

General Rating Formula for Restrictive Lung Disease (diagnostic codes 6840 through 6845):

FEV–1 of 71 to 80-percent predicted, or; FEV–1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .............................. 10
FEV–1 of 56- to 70-percent predicted, or; DLCO (SB) of 56- to 65-percent predicted ........................................ 30
FEV–1 of 40- to 55-percent predicted, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limitation) .......................................................... 60
FEV–1 of 30- to 49-percent predicted, or; DLCO (SB) of 30- to 49-percent predicted, or; maximum exercise capacity of 15 to 20 ml/kg/min oxygen consumption with cardiorespiratory failure, or; requires outpatient oxygen therapy .......................................................... 100
FEV–1 of 20- to 29-percent predicted, or; DLCO (SB) of 20- to 29-percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption with cardiorespiratory failure, or; cor pulmonale or pulmonary hypertension, or; requires outpatient oxygen therapy .......................................................... 60
FEV–1 of 10- to 19-percent predicted, or; DLCO (SB) of 10- to 19-percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption with cardiorespiratory failure, or; cor pulmonale or pulmonary hypertension, or; requires outpatient oxygen therapy .......................................................... 30
FEV–1 of 5- to 9-percent predicted, or; DLCO (SB) of 5- to 9-percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption with cardiorespiratory failure, or; cor pulmonale or pulmonary hypertension, or; requires outpatient oxygen therapy .......................................................... 10

Or rate primary disorder.

Note (1): A 100-percent rating shall be assigned for pleurisy with empyema, with or without pleurocutaneous fistula, until resolved.

Note (2): Following episodes of total spontaneous pneumothorax, a rating of 100 percent shall be assigned as of the date of hospital admission and shall continue for three months from the first day of the month after hospital discharge.

Note (3): Gunshot wounds of the pleural cavity with bullet or missile retained in lung, pain or discomfort on exertion, or with scattered rales or some limitation of excursion of diaphragm or of lower chest expansion shall be rated at least 20-percent disabling. Disabling injuries of shoulder girdle muscles (Groups I to IV) shall be separately rated and combined with ratings for respiratory involvement. Involvement of Muscle Group XXI (DC 5321), however, will not be separately rated.

6846 sarcoidosis.
§ 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]