

not present at the time of the prior decision or apart of the evidentiary record in support of the higher-level review during the informal conference in accordance with paragraph (d) of this section. Any expenses incurred by the claimant in connection with the informal conference are the responsibility of the claimant.

(i) *De novo review.* The higher-level adjudicator will consider only those decisions and claims for which the claimant has requested higher-level review, and will conduct a de novo review giving no deference to the prior decision, except as provided in § 3.104(c).

(j) *Difference of opinion.* The higher-level adjudicator may grant a benefit sought in the claim under review based on a difference of opinion (see § 3.105(b)). However, any finding favorable to the claimant is binding except as provided in § 3.104(c) of this part. In addition, the higher-level adjudicator will not revise the outcome in a manner that is less advantageous to the claimant based solely on a difference of opinion. The higher-level adjudicator may reverse or revise (even if disadvantageous to the claimant) prior decisions by VA (including the decision being reviewed or any prior decision) on the grounds of clear and unmistakable error under § 3.105(a)(1) or (a)(2), as applicable, depending on whether the prior decision is finally adjudicated.

(k) *Notice requirements.* Notice of a decision made under this section will include all of the elements described in § 3.103(f), a general statement indicating whether evidence submitted while the record was closed was not considered, and notice of the options available to have such evidence considered.

(Authority: 38 U.S.C. 5109A and 7105(d))

[84 FR 173, Jan. 18, 2019]

PART 4—SCHEDULE FOR RATING DISABILITIES

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AUTHORITY: 38 U.S.C. 1155, unless otherwise noted.

SOURCE: 29 FR 6718, May 22, 1964, unless otherwise noted.

Subpart A—General Policy in Rating

§4.1 Essentials of evaluative rating.

This rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and

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their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades of disability. For the application of this schedule, accurate and fully descriptive medical examinations are required, with emphasis upon the limitation of activity imposed by the disabling condition. Over a period of many years, a veteran's disability claim may require reratings in accordance with changes in laws, medical knowledge and his or her physical or mental condition. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its history.

[41 FR 11292, Mar. 18, 1976]

§4.2 Interpretation of examination reports.

Different examiners, at different times, will not describe the same disability in the same language. Features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described. It is the responsibility of the rating specialist to interpret reports of examination in the light of the whole recorded history, reconciling the various reports into a consistent picture so that the current rating may accurately reflect the elements of disability present. Each disability must be considered from the point of view of the veteran working or seeking work. If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail, it is incumbent upon the rating board to return the report as inadequate for evaluation purposes.

[41 FR 11292, Mar. 18, 1976]

§4.3 Resolution of reasonable doubt.

It is the defined and consistently applied policy of the Department of Veterans Affairs to administer the law under a broad interpretation, consistent, however, with the facts shown in every case. When after careful consideration of all procurable and assem-

bled data, a reasonable doubt arises regarding the degree of disability such doubt will be resolved in favor of the claimant. See §3.102 of this chapter.

[40 FR 42535, Sept. 15, 1975]

§4.6 Evaluation of evidence.

The element of the weight to be accorded the character of the veteran's service is but one factor entering into the considerations of the rating boards in arriving at determinations of the evaluation of disability. Every element in any way affecting the probative value to be assigned to the evidence in each individual claim must be thoroughly and conscientiously studied by each member of the rating board in the light of the established policies of the Department of Veterans Affairs to the end that decisions will be equitable and just as contemplated by the requirements of the law.

§4.7 Higher of two evaluations.

Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned.

§4.9 Congenital or developmental defects.

Mere congenital or developmental defects, absent, displaced or supernumerary parts, refractive error of the eye, personality disorder and mental deficiency are not diseases or injuries in the meaning of applicable legislation for disability compensation purposes.

[41 FR 11292, Mar. 18, 1976]

§4.10 Functional impairment.

The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment. Whether the upper or lower extremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive, or other system, or psyche are affected, evaluations are based upon lack of usefulness, of these

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parts or systems, especially in self-support. This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory and prognostic data required for ordinary medical classification, full description of the effects of disability upon the person's ordinary activity. In this connection, it will be remembered that a person may be too disabled to engage in employment although he or she is up and about and fairly comfortable at home or upon limited activity.

[41 FR 11292, Mar. 18, 1976]

§ 4.13 Effect of change of diagnosis.

The repercussion upon a current rating of service connection when change is made of a previously assigned diagnosis or etiology must be kept in mind. The aim should be the reconciliation and continuance of the diagnosis or etiology upon which service connection for the disability had been granted. The relevant principle enunciated in § 4.125, entitled "Diagnosis of mental disorders," should have careful attention in this connection. When any change in evaluation is to be made, the rating agency should assure itself that there has been an actual change in the conditions, for better or worse, and not merely a difference in thoroughness of the examination or in use of descriptive terms. This will not, of course, preclude the correction of erroneous ratings, nor will it preclude assignment of a rating in conformity with § 4.7.

[29 FR 6718, May 22, 1964, as amended at 61 FR 52700, Oct. 8, 1996]

§ 4.14 Avoidance of pyramiding.

The evaluation of the same disability under various diagnoses is to be avoided. Disability from injuries to the muscles, nerves, and joints of an extremity may overlap to a great extent, so that special rules are included in the appropriate bodily system for their evaluation. Dyspnea, tachycardia, nervousness, fatigability, etc., may result from many causes; some may be service connected, others, not. Both the use of manifestations not resulting from service-connected disease or injury in establishing the service-connected eval-

uation, and the evaluation of the same manifestation under different diagnoses are to be avoided.

§ 4.15 Total disability ratings.

The ability to overcome the handicap of disability varies widely among individuals. The rating, however, is based primarily upon the average impairment in earning capacity, that is, upon the economic or industrial handicap which must be overcome and not from individual success in overcoming it. However, full consideration must be given to unusual physical or mental effects in individual cases, to peculiar effects of occupational activities, to defects in physical or mental endowment preventing the usual amount of success in overcoming the handicap of disability and to the effect of combinations of disability. Total disability will be considered to exist when there is present any impairment of mind or body which is sufficient to render it impossible for the average person to follow a substantially gainful occupation; *Provided*, That permanent total disability shall be taken to exist when the impairment is reasonably certain to continue throughout the life of the disabled person. The following will be considered to be permanent total disability: the permanent loss of the use of both hands, or of both feet, or of one hand and one foot, or of the sight of both eyes, or becoming permanently helpless or permanently bedridden. Other total disability ratings are scheduled in the various bodily systems of this schedule.

§ 4.16 Total disability ratings for compensation based on unemployability of the individual.

(a) Total disability ratings for compensation may be assigned, where the schedular rating is less than total, when the disabled person is, in the judgment of the rating agency, unable to secure or follow a substantially gainful occupation as a result of service-connected disabilities: *Provided* That, if there is only one such disability, this disability shall be ratable at 60 percent or more, and that, if there are two or more disabilities, there shall be at least one disability ratable at 40

percent or more, and sufficient additional disability to bring the combined rating to 70 percent or more. For the above purpose of one 60 percent disability, or one 40 percent disability in combination, the following will be considered as one disability: (1) Disabilities of one or both upper extremities, or of one or both lower extremities, including the bilateral factor, if applicable, (2) disabilities resulting from common etiology or a single accident, (3) disabilities affecting a single body system, e.g. orthopedic, digestive, respiratory, cardiovascular-renal, neuropsychiatric, (4) multiple injuries incurred in action, or (5) multiple disabilities incurred as a prisoner of war. It is provided further that the existence or degree of nonservice-connected disabilities or previous unemployability status will be disregarded where the percentages referred to in this paragraph for the service-connected disability or disabilities are met and in the judgment of the rating agency such service-connected disabilities render the veteran unemployable. Marginal employment shall not be considered substantially gainful employment. For purposes of this section, marginal employment generally shall be deemed to exist when a veteran's earned annual income does not exceed the amount established by the U.S. Department of Commerce, Bureau of the Census, as the poverty threshold for one person. Marginal employment may also be held to exist, on a facts found basis (includes but is not limited to employment in a protected environment such as a family business or sheltered workshop), when earned annual income exceeds the poverty threshold. Consideration shall be given in all claims to the nature of the employment and the reason for termination.

(Authority: 38 U.S.C. 501)

(b) It is the established policy of the Department of Veterans Affairs that all veterans who are unable to secure and follow a substantially gainful occupation by reason of service-connected disabilities shall be rated totally disabled. Therefore, rating boards should submit to the Director, Compensation Service, for extra-schedular consideration all cases of veterans who are un-

employable by reason of service-connected disabilities, but who fail to meet the percentage standards set forth in paragraph (a) of this section. The rating board will include a full statement as to the veteran's service-connected disabilities, employment history, educational and vocational attainment and all other factors having a bearing on the issue.

[40 FR 42535, Sept. 15, 1975, as amended at 54 FR 4281, Jan. 30, 1989; 55 FR 31580, Aug. 3, 1990; 58 FR 39664, July 26, 1993; 61 FR 52700, Oct. 8, 1996; 79 FR 2100, Jan. 13, 2014]

§4.17 Total disability ratings for pension based on unemployability and age of the individual.

All veterans who are basically eligible and who are unable to secure and follow a substantially gainful occupation by reason of disabilities which are likely to be permanent shall be rated as permanently and totally disabled. For the purpose of pension, the permanence of the percentage requirements of §4.16 is a requisite. When the percentage requirements are met, and the disabilities involved are of a permanent nature, a rating of permanent and total disability will be assigned if the veteran is found to be unable to secure and follow substantially gainful employment by reason of such disability. Prior employment or unemployment status is immaterial if in the judgment of the rating board the veteran's disabilities render him or her unemployable. In making such determinations, the following guidelines will be used:

(a) Marginal employment, for example, as a self-employed farmer or other person, while employed in his or her own business, or at odd jobs or while employed at less than half the usual remuneration will not be considered incompatible with a determination of unemployability, if the restriction, as to securing or retaining better employment, is due to disability.

(b) Claims of all veterans who fail to meet the percentage standards but who meet the basic entitlement criteria and are unemployable, will be referred by the rating board to the Veterans Service Center Manager or the Pension

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Management Center Manager under § 3.321(b)(2) of this chapter.

(Authority: 38 U.S.C. 1155; 38 U.S.C. 3102)

[43 FR 45348, Oct. 2, 1978, as amended at 56 FR 57985, Nov. 15, 1991; 71 FR 28586, May 17, 2006; 74 FR 26959, June 5, 2009]

§ 4.17a Misconduct etiology.

A permanent and total disability rating under the provisions of §§ 4.15, 4.16 and 4.17 will not be precluded by reason of the coexistence of misconduct disability when:

(a) A veteran, regardless of employment status, also has innocently acquired 100 percent disability, or

(b) Where unemployable, the veteran has other disabilities innocently acquired which meet the percentage requirements of §§ 4.16 and 4.17 and would render, in the judgment of the rating agency, the average person unable to secure or follow a substantially gainful occupation.

[40 FR 42536, Sept. 15, 1975, as amended at 43 FR 45349, Oct. 2, 1978]

§ 4.18 Unemployability.

A veteran may be considered as unemployable upon termination of employment which was provided on account of disability, or in which special consideration was given on account of the same, when it is satisfactorily shown that he or she is unable to secure further employment. With amputations, sequelae of fractures and other residuals of traumatism shown to be of static character, a showing of continuous unemployability from date of incurrence, or the date the condition reached the stabilized level, is a general requirement in order to establish the fact that present unemployability is the result of the disability. However, consideration is to be given to the circumstances of employment in individual claims, and, if the employment was only occasional, intermittent, try-out or unsuccessful, or eventually terminated on account of the disability, present unemployability may be attributed to the static disability. Where unemployability for pension previously has been established on the basis of combined service-connected and non-service-connected disabilities and the service-connected disability or disabil-

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ties have increased in severity, § 4.16 is for consideration.

[40 FR 42536, Sept. 15, 1975, as amended at 43 FR 45349, Oct. 2, 1978]

§ 4.19 Age in service-connected claims.

Age may not be considered as a factor in evaluating service-connected disability; and unemployability, in service-connected claims, associated with advancing age or intercurrent disability, may not be used as a basis for a total disability rating. Age, as such, is a factor only in evaluations of disability not resulting from service, *i.e.*, for the purposes of pension.

[29 FR 6718, May 22, 1964, as amended at 43 FR 45349, Oct. 2, 1978]

§ 4.20 Analogous ratings.

When an unlisted condition is encountered it will be permissible to rate under a closely related disease or injury in which not only the functions affected, but the anatomical localization and symptomatology are closely analogous. Conjectural analogies will be avoided, as will the use of analogous ratings for conditions of doubtful diagnosis, or for those not fully supported by clinical and laboratory findings. Nor will ratings assigned to organic diseases and injuries be assigned by analogy to conditions of functional origin.

§ 4.21 Application of rating schedule.

In view of the number of atypical instances it is not expected, especially with the more fully described grades of disabilities, that all cases will show all the findings specified. Findings sufficiently characteristic to identify the disease and the disability therefrom, and above all, coordination of rating with impairment of function will, however, be expected in all instances.

[41 FR 11293, Mar. 18, 1976]

§ 4.22 Rating of disabilities aggravated by active service.

In cases involving aggravation by active service, the rating will reflect only the degree of disability over and above the degree existing at the time of entrance into the active service, whether the particular condition was noted at the time of entrance into the active service, or it is determined upon the

evidence of record to have existed at that time. It is necessary therefore, in all cases of this character to deduct from the present degree of disability the degree, if ascertainable, of the disability existing at the time of entrance into active service, in terms of the rating schedule, except that if the disability is total (100 percent) no deduction will be made. The resulting difference will be recorded on the rating sheet. If the degree of disability at the time of entrance into the service is not ascertainable in terms of the schedule, no deduction will be made.

§ 4.23 Attitude of rating officers.

It is to be remembered that the majority of applicants are disabled persons who are seeking benefits of law to which they believe themselves entitled. In the exercise of his or her functions, rating officers must not allow their personal feelings to intrude; an antagonistic, critical, or even abusive attitude on the part of a claimant should not in any instance influence the officers in the handling of the case. Fairness and courtesy must at all times be shown to applicants by all employees whose duties bring them in contact, directly or indirectly, with the Department's claimants.

[41 FR 11292, Mar. 18, 1976]

§ 4.24 Correspondence.

All correspondence relative to the interpretation of the schedule for rating disabilities, requests for advisory opinions, questions regarding lack of clarity or application to individual cases involving unusual difficulties, will be addressed to the Director, Compensation Service. A clear statement will be made of the point or points upon which information is desired, and the complete case file will be simultaneously forwarded to Central Office. Rating agencies will assure themselves that the recent report of physical examination presents an adequate picture of the claimant's condition. Claims in regard to which the schedule evaluations are considered inadequate or excessive, and errors in the schedule will be similarly brought to attention.

[41 FR 11292, Mar. 18, 1976, as amended at 79 FR 2100, Jan. 13, 2014]

§ 4.25 Combined ratings table.

Table I, Combined Ratings Table, results from the consideration of the efficiency of the individual as affected first by the most disabling condition, then by the less disabling condition, then by other less disabling conditions, if any, in the order of severity. Thus, a person having a 60 percent disability is considered 40 percent efficient. Proceeding from this 40 percent efficiency, the effect of a further 30 percent disability is to leave only 70 percent of the efficiency remaining after consideration of the first disability, or 28 percent efficiency altogether. The individual is thus 72 percent disabled, as shown in table I opposite 60 percent and under 30 percent.

(a) To use table I, the disabilities will first be arranged in the exact order of their severity, beginning with the greatest disability and then combined with use of table I as hereinafter indicated. For example, if there are two disabilities, the degree of one disability will be read in the left column and the degree of the other in the top row, whichever is appropriate. The figures appearing in the space where the column and row intersect will represent the combined value of the two. This combined value will then be converted to the nearest number divisible by 10, and combined values ending in 5 will be adjusted upward. Thus, with a 50 percent disability and a 30 percent disability, the combined value will be found to be 65 percent, but the 65 percent must be converted to 70 percent to represent the final degree of disability. Similarly, with a disability of 40 percent, and another disability of 20 percent, the combined value is found to be 52 percent, but the 52 percent must be converted to the nearest degree divisible by 10, which is 50 percent. If there are more than two disabilities, the disabilities will also be arranged in the exact order of their severity and the combined value for the first two will be found as previously described for two disabilities. The combined value, exactly as found in table I, will be combined with the degree of the third disability (in order of severity). The combined value for the three disabilities will be found in the space where the column and row intersect, and if there

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are only three disabilities will be converted to the nearest degree divisible by 10, adjusting final 5's upward. Thus, if there are three disabilities ratable at 60 percent, 40 percent, and 20 percent, respectively, the combined value for the first two will be found opposite 60 and under 40 and is 76 percent. This 76 will be combined with 20 and the combined value for the three is 81 percent. This combined value will be converted to the nearest degree divisible by 10 which is 80 percent. The same procedure will be employed when there are four or more disabilities. (See table I).

(b) Except as otherwise provided in this schedule, the disabilities arising from a single disease entity, e.g., arthritis, multiple sclerosis, cerebro-vascular accident, etc., are to be rated separately as are all other disabling conditions, if any. All disabilities are then to be combined as described in paragraph (a) of this section. The conversion to the nearest degree divisible by 10 will be done only once per rating decision, will follow the combining of all disabilities, and will be the last procedure in determining the combined degree of disability.

TABLE I—COMBINED RATINGS TABLE
[10 combined with 10 is 19]

| | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
|----------|----|----|----|----|----|----|----|----|----|
| 19 | 27 | 35 | 43 | 51 | 60 | 68 | 76 | 84 | 92 |
| 20 | 28 | 36 | 44 | 52 | 60 | 68 | 76 | 84 | 92 |
| 21 | 29 | 37 | 45 | 53 | 61 | 68 | 76 | 84 | 92 |
| 22 | 30 | 38 | 45 | 53 | 61 | 69 | 77 | 84 | 92 |
| 23 | 31 | 38 | 46 | 54 | 62 | 69 | 77 | 85 | 92 |
| 24 | 32 | 39 | 47 | 54 | 62 | 70 | 77 | 85 | 92 |
| 25 | 33 | 40 | 48 | 55 | 63 | 70 | 78 | 85 | 93 |
| 26 | 33 | 41 | 48 | 56 | 63 | 70 | 78 | 85 | 93 |
| 27 | 34 | 42 | 49 | 56 | 64 | 71 | 78 | 85 | 93 |
| 28 | 35 | 42 | 50 | 57 | 64 | 71 | 78 | 86 | 93 |
| 29 | 36 | 43 | 50 | 57 | 65 | 72 | 79 | 86 | 93 |
| 30 | 37 | 44 | 51 | 58 | 65 | 72 | 79 | 86 | 93 |
| 31 | 38 | 45 | 52 | 59 | 66 | 72 | 79 | 86 | 93 |
| 32 | 39 | 46 | 52 | 59 | 66 | 73 | 80 | 86 | 93 |
| 33 | 40 | 46 | 53 | 60 | 67 | 73 | 80 | 87 | 93 |
| 34 | 41 | 47 | 54 | 60 | 67 | 74 | 80 | 87 | 93 |
| 35 | 42 | 48 | 55 | 61 | 68 | 74 | 81 | 87 | 94 |
| 36 | 42 | 49 | 55 | 62 | 68 | 74 | 81 | 87 | 94 |
| 37 | 43 | 50 | 56 | 62 | 69 | 75 | 81 | 87 | 94 |
| 38 | 44 | 50 | 57 | 63 | 69 | 75 | 81 | 88 | 94 |
| 39 | 45 | 51 | 57 | 63 | 70 | 76 | 82 | 88 | 94 |
| 40 | 46 | 52 | 58 | 64 | 70 | 76 | 82 | 88 | 94 |
| 41 | 47 | 53 | 59 | 65 | 71 | 76 | 82 | 88 | 94 |
| 42 | 48 | 54 | 59 | 65 | 71 | 77 | 83 | 88 | 94 |
| 43 | 49 | 54 | 60 | 66 | 72 | 77 | 83 | 89 | 94 |
| 44 | 50 | 55 | 61 | 66 | 72 | 78 | 83 | 89 | 94 |
| 45 | 51 | 56 | 62 | 67 | 73 | 78 | 84 | 89 | 95 |
| 46 | 51 | 57 | 62 | 68 | 73 | 78 | 84 | 89 | 95 |
| 47 | 52 | 58 | 63 | 68 | 74 | 79 | 84 | 89 | 95 |
| 48 | 53 | 58 | 64 | 69 | 74 | 79 | 84 | 90 | 95 |
| 49 | 54 | 59 | 64 | 69 | 75 | 80 | 85 | 90 | 95 |
| 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 |
| 51 | 56 | 61 | 66 | 71 | 76 | 80 | 85 | 90 | 95 |
| 52 | 57 | 62 | 66 | 71 | 76 | 81 | 86 | 90 | 95 |
| 53 | 58 | 62 | 67 | 72 | 77 | 81 | 86 | 91 | 95 |
| 54 | 59 | 63 | 68 | 72 | 77 | 82 | 86 | 91 | 95 |
| 55 | 60 | 64 | 69 | 73 | 78 | 82 | 87 | 91 | 96 |
| 56 | 60 | 65 | 69 | 74 | 78 | 82 | 87 | 91 | 96 |
| 57 | 61 | 66 | 70 | 74 | 79 | 83 | 87 | 91 | 96 |
| 58 | 62 | 66 | 71 | 75 | 79 | 83 | 87 | 92 | 96 |
| 59 | 63 | 67 | 71 | 75 | 80 | 84 | 88 | 92 | 96 |
| 60 | 64 | 68 | 72 | 76 | 80 | 84 | 88 | 92 | 96 |
| 61 | 65 | 69 | 73 | 77 | 81 | 84 | 88 | 92 | 96 |
| 62 | 66 | 70 | 73 | 77 | 81 | 85 | 89 | 92 | 96 |
| 63 | 67 | 70 | 74 | 78 | 82 | 85 | 89 | 93 | 96 |
| 64 | 68 | 71 | 75 | 78 | 82 | 86 | 89 | 93 | 96 |
| 65 | 69 | 72 | 76 | 79 | 83 | 86 | 90 | 93 | 97 |
| 66 | 69 | 73 | 76 | 80 | 83 | 86 | 90 | 93 | 97 |
| 67 | 70 | 74 | 77 | 80 | 84 | 87 | 90 | 93 | 97 |
| 68 | 71 | 74 | 78 | 81 | 84 | 87 | 90 | 94 | 97 |
| 69 | 72 | 75 | 78 | 81 | 85 | 88 | 91 | 94 | 97 |

TABLE I—COMBINED RATINGS TABLE—Continued
[10 combined with 10 is 19]

| | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 | 90 |
|----------|----|----|----|----|----|----|----|----|----|
| 70 | 73 | 76 | 79 | 82 | 85 | 88 | 91 | 94 | 97 |
| 71 | 74 | 77 | 80 | 83 | 86 | 88 | 91 | 94 | 97 |
| 72 | 75 | 78 | 80 | 83 | 86 | 89 | 92 | 94 | 97 |
| 73 | 76 | 78 | 81 | 84 | 87 | 89 | 92 | 95 | 97 |
| 74 | 77 | 79 | 82 | 84 | 87 | 90 | 92 | 95 | 97 |
| 75 | 78 | 80 | 83 | 85 | 88 | 90 | 93 | 95 | 98 |
| 76 | 78 | 81 | 83 | 86 | 88 | 90 | 93 | 95 | 98 |
| 77 | 79 | 82 | 84 | 86 | 89 | 91 | 93 | 95 | 98 |
| 78 | 80 | 82 | 85 | 87 | 89 | 91 | 93 | 96 | 98 |
| 79 | 81 | 83 | 85 | 87 | 90 | 92 | 94 | 96 | 98 |
| 80 | 82 | 84 | 86 | 88 | 90 | 92 | 94 | 96 | 98 |
| 81 | 83 | 85 | 87 | 89 | 91 | 92 | 94 | 96 | 98 |
| 82 | 84 | 86 | 87 | 89 | 91 | 93 | 95 | 96 | 98 |
| 83 | 85 | 86 | 88 | 90 | 92 | 93 | 95 | 97 | 98 |
| 84 | 86 | 87 | 89 | 90 | 92 | 94 | 95 | 97 | 98 |
| 85 | 87 | 88 | 90 | 91 | 93 | 94 | 96 | 97 | 99 |
| 86 | 87 | 89 | 90 | 92 | 93 | 94 | 96 | 97 | 99 |
| 87 | 88 | 90 | 91 | 92 | 94 | 95 | 96 | 97 | 99 |
| 88 | 89 | 90 | 92 | 93 | 94 | 95 | 96 | 98 | 99 |
| 89 | 90 | 91 | 92 | 93 | 95 | 96 | 97 | 98 | 99 |
| 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 |
| 91 | 92 | 93 | 94 | 95 | 96 | 96 | 97 | 98 | 99 |
| 92 | 93 | 94 | 94 | 95 | 96 | 97 | 98 | 98 | 99 |
| 93 | 94 | 94 | 95 | 96 | 97 | 97 | 98 | 99 | 99 |
| 94 | 95 | 95 | 96 | 96 | 97 | 98 | 98 | 99 | 99 |

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

[41 FR 11293, Mar. 18, 1976, as amended at 54 FR 27161, June 28, 1989; 54 FR 36029, Aug. 31, 1989; 83 FR 17756, Apr. 24, 2018]

§ 4.26 Bilateral factor.

When a partial disability results from disease or injury of both arms, or of both legs, or of paired skeletal muscles, the ratings for the disabilities of the right and left sides will be combined as usual, and 10 percent of this value will be added (*i.e.*, not combined) before proceeding with further combinations, or converting to degree of disability. The bilateral factor will be applied to such bilateral disabilities before other combinations are carried out and the rating for such disabilities including the bilateral factor in this section will be treated as 1 disability for the purpose of arranging in order of severity and for all further combinations. For example, with disabilities evaluated at 60 percent, 20 percent, 10 percent and 10 percent (the two 10's representing bilateral disabilities), the order of severity would be 60, 21 and 20. The 60 and 21 combine to 68 percent and the 68 and 20 to 74 percent, converted to 70 percent as the final degree of disability.

(a) The use of the terms "arms" and "legs" is not intended to distinguish between the arm, forearm and hand, or the thigh, leg, and foot, but relates to the upper extremities and lower extremities as a whole. Thus with a compensable disability of the right thigh, for example, amputation, and one of the left foot, for example, pes planus, the bilateral factor applies, and similarly whenever there are compensable disabilities affecting use of paired extremities regardless of location or specified type of impairment.

(b) The correct procedure when applying the bilateral factor to disabilities affecting both upper extremities and both lower extremities is to combine the ratings of the disabilities affecting the 4 extremities in the order of their individual severity and apply the bilateral factor by adding, not combining, 10 percent of the combined value thus attained.

(c) The bilateral factor is not applicable unless there is partial disability of compensable degree in each of 2 paired extremities, or paired skeletal muscles.

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§ 4.27 Use of diagnostic code numbers.

The diagnostic code numbers appearing opposite the listed ratable disabilities are arbitrary numbers for the purpose of showing the basis of the evaluation assigned and for statistical analysis in the Department of Veterans Affairs, and as will be observed, extend from 5000 to a possible 9999. Great care will be exercised in the selection of the applicable code number and in its citation on the rating sheet. No other numbers than these listed or hereafter furnished are to be employed for rating purposes, with an exception as described in this section, as to unlisted conditions. When an unlisted disease, injury, or residual condition is encountered, requiring rating by analogy, the diagnostic code number will be "built-up" as follows: The first 2 digits will be selected from that part of the schedule most closely identifying the part, or system, of the body involved; the last 2 digits will be "99" for all unlisted conditions. This procedure will facilitate a close check of new and unlisted conditions, rated by analogy. In the selection of code numbers, injuries will generally be represented by the number assigned to the residual condition on the basis of which the rating is determined. With diseases, preference is to be given to the number assigned to the disease itself; if the rating is determined on the basis of residual conditions, the number appropriate to the residual condition will be added, preceded by a hyphen. Thus, rheumatoid (atrophic) arthritis rated as ankylosis of the lumbar spine should be coded "5002-5240." In this way, the exact source of each rating can be easily identified. In the citation of disabilities on rating sheets, the diagnostic terminology will be that of the medical examiner, with no attempt to translate the terms into schedule nomenclature. Residuals of diseases or therapeutic procedures will not be cited without reference to the basic disease.

[41 FR 11293, Mar. 18, 1976, as amended at 70 FR 75399, Dec. 20, 2005]

§ 4.28 Prestabilization rating from date of discharge from service.

The following ratings may be assigned, in lieu of ratings prescribed

elsewhere, under the conditions stated for disability from any disease or injury. The prestabilization rating is not to be assigned in any case in which a total rating is immediately assignable under the regular provisions of the schedule or on the basis of individual unemployability. The prestabilization 50-percent rating is not to be used in any case in which a rating of 50 percent or more is immediately assignable under the regular provisions.

| | Rating |
|---|--------|
| Unstabilized condition with severe disability— Substantially gainful employment is not feasible or advisable | 100 |
| Unhealed or incompletely healed wounds or injuries— Material impairment of employability likely .. | 50 |

NOTE (1): Department of Veterans Affairs examination is not required prior to assignment of prestabilization ratings; however, the fact that examination was accomplished will not preclude assignment of these benefits. Prestabilization ratings are for assignment in the immediate postdischarge period. They will continue for a 12-month period following discharge from service. However, prestabilization ratings may be changed to a regular schedular total rating or one authorizing a greater benefit at any time. In each prestabilization rating an examination will be requested to be accomplished not earlier than 6 months nor more than 12 months following discharge. In those prestabilization ratings in which following examination reduction in evaluation is found to be warranted, the higher evaluation will be continued to the end of the 12th month following discharge or to the end of the period provided under §3.105(e) of this chapter, whichever is later. Special monthly compensation should be assigned concurrently in these cases whenever records are adequate to establish entitlement.

NOTE (2): Diagnosis of disease, injury, or residuals will be cited, with diagnostic code number assigned from this rating schedule for conditions listed therein.

[35 FR 11906, July 24, 1970]

§ 4.29 Ratings for service-connected disabilities requiring hospital treatment or observation.

A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established that a service-connected disability has required hospital treatment in a Department of

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Veterans Affairs or an approved hospital for a period in excess of 21 days or *hospital observation at Department of Veterans Affairs expense* for a service-connected disability for a period in excess of 21 days.

(a) Subject to the provisions of paragraphs (d), (e), and (f) of this section this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge (regular discharge or release to non-bed care) or effective the last day of the month of termination of treatment or observation for the service-connected disability. A temporary release which is approved by an attending Department of Veterans Affairs physician as part of the treatment plan will not be considered an absence.

(1) An authorized absence in excess of 4 days which begins during the first 21 days of hospitalization will be regarded as the equivalent of hospital discharge effective the first day of such authorized absence. An authorized absence of 4 days or less which results in a total of more than 8 days of authorized absence during the first 21 days of hospitalization will be regarded as the equivalent of hospital discharge effective the ninth day of authorized absence.

(2) Following a period of hospitalization in excess of 21 days, an authorized absence in excess of 14 days or a third consecutive authorized absence of 14 days will be regarded as the equivalent of hospital discharge and will interrupt hospitalization effective on the last day of the month in which either the authorized absence in excess of 14 days or the third 14 day period begins, except where there is a finding that convalescence is required as provided by paragraph (e) or (f) of this section. The termination of these total ratings will not be subject to §3.105(e) of this chapter.

(b) Notwithstanding that hospital admission was for disability not connected with service, if during such hospitalization, hospital treatment for a service-connected disability is instituted and continued for a period in excess of 21 days, the increase to a total rating will be granted from the first day of such treatment. If service connection for the disability under treat-

ment is granted after hospital admission, the rating will be from the first day of hospitalization if otherwise in order.

(c) The assignment of a total disability rating on the basis of hospital treatment or observation will not preclude the assignment of a total disability rating otherwise in order under other provisions of the rating schedule, and consideration will be given to the propriety of such a rating in all instances and to the propriety of its continuance after discharge. Particular attention, with a view to proper rating under the rating schedule, is to be given to the claims of veterans discharged from hospital, regardless of length of hospitalization, with indications on the final summary of expected confinement to bed or house, or to inability to work with requirement of frequent care of physician or nurse at home.

(d) On these total ratings Department of Veterans Affairs regulations governing effective dates for increased benefits will control.

(e) The total hospital rating if convalescence is required may be continued for periods of 1, 2, or 3 months in addition to the period provided in paragraph (a) of this section.

(f) Extension of periods of 1, 2 or 3 months beyond the initial 3 months may be made upon approval of the Veterans Service Center Manager.

(g) Meritorious claims of veterans who are discharged from the hospital with less than the required number of days but need post-hospital care and a prolonged period of convalescence will be referred to the Director, Compensation Service, under §3.321(b)(1) of this chapter.

[29 FR 6718, May 22, 1964, as amended at 41 FR 11294, Mar. 18, 1976; 41 FR 34256, Aug. 13, 1976; 54 FR 4281, Jan. 30, 1989; 54 FR 34981, Aug. 23, 1989; 71 FR 28586, May 17, 2006; 79 FR 2100, Jan. 13, 2014]

§4.30 Convalescent ratings.

A total disability rating (100 percent) will be assigned without regard to other provisions of the rating schedule when it is established by report at hospital discharge (regular discharge or release to non-bed care) or outpatient release that entitlement is warranted

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under paragraph (a) (1), (2) or (3) of this section effective the date of hospital admission or outpatient treatment and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge or outpatient release. The termination of these total ratings will not be subject to §3.105(e) of this chapter. Such total rating will be followed by appropriate schedular evaluations. When the evidence is inadequate to assign a schedular evaluation, a physical examination will be scheduled and considered prior to the termination of a total rating under this section.

(a) Total ratings will be assigned under this section if treatment of a service-connected disability resulted in:

(1) Surgery necessitating at least one month of convalescence (Effective as to outpatient surgery March 1, 1989.)

(2) Surgery with severe postoperative residuals such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, or the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited). (Effective as to outpatient surgery March 1, 1989.)

(3) Immobilization by cast, without surgery, of one major joint or more. (Effective as to outpatient treatment March 10, 1976.)

A reduction in the total rating will not be subject to §3.105(e) of this chapter. The total rating will be followed by an open rating reflecting the appropriate schedular evaluation; where the evidence is inadequate to assign the schedular evaluation, a physical examination will be scheduled prior to the end of the total rating period.

(b) A total rating under this section will require full justification on the rating sheet and may be extended as follows:

(1) Extensions of 1, 2 or 3 months beyond the initial 3 months may be made under paragraph (a) (1), (2) or (3) of this section.

(2) Extensions of 1 or more months up to 6 months beyond the initial 6 months period may be made under paragraph (a) (2) or (3) of this section

upon approval of the Veterans Service Center Manager.

[41 FR 34256, Aug. 13, 1976, as amended at 54 FR 4281, Jan. 30, 1989; 71 FR 28586, May 17, 2006]

§ 4.31 Zero percent evaluations.

In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met.

[58 FR 52018, Oct. 6, 1993]

Subpart B—Disability Ratings**THE MUSCULOSKELETAL SYSTEM****§ 4.40 Functional loss.**

Disability of the musculoskeletal system is primarily the inability, due to damage or infection in parts of the system, to perform the normal working movements of the body with normal excursion, strength, speed, coordination and endurance. It is essential that the examination on which ratings are based adequately portray the anatomical damage, and the functional loss, with respect to all these elements. The functional loss may be due to absence of part, or all, of the necessary bones, joints and muscles, or associated structures, or to deformity, adhesions, defective innervation, or other pathology, or it may be due to pain, supported by adequate pathology and evidenced by the visible behavior of the claimant undertaking the motion. Weakness is as important as limitation of motion, and a part which becomes painful on use must be regarded as seriously disabled. A little used part of the musculoskeletal system may be expected to show evidence of disuse, either through atrophy, the condition of the skin, absence of normal callosity or the like.

§ 4.41 History of injury.

In considering the residuals of injury, it is essential to trace the medical-industrial history of the disabled person from the original injury, considering

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the nature of the injury and the attendant circumstances, and the requirements for, and the effect of, treatment over past periods, and the course of the recovery to date. The duration of the initial, and any subsequent, period of total incapacity, especially periods reflecting delayed union, inflammation, swelling, drainage, or operative intervention, should be given close attention. This consideration, or the absence of clear cut evidence of injury, may result in classifying the disability as not of traumatic origin, either reflecting congenital or developmental etiology, or the effects of healed disease.

§ 4.42 Complete medical examination of injury cases.

The importance of complete medical examination of injury cases at the time of first medical examination by the Department of Veterans Affairs cannot be overemphasized. When possible, this should include complete neurological and psychiatric examination, and other special examinations indicated by the physical condition, in addition to the required general and orthopedic or surgical examinations. When complete examinations are not conducted covering all systems of the body affected by disease or injury, it is impossible to visualize the nature and extent of the service connected disability. Incomplete examination is a common cause of incorrect diagnosis, especially in the neurological and psychiatric fields, and frequently leaves the Department of Veterans Affairs in doubt as to the presence or absence of disabling conditions at the time of the examination.

§ 4.43 Osteomyelitis.

Chronic, or recurring, suppurative osteomyelitis, once clinically identified, including chronic inflammation of bone marrow, cortex, or periosteum, should be considered as a continuously disabling process, whether or not an actively discharging sinus or other obvious evidence of infection is manifest from time to time, and unless the focus is entirely removed by amputation will entitle to a permanent rating to be combined with other ratings for residual conditions, however, not exceeding

amputation ratings at the site of election.

§ 4.44 The bones.

The osseous abnormalities incident to trauma or disease, such as malunion with deformity throwing abnormal stress upon, and causing malalignment of joint surfaces, should be depicted from study and observation of all available data, beginning with inception of injury or disease, its nature, degree of prostration, treatment and duration of convalescence, and progress of recovery with development of permanent residuals. With shortening of a long bone, some degree of angulation is to be expected; the extent and direction should be brought out by X-ray and observation. The direction of angulation and extent of deformity should be carefully related to strain on the neighboring joints, especially those connected with weight-bearing.

§ 4.45 The joints.

As regards the joints the factors of disability reside in reductions of their normal excursion of movements in different planes. Inquiry will be directed to these considerations:

- (a) Less movement than normal (due to ankylosis, limitation or blocking, adhesions, tendon-tie-up, contracted scars, etc.).
- (b) More movement than normal (from flail joint, resections, nonunion of fracture, relaxation of ligaments, etc.).
- (c) Weakened movement (due to muscle injury, disease or injury of peripheral nerves, divided or lengthened tendons, etc.).
- (d) Excess fatigability.
- (e) Incoordination, impaired ability to execute skilled movements smoothly.
- (f) Pain on movement, swelling, deformity or atrophy of disuse. Instability of station, disturbance of locomotion, interference with sitting, standing and weight-bearing are related considerations. For the purpose of rating disability from arthritis, the shoulder, elbow, wrist, hip, knee, and ankle are considered major joints; multiple involvements of the interphalangeal, metacarpal and carpal joints of

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the upper extremities, the interphalangeal, metatarsal and tarsal joints of the lower extremities, the cervical vertebrae, the dorsal vertebrae, and the lumbar vertebrae, are considered groups of minor joints, ratable on a parity with major joints. The lumbosacral articulation and both sacroiliac joints are considered to be a group of minor joints, ratable on disturbance of lumbar spine functions.

§ 4.46 Accurate measurement.

Accurate measurement of the length of stumps, excursion of joints, dimensions and location of scars with respect to landmarks, should be insisted on. The use of a goniometer in the measurement of limitation of motion is indispensable in examinations conducted within the Department of Veterans Affairs. Muscle atrophy must also be accurately measured and reported.

[41 FR 11294, Mar. 18, 1976]

§§ 4.47-4.54 [Reserved]

§ 4.55 Principles of combined ratings for muscle injuries.

(a) A muscle injury rating will not be combined with a peripheral nerve palsy rating of the same body part, unless the injuries affect entirely different functions.

(b) For rating purposes, the skeletal muscles of the body are divided into 23 muscle groups in 5 anatomical regions: 6 muscle groups for the shoulder girdle and arm (diagnostic codes 5301 through 5306); 3 muscle groups for the forearm and hand (diagnostic codes 5307 through 5309); 3 muscle groups for the foot and leg (diagnostic codes 5310 through 5312); 6 muscle groups for the pelvic girdle and thigh (diagnostic codes 5313 through 5318); and 5 muscle groups for the torso and neck (diagnostic codes 5319 through 5323).

(c) There will be no rating assigned for muscle groups which act upon an ankylosed joint, with the following exceptions:

(1) In the case of an ankylosed knee, if muscle group XIII is disabled, it will be rated, but at the next lower level than that which would otherwise be assigned.

(2) In the case of an ankylosed shoulder, if muscle groups I and II are se-

verely disabled, the evaluation of the shoulder joint under diagnostic code 5200 will be elevated to the level for unfavorable ankylosis, if not already assigned, but the muscle groups themselves will not be rated.

(d) The combined evaluation of muscle groups acting upon a single unankylosed joint must be lower than the evaluation for unfavorable ankylosis of that joint, except in the case of muscle groups I and II acting upon the shoulder.

(e) For compensable muscle group injuries which are in the same anatomical region but do not act on the same joint, the evaluation for the most severely injured muscle group will be increased by one level and used as the combined evaluation for the affected muscle groups.

(f) For muscle group injuries in different anatomical regions which do not act upon ankylosed joints, each muscle group injury shall be separately rated and the ratings combined under the provisions of § 4.25.

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

[62 FR 30237, June 3, 1997]

§ 4.56 Evaluation of muscle disabilities.

(a) An open comminuted fracture with muscle or tendon damage will be rated as a severe injury of the muscle group involved unless, for locations such as in the wrist or over the tibia, evidence establishes that the muscle damage is minimal.

(b) A through-and-through injury with muscle damage shall be evaluated as no less than a moderate injury for each group of muscles damaged.

(c) For VA rating purposes, the cardinal signs and symptoms of muscle disability are loss of power, weakness, lowered threshold of fatigue, fatigue-pain, impairment of coordination and uncertainty of movement.

(d) Under diagnostic codes 5301 through 5323, disabilities resulting from muscle injuries shall be classified as slight, moderate, moderately severe or severe as follows:

(1) *Slight disability of muscles*—(i) *Type of injury*. Simple wound of muscle without debridement or infection.

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(ii) *History and complaint.* Service department record of superficial wound with brief treatment and return to duty. Healing with good functional results. No cardinal signs or symptoms of muscle disability as defined in paragraph (c) of this section.

(iii) *Objective findings.* Minimal scar. No evidence of fascial defect, atrophy, or impaired tonus. No impairment of function or metallic fragments retained in muscle tissue.

(2) *Moderate disability of muscles*—(i) *Type of injury.* Through and through or deep penetrating wound of short track from a single bullet, small shell or shrapnel fragment, without explosive effect of high velocity missile, residuals of debridement, or prolonged infection.

(ii) *History and complaint.* Service department record or other evidence of in-service treatment for the wound. Record of consistent complaint of one or more of the cardinal signs and symptoms of muscle disability as defined in paragraph (c) of this section, particularly lowered threshold of fatigue after average use, affecting the particular functions controlled by the injured muscles.

(iii) *Objective findings.* Entrance and (if present) exit scars, small or linear, indicating short track of missile through muscle tissue. Some loss of deep fascia or muscle substance or impairment of muscle tonus and loss of power or lowered threshold of fatigue when compared to the sound side.

(3) *Moderately severe disability of muscles*—(i) *Type of injury.* Through and through or deep penetrating wound by small high velocity missile or large low-velocity missile, with debridement, prolonged infection, or sloughing of soft parts, and intermuscular scarring.

(ii) *History and complaint.* Service department record or other evidence showing hospitalization for a prolonged period for treatment of wound. Record of consistent complaint of cardinal signs and symptoms of muscle disability as defined in paragraph (c) of this section and, if present, evidence of inability to keep up with work requirements.

(iii) *Objective findings.* Entrance and (if present) exit scars indicating track of missile through one or more muscle

groups. Indications on palpation of loss of deep fascia, muscle substance, or normal firm resistance of muscles compared with sound side. Tests of strength and endurance compared with sound side demonstrate positive evidence of impairment.

(4) *Severe disability of muscles*—(i) *Type of injury.* Through and through or deep penetrating wound due to high-velocity missile, or large or multiple low velocity missiles, or with shattering bone fracture or open comminuted fracture with extensive debridement, prolonged infection, or sloughing of soft parts, intermuscular binding and scarring.

(ii) *History and complaint.* Service department record or other evidence showing hospitalization for a prolonged period for treatment of wound. Record of consistent complaint of cardinal signs and symptoms of muscle disability as defined in paragraph (c) of this section, worse than those shown for moderately severe muscle injuries, and, if present, evidence of inability to keep up with work requirements.

(iii) *Objective findings.* Ragged, depressed and adherent scars indicating wide damage to muscle groups in missile track. Palpation shows loss of deep fascia or muscle substance, or soft flabby muscles in wound area. Muscles swell and harden abnormally in contraction. Tests of strength, endurance, or coordinated movements compared with the corresponding muscles of the uninjured side indicate severe impairment of function. If present, the following are also signs of severe muscle disability:

(A) X-ray evidence of minute multiple scattered foreign bodies indicating intermuscular trauma and explosive effect of the missile.

(B) Adhesion of scar to one of the long bones, scapula, pelvic bones, sacrum or vertebrae, with epithelial sealing over the bone rather than true skin covering in an area where bone is normally protected by muscle.

(C) Diminished muscle excitability to pulsed electrical current in electrodiagnostic tests.

(D) Visible or measurable atrophy.

(E) Adaptive contraction of an opposing group of muscles.

(F) Atrophy of muscle groups not in the track of the missile, particularly of

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the trapezius and serratus in wounds of the shoulder girdle.

(G) Induration or atrophy of an entire muscle following simple piercing by a projectile.

(Authority: 38 U.S.C. 1155

[62 FR 30238, June 3, 1997]

§ 4.57 Static foot deformities.

It is essential to make an initial distinction between bilateral flatfoot as a congenital or as an acquired condition. The congenital condition, with depression of the arch, but no evidence of abnormal callosities, areas of pressure, strain or demonstrable tenderness, is a congenital abnormality which is not compensable or pensionable. In the acquired condition, it is to be remembered that depression of the longitudinal arch, or the degree of depression, is not the essential feature. The attention should be given to anatomical changes, as compared to normal, in the relationship of the foot and leg, particularly to the inward rotation of the superior portion of the os calcis, medial deviation of the insertion of the Achilles tendon, the medial tilting of the upper border of the astragalus. This is an unfavorable mechanical relationship of the parts. A plumb line dropped from the middle of the patella falls inside of the normal point. The forepart of the foot is abducted, and the foot everted. The plantar surface of the foot is painful and shows demonstrable tenderness, and manipulation of the foot produces spasm of the Achilles tendon, peroneal spasm due to adhesion about the peroneal sheaths, and other evidence of pain and limited motion. The symptoms should be apparent without regard to exercise. In severe cases there is gaping of bones on the inner border of the foot, and rigid valgus position with loss of the power of inversion and adduction. Exercise with undeveloped or unbalanced musculature, producing chronic irritation, can be an aggravating factor. In the absence of trauma or other definite evidence of aggravation, service connection is not in order for pes cavus which is a typically congenital or juvenile disease.

§ 4.58 Arthritis due to strain.

With service incurred lower extremity amputation or shortening, a disabling arthritis, developing in the same extremity, or in both lower extremities, with indications of earlier, or more severe, arthritis in the injured extremity, including also arthritis of the lumbosacral joints and lumbar spine, if associated with the leg amputation or shortening, will be considered as service incurred, provided, however, that arthritis affecting joints not directly subject to strain as a result of the service incurred amputation will not be granted service connection. This will generally require separate evaluation of the arthritis in the joints directly subject to strain. Amputation, or injury to an upper extremity, is not considered as a causative factor with subsequently developing arthritis, except in joints subject to direct strain or actually injured.

§ 4.59 Painful motion.

With any form of arthritis, painful motion is an important factor of disability, the facial expression, wincing, etc., on pressure or manipulation, should be carefully noted and definitely related to affected joints. Muscle spasm will greatly assist the identification. Sciatic neuritis is not uncommonly caused by arthritis of the spine. The intent of the schedule is to recognize painful motion with joint or periarticular pathology as productive of disability. It is the intention to recognize actually painful, unstable, or malaligned joints, due to healed injury, as entitled to at least the minimum compensable rating for the joint. Crepitus either in the soft tissues such as the tendons or ligaments, or crepitus within the joint structures should be noted carefully as points of contact which are diseased. Flexion elicits such manifestations. The joints involved should be tested for pain on both active and passive motion, in weight-bearing and nonweight-bearing and, if possible, with the range of the opposite undamaged joint.

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With any form of arthritis (except traumatic arthritis) it is essential that the examination for rating purposes cover all major joints, with especial reference to Heberden's or Haygarth's nodes.

§ 4.62 Circulatory disturbances.

The circulatory disturbances, especially of the lower extremity following injury in the popliteal space, must not be overlooked, and require rating generally as phlebitis.

§ 4.63 Loss of use of hand or foot.

Loss of use of a hand or a foot, for the purpose of special monthly compensation, will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump at the site of election below elbow or knee with use of a suitable prosthetic appliance. The determination will be made on the basis of the actual remaining function of the hand or foot, whether the acts of grasping, manipulation, etc., in the case of the hand, or of balance and propulsion, etc., in the case of the foot, could be accomplished equally well by an amputation stump with prosthesis.

(a) Extremely unfavorable complete ankylosis of the knee, or complete ankylosis of 2 major joints of an extremity, or shortening of the lower extremity of 3½ inches (8.9 cms.) or more, will be taken as loss of use of the hand or foot involved.

(b) Complete paralysis of the external popliteal nerve (common peroneal) and consequent, footdrop, accompanied by characteristic organic changes including trophic and circulatory disturbances and other concomitants confirmatory of complete paralysis of this nerve, will be taken as loss of use of the foot.

[29 FR 6718, May 22, 1964, as amended at 43 FR 45349, Oct. 2, 1978]

§ 4.64 Loss of use of both buttocks.

Loss of use of both buttocks shall be deemed to exist when there is severe damage to muscle Group XVII, bilat-

eral (diagnostic code number 5317) and additional disability rendering it impossible for the disabled person, without assistance, to rise from a seated position and from a stooped position (fingers to toes position) and to maintain postural stability (the pelvis upon head of femur). The assistance may be rendered by the person's own hands or arms, and, in the matter of postural stability, by a special appliance.

§ 4.65 [Reserved]**§ 4.66 Sacroiliac joint.**

The common cause of disability in this region is arthritis, to be identified in the usual manner. The lumbosacral and sacroiliac joints should be considered as one anatomical segment for rating purposes. X-ray changes from arthritis in this location are decrease or obliteration of the joint space, with the appearance of increased bone density of the sacrum and ilium and sharpening of the margins of the joint. Disability is manifest from erector spinae spasm (not accounted for by other pathology), tenderness on deep palpation and percussion over these joints, loss of normal quickness of motion and resiliency, and postural defects often accompanied by limitation of flexion and extension of the hip. Traumatism is a rare cause of disability in this connection, except when superimposed upon congenital defect or upon an existent arthritis; to permit assumption of pure traumatic origin, objective evidence of damage to the joint, and history of trauma sufficiently severe to injure this extremely strong and practically immovable joint is required. There should be careful consideration of lumbosacral sprain, and the various symptoms of pain and paralysis attributable to disease affecting the lumbar vertebrae and the intervertebral disc.

§ 4.67 Pelvic bones.

The variability of residuals following these fractures necessitates rating on specific residuals, faulty posture, limitation of motion, muscle injury, painful motion of the lumbar spine, manifest by muscle spasm, mild to moderate sciatic neuritis, peripheral nerve injury, or limitation of hip motion.

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§ 4.68 Amputation rule.

The combined rating for disabilities of an extremity shall not exceed the rating for the amputation at the elective level, were amputation to be performed. For example, the combined evaluations for disabilities below the knee shall not exceed the 40 percent evaluation, diagnostic code 5165. This 40 percent rating may be further combined with evaluation for disabilities above the knee but not to exceed the above the knee amputation elective level. Painful neuroma of a stump after amputation shall be assigned the evaluation for the elective site of re-amputation.

§ 4.69 Dominant hand.

Handedness for the purpose of a dominant rating will be determined by the evidence of record, or by testing on VA examination. Only one hand shall be considered dominant. The injured hand, or the most severely injured hand, of an ambidextrous individual will be considered the dominant hand for rating purposes.

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

[62 FR 30239, June 3, 1997]

§ 4.70 Inadequate examinations.

If the report of examination is inadequate as a basis for the required consideration of service connection and evaluation, the rating agency may re-

quest a supplementary report from the examiner giving further details as to the limitations of the disabled person's ordinary activity imposed by the disease, injury, or residual condition, the prognosis for return to, or continuance of, useful work. When the best interests of the service will be advanced by personal conference with the examiner, such conference may be arranged through channels.

§ 4.71 Measurement of ankylosis and joint motion.

Plates I and II provide a standardized description of ankylosis and joint motion measurement. The anatomical position is considered as 0°, with two major exceptions: (a) Shoulder rotation—arm abducted to 90°, elbow flexed to 90° with the position of the forearm reflecting the midpoint 0° between internal and external rotation of the shoulder; and (b) supination and pronation—the arm next to the body, elbow flexed to 90°, and the forearm in midposition 0° between supination and pronation. Motion of the thumb and fingers should be described by appropriate reference to the joints (See Plate III) whose movement is limited, with a statement as to how near, in centimeters, the tip of the thumb can approximate the fingers, or how near the tips of the fingers can approximate the proximal transverse crease of palm.

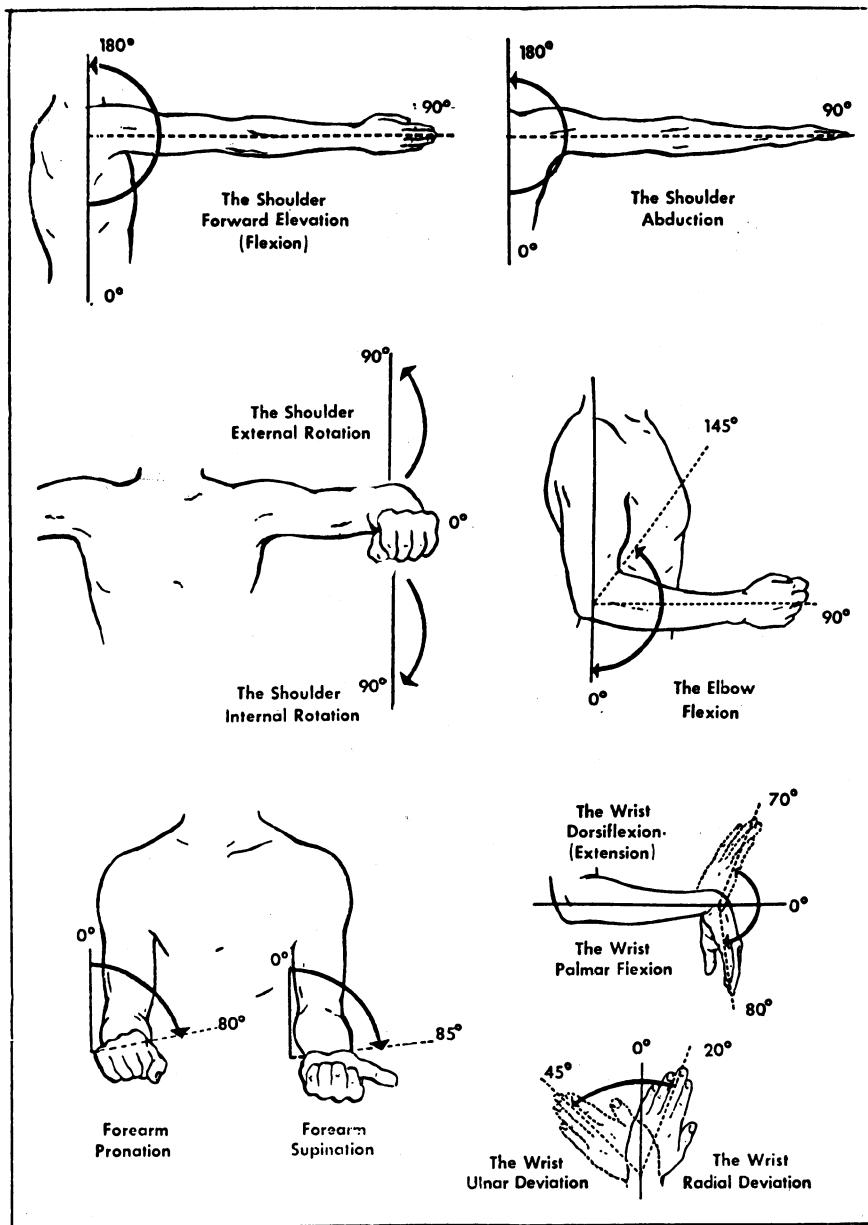


PLATE I

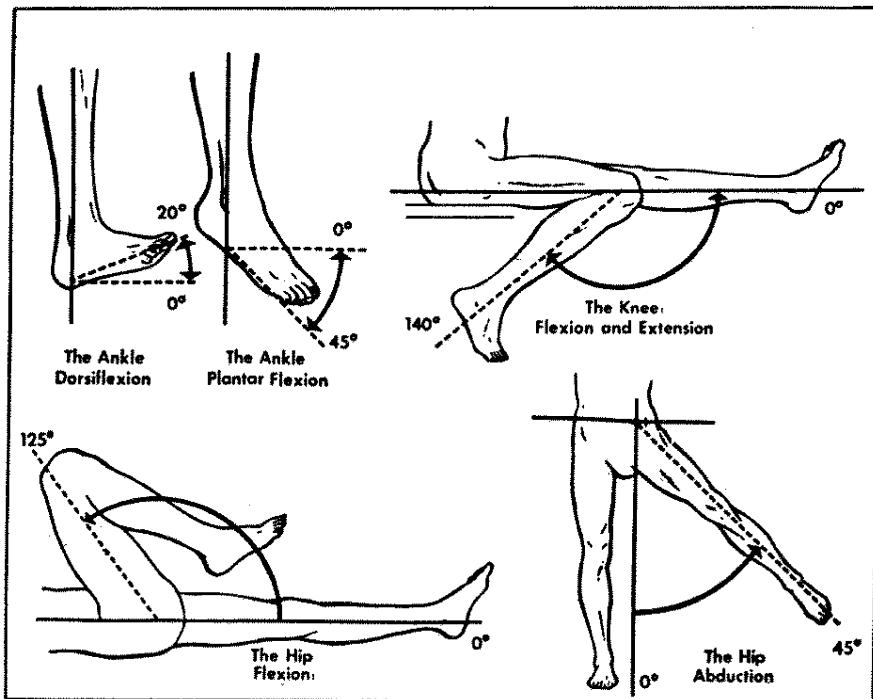


PLATE II

[29 FR 6718, May 22, 1964, as amended at 43 FR 45349, Oct. 2, 1978; 67 FR 48785, July 26, 2002]

§ 4.71a Schedule of ratings—musculo-skeletal system.

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Continued

| ACUTE, SUBACUTE, OR CHRONIC DISEASES | Rating | Rating |
|--|--------|---|
| 5000 Osteomyelitis, acute, subacute, or chronic: Of the pelvis, vertebrae, or extending into major joints, or with multiple localization or with long history of intractability and debility, anemia, amyloid liver changes, or other continuous constitutional symptoms | 100 | NOTE (1): A rating of 10 percent, as an exception to the amputation rule, is to be assigned in any case of active osteomyelitis where the amputation rating for the affected part is no percent. This 10 percent rating and the other partial ratings of 30 percent or less are to be combined with ratings for ankylosis, limited motion, nonunion or malunion, shortening, etc., subject, of course, to the amputation rule. The 60 percent rating, as it is based on constitutional symptoms, is not subject to the amputation rule. A rating for osteomyelitis will not be applied following cure by removal or radical resection of the affected bone. |
| Frequent episodes, with constitutional symptoms With definite involucrum or sequestrum, with or without discharging sinus | 60 | |
| With discharging sinus or other evidence of active infection within the past 5 years | 30 | |
| Inactive, following repeated episodes, without evidence of active infection in past 5 years | 20 | |
| | 10 | |

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**ACUTE, SUBACUTE, OR CHRONIC DISEASES—
Continued**

**ACUTE, SUBACUTE, OR CHRONIC DISEASES—
Continued**

| | Rating | | Rating |
|---|--------|--|--------|
| NOTE (2): The 20 percent rating on the basis of activity within the past 5 years is not assignable following the initial infection of active osteomyelitis with no subsequent reactivation. The prerequisite for this historical rating is an established recurrent osteomyelitis. To qualify for the 10 percent rating, 2 or more episodes following the initial infection are required. This 20 percent rating or the 10 percent rating, when applicable, will be assigned once only to cover disability at all sites of previously active infection with a future ending date in the case of the 20 percent rating. | | With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations | 20 |
| 5001 Bones and joints, tuberculosis of, active or inactive: | | With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups | 10 |
| Active | | | |
| Inactive: See §§ 4.88c and 4.89. | | | |
| 5002 Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process: | | | |
| With constitutional manifestations associated with active joint involvement, totally incapacitating | 100 | Note (1): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be combined with ratings based on limitation of motion. | |
| Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods | 100 | Note (2): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be utilized in rating conditions listed under diagnostic codes 5013 to 5024, inclusive. | |
| Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year | 60 | 5004 Arthritis, gonorrheal. | |
| One or two exacerbations a year in a well-established diagnosis | 40 | 5005 Arthritis, pneumococcic. | |
| Note (1): Examples of conditions rated using this diagnostic code include, but are not limited to, rheumatoid arthritis, psoriatic arthritis, and spondyloarthropathies. | 20 | 5006 Arthritis, typhoid. | |
| Note (2): For chronic residuals, rate under diagnostic code 5003. | | 5007 Arthritis, syphilitic. | |
| Note (3): The ratings for the active process will not be combined with the residual ratings for limitation of motion, ankylosis, or diagnostic code 5003. Instead, assign the higher evaluation. | | 5008 Arthritis, streptococcic. | |
| 5003 Degenerative arthritis, other than post-traumatic: | | 5009 Other specified forms of arthropathy (excluding gout). | |
| Degenerative arthritis established by X-ray findings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved (DC 5200 etc.). When however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diagnostic codes, a rating of 10 pct is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5003. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below: | | Note (1): Other specified forms of arthropathy include, but are not limited to, Charcot neuropathic, hypertrophic, crystalline, and other autoimmune arthropathies. | |
| | | Note (2): With the types of arthritis, diagnostic codes 5004 through 5009, rate the acute phase under diagnostic code 5002; rate any chronic residuals under diagnostic code 5003. | |
| | | 5010 Post-traumatic arthritis: Rate as limitation of motion, dislocation, or other specified instability under the affected joint. If there are 2 or more joints affected, each rating shall be combined in accordance with § 4.25. | |
| | | 5011 Decompression illness: Rate manifestations under the appropriate diagnostic code within the affected body system, such as arthritis for musculoskeletal residuals; auditory system for vestibular residuals; respiratory system for pulmonary barotrauma residuals; and neurologic system for cerebrovascular accident residuals. | |
| | | 5012 Bones, neoplasm, malignant, primary or secondary | 100 |
| | | Note: The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other prescribed therapeutic procedure. If there has been no local recurrence or metastases, rate based on residuals. | |
| | | 5013 Osteoporosis, residuals of. | |
| | | 5014 Osteomalacia, residuals of. | |
| | | 5015 Bones, neoplasm, benign. | |
| | | 5016 Osteitis deformans. | |
| | | 5017 Gout. | |
| | | 5018 [Removed] | |
| | | 5019 Bursitis. | |
| | | 5020 [Removed] | |
| | | 5021 Myositis. | |
| | | 5022 [Removed] | |
| | | 5023 Heterotopic ossification. | |
| | | 5024 Tenosynovitis, tendinitis, tendinosis or tendinopathy. | |

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ACUTE, SUBACUTE, OR CHRONIC DISEASES— Continued

| | Rating |
|---|--------|
| Note to DCs 5013 through 5024: Evaluate the diseases under diagnostic codes 5013 through 5024 as degenerative arthritis, based on limitation of motion of affected parts. | |
| 5025 Fibromyalgia (fibrositis, primary fibromyalgia syndrome) With widespread musculoskeletal pain and tender points, with or without associated fatigue, sleep disturbance, stiffness, paresthesias, headache, irritable bowel symptoms, depression, anxiety, or Raynaud's-like symptoms: That are constant, or nearly so, and refractory to therapy | 40 |
| That are episodic, with exacerbations often precipitated by environmental or emotional stress or by overexertion, but that are present more than one-third of the time | 20 |
| That require continuous medication for control | 10 |
| NOTE: Widespread pain means pain in both the left and right sides of the body, that is both above and below the waist, and that affects both the axial skeleton (<i>i.e.</i> , cervical spine, anterior chest, thoracic spine, or low back) and the extremities. | |

PROSTHETIC IMPLANTS AND RESURFACING

| | Rating |
|---|--------|
| Major | Minor |
| Note (1): When an evaluation is assigned for joint resurfacing or the prosthetic replacement of a joint under diagnostic codes 5051–5056, an additional rating under § 4.71a may not also be assigned for that joint, unless otherwise directed. | |
| Note (2): Only evaluate a revision procedure in the same manner as the original procedure under diagnostic codes 5051–5056 if all the original components are replaced. | |
| Note (3): The term "prosthetic replacement" in diagnostic codes 5051–5053 and 5055–5056 means a total replacement of the named joint. However, in DC 5054, "prosthetic replacement" means a total replacement of the head of the femur or of the acetabulum. | |
| Note (4): The 100 percent rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under § 4.30 following hospital discharge. | |
| Note (5): The 100 percent rating for 4 months following implantation of prosthesis or resurfacing under DCs 5054 and 5055 will commence after initial grant of the 1-month total rating assigned under § 4.30 following hospital discharge. | |
| Note (6): Special monthly compensation is assignable during the 100 percent rating period the earliest date permanent use of crutches is established. | |
| 5051 Shoulder replacement (prosthesis). | |

PROSTHETIC IMPLANTS AND RESURFACING— Continued

| | Rating |
|--|---------|
| Major | Minor |
| Prosthetic replacement of the shoulder joint: For 1 year following implantation of prosthesis | 100 100 |
| With chronic residuals consisting of severe, painful motion or weakness in the affected extremity | 60 50 |
| With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic codes 5200 and 5203. Minimum rating | 30 20 |
| 5052 Elbow replacement (prosthesis). Prosthetic replacement of the elbow joint: For 1 year following implantation of prosthesis | 100 100 |
| With chronic residuals consisting of severe, painful motion or weakness in the affected extremity | 50 40 |
| With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5205 through 5208. Minimum evaluation | 30 20 |
| 5053 Wrist replacement (prosthesis). Prosthetic replacement of wrist joint: For 1 year following implantation of prosthesis | 100 100 |
| With chronic residuals consisting of severe, painful motion or weakness in the affected extremity | 40 30 |
| With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214. Minimum rating | 20 20 |
| 5054 Hip, resurfacing or replacement (prosthesis): For 4 months following implantation of prosthesis or resurfacing | 100 |
| Prosthetic replacement of the head of the femur or of the acetabulum: Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches | 190 |
| Markedly severe residual weakness, pain or limitation of motion following implantation of prosthesis | 70 |
| Moderately severe residuals of weakness, pain or limitation of motion | 50 |
| Minimum evaluation, total replacement only | 30 |
| Note: At the conclusion of the 100 percent evaluation period, evaluate resurfacing under diagnostic codes 5250 through 5255; there is no minimum evaluation for resurfacing. | |
| 5055 Knee, resurfacing or replacement (prosthesis): For 4 months following implantation of prosthesis or resurfacing | 100 |

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PROSTHETIC IMPLANTS AND RESURFACING—
Continued

| | | Rating | |
|---|--|--------|-------|
| | | Major | Minor |
| Prosthetic replacement of knee joint: | | | |
| With chronic residuals consisting of severe painful motion or weakness in the affected extremity | | 60 | |
| With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5256, 5261, or 5262. | | | |
| Minimum evaluation, total replacement only | | 30 | |
| Note: At the conclusion of the 100 percent evaluation period, evaluate resurfacing under diagnostic codes 5256 through 5262; there is no minimum evaluation for resurfacing. | | | |
| 5056 Ankle replacement (prosthesis). | | | |
| Prosthetic replacement of ankle joint: | | | |
| For 1 year following implantation of prosthesis | | 100 | |

PROSTHETIC IMPLANTS AND RESURFACING—
Continued

| | | Rating | |
|---|--|--------|-------|
| | | Major | Minor |
| With chronic residuals consisting of severe painful motion or weakness | | | 40 |
| With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to 5270 or 5271. | | | 20 |
| COMBINATIONS OF DISABILITIES | | | |
| 5104 Anatomical loss of one hand and loss of use of one foot | | | 1100 |
| 5105 Anatomical loss of one foot and loss of use of one hand | | | 1100 |
| 5106 Anatomical loss of both hands | | | 1100 |
| 5107 Anatomical loss of both feet | | | 1100 |
| 5108 Anatomical loss of one hand and one foot | | | 1100 |
| 5109 Loss of use of both hands | | | 1100 |
| 5110 Loss of use of both feet | | | 1100 |
| 5111 Loss of use of one hand and one foot | | | 1100 |

¹ Also entitled to special monthly compensation.

TABLE II—RATINGS FOR MULTIPLE LOSSES OF EXTREMITIES WITH DICTATOR'S RATING CODE AND 38 CFR CITATION

| Impairment of one extremity | Impairment of other extremity | | | | | |
|--|---|---|---|--|--|---|
| | Anatomical loss or loss of use below elbow | Anatomical loss or loss of use below knee | Anatomical loss or loss of use above elbow (preventing use of prosthesis) | Anatomical loss or loss of use above knee (preventing use of prosthesis) | Anatomical loss near shoulder (preventing use of prosthesis) | Anatomical loss near hip (preventing use of prosthesis) |
| Anatomical loss or loss of use below elbow. | M Codes M-1 a, b, or c, 38 CFR 3.350 (c)(1)(i). | L Codes L-1 d, e, f, or g, 38 CFR 3.350(b). | M½ Code M-5, 38 CFR 3.350 (f)(1)(x). | L½ Code L-2 c, 38 CFR 3.350 (f)(1)(vi). | N Code N-3, 38 CFR 3.350 (f)(1)(xi). | M Code M-3 c, 38 CFR 3.350 (f)(1)(viii) |
| Anatomical loss or loss of use below knee. | | L Codes L-1 a, b, or c, 38 CFR 3.350(b). | L½ Code L-2 b, 38 CFR 3.350 (f)(1)(ii). | L½ Code L-2 a, 38 CFR 3.350 (f)(1)(i). | M Code M-3 b, 38 CFR 3.350 (f)(1)(iv). | M Code M-3 a, 38 CFR 3.350 (f)(1)(ii) |
| Anatomical loss or loss of use above elbow (preventing use of prosthesis). | | | N Code N-1, 38 CFR 3.350 (d)(1). | M Code M-2 a, 38 CFR 3.350 (c)(1)(iii). | N½ Code N-4, 38 CFR 3.350 (f)(1)(ix). | M½ Code M-4 c, 38 CFR 3.350 (f)(1)(xi) |
| Anatomical loss or loss of use above knee (preventing use of prosthesis). | | | | M Code M-2 a, 38 CFR 3.350 (c)(1)(ii). | M½ Code M-4 b, 38 CFR 3.350 (c)(1)(vii). | M½ Code M-4 a, 38 CFR 3.350 (f)(1)(v) |
| Anatomical loss near shoulder (preventing use of prosthesis). | | | | | O Code O-1, 38 CFR 3.350 (e)(1)(i). | N Code N-2 b, 38 CFR 3.350 (d)(3) |
| Anatomical loss near hip (preventing use of prosthesis). | | | | | | N Code N-2 a, 38 CFR 3.350 (d)(2) |

NOTE.—Need for aid attendance or permanently bedridden qualifies for subpar. L. Code L-1 h, i (38 CFR 3.350(b)). Paraplegia with loss of use of both lower extremities and loss of anal and bladder sphincter control qualifies for subpar. O. Code O-2 (38 CFR 3.350(e)(2)). Where there are additional disabilities rated 50% or 100%, or anatomical or loss of use of a third extremity see 38 CFR 3.350(f) (3), (4) or (5).

§4.71a

(Authority: 38 U.S.C. 1115)

AMPUTATIONS: UPPER EXTREMITY

| | | Rating | |
|-------------------------|---|--------|-------|
| | | Major | Minor |
| Arm, amputation of: | | | |
| 5120 | Complete amputation, upper extremity: | | |
| | Forequarter amputation (involving complete removal of the humerus along with any portion of the scapula, clavicle, and/or ribs) | 1100 | 1100 |
| | Disarticulation (involving complete removal of the humerus only) | 190 | 190 |
| 5121 | Above insertion of deltoid | 190 | 180 |
| 5122 | Below insertion of deltoid | 180 | 170 |
| Forearm, amputation of: | | | |
| 5123 | Above insertion of pronator teres | 180 | 170 |
| 5124 | Below insertion of pronator teres | 170 | 160 |
| 5125 | Hand, loss of use of | 170 | 160 |

MULTIPLE FINGER AMPUTATIONS

| | | | |
|---|--|-----|-----|
| 5126 | Five digits of one hand, amputation of | 170 | 160 |
| Four digits of one hand, amputation of: | | | |
| 5127 | Thumb, index, long and ring | 170 | 160 |
| 5128 | Thumb, index, long and little | 170 | 160 |
| 5129 | Thumb, index, ring and little | 170 | 160 |
| 5130 | Thumb, long, ring and little | 170 | 160 |
| 5131 | Index, long, ring and little | 60 | 50 |
| Three digits of one hand, amputation of: | | | |
| 5132 | Thumb, index and long | 60 | 50 |
| 5133 | Thumb, index and ring | 60 | 50 |
| 5134 | Thumb, index and little | 60 | 50 |
| 5135 | Thumb, long and ring | 60 | 50 |
| 5136 | Thumb, long and little | 60 | 50 |
| 5137 | Thumb, ring and little | 60 | 50 |
| 5138 | Index, long and ring | 50 | 40 |
| 5139 | Index, long and little | 50 | 40 |
| 5140 | Index, ring and little | 50 | 40 |
| 5141 | Long, ring and little | 40 | 30 |
| Two digits of one hand, amputation of: | | | |
| 5142 | Thumb and index | 50 | 40 |
| 5143 | Thumb and long | 50 | 40 |
| 5144 | Thumb and ring | 50 | 40 |
| 5145 | Thumb and little | 50 | 40 |
| 5146 | Index and long | 40 | 30 |
| 5147 | Index and ring | 40 | 30 |
| 5148 | Index and little | 40 | 30 |
| 5149 | Long and ring | 30 | 20 |
| 5150 | Long and little | 30 | 20 |
| 5151 | Ring and little | 30 | 20 |
| (a) The ratings for multiple finger amputations apply to amputations at the proximal interphalangeal joints or through proximal phalanges.. | | | |
| (b) Amputation through middle phalanges will be rated as prescribed for unfavorable ankylosis of the fingers.. | | | |
| (c) Amputations at distal joints, or through distal phalanges, other than negligible losses, will be rated as prescribed for favorable ankylosis of the fingers.. | | | |

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AMPUTATIONS: UPPER EXTREMITY—Continued

| | | Rating | |
|--|---|--------|-------|
| | | Major | Minor |
| | (d) Amputation or resection of metacarpal bones (more than one-half the bone lost) in multiple fingers injuries will require a rating of 10 percent added to (not combined with) the ratings, multiple finger amputations, subject to the amputation rule applied to the forearm. | | |
| | (e) Combinations of finger amputations at various levels, or finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability; i.e., amputation, unfavorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades. | | |
| | (f) Loss of use of the hand will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump with a suitable prosthetic appliance. | | |
| SINGLE FINGER AMPUTATIONS | | | |
| 5152 | Thumb, amputation of: | | |
| | With metacarpal resection | 40 | 30 |
| | At metacarpophalangeal joint or through proximal phalanx | 30 | 20 |
| | At distal joint or through distal phalanx | 20 | 20 |
| 5153 | Index finger, amputation of: | | |
| | With metacarpal resection (more than one-half the bone lost) | 30 | 20 |
| | Without metacarpal resection, at proximal interphalangeal joint or proximal thereto | 20 | 20 |
| | Through middle phalanx or at distal joint | 10 | 10 |
| 5154 | Long finger, amputation of: | | |
| | With metacarpal resection (more than one-half the bone lost) | 20 | 20 |
| | Without metacarpal resection, at proximal interphalangeal joint or proximal thereto | 10 | 10 |
| 5155 | Ring finger, amputation of: | | |
| | With metacarpal resection (more than one-half the bone lost) | 20 | 20 |
| | Without metacarpal resection, at proximal interphalangeal joint or proximal thereto | 10 | 10 |
| 5156 | Little finger, amputation of: | | |
| | With metacarpal resection (more than one-half the bone lost) | 20 | 20 |
| | Without metacarpal resection, at proximal interphalangeal joint or proximal thereto | 10 | 10 |
| NOTE: The single finger amputation ratings are the only applicable ratings for amputations of whole or part of single fingers. | | | |

¹ Entitled to special monthly compensation.

SINGLE FINGER AMPUTATIONS

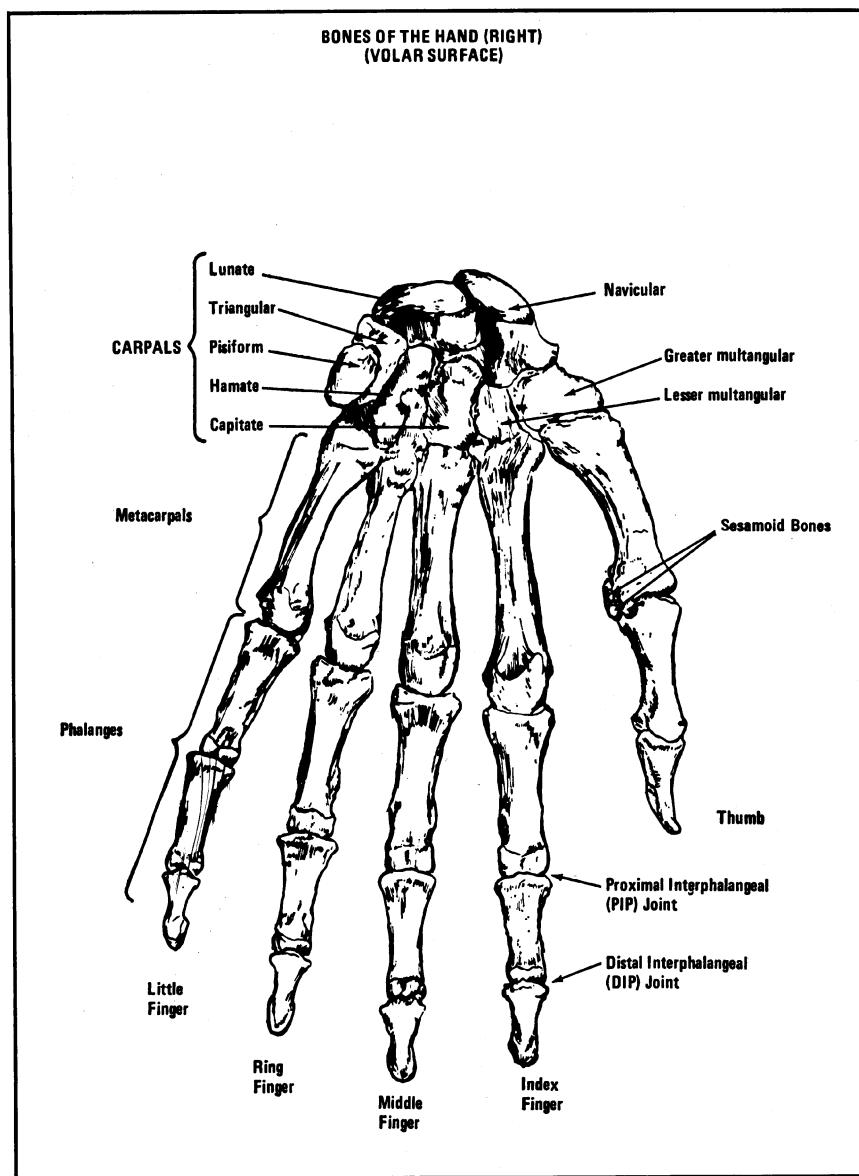


PLATE III

AMPUTATIONS: LOWER EXTREMITY

AMPUTATIONS: LOWER EXTREMITY—Continued

| | Rating | | Rating |
|-----------------------|--------|--|--------|
| Thigh, amputation of: | | 5160 Complete amputation, lower extremity: | |

§4.71a**38 CFR Ch. I (7-1-21 Edition)****AMPUTATIONS: LOWER EXTREMITY—Continued**

| | Rating |
|---|------------------|
| Trans-pelvic amputation (involving complete removal of the femur and intrinsic pelvic musculature along with any portion of the pelvic bones) | ² 100 |
| Disarticulation (involving complete removal of the femur and intrinsic pelvic musculature only) | ² 90 |
| Note: Separately evaluate residuals involving other body systems (e.g., bowel impairment, bladder impairment) under the appropriate diagnostic code. | |
| 5161 Upper third, one-third of the distance from perineum to knee joint measured from perineum ... | ² 80 |
| 5162 Middle or lower thirds | ² 60 |
| Leg, amputation of: | |
| 5163 With defective stump, thigh amputation recommended | ² 60 |
| 5164 Amputation not improvable by prosthesis controlled by natural knee action | ² 60 |
| 5165 At a lower level, permitting prosthesis | ² 40 |

AMPUTATIONS: LOWER EXTREMITY—Continued

| | Rating |
|--|-----------------|
| 5166 Forefoot, amputation proximal to metatarsal bones (more than one-half of metatarsal loss) | ² 40 |
| 5167 Foot, loss of use of | ² 40 |
| 5170 Toes, all, amputation of, without metatarsal loss or transmetatarsal, amputation of, with up to half of metatarsal loss | 30 |
| 5171 Toe, great, amputation of: | |
| With removal of metatarsal head | 30 |
| Without metatarsal involvement | 10 |
| 5172 Toes, other than great, amputation of, with removal of metatarsal head: | |
| One or two | 20 |
| Without metatarsal involvement | 0 |
| 5173 Toes, three or four, amputation of, without metatarsal involvement: | |
| Including great toe | 20 |
| Not including great toe | 10 |

² Also entitled to special monthly compensation.

AMPUTATIONS: LOWER EXTREMITY

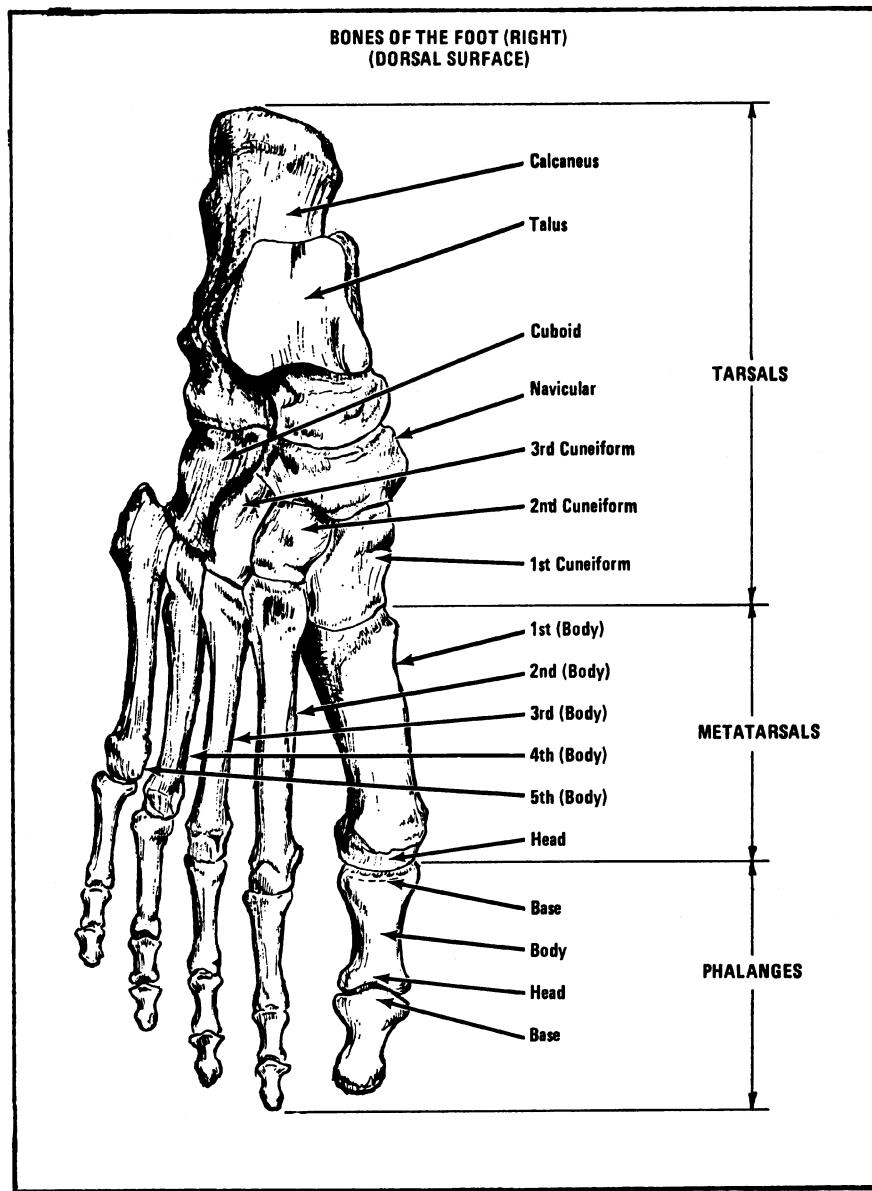


PLATE IV

§4.71a

38 CFR Ch. I (7-1-21 Edition)

THE SHOULDER AND ARM

| | Rating | |
|--|--------|-------|
| | Major | Minor |
| 5200 Scapulohumeral articulation, ankylosis of: | | |
| NOTE: The scapula and humerus move as one piece. | | |
| Unfavorable, abduction limited to 25° from side | 50 | 40 |
| Intermediate between favorable and unfavorable | 40 | 30 |
| Favorable, abduction to 60°, can reach mouth and head | 30 | 20 |
| 5201 Arm, limitation of motion of: | | |
| Flexion and/or abduction limited to 25° from side | 40 | 30 |
| Midway between side and shoulder level (flexion and/or abduction limited to 45°) | 30 | 20 |
| At shoulder level (flexion and/or abduction limited to 90°) | 20 | 20 |
| 5202 Humerus, other impairment of: | | |
| Loss of head of (flail shoulder) | 80 | 70 |
| Nonunion of (false flail joint) | 60 | 50 |
| Fibrous union of | 50 | 40 |
| Recurrent dislocation of at scapulohumeral joint: | | |
| With frequent episodes and guarding of all arm movements | 30 | 20 |
| With infrequent episodes and guarding of movement only at shoulder level (flexion and/or abduction at 90°) | 20 | 20 |
| Malunion of: | | |
| Marked deformity | 30 | 20 |
| Moderate deformity | 20 | 20 |
| 5203 Clavicle or scapula, impairment of: | | |
| Dislocation of | 20 | 20 |
| Nonunion of: | | |
| With loose movement | 20 | 20 |
| Without loose movement | 10 | 10 |
| Malunion of | 10 | 10 |
| Or rate on impairment of function of contiguous joint. | | |

THE ELBOW AND FOREARM

| | Rating | |
|--|--------|-------|
| | Major | Minor |
| 5205 Elbow, ankylosis of: | | |
| Unfavorable, at an angle of less than 50° or with complete loss of supination or pronation | 60 | 50 |
| Intermediate, at an angle of more than 90°, or between 70° and 50° | 50 | 40 |
| Favorable, at an angle between 90° and 70° | 40 | 30 |
| 5206 Forearm, limitation of flexion of: | | |
| Flexion limited to 45° | 50 | 40 |
| Flexion limited to 55° | 40 | 30 |
| Flexion limited to 70° | 30 | 20 |
| Flexion limited to 90° | 20 | 20 |
| Flexion limited to 100° | 10 | 10 |
| Flexion limited to 110° | 0 | 0 |
| 5207 Forearm, limitation of extension of: | | |
| Extension limited to 110° | 50 | 40 |
| Extension limited to 100° | 40 | 30 |
| Extension limited to 90° | 30 | 20 |
| Extension limited to 75° | 20 | 20 |

THE ELBOW AND FOREARM—Continued

| | Rating | |
|--|--------|-------|
| | Major | Minor |
| 5208 Forearm, flexion limited to 100° and extension to 45° | 10 | 10 |
| 5209 Elbow, other impairment of Flail joint | 20 | 20 |
| Joint fracture, with marked cubitus varus or cubitus valgus deformity or with ununited fracture of head of radius | 60 | 50 |
| 5210 Radius and ulna, nonunion of, with flail false joint | 20 | 20 |
| 5211 Ulna, impairment of: | 50 | 40 |
| Nonunion in upper half, with false movement: | | |
| With loss of bone substance (1 inch (2.5 cms.) or more) and marked deformity | 40 | 30 |
| Without loss of bone substance or deformity | 30 | 20 |
| Nonunion in lower half | 20 | 20 |
| Malunion of, with bad alignment | 10 | 10 |
| 5212 Radius, impairment of: | | |
| Nonunion in lower half, with false movement: | | |
| With loss of bone substance (1 inch (2.5 cms.) or more) and marked deformity | 40 | 30 |
| Without loss of bone substance or deformity | 30 | 20 |
| Nonunion in upper half | 20 | 20 |
| Malunion of, with bad alignment | 10 | 10 |
| 5213 Supination and pronation, impairment of: | | |
| Loss of (bone fusion): | | |
| The hand fixed in supination or hyperpronation | 40 | 30 |
| The hand fixed in full pronation | 30 | 20 |
| The hand fixed near the middle of the arc or moderate pronation | 20 | 20 |
| Limitation of pronation: | | |
| Motion lost beyond middle of arc | 30 | 20 |
| Motion lost beyond last quarter of arc, the hand does not approach full pronation | 20 | 20 |
| Limitation of supination: | | |
| To 30° or less | 10 | 10 |
| NOTE: In all the forearm and wrist injuries, codes 5205 through 5213, multiple impaired finger movements due to tendon tie-up, muscle or nerve injury, are to be separately rated and combined not to exceed rating for loss of use of hand. | | |
| THE WRIST | | |
| | Rating | |
| | Major | Minor |
| 5214 Wrist, ankylosis of: | | |
| Unfavorable, in any degree of palmar flexion, or with ulnar or radial deviation | 50 | 40 |
| Any other position, except favorable | 40 | 30 |
| Favorable in 20° to 30° dorsiflexion | 30 | 20 |
| NOTE: Extremely unfavorable ankylosis will be rated as loss of use of hands under diagnostic code 5125. | | |
| 5215 Wrist, limitation of motion of: | | |

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THE WRIST—Continued

| | Rating | |
|---|--------|-------|
| | Major | Minor |
| Dorsiflexion less than 15° | 10 | 10 |
| Palmar flexion limited in line with forearm | 10 | 10 |

EVALUATION OF ANKYLOSIS OR LIMITATION OF MOTION OF SINGLE OR MULTIPLE DIGITS OF THE HAND

| | Rating | |
|---|--------|-------|
| | Major | Minor |
| (1) For the index, long, ring, and little fingers (digits II, III, IV, and V), zero degrees of flexion represents the fingers fully extended, making a straight line with the rest of the hand. The position of function of the hand is with the wrist dorsiflexed 20 to 30 degrees, the metacarpophalangeal and proximal interphalangeal joints flexed to 30 degrees, and the thumb (digit I) abducted and rotated so that the thumb pad faces the finger pads. Only joints in these positions are considered to be in favorable position. For digits II through V, the metacarpophalangeal joint has a range of zero to 90 degrees of flexion, the proximal interphalangeal joint has a range of zero to 100 degrees of flexion, and the distal (terminal) interphalangeal joint has a range of zero to 70 or 80 degrees of flexion | | |
| (2) When two or more digits of the same hand are affected by any combination of amputation, ankylosis, or limitation of motion that is not otherwise specified in the rating schedule, the evaluation level assigned will be that which best represents the overall disability (i.e., amputation, unfavorable or favorable ankylosis, or limitation of motion), assigning the higher level of evaluation when the level of disability is equally balanced between one level and the next higher level | | |
| (3) Evaluation of ankylosis of the index, long, ring, and little fingers: | | |
| (i) If both the metacarpophalangeal and proximal interphalangeal joints of a digit are ankylosed, and either is in extension or full flexion, or there is rotation or angulation of a bone, evaluate as amputation without metacarpal resection, at proximal interphalangeal joint or proximal thereto | | |
| (ii) If both the metacarpophalangeal and proximal interphalangeal joints of a digit are ankylosed, evaluate as unfavorable ankylosis, even if each joint is individually fixed in a favorable position. | | |

EVALUATION OF ANKYLOSIS OR LIMITATION OF MOTION OF SINGLE OR MULTIPLE DIGITS OF THE HAND—Continued

| | Rating | |
|---|--------|-------|
| | Major | Minor |
| (iii) If only the metacarpophalangeal or proximal interphalangeal joint is ankylosed, and there is a gap of more than two inches (5.1 cm.) between the fingertip(s) and the proximal transverse crease of the palm, with the finger(s) flexed to the extent possible, evaluate as unfavorable ankylosis | | |
| (iv) If only the metacarpophalangeal or proximal interphalangeal joint is ankylosed, and there is a gap of two inches (5.1 cm.) or less between the fingertip(s) and the proximal transverse crease of the palm, with the finger(s) flexed to the extent possible, evaluate as favorable ankylosis | | |
| (4) Evaluation of ankylosis of the thumb: | | |
| (i) If both the carpometacarpal and interphalangeal joints are ankylosed, and either is in extension or full flexion, or there is rotation or angulation of a bone, evaluate as amputation at metacarpophalangeal joint or through proximal phalanx | | |
| (ii) If both the carpometacarpal and interphalangeal joints are ankylosed, evaluate as unfavorable ankylosis, even if each joint is individually fixed in a favorable position | | |
| (iii) If only the carpometacarpal or interphalangeal joint is ankylosed, and there is a gap of more than two inches (5.1 cm.) between the thumb pad and the fingers, with the thumb attempting to oppose the fingers, evaluate as unfavorable ankylosis | | |
| (iv) If only the carpometacarpal or interphalangeal joint is ankylosed, and there is a gap of two inches (5.1 cm.) or less between the thumb pad and the fingers, with the thumb attempting to oppose the fingers, evaluate as favorable ankylosis | | |
| (5) If there is limitation of motion of two or more digits, evaluate each digit separately and combine the evaluations | | |

I. Multiple Digits: Unfavorable Ankylosis

| | | |
|---|----|----|
| 5216 Five digits of one hand, unfavorable ankylosis of | 60 | 50 |
| Note: Also consider whether evaluation as amputation is warranted. | | |
| 5217 Four digits of one hand, unfavorable ankylosis of: | | |
| Thumb and any three fingers | 60 | 50 |
| Index, long, ring, and little fingers .. | 50 | 40 |

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EVALUATION OF ANKYLOSIS OR LIMITATION OF MOTION OF SINGLE OR MULTIPLE DIGITS OF THE HAND—Continued

| | Rating | |
|--|--------|-------|
| | Major | Minor |
| Note: Also consider whether evaluation as amputation is warranted. | | |
| 5218 Three digits of one hand, unfavorable ankylosis of: | | |
| Thumb and any two fingers | 50 | 40 |
| Index, long, and ring; index, long, and little; or index, ring, and little fingers | 40 | 30 |
| Long, ring, and little fingers | 30 | 20 |
| Note: Also consider whether evaluation as amputation is warranted. | | |
| 5219 Two digits of one hand, unfavorable ankylosis of: | | |
| Thumb and any finger | 40 | 30 |
| Index and long; index and ring; or index and little fingers | 30 | 20 |
| Long and ring; long and little; or ring and little fingers | 20 | 20 |
| Note: Also consider whether evaluation as amputation is warranted. | | |

II. Multiple Digits: Favorable Ankylosis

| | | |
|--|----|----|
| 5220 Five digits of one hand, favorable ankylosis of | 50 | 40 |
| 5221 Four digits of one hand, favorable ankylosis of: | | |
| Thumb and any three fingers | 50 | 40 |
| Index, long, ring, and little fingers .. | 40 | 30 |
| 5222 Three digits of one hand, favorable ankylosis of: | | |
| Thumb and any two fingers | 40 | 30 |
| Index, long, and ring; index, long, and little; or index, ring, and little fingers | 30 | 20 |
| Long, ring and little fingers | 20 | 20 |
| 5223 Two digits of one hand, favorable ankylosis of: | | |
| Thumb and any finger | 30 | 20 |
| Index and long; index and ring; or index and little fingers | 20 | 20 |
| Long and ring; long and little; or ring and little fingers | 10 | 10 |

III. Ankylosis of Individual Digits

| | | |
|--|----|----|
| 5224 Thumb, ankylosis of: | | |
| Unfavorable | 20 | 20 |
| Favorable | 10 | 10 |
| Note: Also consider whether evaluation as amputation is warranted and whether an additional evaluation is warranted for resulting limitation of motion of other digits or interference with overall function of the hand. | | |
| 5225 Index finger, ankylosis of: | | |
| Unfavorable or favorable | 10 | 10 |
| Note: Also consider whether evaluation as amputation is warranted and whether an additional evaluation is warranted for resulting limitation of motion of other digits or interference with overall function of the hand. | | |
| 5226 Long finger, ankylosis of: | | |
| Unfavorable or favorable | 10 | 10 |

EVALUATION OF ANKYLOSIS OR LIMITATION OF MOTION OF SINGLE OR MULTIPLE DIGITS OF THE HAND—Continued

| | Rating | |
|--|--------|-------|
| | Major | Minor |
| Note: Also consider whether evaluation as amputation is warranted and whether an additional evaluation is warranted for resulting limitation of motion of other digits or interference with overall function of the hand. | | |
| 5227 Ring or little finger, ankylosis of: | | |
| Unfavorable or favorable | 0 | 0 |
| Note: Also consider whether evaluation as amputation is warranted and whether an additional evaluation is warranted for resulting limitation of motion of other digits or interference with overall function of the hand. | | |

IV. Limitation of Motion of Individual Digits

| | | |
|--|----|----|
| 5228 Thumb, limitation of motion: | | |
| With a gap of more than two inches (5.1 cm.) between the thumb pad and the fingers, with the thumb attempting to oppose the fingers | 20 | 20 |
| With a gap of one to two inches (2.5 to 5.1 cm.) between the thumb pad and the fingers, with the thumb attempting to oppose the fingers | 10 | 10 |
| With a gap of less than one inch (2.5 cm.) between the thumb pad and the fingers, with the thumb attempting to oppose the fingers | 0 | 0 |
| 5229 Index or long finger, limitation of motion: | | |
| With a gap of one inch (2.5 cm.) or more between the fingertip and the proximal transverse crease of the palm, with the finger flexed to the extent possible, or; with extension limited by more than 30 degrees | 10 | 10 |
| With a gap of less than one inch (2.5 cm.) between the fingertip and the proximal transverse crease of the palm, with the finger flexed to the extent possible, and; extension is limited by no more than 30 degrees | 0 | 0 |
| 5230 Ring or little finger, limitation of motion: | | |
| Any limitation of motion | 0 | 0 |

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THE SPINE

| General Rating Formula for Diseases and Injuries of the Spine | | Rating |
|--|-----|--------|
| (For diagnostic codes 5235 to 5243 unless 5243 is evaluated under the Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes): | | |
| With or without symptoms such as pain (whether or not it radiates), stiffness, or aching in the area of the spine affected by residuals of injury or disease | | |
| Unfavorable ankylosis of the entire spine | 100 | |
| Unfavorable ankylosis of the entire thoracolumbar spine | 50 | |
| Unfavorable ankylosis of the entire cervical spine; or, forward flexion of the thoracolumbar spine 30 degrees or less; or, favorable ankylosis of the entire thoracolumbar spine | 40 | |
| Forward flexion of the cervical spine 15 degrees or less; or, favorable ankylosis of the entire cervical spine | 30 | |
| Forward flexion of the thoracolumbar spine greater than 30 degrees but not greater than 60 degrees; or, forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees; or, the combined range of motion of the thoracolumbar spine not greater than 120 degrees; or, the combined range of motion of the cervical spine not greater than 170 degrees; or, muscle spasm or guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis | 20 | |
| Forward flexion of the thoracolumbar spine greater than 60 degrees but not greater than 85 degrees; or, forward flexion of the cervical spine greater than 30 degrees but not greater than 40 degrees; or, combined range of motion of the thoracolumbar spine greater than 120 degrees but not greater than 235 degrees; or, combined range of motion of the cervical spine greater than 170 degrees but not greater than 335 degrees; or, muscle spasm, guarding, or localized tenderness not resulting in abnormal gait or abnormal spinal contour; or, vertebral body fracture with loss of 50 percent or more of the height | 10 | |
| Note (1): Evaluate any associated objective neurologic abnormalities, including, but not limited to, bowel or bladder impairment, separately, under an appropriate diagnostic code. | | |

THE SPINE—Continued

| Note (2): (See also Plate V.) For VA compensation purposes, normal forward flexion of the cervical spine is zero to 45 degrees, extension is zero to 45 degrees, left and right lateral flexion are zero to 45 degrees, and left and right lateral rotation are zero to 80 degrees. Normal forward flexion of the thoracolumbar spine is zero to 90 degrees, extension is zero to 30 degrees, left and right lateral flexion are zero to 30 degrees, and left and right lateral rotation are zero to 30 degrees. The combined range of motion refers to the sum of the range of forward flexion, extension, left and right lateral flexion, and left and right rotation. The normal combined range of motion of the cervical spine is 340 degrees and of the thoracolumbar spine is 240 degrees. The normal ranges of motion for each component of spinal motion provided in this note are the maximum that can be used for calculation of the combined range of motion. | | Rating |
|--|--|--------|
| Note (3): In exceptional cases, an examiner may state that because of age, body habitus, neurologic disease, or other factors not the result of disease or injury of the spine, the range of motion of the spine in a particular individual should be considered normal for that individual, even though it does not conform to the normal range of motion stated in Note (2). Provided that the examiner supplies an explanation, the examiner's assessment that the range of motion is normal for that individual will be accepted. | | |
| Note (4): Round each range of motion measurement to the nearest five degrees. | | |
| Note (5): For VA compensation purposes, unfavorable ankylosis is a condition in which the entire cervical spine, the entire thoracolumbar spine, or the entire spine is fixed in flexion or extension, and the ankylosis results in one or more of the following: difficulty walking because of a limited line of vision; restricted opening of the mouth and chewing; breathing limited to diaphragmatic respiration; gastrointestinal symptoms due to pressure of the costal margin on the abdomen; dyspnea or dysphagia; atlantoaxial or cervical subluxation or dislocation; or neurologic symptoms due to nerve root stretching. Fixation of a spinal segment in neutral position (zero degrees) always represents favorable ankylosis. | | |
| Note (6): Separately evaluate disability of the thoracolumbar and cervical spine segments, except when there is unfavorable ankylosis of both segments, which will be rated as a single disability. | | |
| 5235 Vertebral fracture or dislocation | | |
| 5236 Sacroiliac injury and weakness | | |
| 5237 Lumbosacral or cervical strain | | |
| 5238 Spinal stenosis | | |
| 5239 Spondylolisthesis or segmental instability | | |
| 5240 Ankylosing spondylitis | | |
| 5241 Spinal fusion | | |
| 5242 Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either DC 5003 or 5010) | | |
| 5243 Intervertebral disc syndrome: Assign this diagnostic code only when there is disc herniation with compression and/or irritation of the adjacent nerve root; assign diagnostic code 5242 for all other disc diagnoses. | | |

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| | Rating |
|---|--------|
| Evaluate intervertebral disc syndrome (preoperatively or postoperatively) either under the General Rating Formula for Diseases and Injuries of the Spine or under the Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes, whichever method results in the higher evaluation when all disabilities are combined under §4.25. | |
| 5244 Traumatic paralysis, complete: | |
| Paraplegia: Rate under diagnostic code 5110. | |
| Quadriplegia: Rate separately under diagnostic codes 5109 and 5110 and combine evaluations in accordance with §4.25. | |
| Note: If traumatic paralysis does not cause loss of use of both hands or both feet, it is incomplete paralysis. Evaluate residuals of incomplete traumatic paralysis under the appropriate diagnostic code (e.g., §4.124a, Diseases of the Peripheral Nerves). | |
| Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes | |
| With incapacitating episodes having a total duration of at least 6 weeks during the past 12 months | 60 |

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| | Rating |
|---|--------|
| With incapacitating episodes having a total duration of at least 4 weeks but less than 6 weeks during the past 12 months | 40 |
| With incapacitating episodes having a total duration of at least 2 weeks but less than 4 weeks during the past 12 months | 20 |
| With incapacitating episodes having a total duration of at least one week but less than 2 weeks during the past 12 months | 10 |
| Note (1): For purposes of evaluations under diagnostic code 5243, an incapacitating episode is a period of acute signs and symptoms due to intervertebral disc syndrome that requires bed rest prescribed by a physician and treatment by a physician. | |
| Note (2): If intervertebral disc syndrome is present in more than one spinal segment, provided that the effects in each spinal segment are clearly distinct, evaluate each segment on the basis of incapacitating episodes or under the General Rating Formula for Diseases and Injuries of the Spine, whichever method results in a higher evaluation for that segment. | |

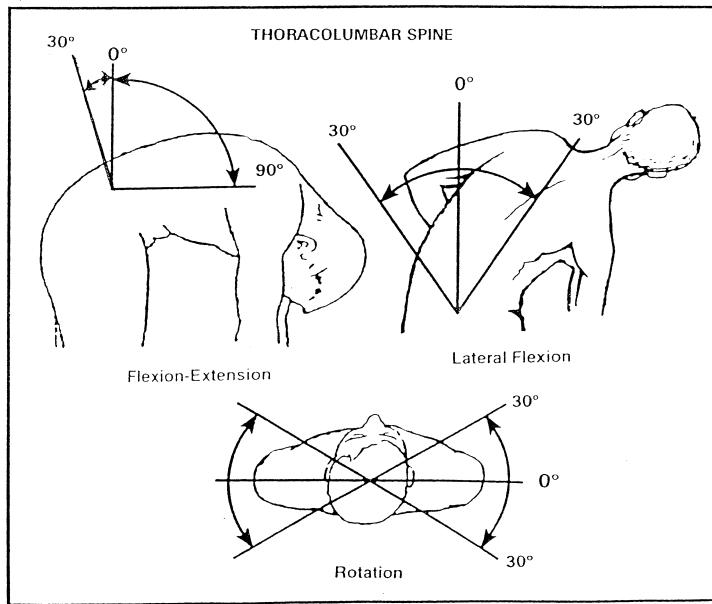
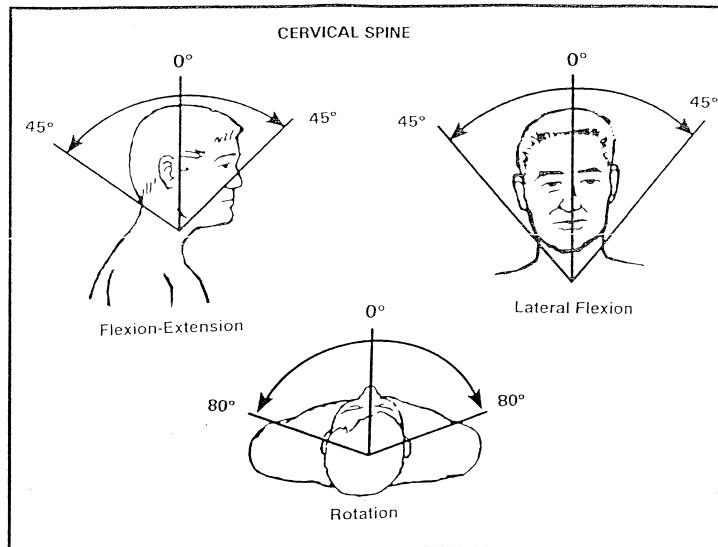


PLATE V
RANGE OF MOTION OF CERVICAL AND THORACOLUMBAR SPINE

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THE HIP AND THIGH

| | Rating |
|--|--------|
| 5250 Hip, ankylosis of: Unfavorable, extremely unfavorable ankylosis, the foot not reaching ground, crutches necessitated | 30 |
| Intermediate | 70 |
| Favorable, in flexion at an angle between 20° and 40°, and slight adduction or abduction | 60 |
| 5251 Thigh, limitation of extension of: Extension limited to 5° | 10 |
| 5252 Thigh, limitation of flexion of: Flexion limited to 10° | 40 |
| Flexion limited to 20° | 30 |
| Flexion limited to 30° | 20 |
| Flexion limited to 45° | 10 |
| 5253 Thigh, impairment of: Limitation of abduction of, motion lost beyond 10° | 20 |
| Limitation of adduction of, cannot cross legs | 10 |
| Limitation of rotation of, cannot toe-out more than 15°, affected leg | 10 |
| 5254 Hip, flail joint | 80 |
| 5255 Femur, impairment of: Fracture of shaft or anatomical neck of: With nonunion, with loose motion (spiral or oblique fracture) | 80 |
| With nonunion, without loose motion, weight bearing preserved with aid of brace | 60 |
| Fracture of surgical neck of, with false joint | 60 |
| Malunion of: Evaluate under diagnostic codes 5256, 5257, 5260, or 5261 for the knee, or 5250-5254 for the hip, whichever results in the highest evaluation. | |

³ Entitled to special monthly compensation.

THE KNEE AND LEG

| | Rating |
|---|--------|
| 5256 Knee, ankylosis of: Extremely unfavorable, in flexion at an angle of 45° or more | 60 |
| In flexion between 20° and 45° | 50 |
| In flexion between 10° and 20° | 40 |
| Favorable angle in full extension, or in slight flexion between 0° and 10° | 30 |
| 5257 Knee, other impairment of: <i>Recurrent subluxation or instability:</i> Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes both an assistive device (e.g., cane(s), crutch(es), walker) and bracing for ambulation | 30 |
| One of the following: (a) Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability, and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation. | |
| (b) Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes either an assistive device (e.g., cane(s), crutch(es), walker) or bracing for ambulation | 20 |
| Sprain, incomplete ligament tear, or complete ligament tear (repaired, unrepaird, or failed repair) causing persistent instability, without a prescription from a medical provider for an assistive device (e.g., cane(s), crutch(es), walker) or bracing for ambulation | 10 |
| <i>Patellar instability:</i> A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription by a medical provider for a brace and either a cane or a walker | 30 |
| A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription by a medical provider for one of the following: A brace, cane, or walker | 20 |
| A diagnosed condition involving the patellofemoral complex with recurrent instability (with or without history of surgical repair) that does not require a prescription from a medical provider for a brace, cane, or walker | 10 |
| Note (1): For patellar instability, the patellofemoral complex consists of the quadriceps tendon, the patella, and the patellar tendon. | |
| Note (2): A surgical procedure that does not involve repair of one or more patellofemoral components that contribute to the underlying instability shall not qualify as surgical repair for patellar instability (including, but not limited to, arthroscopy to remove loose bodies and joint aspiration). | |
| 5258 Cartilage, semilunar, dislocated, with frequent episodes of "locking," pain, and effusion into the joint | 20 |
| 5259 Cartilage, semilunar, removal of, symptomatic | 10 |
| 5260 Leg, limitation of flexion of: Flexion limited to 15° | 30 |
| Flexion limited to 30° | 20 |
| Flexion limited to 45° | 10 |
| Flexion limited to 60° | 0 |
| 5261 Leg, limitation of extension of: Extension limited to 45° | 50 |
| Extension limited to 30° | 40 |
| Extension limited to 20° | 30 |
| Extension limited to 15° | 20 |
| Extension limited to 10° | 10 |
| Extension limited to 5° | 0 |
| 5262 Tibia and fibula, impairment of: Nonunion of, with loose motion, requiring brace | 40 |
| Malunion of: | |

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THE KNEE AND LEG—Continued

| | Rating |
|---|--------|
| Evaluate under diagnostic codes 5256, 5257, 5260, or 5261 for the knee, or 5270 or 5271 for the ankle, whichever results in the highest evaluation. | |
| Medial tibial stress syndrome (MTSS), or shin splints: | |
| Requiring treatment for no less than 12 consecutive months, and unresponsive to surgery and either shoe orthotics or other conservative treatment, both lower extremities | 30 |
| Requiring treatment for no less than 12 consecutive months, and unresponsive to surgery and either shoe orthotics or other conservative treatment, one lower extremity | 20 |
| Requiring treatment for no less than 12 consecutive months, and unresponsive to either shoe orthotics or other conservative treatment, one or both lower extremities | 10 |
| Treatment less than 12 consecutive months, one or both lower extremities | 0 |
| 5263 Genu recurvatum (acquired, traumatic, with weakness and insecurity in weight-bearing objectively demonstrated) | 10 |

THE ANKLE

| | Rating |
|--|--------|
| 5270 Ankle, ankylosis of: | |
| In plantar flexion at more than 40°, or in dorsiflexion at more than 10° or with abduction, adduction, inversion or eversion deformity | 40 |
| In plantar flexion, between 30° and 40°, or in dorsiflexion, between 0° and 10° | 30 |
| In plantar flexion, less than 30° | 20 |
| 5271 Ankle, limited motion of: | |
| Marked (less than 5 degrees dorsiflexion or less than 10 degrees plantar flexion) | 20 |
| Moderate (less than 15 degrees dorsiflexion or less than 30 degrees plantar flexion) | 10 |
| 5272 Subastragalar or tarsal joint, ankylosis of: | |
| In poor weight-bearing position | 20 |
| In good weight-bearing position | 10 |
| 5273 Os calcis or astragalus, malunion of: | |
| Marked deformity | 20 |
| Moderate deformity | 10 |
| 5274 Asteaglectomy | 20 |

SHORTENING OF THE LOWER EXTREMITY

| | Rating |
|--|--------|
| 5275 Bones, of the lower extremity, shortening of: | |
| Over 4 inches (10.2 cms.) | 360 |
| 3½ to 4 inches (8.9 cms. to 10.2 cms.) | 350 |
| 3 to 3½ inches (7.6 cms. to 8.9 cms.) | 40 |
| 2½ to 3 inches (6.4 cms. to 7.6 cms.) | 30 |
| 2 to 2½ inches (5.1 cms. to 6.4 cms.) | 20 |
| 1½ to 2 inches (3.2 cms. to 5.1 cms.) | 10 |
| NOTE: Measure both lower extremities from anterior superior spine of the ilium to the internal malleolus of the tibia. Not to be combined with other ratings for fracture or faulty union in the same extremity. | |
| 3 Also entitled to special monthly compensation. | |
| THE FOOT | |
| 5269 Plantar fasciitis: | |
| No relief from both non-surgical and surgical treatment, bilateral | 30 |
| No relief from both non-surgical and surgical treatment, unilateral | 20 |
| Otherwise, unilateral or bilateral | 10 |
| Note (1): With actual loss of use of the foot, rate 40 percent. | |
| Note (2): If a veteran has been recommended for surgical intervention, but is not a surgical candidate, evaluate under the 20 percent or 30 percent criteria, whichever is applicable. | |
| 5276 Flatfoot, acquired: | |
| Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo achillis on manipulation, not improved by orthopedic shoes or appliances. | |
| Bilateral | 50 |
| Unilateral | 30 |
| Severe; objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities: | |
| Bilateral | 30 |
| Unilateral | 20 |
| Moderate; weight-bearing line over or medial to great toe, inward bowing of the tendo achillis, pain on manipulation and use of the feet, bilateral or unilateral | |
| Mild; symptoms relieved by built-up shoe or arch support | 10 |
| 5277 Weak foot, bilateral: | |
| A symptomatic condition secondary to many constitutional conditions, characterized by atrophy of the musculature, disturbed circulation, and weakness: | |
| Rate the underlying condition, minimum rating | 0 |
| 5278 Claw foot (pes cavus), acquired: | |
| Marked contraction of plantar fascia with dropped forefoot, all toes hammer toes, very painful callosities, marked varus deformity: | |
| Bilateral | 50 |
| Unilateral | 30 |
| All toes tending to dorsiflexion, limitation of dorsiflexion at ankle to right angle, shortened plantar fascia, and marked tenderness under metatarsal heads: | |
| Bilateral | 30 |
| Unilateral | 20 |
| Great toe dorsiflexed, some limitation of dorsiflexion at ankle, definite tenderness under metatarsal heads: | |
| Bilateral | 10 |

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THE FOOT—Continued

| | Rating |
|---|--------|
| Unilateral | |
| Slight | |
| 5279 Metatarsalgia, anterior (Morton's disease), unilateral, or bilateral | 10 |
| 5280 Hallux valgus, unilateral: | 0 |
| Operated with resection of metatarsal head | 10 |
| Severe, if equivalent to amputation of great toe .. | 10 |
| 5281 Hallux rigidus, unilateral, severe: | 0 |
| Rate as hallux valgus, severe. | 10 |
| Note: Not to be combined with claw foot ratings. | 10 |
| 5282 Hammer toe: | 0 |
| All toes, unilateral without claw foot | 10 |
| Single toes | 0 |
| 5283 Tarsal, or metatarsal bones, malunion of, or nonunion of: | 20 |
| Severe | 30 |
| Moderately severe | 20 |
| Moderate | 10 |
| Note: With actual loss of use of the foot, rate 40 percent. | |
| 5284 Foot injuries, other: | |
| Severe | 30 |
| Moderately severe | 20 |
| Moderate | 10 |
| Note: With actual loss of use of the foot, rate 40 percent. | |

THE SKULL

| | Rating |
|---|--------|
| 5296 Skull, loss of part of, both inner and outer tables: | |
| With brain hernia | 80 |
| Without brain hernia: | |
| Area larger than size of a 50-cent piece or 1.140 in ² (7.355 cm ²) | 50 |
| Area intermediate | 30 |
| Area smaller than the size of a 25-cent piece or 0.716 in ² (4.619 cm ²) | 10 |
| Note: Rate separately for intracranial complications. | |

THE RIBS

| | Rating |
|--|--------|
| 5297 Ribs, removal of: | |
| More than six | 50 |
| Five or six | 40 |
| Three or four | 30 |
| Two | 20 |
| One or resection of two or more ribs without regeneration | 10 |
| Note (1): The rating for rib resection or removal is not to be applied with ratings for purulent pleurisy, lobectomy, pneumonectomy or injuries of pleural cavity. | |
| Note (2): However, rib resection will be considered as rib removal in thoracoplasty performed for collapse therapy or to accomplish obliteration of space and will be combined with the rating for lung collapse, or with the rating for lobectomy, pneumonectomy or the graduated ratings for pulmonary tuberculosis. | |

THE COCCYX

| | Rating |
|---|--------|
| 5298 Coccyx, removal of: | |
| Partial or complete, with painful residuals | 10 |
| Without painful residuals | 0 |

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

[29 FR 6718, May 22, 1964, as amended at 34 FR 5062, Mar. 11, 1969; 40 FR 42536, Sept. 15, 1975; 41 FR 11294, Mar. 18, 1976; 43 FR 45350, Oct. 2, 1978; 51 FR 6411, Feb. 24, 1986; 61 FR 20439, May 7, 1996; 67 FR 48785, July 26, 2002; 67 FR 54349, Aug. 22, 2002; 68 FR 51456, Aug. 27, 2003; 69 FR 32450, June 10, 2004; 80 FR 42041, July 16, 2015; 85 FR 76460, Nov. 30, 2020, 85 FR 85523, Dec. 29, 2020, 86 FR 8142, Feb. 4, 2021]

§ 4.72 [Reserved]

§ 4.73 Schedule of ratings—muscle injuries.

NOTE (1): When evaluating any claim involving muscle injuries resulting in loss of use of any extremity or loss of use of both buttocks (diagnostic code 5317, Muscle Group XVII), refer to § 3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation.

NOTE (2): Ratings of slight, moderate, moderately severe, or severe for diagnostic codes 5301 through 5323 will be determined based upon the criteria contained in § 4.56.

THE SHOULDER GIRDLE AND ARM

| | Rating | |
|--|----------|--------------|
| | Dominant | Non-dominant |
| 5301 Group I. <i>Function:</i> Upward rotation of scapula; elevation of arm above shoulder level. <i>Extrinsic muscles of shoulder girdle:</i> (1) Trapezius; (2) levator scapulae; (3) serratus magnus. | | |
| Severe | 40 | 30 |
| Moderately Severe | 30 | 20 |
| Moderate | 10 | 10 |
| Slight | 0 | 0 |
| 5302 Group II. <i>Function:</i> Depression of arm from vertical overhead to hanging at side (1, 2); downward rotation of scapula (3, 4); 1 and 2 act with Group III in forward and backward swing of arm. <i>Extrinsic muscles of shoulder girdle:</i> (1) <i>Pectoralis major II (costosternal);</i> (2) <i>latissimus dorsi and teres major (teres major, although technically an intrinsic muscle, is included with latissimus dorsi);</i> (3) <i>pectoralis minor; (4) rhomboid.</i> | | |
| Severe | 40 | 30 |
| Moderately Severe | 30 | 20 |
| Moderate | 20 | 20 |
| Slight | 0 | 0 |

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THE SHOULDER GIRDLE AND ARM—Continued

| | Rating | |
|---|---------------------|---------------------|
| | Domi-nant | Non-domi-nant |
| 5303 Group III. <i>Function:</i> Elevation and abduction of arm to level of shoulder; act with 1 and 2 of Group II in forward and backward swing of arm. <i>Intrinsic muscles of shoulder girdle:</i> (1) <i>Pectoralis major l (clavicular)</i> ; (2) <i>deltoid</i> . | 40 30 20 0 | 30 20 20 0 |
| Severe Moderately Severe Moderate Slight | 40 30 20 0 | 30 20 20 0 |
| 5304 Group IV. <i>Function:</i> Stabilization of shoulder against injury in strong movements, holding head of humerus in socket; abduction; outward rotation and inward rotation of arm. <i>Intrinsic muscles of shoulder girdle:</i> (1) <i>Supraspinatus</i> ; (2) <i>infraspinatus</i> and <i>teres minor</i> ; (3) <i>subscapularis</i> ; (4) <i>coracobrachialis</i> . | 30 20 10 0 | 20 20 10 0 |
| Severe Moderately Severe Moderate Slight | 30 20 10 0 | 20 20 10 0 |
| 5305 Group V. <i>Function:</i> Elbow supination (1) long head of biceps is stabilizer of shoulder joint); flexion of elbow (1, 2, 3). <i>Flexor muscles of elbow:</i> (1) <i>Biceps</i> ; (2) <i>brachialis</i> ; (3) <i>brachioradialis</i> . | 40 30 10 0 | 30 20 10 0 |
| Severe Moderately Severe Moderate Slight | 40 30 10 0 | 30 20 10 0 |
| 5306 Group VI. <i>Function:</i> Extension of elbow (long head of triceps is stabilizer of shoulder joint). <i>Extensor muscles of the elbow:</i> (1) <i>Triceps</i> ; (2) <i>anconeus</i> . | 40 30 10 0 | 30 20 10 0 |
| Severe Moderately Severe Moderate Slight | 40 30 10 0 | 30 20 10 0 |

THE FOREARM AND HAND

| | Rating | |
|---|---------------------|---------------------|
| | Domi-nant | Non-domi-nant |
| 5307 Group VII. <i>Function:</i> Flexion of wrist and fingers. <i>Muscles arising from internal condyle of humerus:</i> Flexors of the carpus and long flexors of fingers and thumb; pronator. | 40 30 10 0 | 30 20 10 0 |
| Severe Moderately Severe Moderate Slight | 40 30 10 0 | 30 20 10 0 |
| 5308 Group VIII. <i>Function:</i> Extension of wrist, fingers, and thumb; abduction of thumb. <i>Muscles arising mainly from external condyle of humerus:</i> Extensors of carpus, fingers, and thumb; supinator. | 30 20 10 0 | 20 20 10 0 |
| Severe Moderately Severe Moderate Slight | 30 20 10 0 | 20 20 10 0 |

THE FOREARM AND HAND—Continued

| | Rating | |
|---|-----------|---------------|
| | Domi-nant | Non-domi-nant |
| 5309 Group IX. <i>Function:</i> The forearm muscles act in strong grasping movements and are supplemented by the intrinsic muscles in delicate manipulative movements. <i>Intrinsic muscles of hand:</i> Thenar eminence; short flexor, opponens, abductor and adductor of thumb; hypothenar eminence; short flexor, opponens and abductor of little finger; 4 lumbricales; 4 dorsal and 3 palmar interossei. | | |
| NOTE: The hand is so compact a structure that isolated muscle injuries are rare, being nearly always complicated with injuries of bones, joints, tendons, etc. Rate on limitation of motion, minimum 10 percent. | | |

THE FOOT AND LEG

| | Rating | |
|---|---------------------|---------------|
| | Domi-nant | Non-domi-nant |
| 5310 Group X. <i>Function:</i> Movements of forefoot and toes; propulsion thrust in walking. <i>Intrinsic muscles of the foot:</i> <i>Plantar:</i> (1) <i>Flexor digitorum brevis</i> ; (2) <i>abductor hallucis</i> ; (3) <i>abductor digiti minimi</i> ; (4) <i>quadratus plantae</i> ; (5) <i>lumbricales</i> ; (6) <i>flexor hallucis brevis</i> ; (7) <i>adductor hallucis</i> ; (8) <i>flexor digiti minimi brevis</i> ; (9) <i>dorsal</i> and <i>plantar interossei</i> . Other important plantar structures: <i>Plantar aponeurosis</i> , long plantar and calcaneonavicular ligament, tendons of posterior tibial, peroneus longus, and long flexors of great and little toes. | | |
| Severe Moderately Severe Moderate Slight | 30 20 10 0 | |
| <i>Dorsal:</i> (1) <i>Extensor hallucis brevis</i> ; (2) <i>extensor digitorum brevis</i> . Other important dorsal structures: <i>cruciate</i> , <i>crural</i> , <i>deltoid</i> , and other ligaments; tendons of long extensors of toes and <i>peronei</i> muscles. | | |
| Severe Moderately Severe Moderate Slight | 20 10 10 0 | |
| NOTE: Minimum rating for through-and-through wounds of the foot—10. | | |
| 5311 Group XI. <i>Function:</i> Propulsion, plantar flexion of foot (1); stabilization of arch (2, 3); flexion of toes (4, 5); Flexion of knee (6). <i>Posterior and lateral crural muscles, and muscles of the calf:</i> (1) <i>Triceps surae (gastrocnemius and soleus)</i> ; (2) <i>tibialis posterior</i> ; (3) <i>peroneus longus</i> ; (4) <i>peroneus brevis</i> ; (5) <i>flexor hallucis longus</i> ; (6) <i>flexor digitorum longus</i> ; (7) <i>popliteus</i> ; (8) <i>plantaris</i> . | | |
| Severe Moderately Severe Moderate Slight | 30 20 10 0 | |
| 5312 Group XII. <i>Function:</i> Dorsiflexion (1); extension of toes (2); stabilization of arch (3). <i>Anterior muscles of the leg:</i> (1) <i>Tibialis anterior</i> ; (2) <i>extensor digitorum longus</i> ; (3) <i>extensor hallucis longus</i> ; (4) <i>peroneus tertius</i> . | | |
| Severe | 30 | |

§ 4.73

THE FOOT AND LEG—Continued

| | Rating |
|-------------------------|--------|
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |

THE PELVIC GIRDLE AND THIGH

| | Rating |
|--|--------|
| 5313 Group XIII. <i>Function:</i> Extension of hip and flexion of knee; outward and inward rotation of flexed knee; acting with rectus femoris and sartorius (see XIV, 1, 2) synchronizing simultaneous flexion of hip and knee and extension of hip and knee by belt-over-pulley action at knee joint. <i>Posterior thigh group, Hamstring complex of 2-joint muscles:</i> (1) Biceps femoris; (2) semimembranosus; (3) semitendinosus. | |
| Severe | 40 |
| Moderately Severe | 30 |
| Moderate | 10 |
| Slight | 0 |
| 5314 Group XIV. <i>Function:</i> Extension of knee (2, 3, 4, 5); simultaneous flexion of hip and flexion of knee (1); tension of fascia lata and iliotibial (Maissiat's) band, acting with XVII (1) in postural support of body (6); acting with hamstrings in synchronizing hip and knee (1, 2). <i>Anterior thigh group:</i> (1) Sartorius; (2) rectus femoris; (3) vastus externus; (4) vastus intermedius; (5) vastus internus; (6) tensor vaginæ femoris. | |
| Severe | 40 |
| Moderately Severe | 30 |
| Moderate | 10 |
| Slight | 0 |
| 5315 Group XV. <i>Function:</i> Adduction of hip (1, 2, 3, 4); flexion of hip (1, 2); flexion of knee (4). <i>Mesial thigh group:</i> (1) Adductor longus; (2) adductor brevis; (3) adductor magnus; (4) gracilis. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| 5316 Group XVI. <i>Function:</i> Flexion of hip (1, 2, 3). <i>Pelvic girdle group 1:</i> (1) Psoas; (2) iliacus; (3) pectenius. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| 5317 Group XVII. <i>Function:</i> Extension of hip (1); abduction of thigh; elevation of opposite side of pelvis (2, 3); tension of fascia lata and iliotibial (Maissiat's) band, acting with XIV (6) in postural support of body steadyng pelvis upon head of femur and condyles of femur on tibia (1). <i>Pelvic girdle group 2:</i> (1) Gluteus maximus; (2) gluteus medius; (3) gluteus minimus. | |
| Severe | 40 |
| Moderately Severe | 30 |
| Moderate | 10 |
| Slight | 0 |
| 5318 Group XVIII. <i>Function:</i> Outward rotation of thigh and stabilization of hip joint. <i>Pelvic girdle group 3:</i> (1) Pyriformis; (2) gemellus (superior or inferior); (3) obturator (external or internal); (4) quadratus femoris. | |
| Severe | 50 |
| Moderately Severe | 40 |
| Moderate | 20 |
| Slight | 0 |

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THE PELVIC GIRDLE AND THIGH—Continued

| | Rating |
|--------------|--------|
| Slight | 0 |

* If bilateral, see § 3.350(a)(3) of this chapter to determine whether the veteran may be entitled to special monthly compensation.

THE TORSO AND NECK

| | Rating |
|---|--------|
| 5319 Group XIX. <i>Function:</i> Support and compression of abdominal wall and lower thorax; flexion and lateral motions of spine; synergists in strong downward movements of arm (1). <i>Muscles of the abdominal wall:</i> (1) Rectus abdominis; (2) external oblique; (3) internal oblique; (4) transversalis; (5) quadratus lumborum. | |
| Severe | 50 |
| Moderately Severe | 30 |
| Moderate | 10 |
| Slight | 0 |
| 5320 Group XX. <i>Function:</i> Postural support of body; extension and lateral movements of spine. <i>Spinal muscles:</i> Sacrospinalis (erector spinae and its prolongations in thoracic and cervical regions). | |
| <i>Cervical and thoracic region:</i> | |
| Severe | 40 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| <i>Lumbar region:</i> | |
| Severe | 60 |
| Moderately Severe | 40 |
| Moderate | 20 |
| Slight | 0 |
| 5321 Group XXI. <i>Function:</i> Respiration. <i>Muscles of respiration:</i> Thoracic muscle group. | |
| Severe or Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| 5322 Group XXII. <i>Function:</i> Rotary and forward movements of the head; respiration; deglutition. <i>Muscles of the front of the neck:</i> (Lateral, supra-, and infrahyoïd group.) (1) Trapezius I (clavicular insertion); (2) sternocleidomastoid; (3) the "hyoid" muscles; (4) sternothyroid; (5) digastric. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |
| 5323 Group XXIII. <i>Function:</i> Movements of the head; fixation of shoulder movements. <i>Muscles of the side and back of the neck:</i> Suboccipital; lateral vertebral and anterior vertebral muscles. | |
| Severe | 30 |
| Moderately Severe | 20 |
| Moderate | 10 |
| Slight | 0 |

MISCELLANEOUS

| | Rating |
|----|---|
| 30 | |
| 20 | 5324 Diaphragm, rupture of, with herniation. Rate under diagnostic code 7346. |

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MISCELLANEOUS—Continued

| | Rating |
|---|--------|
| 5325 Muscle injury, facial muscles. Evaluate functional impairment as seventh (facial) cranial nerve neuropathy (diagnostic code 8207), disfiguring scar (diagnostic code 7800), etc. Minimum, if interfering to any extent with mastication—10. | |
| 5326 Muscle hernia, extensive. Without other injury to the muscle—10. | |
| 5327 Muscle, neoplasm of, malignant (excluding soft tissue sarcoma)—100. | |
| NOTE: A rating of 100 percent shall continue beyond the cessation of any surgery, radiation treatment, antineoplastic chemotherapy or other therapeutic procedures. 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 residual impairment of function. | |
| 5328 Muscle, neoplasm of, benign, postoperative. Rate on impairment of function, <i>i.e.</i> , limitation of motion, or scars, diagnostic code 7805, etc. | |
| 5329 Sarcoma, soft tissue (of muscle, fat, or fibrous connective tissue)—100. | |
| NOTE: A rating of 100 percent shall continue beyond the cessation of any surgery, radiation treatment, antineoplastic chemotherapy or other therapeutic procedures. 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 residual impairment of function. | |
| 5330 Rhabdomyolysis, residuals of: Rate each affected muscle group separately and combine in accordance with § 4.25. Note: Separately evaluate any chronic renal complications within the appropriate body system. | |
| 5331 Compartment syndrome: Rate each affected muscle group separately and combine in accordance with § 4.25. | |

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

[62 FR 30239, June 3, 1997, as amended 85 FR 76464, Nov. 30, 2020]

THE ORGANS OF SPECIAL SENSE

§4.75 General considerations for evaluating visual impairment.

(a) *Visual impairment.* The evaluation of visual impairment is based on impairment of visual acuity (excluding developmental errors of refraction), visual field, and muscle function.

(b) *Examination for visual impairment.* The examination must be conducted by a licensed optometrist or by a licensed ophthalmologist. The examiner must identify the disease, injury, or other

pathologic process responsible for any visual impairment found. Examinations of visual fields or muscle function will be conducted only when there is a medical indication of disease or injury that may be associated with visual field defect or impaired muscle function. Unless medically contraindicated, the fundus must be examined with the claimant's pupils dilated.

(c) *Service-connected visual impairment of only one eye.* Subject to the provisions of 38 CFR 3.383(a), if visual impairment of only one eye is service-connected, the visual acuity of the other eye will be considered to be 20/40 for purposes of evaluating the service-connected visual impairment.

(d) *Maximum evaluation for visual impairment of one eye.* The evaluation for visual impairment of one eye must not exceed 30 percent unless there is anatomical loss of the eye. Combine the evaluation for visual impairment of one eye with evaluations for other disabilities of the same eye that are not based on visual impairment (e.g., disfigurement under diagnostic code 7800).

(e) *Anatomical loss of one eye with inability to wear a prosthesis.* When the claimant has anatomical loss of one eye and is unable to wear a prosthesis, increase the evaluation for visual acuity under diagnostic code 6063 by 10 percent, but the maximum evaluation for visual impairment of both eyes must not exceed 100 percent. A 10-percent increase under this paragraph precludes an evaluation under diagnostic code 7800 based on gross distortion or asymmetry of the eye but not an evaluation under diagnostic code 7800 based on other characteristics of disfigurement.

(f) *Special monthly compensation.* When evaluating visual impairment, refer to 38 CFR 3.350 to determine whether the claimant may be entitled to special monthly compensation. Footnotes in the schedule indicate levels of visual impairment that potentially establish entitlement to special monthly compensation; however, other levels of visual impairment combined with disabilities of other body systems may also establish entitlement.

(Authority: 38 U.S.C. 1114 and 1155)

[73 FR 66549, Nov. 10, 2008]

§4.76

§ 4.76 Visual acuity.

(a) *Examination of visual acuity.* Examination of visual acuity must include the central *uncorrected* and *corrected* visual acuity for *distance* and *near* vision using Snellen's test type or its equivalent.

(b) *Evaluation of visual acuity.* (1) Evaluate central visual acuity on the basis of corrected distance vision with central fixation, even if a central scotoma is present. However, when the lens required to correct distance vision in the poorer eye differs by more than three diopters from the lens required to correct distance vision in the better eye (and the difference is not due to congenital or developmental refractive error), and either the poorer eye or both eyes are service connected, evaluate the visual acuity of the poorer eye using either its uncorrected or corrected visual acuity, whichever results in better combined visual acuity.

(2) Provided that he or she customarily wears contact lenses, evaluate the visual acuity of any individual affected by a corneal disorder that results in severe irregular astigmatism that can be improved more by contact lenses than by eyeglass lenses, as corrected by contact lenses.

(3) In any case where the examiner reports that there is a difference equal to two or more scheduled steps between

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near and distance corrected vision, with the near vision being worse, the examination report must include at least two recordings of near and distance corrected vision and an explanation of the reason for the difference. In these cases, evaluate based on corrected distance vision adjusted to one step poorer than measured.

(4) To evaluate the impairment of visual acuity where a claimant has a reported visual acuity that is between two sequentially listed visual acuities, use the visual acuity which permits the higher evaluation.

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

[73 FR 66549, Nov. 10, 2008]

§ 4.76a Computation of average concentric contraction of visual fields.

TABLE III—NORMAL VISUAL FIELD EXTENT AT 8 PRINCIPAL MERIDIANS

| Meridian | Normal degrees |
|-----------------------|----------------|
| Temporally | 85 |
| Down temporally | 85 |
| Down | 65 |
| Down nasally | 50 |
| Nasally | 60 |
| Up nasally | 55 |
| Up | 45 |
| Up temporally | 55 |
| Total | 500 |

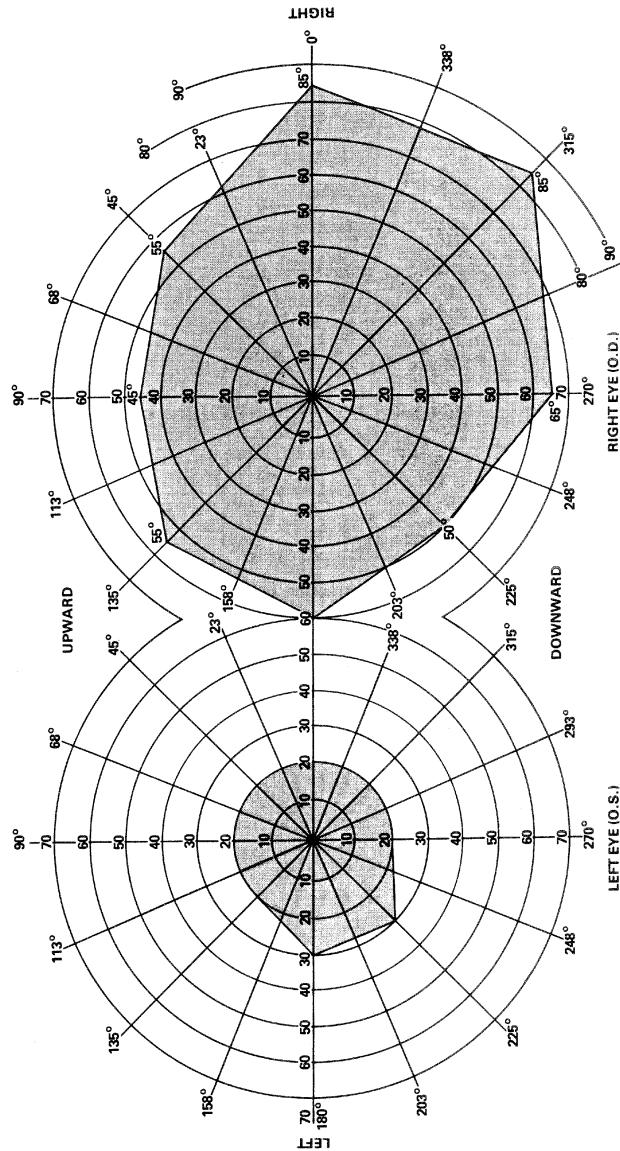


Figure 1. Chart of visual field showing normal field right eye and abnormal contraction visual field left eye.

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Example of computation of concentric contraction under the schedule with abnormal findings taken from Figure 1.

| Loss | Degrees |
|-----------------------|---------|
| Temporally | 55 |
| Down temporally | 55 |
| Down | 45 |

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| Loss | Degrees |
|---------------------|---------|
| Down nasally | 30 |
| Nasally | 40 |
| Up nasally | 35 |
| Up | 25 |
| Up temporally | 35 |
| Total loss | 320 |

Remaining field 500° minus $320^\circ = 180^\circ$. $180^\circ \div 8 = 22\frac{1}{2}^\circ$ average concentric contraction.

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

[43 FR 45352, Oct. 2, 1978, as amended at 73 FR 66549, Nov. 10, 2008]

§4.77 Visual fields.

(a) *Examination of visual fields.* Examiners must use either Goldmann kinetic perimetry or automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability. For phakic (normal) individuals, as well as for pseudophakic or aphakic individuals who are well adapted to intraocular lens implant or contact lens correction, visual field examinations must be conducted using a standard target size and luminance, which is Goldmann's equivalent III/4e. For aphakic individuals not well adapted to contact lens correction or pseudophakic individuals not well adapted to intraocular lens implant, visual field examinations must be conducted using Goldmann's equivalent

IV/4e. The examiner must document the results for at least 16 meridians $22\frac{1}{2}$ degrees apart for each eye and indicate the Goldmann equivalent used. See Table III for the normal extent (in degrees) of the visual fields at the 8 principal meridians (45 degrees apart). When the examiner indicates that additional testing is necessary to evaluate visual fields, the additional testing must be conducted using either a tangent screen or a 30-degree threshold visual field with the Goldmann III stimulus size. The examination report must document the results of either the tangent screen or of the 30-degree threshold visual field with the Goldmann III stimulus size.

(b) *Evaluation of visual fields.* Determine the average concentric contraction of the visual field of each eye by measuring the remaining visual field (in degrees) at each of eight principal meridians 45 degrees apart, adding them, and dividing the sum by eight.

(c) *Combination of visual field defect and decreased visual acuity.* To determine the evaluation for visual impairment when both decreased visual acuity and visual field defect are present in one or both eyes and are service connected, separately evaluate the visual acuity and visual field defect (expressed as a level of visual acuity), and combine them under the provisions of § 4.25.

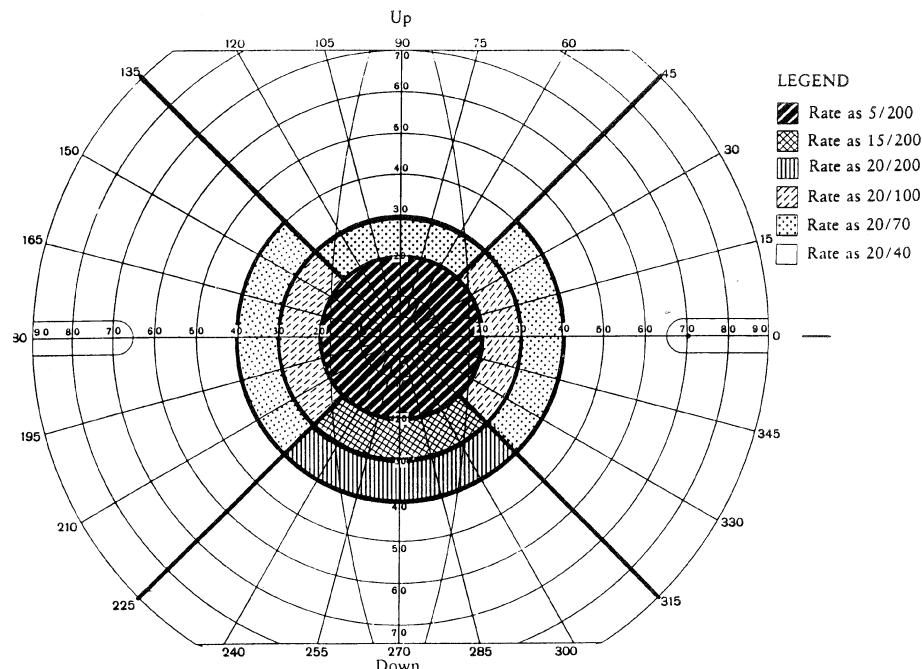


Figure 2. Goldmann Perimeter Chart

52c

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

[53 FR 30262, Aug. 11, 1988, as amended at 73 FR 66549, Nov. 10, 2008; 74 FR 7648, Feb. 19, 2009; 83 FR 15320, Apr. 10, 2018]

§ 4.78 Muscle function.

(a) *Examination of muscle function.* The examiner must use a Goldmann perimeter chart or the Tangent Screen method that identifies the four major quadrants (upward, downward, left, and right lateral) and the central field (20 degrees or less) (see Figure 2). The examiner must document the results of muscle function testing by identifying the quadrant(s) and range(s) of degrees in which diplopia exists.

(b) *Evaluation of muscle function.* (1) An evaluation for diplopia will be assigned to only one eye. When a claimant has both diplopia and decreased

visual acuity or visual field defect, assign a level of corrected visual acuity for the poorer eye (or the affected eye, if disability of only one eye is service-connected) that is: one step poorer than it would otherwise warrant if the evaluation for diplopia under diagnostic code 6090 is 20/70 or 20/100; two steps poorer if the evaluation under diagnostic code 6090 is 20/200 or 15/200; or three steps poorer if the evaluation under diagnostic code 6090 is 5/200. This adjusted level of corrected visual acuity, however, must not exceed a level of 5/200. Use the adjusted visual acuity for the poorer eye (or the affected eye, if

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disability of only one eye is service-connected), and the corrected visual acuity for the better eye (or visual acuity of 20/40 for the other eye, if only one eye is service-connected) to determine the percentage evaluation for visual impairment under diagnostic codes 6065 through 6066.

(2) When diplopia extends beyond more than one quadrant or range of degrees, evaluate diplopia based on the quadrant and degree range that provides the highest evaluation.

(3) When diplopia exists in two separate areas of the same eye, increase the equivalent visual acuity under diagnostic code 6090 to the next poorer level of visual acuity, not to exceed 5/200.

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

[73 FR 66550, Nov. 10, 2008, as amended at 83 FR 15321, Apr. 10, 2018]

§ 4.79 Schedule of ratings—eye.
DISEASES OF THE EYE

| | Rating |
|--|--------|
| General Rating Formula for Diseases of the Eye: Evaluate on the basis of either visual impairment due to the particular condition or on incapacitating episodes, whichever results in a higher evaluation With documented incapacitating episodes requiring 7 or more treatment visits for an eye condition during the past 12 months | 60 |
| With documented incapacitating episodes requiring at least 5 but less than 7 treatment visits for an eye condition during the past 12 months | 40 |
| With documented incapacitating episodes requiring at least 3 but less than 5 treatment visits for an eye condition during the past 12 months | 20 |
| With documented incapacitating episodes requiring at least 1 but less than 3 treatment visits for an eye condition during the past 12 months | 10 |
| Note (1): For the purposes of evaluation under 38 CFR 4.79, an incapacitating episode is an eye condition severe enough to require a clinic visit to a provider specifically for treatment purposes. | |
| Note (2): Examples of treatment may include but are not limited to: Systemic immunosuppressants or biologic agents; intravitreal or periocular injections; laser treatments; or other surgical interventions. | |
| Note (3): For the purposes of evaluating visual impairment due to the particular condition, refer to 38 CFR 4.75–4.78 and to § 4.79, diagnostic codes 6061–6091. | |
| 6000 Choroidopathy, including uveitis, iritis, cyclitis, or choroiditis. 6001 Keratopathy. 6002 Scleritis. 6006 Retinopathy or maculopathy not otherwise specified 6007 Intracocular hemorrhage. 6008 Detachment of retina. 6009 Unhealed eye injury. Note: This code includes orbital trauma, as well as penetrating or non-penetrating eye injury 6010 Tuberculosis of eye: Active Inactive: Evaluate under § 4.88c or § 4.89 of this part, whichever is appropriate. | 100 |
| 6011 Retinal scars, atrophy, or irregularities: Localized scars, atrophy, or irregularities of the retina, unilateral or bilateral, that are centrally located and that result in an irregular, duplicated, enlarged, or diminished image | 10 |
| Alternatively, evaluate based on the General Rating Formula for Diseases of the Eye, if this would result in a higher evaluation | |
| 6012 Angle-closure glaucoma Evaluate under the General Rating Formula for Diseases of the Eye. Minimum evaluation if continuous medication is required | 10 |
| 6013 Open-angle glaucoma Evaluate under the General Rating Formula for Diseases of the Eye. Minimum evaluation if continuous medication is required | 10 |
| 6014 Malignant neoplasms of the eye, orbit, and adnexa (excluding skin): Malignant neoplasms of the eye, orbit, and adnexa (excluding skin) that require therapy that is comparable to those used for systemic malignancies, i.e., systemic chemotherapy, X-ray therapy more extensive than to the area of the eye, or surgery more extensive than enucleation | 100 |
| Note: Continue the 100 percent rating 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 will be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination will be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluate based on residuals Malignant neoplasms of the eye, orbit, and adnexa (excluding skin) that do not require therapy comparable to that for systemic malignancies: Separately evaluate visual and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations. | |
| 6015 Benign neoplasms of the eye, orbit, and adnexa (excluding skin): | |

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DISEASES OF THE EYE—Continued

| | | Rating |
|------|--|--------|
| | Separately evaluate visual and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations | |
| 6016 | Nystagmus, central | 10 |
| 6017 | Trachomatous conjunctivitis: Active: Evaluate under the General Rating Formula for Diseases of the Eye, minimum rating | 30 |
| | Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800) | |
| 6018 | Chronic conjunctivitis (nontrachomatous): Active: Evaluate under the General Rating Formula for Diseases of the Eye, minimum rating | 10 |
| | Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800) | |
| 6019 | Ptosis, unilateral or bilateral: Evaluate based on visual impairment or, in the absence of visual impairment, on disfigurement (diagnostic code 7800). | |
| 6020 | Ectropion: Bilateral | 20 |
| | Unilateral | 10 |
| 6021 | Entropion: Bilateral | 20 |
| | Unilateral | 10 |
| 6022 | Lagophthalmos: Bilateral | 20 |
| | Unilateral | 10 |
| 6023 | Loss of eyebrows, complete, unilateral or bilateral | 10 |
| 6024 | Loss of eyelashes, complete, unilateral or bilateral | 10 |
| 6025 | Disorders of the lacrimal apparatus (epiphora, dacryocystitis, etc.): Bilateral | 20 |
| | Unilateral | 10 |
| 6026 | Optic neuropathy | |
| 6027 | Cataract: Preoperative: Evaluate under the General Rating Formula for Diseases of the Eye Postoperative: If a replacement lens is present (pseudophakia), evaluate under the General Rating Formula for Diseases of the Eye. If there is no replacement lens, evaluate based on aphakia (diagnostic code 6029) | |
| 6029 | Aphakia or dislocation of crystalline lens: Evaluate based on visual impairment, and elevate the resulting level of visual impairment one step. Minimum (unilateral or bilateral) | 30 |
| 6030 | Paralysis of accommodation (due to neuropathy of the Oculomotor Nerve (cranial nerve III)). | 20 |
| 6032 | Loss of eyelids, partial or complete: Separately evaluate both visual impairment due to eyelid loss and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations. | |
| 6034 | Pterygium: Evaluate under the General Rating Formula for Diseases of the Eye, disfigurement (diagnostic code 7800), conjunctivitis (diagnostic code 6018), etc., depending on the particular findings, and combine in accordance with § 4.25 | |
| 6035 | Keratoconus | |
| 6036 | Status post corneal transplant: Evaluate under the General Rating Formula for Diseases of the Eye. Minimum, if there is pain, photophobia, and glare sensitivity | 10 |
| 6037 | Pinguecula: Evaluate based on disfigurement (diagnostic code 7800). | |
| 6040 | Diabetic retinopathy | |
| 6042 | Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-onset macular degeneration, rod and/or cone dystrophy) | |
| 6046 | Post-chiasmal disorders | |

Impairment of Central Visual Acuity

| | | |
|------|---|-----|
| 6061 | Anatomical loss of both eyes ¹ | 100 |
| 6062 | No more than light perception in both eyes ¹ | 100 |
| 6063 | Anatomical loss of one eye: ¹ In the other eye 5/200 (1.5/60) | 100 |
| | In the other eye 10/200 (3/60) | 90 |
| | In the other eye 15/200 (4.5/60) | 80 |
| | In the other eye 20/200 (6/60) | 70 |
| | In the other eye 20/100 (6/30) | 60 |
| | In the other eye 20/70 (6/21) | 60 |
| | In the other eye 20/50 (6/15) | 50 |
| | In the other eye 20/40 (6/12) | 40 |
| 6064 | No more than light perception in one eye: ¹ In the other eye 5/200 (1.5/60) | 100 |
| | In the other eye 10/200 (3/60) | 90 |
| | In the other eye 15/200 (4.5/60) | 80 |

§4.79**38 CFR Ch. I (7-1-21 Edition)****DISEASES OF THE EYE—Continued**

| | | Rating |
|------|---|--------|
| | In the other eye 20/200 (6/60) | 70 |
| | In the other eye 20/100 (6/30) | 60 |
| | In the other eye 20/70 (6/21) | 50 |
| | In the other eye 20/50 (6/15) | 40 |
| | In the other eye 20/40 (6/12) | 30 |
| 6065 | Vision in one eye 5/200 (1.5/60): | |
| | In the other eye 5/200 (1.5/60) | 1100 |
| | In the other eye 10/200 (3/60) | 90 |
| | In the other eye 15/200 (4.5/60) | 80 |
| | In the other eye 20/200 (6/60) | 70 |
| | In the other eye 20/100 (6/30) | 60 |
| | In the other eye 20/70 (6/21) | 50 |
| | In the other eye 20/50 (6/15) | 40 |
| | In the other eye 20/40 (6/12) | 30 |
| 6066 | Visual acuity in one eye 10/200 (3/60) or better: | |
| | Vision in one eye 10/200 (3/60): | |
| | In the other eye 10/200 (3/60) | 90 |
| | In the other eye 15/200 (4.5/60) | 80 |
| | In the other eye 20/200 (6/60) | 70 |
| | In the other eye 20/100 (6/30) | 60 |
| | In the other eye 20/70 (6/21) | 50 |
| | In the other eye 20/50 (6/15) | 40 |
| | In the other eye 20/40 (6/12) | 30 |
| | Vision in one eye 15/200 (4.5/60): | |
| | In the other eye 15/200 (4.5/60) | 80 |
| | In the other eye 20/200 (6/60) | 70 |
| | In the other eye 20/100 (6/30) | 60 |
| | In the other eye 20/70 (6/21) | 40 |
| | In the other eye 20/50 (6/15) | 30 |
| | In the other eye 20/40 (6/12) | 20 |
| | Vision in one eye 20/200 (6/60): | |
| | In the other eye 20/200 (6/60) | 70 |
| | In the other eye 20/100 (6/30) | 60 |
| | In the other eye 20/70 (6/21) | 40 |
| | In the other eye 20/50 (6/15) | 30 |
| | In the other eye 20/40 (6/12) | 20 |
| | Vision in one eye 20/100 (6/30): | |
| | In the other eye 20/100 (6/30) | 50 |
| | In the other eye 20/70 (6/21) | 30 |
| | In the other eye 20/50 (6/15) | 20 |
| | In the other eye 20/40 (6/12) | 10 |
| | Vision in one eye 20/70 (6/21): | |
| | In the other eye 20/70 (6/21) | 30 |
| | In the other eye 20/50 (6/15) | 20 |
| | In the other eye 20/40 (6/12) | 10 |
| | Vision in one eye 20/50 (6/15): | |
| | In the other eye 20/50 (6/15) | 10 |
| | In the other eye 20/40 (6/12) | 10 |
| | Vision in one eye 20/40 (6/12): | |
| | In the other eye 20/40 (6/12) | 0 |

¹ Review for entitlement to special monthly compensation under 38 CFR 3.350.

RATINGS FOR IMPAIRMENT OF VISUAL FIELDS

| | | Rating |
|------|--|--------|
| 6080 | Visual field defects: | |
| | Homonymous hemianopsia | 30 |
| | Loss of temporal half of visual field: | |
| | Bilateral | 30 |
| | Unilateral | 10 |
| | Or evaluate each affected eye as 20/70 (6/21). | |
| | Loss of nasal half of visual field: | |
| | Bilateral | 10 |
| | Unilateral | 10 |
| | Or evaluate each affected eye as 20/50 (6/15). | |
| | Loss of inferior half of visual field: | |
| | Bilateral | 30 |
| | Unilateral | 10 |
| | Or evaluate each affected eye as 20/70 (6/21). | |
| | Loss of superior half of visual field: | |

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RATINGS FOR IMPAIRMENT OF VISUAL FIELDS—Continued

| | Rating |
|--|--------|
| Bilateral | 10 |
| Unilateral | 10 |
| Or evaluate each affected eye as 20/50 (6/15). | |
| Concentric contraction of visual field: | |
| With remaining field of 5 degrees: ¹ | |
| Bilateral | 100 |
| Unilateral | 30 |
| Or evaluate each affected eye as 5/200 (1.5/60). | |
| With remaining field of 6 to 15 degrees: | |
| Bilateral | 70 |
| Unilateral | 20 |
| Or evaluate each affected eye as 20/200 (6/60). | |
| With remaining field of 16 to 30 degrees: | |
| Bilateral | 50 |
| Unilateral | 10 |
| Or evaluate each affected eye as 20/100 (6/30). | |
| With remaining field of 31 to 45 degrees: | |
| Bilateral | 30 |
| Unilateral | 10 |
| Or evaluate each affected eye as 20/70 (6/21). | |
| With remaining field of 46 to 60 degrees: | |
| Bilateral | 10 |
| Unilateral | 10 |
| Or evaluate each affected eye as 20/50 (6/15). | |
| 6081 Scotoma, unilateral: | |
| Minimum, with scotoma affecting at least one-quarter of the visual field (quadrantanopsia) or with centrally located scotoma of any size | 10 |
| Alternatively, evaluate based on visual impairment due to scotoma, if that would result in a higher evaluation. | |

¹ Review for entitlement to special monthly compensation under 38 CFR 3.350.

RATINGS FOR IMPAIRMENT OF MUSCLE FUNCTION

| | Degree of diplopia | Equivalent visual acuity |
|--|--------------------|--------------------------|
| 6090 Diplopia (double vision): | | |
| (a) Central 20 degrees | 5/200 (1.5/60) | |
| (b) 21 degrees to 30 degrees | | |
| (1) Down | 15/200 (4.5/60) | |
| (2) Lateral | 20/100 (6/30) | |
| (3) Up | 20/70 (6/21) | |
| (c) 31 degrees to 40 degrees | | |
| (1) Down | 20/200 (6/60) | |
| (2) Lateral | 20/70 (6/21) | |
| (3) Up | 20/40 (6/12) | |
| Note: In accordance with 38 CFR 4.31, diplopia that is occasional or that is correctable with spectacles is evaluated at 0 percent. | | |
| 6091 Symblepharon: | | |
| Evaluate under the General Rating Formula for Diseases of the Eye, lagophthalmos (diagnostic code 6022), disfigurement (diagnostic code 7800), etc., depending on the particular findings, and combine in accordance with § 4.25 | | |

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

[73 FR 66550, Nov. 10, 2008, as amended at 83 FR 15321, Apr. 10, 2018]

§§ 4.80–4.84 [Reserved]

IMPAIRMENT OF AUDITORY ACUITY

§ 4.85 Evaluation of hearing impairment.

(a) An examination for hearing impairment for VA purposes must be conducted by a state-licensed audiologist

and must include a controlled speech discrimination test (Maryland CNC) and a puretone audiometry test. Examinations will be conducted without the use of hearing aids.

(b) Table VI, ‘‘Numeric Designation of Hearing Impairment Based on Puretone Threshold Average and

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Speech Discrimination," is used to determine a Roman numeral designation (I through XI) for hearing impairment based on a combination of the percent of speech discrimination (horizontal rows) and the puretone threshold average (vertical columns). The Roman numeral designation is located at the point where the percentage of speech discrimination and puretone threshold average intersect.

(c) Table VIa, "Numeric Designation of Hearing Impairment Based Only on Puretone Threshold Average," is used to determine a Roman numeral designation (I through XI) for hearing impairment based only on the puretone threshold average. Table VIa will be used when the examiner certifies that use of the speech discrimination test is not appropriate because of language difficulties, inconsistent speech discrimination scores, etc., or when indicated under the provisions of § 4.86.

(d) "Puretone threshold average," as used in Tables VI and VIa, is the sum of the puretone thresholds at 1000, 2000, 3000 and 4000 Hertz, divided by four. This average is used in all cases (including those in § 4.86) to determine the

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Roman numeral designation for hearing impairment from Table VI or VIa.

(e) Table VII, "Percentage Evaluations for Hearing Impairment," is used to determine the percentage evaluation by combining the Roman numeral designations for hearing impairment of each ear. The horizontal rows represent the ear having the better hearing and the vertical columns the ear having the poorer hearing. The percentage evaluation is located at the point where the row and column intersect.

(f) If impaired hearing is service-connected in only one ear, in order to determine the percentage evaluation from Table VII, the non-service-connected ear will be assigned a Roman Numeral designation for hearing impairment of I, subject to the provisions of § 3.383 of this chapter.

(g) When evaluating any claim for impaired hearing, refer to § 3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation due either to deafness, or to deafness in combination with other specified disabilities.

(h) *Numeric tables VI, VIa*, and VII.*

TABLE VI**NUMERIC DESIGNATION OF HEARING IMPAIRMENT BASED ON
PURETONE THRESHOLD AVERAGE AND SPEECH DISCRIMINATION****Puretone Threshold Average**

| % of discrimination | 0-41 | 42-49 | 50-57 | 58-65 | 66-73 | 74-81 | 82-89 | 90-97 | 98+ |
|---------------------|------|-------|-------|-------|-------|-------|-------|-------|------|
| 92-100 | I | I | I | II | II | II | III | III | IV |
| 84-90 | II | II | II | III | III | III | IV | IV | IV |
| 76-82 | III | III | IV | IV | IV | V | V | V | V |
| 68-74 | IV | IV | V | V | VI | VI | VII | VII | VII |
| 60-66 | V | V | VI | VI | VII | VII | VIII | VIII | VIII |
| 52-58 | VI | VI | VII | VII | VIII | VIII | VIII | VIII | IX |
| 44-50 | VII | VII | VIII | VIII | VIII | IX | IX | IX | X |
| 36-42 | VIII | VIII | VIII | IX | IX | IX | X | X | X |
| 0-34 | IX | X | XI | XI | XI | XI | XI | XI | XI |

TABLE VIA***NUMERIC DESIGNATION OF HEARING IMPAIRMENT BASED ONLY ON
PURETONE THRESHOLD AVERAGE****Puretone Threshold Average**

| 0-41 | 42-48 | 49-55 | 56-62 | 63-69 | 70-76 | 77-83 | 84-90 | 91-97 | 98-104 | 105+ |
|------|-------|-------|-------|-------|-------|-------|-------|-------|--------|------|
| I | II | III | IV | V | VI | VII | VIII | IX | X | XI |

* This table is for use only as specified in §§ 4.85 and 4.86.

TABLE VII

PERCENTAGE EVALUATION FOR HEARING IMPAIRMENT
(DIAGNOSTIC CODE 6100)

Poorer Ear

| Better Ear | XI | 100* | | | | | | | | | |
|---|------|------|----|----|----|----|----|----|----|---|---|
| | X | 90 | 80 | | | | | | | | |
| | IX | 80 | 70 | 60 | | | | | | | |
| | VIII | 70 | 60 | 50 | 50 | | | | | | |
| | VII | 60 | 60 | 50 | 40 | 40 | | | | | |
| | VI | 50 | 50 | 40 | 40 | 30 | 30 | | | | |
| | V | 40 | 40 | 40 | 30 | 30 | 20 | 20 | | | |
| | IV | 30 | 30 | 30 | 20 | 20 | 20 | 10 | 10 | | |
| | III | 20 | 20 | 20 | 20 | 20 | 10 | 10 | 10 | 0 | |
| | II | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 0 | 0 | 0 |
| | I | 10 | 10 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| XI X IX VIII VII VI V IV III II I | | | | | | | | | | | |

* Review for entitlement to special monthly compensation under §3.350 of this chapter.

[64 FR 25206, May 11, 1999]

§ 4.86 Exceptional patterns of hearing impairment.

(a) When the puretone threshold at each of the four specified frequencies (1000, 2000, 3000, and 4000 Hertz) is 55 decibels or more, the rating specialist will determine the Roman numeral designation for hearing impairment from either Table VI or Table VIa, whichever results in the higher nu-

meral. Each ear will be evaluated separately.

(b) When the puretone threshold is 30 decibels or less at 1000 Hertz, and 70 decibels or more at 2000 Hertz, the rating specialist will determine the Roman numeral designation for hearing impairment from either Table VI or Table VIa, whichever results in the higher numeral. That numeral will then be elevated to the next higher

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Roman numeral. Each ear will be evaluated separately.

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

[64 FR 25209, May 11, 1999]

§ 4.87 Schedule of ratings—ear.

DISEASES OF THE EAR

| | Rating |
|--|--------|
| 6200 Chronic suppurative otitis media, mastoiditis, or cholesteatoma (or any combination): During suppuration, or with aural polyps | 10 |
| NOTE: Evaluate hearing impairment, and complications such as labyrinthitis, tinnitus, facial nerve paralysis, or bone loss of skull, separately. | |
| 6201 Chronic nonsuppurative otitis media with effusion (serous otitis media): Rate hearing impairment | 30 |
| 6202 Otosclerosis: Rate hearing impairment | 10 |
| 6204 Peripheral vestibular disorders: Dizziness and occasional staggering | 100 |
| Occasional dizziness | |
| NOTE: Objective findings supporting the diagnosis of vestibular disequilibrium are required before a compensable evaluation can be assigned under this code. Hearing impairment or suppuration shall be separately rated and combined. | |
| 6205 Meniere's syndrome (endolymphatic hydrops): Hearing impairment with attacks of vertigo and cerebellar gait occurring more than once weekly, with or without tinnitus | |
| Hearing impairment with attacks of vertigo and cerebellar gait from one to four times a month, with or without tinnitus | |
| Hearing impairment with vertigo less than once a month, with or without tinnitus | |
| NOTE: Evaluate Meniere's syndrome either under these criteria or by separately evaluating vertigo (as a peripheral vestibular disorder), hearing impairment, and tinnitus, whichever method results in a higher overall evaluation. But do not combine an evaluation for hearing impairment, tinnitus, or vertigo with an evaluation under diagnostic code 6205. | |
| 6207 Loss of auricle: Complete loss of both | 50 |
| Complete loss of one | 30 |
| Deformity of one, with loss of one-third or more of the substance | |
| 6208 Malignant neoplasm of the ear (other than skin only) | 10 |
| NOTE: A rating of 100 percent shall continue beyond the cessation of any surgical, radiation treatment, 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 on 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. | |
| 6209 Benign neoplasms of the ear (other than skin only): Rate on impairment of function. | 100 |
| 6210 Chronic otitis externa: | |

DISEASES OF THE EAR—Continued

| | Rating |
|--|--------|
| Swelling, dry and scaly or serous discharge, and itching requiring frequent and prolonged treatment | 10 |
| 6211 Tympanic membrane, perforation of | 0 |
| 6260 Tinnitus, recurrent | 10 |
| NOTE (1): A separate evaluation for tinnitus may be combined with an evaluation under diagnostic codes 6100, 6200, 6204, or other diagnostic code, except when tinnitus supports an evaluation under one of those diagnostic codes. | |
| NOTE (2): Assign only a single evaluation for recurrent tinnitus, whether the sound is perceived in one ear, both ears, or in the head. | |
| NOTE (3): Do not evaluate objective tinnitus (in which the sound is audible to other people and has a definable cause that may or may not be pathologic) under this diagnostic code, but evaluate it as part of any underlying condition causing it. | |

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

[64 FR 25210, May 11, 1999, as amended at 68 FR 25823, May 14, 2003]

§ 4.87a Schedule of ratings—other sense organs.

| | Rating |
|---|--------|
| 6275 Sense of smell, complete loss | 10 |
| 6276 Sense of taste, complete loss | 10 |
| NOTE: Evaluation will be assigned under diagnostic codes 6275 or 6276 only if there is an anatomical or pathological basis for the condition. | |

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

[64 FR 25210, May 11, 1999]

INFECTIOUS DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES

§ 4.88 [Reserved]

§ 4.88a Chronic fatigue syndrome.

(a) For VA purposes, the diagnosis of chronic fatigue syndrome requires:

(1) new onset of debilitating fatigue severe enough to reduce daily activity to less than 50 percent of the usual level for at least six months; and

(2) the exclusion, by history, physical examination, and laboratory tests, of all other clinical conditions that may produce similar symptoms; and

(3) six or more of the following:

- (i) acute onset of the condition,
- (ii) low grade fever,
- (iii) nonexudative pharyngitis,

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- (iv) palpable or tender cervical or axillary lymph nodes,
- (v) generalized muscle aches or weakness,
- (vi) fatigue lasting 24 hours or longer after exercise,

- (vii) headaches (of a type, severity, or pattern that is different from headaches in the pre-morbid state),
- (viii) migratory joint pains,
- (ix) neuropsychologic symptoms,
- (x) sleep disturbance.

(b) [Reserved]

[59 FR 60902, Nov. 29, 1994]

§ 4.88b Schedule of ratings—*infectious diseases, immune disorders and nutritional deficiencies.*

NOTE: Rate any residual disability of infection within the appropriate body system as indicated by the notes in the evaluation criteria. As applicable, consider the long-term health effects potentially associated with infectious diseases as listed in § 3.317(d) of this

chapter, specifically Brucellosis, Campylobacter jejuni, Coxiella burnetii (Q fever), Malaria, Mycobacterium Tuberculosis, Nontyphoid Salmonella, Shigella, Visceral Leishmaniasis, and West Nile virus.

| | Rating |
|---|--------|
| <i>General Rating Formula for Infectious Diseases:</i> For active disease | 100 |
| 6300 Vibriosis (Cholera, Non-cholera): Evaluate under the General Rating Formula. <i>Note:</i> Rate residuals of cholera and non-cholera vibrio infections, such as renal failure, skin, and musculoskeletal conditions, within the appropriate body system. | 100 |
| 6301 Visceral leishmaniasis: As active disease | 100 |
| <i>Note 1:</i> Continue a 100 percent evaluation beyond the cessation of treatment for active disease. Six months after discontinuance of such treatment, determine the appropriate disability rating 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. Thereafter, rate under the appropriate body system any residual disability of infection, which includes, but is not limited to liver damage and bone marrow disease. <i>Note 2:</i> Confirm the recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing. | |
| 6302 Leprosy (Hansen's disease): As active disease | 100 |
| <i>Note:</i> Continue a 100 percent evaluation beyond the cessation of treatment for active disease. Six months after discontinuance of such treatment, determine the appropriate disability rating 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. Thereafter, rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, skin lesions, peripheral neuropathy, or amputations. | |
| 6304 Malaria: Evaluate under the General Rating Formula. <i>Note 1:</i> The diagnosis of malaria, both initially and during relapse, depends on the identification of the malarial parasites in blood smears or other specific diagnostic laboratory tests such as antigen detection, immunologic (immunochemical) tests, and molecular testing such as polymerase chain reaction tests. <i>Note 2:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, liver or splenic damage, and central nervous system conditions. | |
| 6305 Lymphatic filariasis, to include elephantiasis: Evaluate under the General Rating Formula. <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, epididymitis, lymphangitis, lymphatic obstruction, or lymphedema affecting extremities, genitals, and/or breasts. | |
| 6306 Bartonellosis: Evaluate under the General Rating Formula. <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, endocarditis or skin lesions. | |
| 6307 Plague: Evaluate under the General Rating Formula. <i>Note:</i> Rate under the appropriate body system any residual disability of infection. | |
| 6308 Relapsing Fever: Evaluate under the General Rating Formula. | |

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| | Rating |
|---|-----------------------------|
| | |
| 6309 Rheumatic fever: Evaluate under the General Rating Formula. <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, liver or spleen damage, iritis, uveitis, or central nervous system involvement. | |
| 6310 Syphilis, and other treponema infections: <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, heart damage. | |
| 6311 Tuberculosis, miliary: As active disease Inactive disease: See §§ 4.88c and 4.89. <i>Note 1:</i> Confirm the recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing. <i>Note 2:</i> Rate under the appropriate body system any residual disability of infection which includes, but is not limited to, skin conditions and conditions of the respiratory, central nervous, musculoskeletal, ocular, gastrointestinal, and genitourinary systems and those residuals listed in § 4.88c. | 100 |
| 6312 Nontuberculosis mycobacterium infection: As active disease <i>Note 1:</i> Continue the rating of 100 percent for the duration of treatment for active disease followed by a mandatory VA exam. If there is no relapse, rate on residuals. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. <i>Note 2:</i> Confirm the recurrence of active infection by culture, histopathology, or other diagnostic laboratory testing. <i>Note 3:</i> Rate under the appropriate body system any residual disability of infection which includes, but is not limited to, skin conditions and conditions of the respiratory, central nervous, musculoskeletal, ocular, gastrointestinal, and genitourinary systems and those residuals listed in § 4.88c. | 100 |
| 6313 Avitaminosis: Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor With stomatitis, diarrhea, and symmetrical dermatitis With stomatitis, or achlorhydria, or diarrhea Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability | 100 60 40 20 10 |
| 6314 Beriberi: As active disease: With congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome With cardiomegaly, or; with peripheral neuropathy with footdrop or atrophy of thigh or calf muscles With peripheral neuropathy with absent knee or ankle jerks and loss of sensation, or; with symptoms such as weakness, fatigue, anorexia, dizziness, heaviness and stiffness of legs, headache or sleep disturbance Thereafter rate residuals under the appropriate body system. | 100 60 30 10 |
| 6315 Pellagra: Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor With stomatitis, diarrhea, and symmetrical dermatitis With stomatitis, or achlorhydria, or diarrhea Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability | 100 60 40 20 10 |
| 6316 Brucellosis: Evaluate under the General Rating Formula. <i>Note 1:</i> Culture, serologic testing, or both must confirm the initial diagnosis and recurrence of active infection. <i>Note 2:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, meningitis, liver, spleen and musculoskeletal conditions. | |
| 6317 Rickettsial, ehrlichia, and anaplasma infections: Evaluate under the General Rating Formula. <i>Note 1:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, bone marrow, spleen, central nervous system, and skin conditions. <i>Note 2:</i> This diagnostic code includes, but is not limited to, scrub typhus, Rickettsial pox, African tick-borne fever, Rocky Mountain spotted fever, ehrlichiosis, or anaplasmosis. | |
| 6318 Melioidosis: Evaluate under the General Rating Formula. <i>Note 1:</i> Confirm by culture or other specific diagnostic laboratory tests the initial diagnosis and any relapse or chronic activity of infection. <i>Note 2:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, arthritis, lung lesions, or meningitis. | |
| 6319 Lyme disease: Evaluate under the General Rating Formula. <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, arthritis, Bell's palsy, radiculopathy, ocular, or cognitive dysfunction. | |
| 6320 Parasitic diseases otherwise not specified: Evaluate under the General Rating Formula. <i>Note:</i> Rate under the appropriate body system any residual disability of infection. | |
| 6325 Hyperinfection syndrome or disseminated strongyloidiasis: | |

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| | Rating |
|---|--------|
| As active disease | 100 |
| <i>Note:</i> Continue the rating of 100 percent through active disease followed by a mandatory VA exam. If there is no relapse, rate on residual disability. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. | |
| 6326 Schistosomiasis: | 0 |
| As acute or asymptomatic chronic disease | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, conditions of the liver, intestinal system, female genital tract, genitourinary tract, or central nervous system. | |
| 6329 Hemorrhagic fevers, including dengue, yellow fever, and others: | |
| Evaluate under the General Rating Formula. | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, conditions of the central nervous system, liver, or kidney. | |
| 6330 Campylobacter jejuni infection: | |
| Evaluate under the General Rating Formula. | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, Guillain-Barre syndrome, reactive arthritis, or uveitis. | |
| 6331 Coxiella burnetii infection (Q fever): | |
| Evaluate under the General Rating Formula. | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, chronic hepatitis, endocarditis, osteomyelitis, post Q-fever chronic fatigue syndrome, or vascular infections. | |
| 6333 Nontyphoid salmonella infections: | |
| Evaluate under the General Rating Formula. | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, reactive arthritis. | |
| 6334 Shigella infections: | |
| Evaluate under the General Rating Formula. | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, hemolytic-uremic syndrome or reactive arthritis. | |
| 6335 West Nile virus infection: | |
| Evaluate under the General Rating Formula. | |
| <i>Note:</i> Rate under the appropriate body system any residual disability of infection, which includes, but is not limited to, variable physical, functional, or cognitive disabilities. | |
| 6350 Lupus erythematosus, systemic (disseminated): | |
| Not to be combined with ratings under DC 7809 Acute, with frequent exacerbations, producing severe impairment of health | 100 |
| Exacerbations lasting a week or more, 2 or 3 times per year | 60 |
| Exacerbations once or twice a year or symptomatic during the past 2 years | 10 |
| <i>Note:</i> Evaluate this condition either by combining the evaluations for residuals under the appropriate system, or by evaluating DC 6350, whichever method results in a higher evaluation. | |
| 6351 HIV-related illness: | |
| AIDS with recurrent opportunistic infections (see Note 3) or with secondary diseases afflicting multiple body systems; HIV-related illness with debility and progressive weight loss | 100 |
| Refractory constitutional symptoms, diarrhea, and pathological weight loss; or minimum rating following development of AIDS-related opportunistic infection or neoplasm | 60 |
| Recurrent constitutional symptoms, intermittent diarrhea, and use of approved medication(s); or minimum rating with T4 cell count less than 200 | 30 |
| Following development of HIV-related constitutional symptoms; T4 cell count between 200 and 500; use of approved medication(s); or with evidence of depression or memory loss with employment limitations | 10 |
| Asymptomatic, following initial diagnosis of HIV infection, with or without lymphadenopathy or decreased T4 cell count | 0 |
| <i>Note 1:</i> In addition to standard therapies and regimens, the term "approved medication(s)" includes treatment regimens and medications prescribed as part of a research protocol at an accredited medical institution. | |
| <i>Note 2:</i> Diagnosed psychiatric illness, central nervous system manifestations, opportunistic infections, and neoplasms may be rated separately under the appropriate diagnostic codes if a higher overall evaluation results, provided the disability symptoms do not overlap with evaluations otherwise assignable above. | |
| <i>Note 3:</i> The following list of opportunistic infections are considered AIDS-defining conditions, that is, a diagnosis of AIDS follows if a person has HIV and one more of these infections, regardless of the CD4 count—candidiasis of the bronchi, trachea, esophagus, or lungs; invasive cervical cancer; coccidioidomycosis; cryptococcosis; cryptosporidiosis; cytomegalovirus (particularly CMV retinitis); HIV-related encephalopathy; herpes simplex-chronic ulcers for greater than one month, or bronchitis, pneumonia, or esophagitis; histoplasmosis; isosporiasis (chronic intestinal); Kaposi's sarcoma; lymphoma; mycobacterium avium complex; tuberculosis; pneumocystis jirovecii (carinii) pneumonia; pneumonia, recurrent; progressive multifocal leukoencephalopathy; salmonella septicemia, recurrent; toxoplasmosis of the brain; and wasting syndrome due to HIV. | |
| 6354 Chronic fatigue syndrome (CFS): | |
| Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or confusion), or a combination of other signs and symptoms: | |
| Which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care | 100 |
| Which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year | 60 |

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| | Rating |
|--|--------|
| Which are nearly constant and restrict routine daily activities from 50 to 75 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year | 40 |
| Which are nearly constant and restrict routine daily activities by less than 25 percent of the pre-illness level; or which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year | 20 |
| Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year; or symptoms controlled by continuous medication | 10 |
| <i>Note:</i> For the purpose of evaluating this disability, incapacitation exists only when a licensed physician prescribes bed rest and treatment. | |

[61 FR 39875, July 31, 1996, as amended at 84 FR 28230, June 18, 2019]

§ 4.88c Ratings for inactive nonpulmonary tuberculosis initially entitled after August 19, 1968.

| | Rating |
|--|--------|
| For 1 year after date of inactivity, following active tuberculosis | 100 |

Thereafter: Rate residuals under the specific body system or systems affected. Following the total rating for the 1 year period after date of inactivity, the scheduler evaluation for residuals of nonpulmonary tuberculosis, *i.e.*, ankylosis, surgical removal of a part, etc., will be assigned under the appropriate diagnostic code for the residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hip joint with residual ankylosis would be coded 5001-5250. Where there are existing residuals of pulmonary and nonpulmonary conditions, the evaluations for residual separate functional impairment may be combined. Where there are existing pulmonary and nonpulmonary conditions, the total rating for the 1 year, after attainment of inactivity, may not be applied to both conditions during the same period. However, the total rating during the 1-year period for the pulmonary or for the nonpulmonary condition will be utilized, combined with evaluation for residuals of the condition not covered by the 1-year total evaluation, so as to allow any additional benefit provided during such period.

[34 FR 5062, Mar. 11, 1969. Redesignated at 59 FR 60902, Nov. 29, 1994]

§ 4.89 Ratings for inactive nonpulmonary tuberculosis in effect on August 19, 1968.

Public Law 90-493 repealed section 356 of title 38, United States Code which provided graduated ratings for inactive tuberculosis. The repealed 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 use in

rating cases in which the protective provisions of Pub. L. 90-493 apply, the former evaluations are retained in this section.

| | Rating |
|---|--------|
| For 2 years after date of inactivity, following active tuberculosis, which was clinically identified during service or subsequently | 100 |
| Thereafter, for 4 years, or in any event, to 6 years after date of inactivity | 50 |
| Thereafter, for 5 years, or to 11 years after date of inactivity | 30 |
| Thereafter, in the absence of a schedular compensable permanent residual | 0 |

Following the total rating for the 2-year period after date of inactivity, the scheduler evaluation for residuals of nonpulmonary tuberculosis, *i.e.*, ankylosis, surgical removal of a part, etc., if in excess of 50 percent or 30 percent will be assigned under the appropriate diagnostic code for the specific residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hip joint with residual ankylosis would be coded 5001-5250. The graduated ratings for nonpulmonary tuberculosis will not be combined with residuals of nonpulmonary tuberculosis unless the graduated rating and rating for residual disability cover separate functional losses, *e.g.*, graduated ratings for tuberculosis of the kidney and residuals of tuberculosis of the spine. Where there are existing pulmonary and nonpulmonary conditions, the graduated evaluation for the pulmonary, or for the nonpulmonary, condition will be utilized, combined with evaluations for residuals of the condition not covered by the graduated evaluation utilized, so as to provide the higher evaluation over such period. The ending dates of all graduated ratings of nonpulmonary tuberculosis will be controlled by the date of attainment of inactivity. These ratings are applicable only to veterans with nonpulmonary tuberculosis active on or after October 10, 1949.

[29 FR 6718, May 22, 1964, as amended at 34 FR 5062, Mar. 11, 1969; 43 FR 45361, Oct. 2, 1978]

§4.96

THE RESPIRATORY SYSTEM

§ 4.96 Special provisions regarding evaluation of respiratory conditions.

(a) *Rating coexisting respiratory conditions.* Ratings under diagnostic codes 6600 through 6817 and 6822 through 6847 will not be combined with each other. Where there is lung or pleural involvement, ratings under diagnostic codes 6819 and 6820 will not be combined with each other or with diagnostic codes 6600 through 6817 or 6822 through 6847. A single rating will be assigned under the diagnostic code which reflects the predominant disability with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation. However, in cases protected by the provisions of Pub. L. 90-493, the graduated ratings of 50 and 30 percent for inactive tuberculosis will not be elevated.

(b) *Rating "protected" tuberculosis cases.* Public Law 90-493 repealed section 356 of title 38, United States Code which had provided graduated ratings for inactive tuberculosis. The repealed 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 aphonia, 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-*

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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

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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.

| | | Rating | | | | | | | |
|--|---|--------|--|----|--|----|--|----|----|
| DISEASES OF THE NOSE AND THROAT | | | | | | | | | |
| 6502 | Septum, nasal, deviation of: Traumatic only, With 50-percent obstruction of the nasal passage on both sides or complete obstruction on one side | 10 | | | | | | | |
| 6504 | Nose, loss of part of, or scars: Exposing both nasal passages | 30 | | | | | | | |
| | Loss of part of one ala, or other obvious disfigurement | 10 | | | | | | | |
| <p>Note: Or evaluate as DC 7800, scars, disfiguring, head, face, or neck.</p> <p>6510 Sinusitis, pansinusitis, chronic. 6511 Sinusitis, ethmoid, chronic. 6512 Sinusitis, frontal, chronic. 6513 Sinusitis, maxillary, chronic. 6514 Sinusitis, sphenoid, chronic.</p> <p>General Rating Formula for Sinusitis (DC's 6510 through 6514):</p> <table> <tr> <td>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</td> <td style="text-align: right;">50</td> </tr> <tr> <td>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</td> <td style="text-align: right;">30</td> </tr> <tr> <td>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 characterized by headaches, pain, and purulent discharge or crusting</td> <td style="text-align: right;">10</td> </tr> <tr> <td>Detected by X-ray only</td> <td style="text-align: right;">0</td> </tr> </table> <p>Note: An incapacitating episode of sinusitis means one that requires bed rest and treatment by a physician.</p> <p>6515 Laryngitis, tuberculous, active or inactive. Rate under §§ 4.88c or 4.89, whichever is appropriate.</p> <p>6516 Laryngitis, chronic: Hoarseness, with thickening or nodules of cords, polyps, submucous infiltration, or pre-malignant changes on biopsy</p> | 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 characterized by headaches, pain, and purulent discharge or crusting | 10 | Detected by X-ray only | 0 | 30 |
| 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 characterized by headaches, pain, and purulent discharge or crusting | 10 | | | | | | | | |
| Detected by X-ray only | 0 | | | | | | | | |
| | Hoarseness, with inflammation of cords or mucous membrane | 10 | | | | | | | |
| 6518 | Laryngectomy, total. Rate the residuals of partial laryngectomy as laryngitis (DC 6516), aphonia (DC 6519), or stenosis of larynx (DC 6520). | 1100 | | | | | | | |
| 6519 | Aphonia, complete organic: Constant inability to communicate by speech | 1100 | | | | | | | |
| | Constant inability to speak above a whisper | 60 | | | | | | | |
| <p>Note: Evaluate incomplete aphonia as laryngitis, chronic (DC 6516).</p> <p>6520 Larynx, stenosis of, including residuals of laryngeal trauma (unilateral or bilateral):</p> <table> <tr> <td>Forced expiratory volume in one second (FEV-1) less than 40 percent of predicted value, with Flow-Volume Loop compatible with upper airway obstruction, or; permanent tracheostomy</td> <td style="text-align: right;">100</td> </tr> <tr> <td>FEV-1 of 40- to 55-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction</td> <td style="text-align: right;">60</td> </tr> <tr> <td>FEV-1 of 56- to 70-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction</td> <td style="text-align: right;">30</td> </tr> <tr> <td>FEV-1 of 71- to 80-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction</td> <td style="text-align: right;">10</td> </tr> </table> <p>Note: Or evaluate as aphonia (DC 6519).</p> | Forced expiratory volume in one second (FEV-1) less than 40 percent of predicted value, with Flow-Volume Loop compatible with upper airway obstruction, or; permanent tracheostomy | 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 | |
| Forced expiratory volume in one second (FEV-1) less than 40 percent of predicted value, with Flow-Volume Loop compatible with upper airway obstruction, or; permanent tracheostomy | 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 | | | | | | | | |
| 6521 | 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 | | | | | | | |
| 6522 | Allergic or vasomotor rhinitis: 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 | | | | | | | |
| 6523 | Bacterial rhinitis: Rhinoscleroma | 50 | | | | | | | |
| | 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 | | | | | | | |
| 6524 | Granulomatous rhinitis: | 10 | | | | | | | |

| | Rating |
|--|--------|
| Wegener's granulomatosis, lethal midline granuloma | 100 |
| Other types of granulomatous infection | 20 |

DISEASES OF THE TRACHEA AND BRONCHI

| | | | |
|------|--|-----|--|
| 6600 | 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 | | |
| | 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) | 100 | |
| | 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 | 60 | |
| | 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 | 30 | |
|  | ..... | 10 | |
| 6601 | Bronchiectasis: | | |
| | With incapacitating episodes of infection of at least six weeks total duration per year | 100 | |
| | 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. | | |
| 6602 | Asthma, bronchial: | | |
| | FEV-1 less than 40-percent predicted, or; FEV-1/FVC less than 40 percent, 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. | | |
| 6603 | 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. | | |
| | 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) | 100 | |
| | 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 | 60 | |
| | 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 | 30 | |
|  | ..... | 10 | |
| 6604 | 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. | | |
| | 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) | 100 | |
| | 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 | 60 | |
| | 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 | 30 | |
|  | ..... | 10 | |

DISEASES OF THE LUNGS AND PLEURA—TUBERCULOSIS
Ratings for Pulmonary Tuberculosis Entitled on August 19, 1968

| | | |
|------|--|-----|
| 6701 | Tuberculosis, pulmonary, chronic, far advanced, active | 100 |
|------|--|-----|

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| | Rating |
|--|--------|
| 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 |
| Note (1): The 100-percent rating under codes 6701 through 6724 is not subject to a requirement of precedent hospital treatment. It will be reduced to 50 percent for failure to submit to examination or to follow prescribed treatment upon report to that effect from the medical authorities. When a veteran is placed on the 100-percent rating for inactive tuberculosis, the medical authorities will be appropriately notified of the fact, and of the necessity, as given in footnote 1 to 38 U.S.C. 1156 (and formerly in 38 U.S.C. 356, which has been repealed by Public Law 90-493), to notify the Veterans Service Center in the event of failure to submit to examination or to follow treatment. | |
| Note (2): The graduated 50-percent and 30-percent ratings and the permanent 30 percent and 20 percent ratings for inactive pulmonary tuberculosis are not to be combined with ratings for other respiratory disabilities. Following thoracoplasty the rating will be for removal of ribs combined with the rating for collapsed lung. Resection of the ribs incident to thoracoplasty will be rated as removal. | |

Ratings for Pulmonary Tuberculosis Initially Evaluated After August 19, 1968

| | |
|---|-----|
| 6730 Tuberculosis, pulmonary, chronic, active | 100 |
| Note: Active pulmonary tuberculosis will be considered permanently and totally disabling for non-service-connected pension purposes in the following circumstances: | |
| (a) Associated with active tuberculosis involving other than the respiratory system. | |
| (b) With severe associated symptoms or with extensive cavity formation. | |
| (c) Reactivated cases, generally. | |
| (d) With advancement of lesions on successive examinations or while under treatment. | |
| (e) Without retrogression of lesions or other evidence of material improvement at the end of six months hospitalization or without change of diagnosis from "active" at the end of 12 months hospitalization. Material improvement means lessening or absence of clinical symptoms, and X-ray findings of a stationary or retrogressive lesion. | |
| 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. | |

NONTUBERCULOUS DISEASES

| | |
|---|-----|
| 6817 Pulmonary Vascular Disease: | |
| Primary pulmonary hypertension, or, chronic pulmonary thromboembolism with evidence of pulmonary hypertension, right ventricular hypertrophy, or cor pulmonale, or; pulmonary hypertension secondary to other obstructive disease of pulmonary arteries or veins with evidence of right ventricular hypertrophy or cor pulmonale | 100 |
| Chronic pulmonary thromboembolism requiring anticoagulant therapy, or; following inferior vena cava surgery without evidence of pulmonary hypertension or right ventricular dysfunction | 60 |
| Symptomatic, following resolution of acute pulmonary embolism | 30 |
| Asymptomatic, following resolution of pulmonary thromboembolism | 0 |
| Note: Evaluate other residuals following pulmonary embolism under the most appropriate diagnostic code, such as chronic bronchitis (DC 6600) or chronic pleural effusion or fibrosis (DC 6844), but do not combine that evaluation with any of the above evaluations. | |
| 6819 Neoplasms, malignant, any specified part of respiratory system exclusive of skin growths | 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. | |
| 6820 Neoplasms, benign, any specified part of respiratory system. Evaluate using an appropriate respiratory analogy. | |

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| | | Rating |
|---|---|--------|
| Bacterial Infections of the Lung | | |
| 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 | 100 |
| | 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). | |
| Interstitial Lung Disease | | |
| 6825 | Diffuse interstitial fibrosis (interstitial pneumonitis, fibrosing alveolitis). | |
| 6826 | Desquamative interstitial pneumonitis. | |
| 6827 | Pulmonary alveolar proteinosis. | |
| 6828 | Eosinophilic granuloma of lung. | |
| 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): | |
| | Forced Vital Capacity (FVC) less than 50-percent predicted, 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 cardiorespiratory limitation, or; cor pulmonale or pulmonary hypertension, or; requires outpatient oxygen therapy | 100 |
| | FVC of 50- to 64-percent predicted, or; DLCO (SB) of 40- to 55-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 |
| <p>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.</p> | | |
| 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 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 |

| | | Rating |
|------|--|----------------------|
| | 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 Or rate primary disorder. | 10 |
| | 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: Cor pulmonale, or; cardiac involvement with congestive heart failure, or; progressive pulmonary disease with fever, night sweats, and weight loss despite treatment Pulmonary involvement requiring systemic high dose (therapeutic) corticosteroids for control Pulmonary involvement with persistent symptoms requiring chronic low dose (maintenance) or intermittent corticosteroids Chronic hilar adenopathy or stable lung infiltrates without symptoms or physiologic impairment Or rate active disease or residuals as chronic bronchitis (DC 6600) and extra-pulmonary involvement under specific body system involved. | 100 60 30 0 |
| 6847 | Sleep Apnea Syndromes (Obstructive, Central, Mixed): Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or; requires tracheostomy Requires use of breathing assistance device such as continuous airway pressure (CPAP) machine Persistent day-time hypersomnolence Asymptomatic but with documented sleep disorder breathing | 100 50 30 0 |

¹ Review for entitlement to special monthly compensation under § 3.350 of this chapter.

[61 FR 46728, Sept. 5, 1996, as amended at 71 FR 28586, May 17, 2006]

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—cardio-vascular system.

DISEASES OF THE HEART

| | Rating |
|--|--------|
| 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. | |

§ 4.104

DISEASES OF THE HEART—Continued

| | Rat-ing |
|---|---------|
| 7000 Valvular heart disease (including rheumatic heart disease): During active infection with valvular heart damage and for three months following cessation of therapy for the active infection | 100 |
| 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; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilation on electro-cardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7001 Endocarditis: For three months following cessation of therapy for active infection with cardiac involvement | 100 |
| Thereafter, with endocarditis (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in: Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7002 Pericarditis: For three months following cessation of therapy for active infection with cardiac involvement | 100 |

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DISEASES OF THE HEART—Continued

| | Rat-ing |
|--|---------|
| Thereafter, with documented pericarditis resulting in: Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilation on electro-cardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7003 Pericardial adhesions: Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilation on electro-cardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7004 Syphilitic heart disease: Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |

Department of Veterans Affairs

§ 4.104

DISEASES OF THE HEART—Continued

| | Rat-ing |
|--|---------|
| NOTE: Evaluate syphilitic aortic aneurysms under DC 7110 (aortic aneurysm). | |
| 7005 Arteriosclerotic heart disease (Coronary artery disease): | |
| With documented coronary artery disease resulting in: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| NOTE: If nonservice-connected arteriosclerotic heart disease is superimposed on service-connected valvular or other non-arteriosclerotic heart disease, request a medical opinion as to which condition is causing the current signs and symptoms. | |
| 7006 Myocardial infarction: | |
| During and for three months following myocardial infarction, documented by laboratory tests | 100 |
| Thereafter: | |
| With history of documented myocardial infarction, resulting in: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7007 Hypertensive heart disease: | |
| Chronic congestive heart failure, or; workload 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 | 100 |

DISEASES OF THE HEART—Continued

| | Rat-ing |
|---|---------|
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7008 Hyperthyroid heart disease. | |
| Rate under the appropriate cardiovascular diagnostic code, depending on particular findings. | |
| 7010 Supraventricular arrhythmias: | |
| Paroxysmal atrial fibrillation or other supraventricular tachycardia, with more than four episodes per year documented by ECG or Holter monitor | 30 |
| Permanent atrial fibrillation (lone atrial fibrillation), or; one to four episodes per year of paroxysmal atrial fibrillation or other supraventricular tachycardia documented by ECG or Holter monitor | 10 |
| 7011 Ventricular arrhythmias (sustained): | |
| For indefinite period from date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia, or; for indefinite period from date of hospital admission for ventricular aneurysmectomy, or; with an automatic implantable Cardioverter-Defibrillator (AICD) in place | 100 |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |

§ 4.104

DISEASES OF THE HEART—Continued

| | Rating |
|--|--------|
| NOTE: A rating of 100 percent shall be assigned from the date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia or for ventricular aneurysmectomy. Six months 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. | |
| 7015 Atrioventricular block: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication or a pacemaker required | 10 |
| NOTE: Unusual cases of arrhythmia such as atrioventricular block associated with a supraventricular arrhythmia or pathological bradycardia should be submitted to the Director, Compensation Service. Simple delayed P-R conduction time, in the absence of other evidence of cardiac disease, is not a disability. | |
| 7016 Heart valve replacement (prosthesis): | |
| For indefinite period following date of hospital admission for valve replacement | |
| Thereafter: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |

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DISEASES OF THE HEART—Continued

| | Rating |
|---|--------|
| NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for valve replacement. Six months 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. | |
| 7017 Coronary bypass surgery: | |
| For three months following hospital admission for surgery | 100 |
| Thereafter: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| 7018 Implantable cardiac pacemakers: | |
| For two months following hospital admission for implantation or reimplantation | 100 |
| Thereafter: | |
| Evaluate as supraventricular arrhythmias (DC 7010), ventricular arrhythmias (DC 7011), or atrioventricular block (DC 7015). Minimum | 10 |
| NOTE: Evaluate implantable Cardioverter-Defibrillators (AICD's) under DC 7011. | |
| 7019 Cardiac transplantation: | |
| For an indefinite period from date of hospital admission for cardiac transplantation | 100 |
| Thereafter: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Minimum | 30 |
| NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac transplantation. 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. | |

Department of Veterans Affairs

§ 4.104

DISEASES OF THE HEART—Continued

| | Rating |
|---|--------|
| 7020 Cardiomyopathy: | |
| Chronic congestive heart failure, or; workload 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 | 100 |
| More than one episode of acute congestive heart failure in the past year, or; workload 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 | 60 |
| Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilation on electrocardiogram, echocardiogram, or X-ray | 30 |
| Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required | 10 |
| Diseases of the Arteries and Veins | |
| 7101 Hypertensive vascular disease (hypertension and isolated systolic hypertension): | |
| Diastolic pressure predominantly 130 or more | 60 |
| Diastolic pressure predominantly 120 or more | 40 |
| Diastolic pressure predominantly 110 or more, or; systolic pressure predominantly 200 or more | 20 |
| Diastolic pressure predominantly 100 or more, or; systolic pressure predominantly 160 or more, or; minimum evaluation for an individual with a history of diastolic pressure predominantly 100 or more who requires continuous medication for control | 10 |
| NOTE (1): Hypertension or isolated systolic hypertension must be confirmed by readings taken two or more times on at least three different days. For purposes of this section, the term hypertension means that the diastolic blood pressure is predominantly 90mm. or greater, and isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm. or greater with a diastolic blood pressure of less than 90mm. | |
| NOTE (2): Evaluate hypertension due to aortic insufficiency or hyperthyroidism, which is usually the isolated systolic type, as part of the condition causing it rather than by a separate evaluation. | |
| NOTE (3): Evaluate hypertension separately from hypertensive heart disease and other types of heart disease. | |
| 7110 Aortic aneurysm: | |
| If five centimeters or larger in diameter, or; if symptomatic, or; for indefinite period from date of hospital admission for surgical correction (including any type of graft insertion) | 100 |
| Precluding exertion | 60 |

DISEASES OF THE HEART—Continued

| | Rating |
|---|--------|
| 7111 Aneurysm, any large artery: | |
| If symptomatic, or; for indefinite period from date of hospital admission for surgical correction | 100 |
| Following surgery: | |
| Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less | 100 |
| Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; persistent coldness of the extremity, one or more deep ischemic ulcers, or ankle/brachial index of 0.5 or less | 60 |
| Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less | 40 |
| Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less | 20 |
| NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater. | |
| NOTE (2): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor, if applicable. | |
| NOTE (3): A rating of 100 percent shall be assigned as of the date of hospital admission for surgical correction. Six months 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. | |
| 7112 Aneurysm, any small artery: | |
| Asymptomatic | 0 |
| NOTE: If symptomatic, evaluate according to body system affected. Following surgery, evaluate residuals under the body system affected. | |
| 7113 Arteriovenous fistula, traumatic: | |
| With high output heart failure | 100 |
| Without heart failure but with enlarged heart, wide pulse pressure, and tachycardia | 60 |
| Without cardiac involvement but with edema, stasis dermatitis, and either ulceration or cellulitis: | |
| Lower extremity | 50 |
| Upper extremity | 40 |
| With edema or stasis dermatitis: | |
| Lower extremity | 30 |
| Upper extremity | 20 |
| 7114 Arteriosclerosis obliterans: | |
| Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less | 100 |

§ 4.104

DISEASES OF THE HEART—Continued

| | Rating |
|--|--------|
| Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; either persistent coldness of the extremity or ankle/brachial index of 0.5 or less | 60 |
| Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less | 40 |
| Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less | 20 |
| NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater. | |
| NOTE (2): Evaluate residuals of aortic and large arterial bypass surgery or arterial graft as arteriosclerosis obliterans. | |
| NOTE (3): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable. | |
| 7115 Thrombo-angiitis obliterans (Buerger's Disease): | |
| Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less | 100 |
| Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; either persistent coldness of the extremity or ankle/brachial index of 0.5 or less | 60 |
| Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less | 40 |
| Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less | 20 |
| NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater. | |
| NOTE (2): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable. | |
| 7117 Raynaud's syndrome: | |
| With two or more digital ulcers plus autoamputation of one or more digits and history of characteristic attacks | 100 |
| With two or more digital ulcers and history of characteristic attacks | 60 |
| Characteristic attacks occurring at least daily | 40 |
| Characteristic attacks occurring four to six times a week | 20 |
| Characteristic attacks occurring one to three times a week | 10 |

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DISEASES OF THE HEART—Continued

| | Rating |
|--|--------|
| NOTE: For purposes of this section, characteristic attacks consist of sequential color changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upsets. These evaluations are for the disease as a whole, regardless of the number of extremities involved or whether the nose and ears are involved. | |
| 7118 Angioneurotic edema: | |
| Attacks without laryngeal involvement lasting one to seven days or longer and occurring more than eight times a year, or; attacks with laryngeal involvement of any duration occurring more than twice a year | 40 |
| Attacks without laryngeal involvement lasting one to seven days and occurring five to eight times a year, or; attacks with laryngeal involvement of any duration occurring once or twice a year | 20 |
| Attacks without laryngeal involvement lasting one to seven days and occurring two to four times a year | 10 |
| 7119 Erythromelalgia: | |
| Characteristic attacks that occur more than once a day, last an average of more than two hours each, respond poorly to treatment, and that restrict most routine daily activities | 100 |
| Characteristic attacks that occur more than once a day, last an average of more than two hours each, and respond poorly to treatment, but that do not restrict most routine daily activities | 60 |
| Characteristic attacks that occur daily or more often but that respond to treatment | 30 |
| Characteristic attacks that occur less than daily but at least three times a week and that respond to treatment | 10 |
| NOTE: For purposes of this section, a characteristic attack of erythromelalgia consists of burning pain in the hands, feet, or both, usually bilateral and symmetrical, with increased skin temperature and redness, occurring at warm ambient temperatures. These evaluations are for the disease as a whole, regardless of the number of extremities involved. | |
| 7120 Varicose veins: | |
| With the following findings attributed to the effects of varicose veins: Massive board-like edema with constant pain at rest | 100 |
| Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and persistent ulceration | 60 |
| Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration | 40 |
| Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema | 20 |
| Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery | 10 |
| Asymptomatic palpable or visible varicose veins | 0 |
| NOTE: These evaluations are for involvement of a single extremity. If more than one extremity is involved, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable. | |

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| DISEASES OF THE HEART—Continued | | DISEASES OF THE HEART—Continued | |
|---|---------|--|---------|
| | Rat-ing | | Rat-ing |
| 7121 Post-phlebitic syndrome of any etiology: With the following findings attributed to venous disease: Massive board-like edema with constant pain at rest | 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. | |
| Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and persistent ulceration | 60 | | |
| Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration | 40 | (Authority: 38 U.S.C. 1155) | |
| Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema | 20 | [62 FR 65219, Dec. 11, 1997, as amended at 63 FR 37779, July 14, 1998; 71 FR 52460, Sept. 6, 2006; 79 FR 2100, Jan. 13, 2014; 82 FR 50804, Nov. 2, 2017] | |
| Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery | | THE DIGESTIVE SYSTEM | |
| Asymptomatic palpable or visible varicose veins | | § 4.110 Ulcers. | |
| NOTE: These evaluations are for involvement of a single extremity. If more than one extremity is involved, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable. | 0 | Experience has shown that the term “peptic ulcer” is not sufficiently specific for rating purposes. Manifest differences in ulcers of the stomach or duodenum in comparison with those at an 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. | |
| 7122 Cold injury residuals: 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) | 30 | § 4.111 Postgastrectomy syndromes. | |
| Arthralgia or other pain, numbness, or cold sensitivity plus tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, or X-ray abnormalities (osteoporosis, subarticular punched out lesions, or osteoarthritis) | 20 | 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. | |
| Arthralgia or other pain, numbness, or cold sensitivity | 10 | § 4.112 Weight loss. | |
| 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. | | 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 | |
| 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 | | |

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“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.

| | 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. | 60 |
| 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 | 40 |
| 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 | 20 |
| Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations | 10 |
| Mild; with recurring symptoms once or twice yearly | |
| 7306 Ulcer, marginal (gastrojejunum): Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. Totally incapacitating | 100 |
| Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health | 60 |
| 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; with episodes of recurring symptoms several times a year | 20 |
| Mild; with brief episodes of recurring symptoms once or twice yearly | 10 |
| 7307 Gastritis, hypertrophic (identified by gastroscopy): Chronic; with severe hemorrhages, or large ulcerated or eroded areas | 60 |
| Chronic; with multiple small eroded or ulcerated areas, and symptoms | 30 |
| Chronic; with small nodular lesions, and symptoms | 10 |
| Gastritis, atrophic. A complication of a number of diseases, including pernicious anemia. | |
| Rate the underlying condition. | |
| 7308 Postgastrectomy syndromes: Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia | 60 |

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| | Rating | | Rating |
|--|--------|---|--------|
| Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss | | Asymptomatic | 0 |
| Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations | | 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. | |
| 7309 Stomach, stenosis of. Rate as for gastric ulcer. | 40 | 7322 Dysentery, bacillary. Rate as for ulcerative colitis.. | |
| 7310 Stomach, injury of, residuals. Rate as peritoneal adhesions. | 20 | 7323 Colitis, ulcerative: Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess | 100 |
| 7311 Residuals of injury of the liver: 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). | | Severe; with numerous attacks a year and malnutrition, the health only fair during remissions | 60 |
| 7312 Cirrhosis of the liver, primary biliary cirrhosis, or cirrhotic phase of sclerosing cholangitis: 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) | | Moderately severe; with frequent exacerbations | 30 |
| 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 | | Moderate; with infrequent exacerbations | 10 |
| History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis) | | 7324 Distomiasis, intestinal or hepatic: Severe symptoms | 30 |
| Portal hypertension and splenomegaly, with weakness, anorexia, abdominal pain, malaise, and at least minor weight loss | | Moderate symptoms | 10 |
| Symptoms such as weakness, anorexia, abdominal pain, and malaise | | Mild or no symptoms | 0 |
| NOTE: For evaluation under diagnostic code 7312, documentation of cirrhosis (by biopsy or imaging) and abnormal liver function tests must be present. | | 7325 Enteritis, chronic. Rate as for irritable colon syndrome. | |
| 7314 Cholecystitis, chronic: Severe; frequent attacks of gall bladder colic | | 7326 Enterocolitis, chronic. Rate as for irritable colon syndrome. | |
| 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 | | 7327 Diverticulitis. Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture. | |
| Mild | | 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 | 60 |
| 7315 Cholelithiasis, chronic. Rate as for chronic cholecystitis. | | With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss | 40 |
| 7316 Cholangitis, chronic. Rate as for chronic cholecystitis. | | Symptomatic with diarrhea, anemia and inability to gain weight | 20 |
| 7317 Gall bladder, injury of. Rate as for peritoneal adhesions. | | NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301. | |
| 7318 Gall bladder, removal of: With severe symptoms | | 7329 Intestine, large, resection of: With severe symptoms, objectively supported by examination findings | 40 |
| With mild symptoms | | With moderate symptoms | 20 |
| Nonsymptomatic | | With slight symptoms | 10 |
| Spleen, disease or injury of. See Hemic and Lymphatic Systems. | | NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301. | |
| 7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.): Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress | | 7330 Intestine, fistula of, persistent, or after attempt at operative closure: Copious and frequent, fecal discharge | 100 |
| Moderate; frequent episodes of bowel disturbance with abdominal distress | | Constant or frequent, fecal discharge | 60 |
| Mild; disturbances of bowel function with occasional episodes of abdominal distress | | Slight infrequent, fecal discharge | 30 |
| 7321 Amebiasis: Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea | | Healed; rate for peritoneal adhesions. | |
| | | 7331 Peritonitis, tuberculous, active or inactive: Active | 100 |
| | | Inactive: See §§ 4.88b and 4.89. | |
| | | 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 |

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| | Rating | | Rating |
|--|--------|--|--------|
| 7334 Rectum, prolapse of: Severe (or complete), persistent | 50 | Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) | 100 |
| Moderate, persistent or frequently recurring | 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 |
| Mild with constant slight or occasional moderate leakage | 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 |
| 7335 Ano, fistula in. Rate as for impairment of sphincter control. | 20 | 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 |
| 7336 Hemorrhoids, external or internal: With persistent bleeding and with secondary anemia, or with fissures | 10 | 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 |
| Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences | 0 | Nonsymptomatic | 0 |
| Mild or moderate | 0 | 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.). | |
| 7337 Pruritus ani. Rate for the underlying condition. | 60 | 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. | |
| 7338 Hernia, inguinal: Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable | 30 | NOTE (3): Hepatitis B infection must be confirmed by serologic testing in order to evaluate it under diagnostic code 7345. | |
| Small, postoperative recurrent, or unoperated irreducible, not well supported by truss, or not readily reducible | 10 | 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 | 60 |
| Postoperative recurrent, readily reducible and well supported by truss or belt | 0 | Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health | 30 |
| Not operated, but remediable | 0 | With two or more of the symptoms for the 30 percent evaluation of less severity | 10 |
| Small, reducible, or without true hernia protrusion | 0 | 7347 Pancreatitis: With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition | 100 |
| 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 frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks | 60 |
| 7339 Hernia, ventral, postoperative: 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 | | |
| Large, not well supported by belt under ordinary conditions | 40 | | |
| 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 | | |
| Wounds, postoperative, healed, no disability, belt not indicated | 0 | | |
| 7340 Hernia, femoral. Rate as for inguinal hernia. | 100 | | |
| 7342 Visceroprolapse, symptomatic, marked | 40 | | |
| 7343 Malignant neoplasms of the digestive system, exclusive of skin growths | 20 | | |
| 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. | 0 | | |
| 7344 Benign neoplasms, exclusive of skin growths: Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment. | 100 | | |
| 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): | | | |

| | Rating | | Rating |
|--|--------|---|--------|
| Moderately severe; with at least 4-7 typical attacks of abdominal pain per year with good remission between attacks | 30 | 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 at least one recurring attack of typical severe abdominal pain in the past year | 10 | Nonsymptomatic | 0 |
| NOTE 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies. | | 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.) | |
| NOTE 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent. | | 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. | |
| 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 | | |
| 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 | 100 | | |
| Minimum | 30 | | |
| 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. | | | |
| 7354 Hepatitis C (or non-A, non-B hepatitis): | | | |
| With serologic evidence of hepatitis C infection and the following signs and symptoms due to hepatitis C infection: | | | |
| Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) | 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 | | |
| 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 | | |
| 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 | | |

(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

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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 | |
| Constant albuminuria with some edema; or, definite decrease in kidney function; or, hypertension at least 40 percent disabling under diagnostic code 7101 | 80 |
| 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 | 60 |
| Albumin and casts with history of acute nephritis; or, hypertension non-compensable under diagnostic code 7101 | 30 |
| Voiding dysfunction: | |
| Rate particular condition as urine leakage, frequency, or obstructed voiding | 0 |
| 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 |

| | Rating |
|---|--------|
| 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 |
| Long-term drug therapy, 1-2 hospitalizations per year and/or requiring intermittent intensive management | 10 |

[59 FR 2527, Jan. 18, 1994; 59 FR 10676, Mar. 7, 1994]

§ 4.115b Ratings of the genitourinary system—diagnoses.

| | Rating |
|--|--------|
| Note: When evaluating any claim involving loss or loss of use of one or more creative organs, 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. | |
| 7500 Kidney, removal of one: | |
| Minimum evaluation | 30 |
| Or rate as renal dysfunction if there is nephritis, infection, or pathology of the other. | |
| 7501 Kidney, abscess of: | |
| Rate as urinary tract infection | |

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| | Rating | | Rating |
|---|--------|---|--------|
| 7502 Nephritis, chronic: Rate as renal dysfunction. | | 7523 Testis, atrophy complete:.. Both—20 ¹ One—0 ¹ | |
| 7504 Pyelonephritis, chronic: Rate as renal dysfunction or urinary tract infection, whichever is predominant. | | 7524 Testis, removal:.. Both—30 ¹ One—0 ¹ | |
| 7505 Kidney, tuberculosis of: Rate in accordance with §§ 4.88b or 4.89, whichever is appropriate. | | Note: In cases of the removal of one testis as the result of a service-incurred injury or disease, other than an undescended or congenitally undeveloped testis, with the absence or nonfunctioning of the other testis unrelated to service, an evaluation of 30 percent will be assigned for the service-connected testicular loss. Testis, undescended, or congenitally undeveloped is not a ratable disability. | |
| 7507 Nephrosclerosis, arteriolar: Rate according to predominant symptoms as renal dysfunction, hypertension or heart disease. If rated under the cardiovascular schedule, however, the percentage rating which would otherwise be assigned will be elevated to the next higher evaluation. | | 7525 Epididymo-orchitis, chronic only: Rate as urinary tract infection. For tubercular infections: Rate in accordance with §§ 4.88b or 4.89, whichever is appropriate. | |
| 7508 Nephrolithiasis: Rate as hydronephrosis, except for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year | | 7527 Prostate gland injuries, infections, hypertrophy, postoperative residuals: Rate as voiding dysfunction or urinary tract infection, whichever is predominant. | |
| 7509 Hydronephrosis: Severe; Rate as renal dysfunction. Frequent attacks of colic with infection (pyonephrosis), kidney function impaired .. Frequent attacks of colic, requiring catheter drainage .. Only an occasional attack of colic, not infected and not requiring catheter drainage | 30 | 7528 Malignant neoplasms of the genitourinary system .. | 100 |
| 7510 Ureterolithiasis: Rate as hydronephrosis, except for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year | 30 | Note —Following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure, the rating of 100 percent shall continue with a mandatory VA examination at the expiration of six months. 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 as voiding dysfunction or renal dysfunction, whichever is predominant. | |
| 7511 Ureter, stricture of: Rate as hydronephrosis, except for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year | 30 | 7529 Benign neoplasms of the genitourinary system: Rate as voiding dysfunction or renal dysfunction, whichever is predominant. | |
| 7512 Cystitis, chronic, includes interstitial and all etiologies, infectious and non-infectious: Rate as voiding dysfunction. | | 7530 Chronic renal disease requiring regular dialysis: Rate as renal dysfunction. | |
| 7515 Bladder, calculus in, with symptoms interfering with function: Rate as voiding dysfunction | | 7531 Kidney transplant: Following transplant surgery .. Thereafter: Rate on residuals as renal dysfunction, minimum rating .. | 100 |
| 7516 Bladder, fistula of: Rate as voiding dysfunction or urinary tract infection, whichever is predominant. Postoperative, suprapubic cystotomy | 100 | 30 | 30 |
| 7517 Bladder, injury of: Rate as voiding dysfunction. | | | |
| 7518 Urethra, stricture of: Rate as voiding dysfunction. | | | |
| 7519 Urethra, fistul of: Rate as voiding dysfunction. Multiple urethroperineal fistulae .. | 100 | | |
| 7520 Penis, removal of half or more .. Or rate as voiding dysfunction. | 30 | | |
| 7521 Penis removal of glans .. Or rate as voiding dysfunction. | 20 | | |
| 7522 Penis, deformity, with loss of erectile power—20 ¹ . | | | |

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| | Rating |
|--|--------|
| Note —The 100 percent evaluation shall be assigned as of the date of hospital admission for transplant surgery and shall continue with a mandatory VA examination one year following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. | |
| 7532 Renal tubular disorders (such as renal glycosurias, aminoacidurias, renal tubular acidosis, Fanconi's syndrome, Bartter's syndrome, related disorders of Henle's loop and proximal or distal nephron function, etc.): Minimum rating for symptomatic condition Or rate as renal dysfunction. | 20 |
| 7533 Cystic diseases of the kidneys (polycystic disease, uremic medullary cystic disease, Medullary sponge kidney, and similar conditions): Rate as renal dysfunction. | |
| 7534 Atherosclerotic renal disease (renal artery stenosis or atheroembolic renal disease): Rate as renal dysfunction. | |
| 7535 Toxic nephropathy (antibiotics, radiocontrast agents, nonsteroidal anti-inflammatory agents, heavy metals, and similar agents): Rate as renal dysfunction. | |
| 7536 Glomerulonephritis: Rate as renal dysfunction. | |
| 7537 Interstitial nephritis: Rate as renal dysfunction. | |
| 7538 Papillary necrosis: Rate as renal dysfunction. | |
| 7539 Renal amyloid disease: Rate as renal dysfunction. | |
| 7540 Disseminated intravascular coagulation with renal cortical necrosis: Rate as renal dysfunction. | |
| 7541 Renal involvement in diabetes mellitus, sickle cell anemia, systemic lupus erythematosus, vasculitis, or other systemic disease processes. Rate as renal dysfunction. | |
| 7542 Neurogenic bladder: Rate as voiding dysfunction. | |

¹Review for entitlement to special monthly compensation under § 3.350 of this chapter.

[59 FR 2527, Jan. 18, 1994; 59 FR 14567, Mar. 29, 1994, as amended at 59 FR 46339, Sept. 8, 1994]

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GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

§ 4.116 Schedule of ratings—gynecological conditions and disorders of the breast.

| | Rating |
|---|------------------|
| Note 1: Natural menopause, primary amenorrhea, and pregnancy and childbirth are not disabilities for rating purposes. Chronic residuals of medical or surgical complications of pregnancy may be disabilities for rating purposes. | |
| Note 2: When evaluating any claim involving loss or loss of use of one or more creative organs or anatomical loss of one or both breasts, 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, almost any condition in this section might, under certain circumstances, establish entitlement to special monthly compensation. | |
| 7610 Vulva or clitoris, disease or injury of (including vulvovaginitis) | |
| 7611 Vagina, disease or injury of. | |
| 7612 Cervix, disease or injury of. | |
| 7613 Uterus, disease, injury, or adhesions of. | |
| 7614 Fallopian tube, disease, injury, or adhesions of (including pelvic inflammatory disease (PID)). | |
| 7615 Ovary, disease, injury, or adhesions of. | |
| General Rating Formula for Disease, Injury, or Adhesions of Female Reproductive Organs (diagnostic codes 7610 through 7615): | |
| Symptoms not controlled by continuous treatment | 30 |
| Symptoms that require continuous treatment | 10 |
| Symptoms that do not require continuous treatment | 0 |
| Note: For the purpose of VA disability evaluation, a disease, injury, or adhesions of the ovaries resulting in ovarian dysfunction affecting the menstrual cycle, such as dysmenorrhea and secondary amenorrhea, shall be rated under diagnostic code 7615 | |
| 7617 Uterus and both ovaries, removal of, complete: | |
| For three months after removal | ¹ 100 |
| Thereafter | ¹ 50 |
| 7618 Uterus, removal of, including corpus: | |
| For three months after removal | ¹ 100 |
| Thereafter | ¹ 30 |
| 7619 Ovary, removal of: | |
| For three months after removal | ¹ 100 |
| Thereafter: | |
| Complete removal of both ovaries | ¹ 30 |
| Removal of one with or without partial removal of the other | ¹ 0 |
| Note: In cases of the removal of one ovary as the result of a service-connected injury or disease, with the absence or non-functioning of a second ovary unrelated to service, an evaluation of 30 percent will be assigned for the service-connected ovarian loss | |
| 7620 Ovaries, atrophy of both, complete | ¹ 20 |

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| | Rating | | Rating |
|--|--------|---|--------|
| 7621 Complete or incomplete pelvic organ prolapse due to injury, disease, or surgical complications of pregnancy | 10 | (4) <i>Wide local excision</i> (including partial mastectomy, lumpectomy, tylectomy, segmentectomy, and quadrantectomy) means removal of a portion of the breast tissue.. | |
| Note: Pelvic organ prolapse occurs when a pelvic organ such as bladder, urethra, uterus, vagina, small bowel, or rectum drops (prolapse) from its normal place in the abdomen. Conditions associated with pelvic organ prolapse include: uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocele, or any combination thereof. Evaluate pelvic organ prolapse under DC 7621. Evaluate separately any genitourinary, digestive, or skin symptoms under the appropriate diagnostic code(s) and combine all evaluations with the 10 percent evaluation under DC 7621 | | | |
| 7624 Fistula, rectovaginal: Vaginal fecal leakage at least once a day requiring wearing of pad | 100 | 7627 Malignant neoplasms of gynecological system | 100 |
| Vaginal fecal leakage four or more times per week, but less than daily, requiring wearing of pad | 60 | Note: A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedures. 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. Rate chronic residuals to include scars, lymphedema, disfigurement, and/or other impairment of function under the appropriate diagnostic code(s) within the appropriate body system | |
| Vaginal fecal leakage one to three times per week requiring wearing of pad | 30 | 7628 Benign neoplasms of gynecological system. Rate chronic residuals to include scars, lymphedema, disfigurement, and/or other impairment of function under the appropriate diagnostic code(s) within the appropriate body system | |
| Vaginal fecal leakage less than once a week | 10 | 7629 Endometriosis: Lesions involving bowel or bladder confirmed by laparoscopy, pelvic pain or heavy or irregular bleeding not controlled by treatment, and bowel or bladder symptoms | 50 |
| Without leakage | 0 | Pelvic pain or heavy or irregular bleeding not controlled by treatment | 30 |
| 7625 Fistula, urethrovaginal: Multiple urethrovaginal fistulae | 100 | Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control | 10 |
| Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than four times per day | 60 | Note: Diagnosis of endometriosis must be substantiated by laparoscopy. | |
| Requiring the wearing of absorbent materials which must be changed two to four times per day | 40 | | |
| Requiring the wearing of absorbent materials which must be changed less than two times per day | 20 | | |
| 7626 Breast, surgery of: Following radical mastectomy: Both | 180 | 7630 Malignant neoplasms of the breast | 100 |
| One | 150 | Note: A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, 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. Rate chronic residuals according to impairment of function due to scars, lymphedema, or disfigurement (e.g., limitation of arm, shoulder, and wrist motion, or loss of grip strength, or loss of sensation, or residuals from harvesting of muscles for reconstructive purposes), and/or under diagnostic code 7626 | |
| Following modified radical mastectomy: Both | 160 | 7631 Benign neoplasms of the breast and other injuries of the breast. Rate chronic residuals according to impairment of function due to scars, lymphedema, or disfigurement (e.g., limitation of arm, shoulder, and wrist motion, or loss of grip strength, or loss of sensation, or residuals from harvesting of muscles for reconstructive purposes), and/or under diagnostic code 7626 | |
| One | 140 | 7632 Female sexual arousal disorder (FSAD) | 10 |
| Following simple mastectomy or wide local excision with significant alteration of size or form: Both | 150 | | |
| One | 130 | | |
| Following wide local excision without significant alteration of size or form: Both or one | 0 | | |
| Note: For VA purposes: (1) <i>Radical mastectomy</i> means removal of the entire breast, underlying pectoral muscles, and regional lymph nodes up to the coracoclavicular ligament.. | | | |
| (2) <i>Modified radical mastectomy</i> means removal of the entire breast and axillary lymph nodes (in continuity with the breast). Pectoral muscles are left intact.. | | | |
| (3) <i>Simple (or total) mastectomy</i> means removal of all of the breast tissue, nipple, and a small portion of the overlying skin, but lymph nodes and muscles are left intact.. | | | |

¹ Review for entitlement to special monthly compensation under § 3.350 of this chapter.

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

[60 FR 19855, Apr. 21, 1995, as amended at 67 FR 6874, Feb. 14, 2002; 67 FR 37695, May 30, 2002; 83 FR 15071, Apr. 9, 2018]

THE HEMATOLOGIC AND LYMPHATIC SYSTEMS

§ 4.117 Schedule of ratings—hemic and lymphatic systems.

| | Rating |
|---|--------|
| 7702 Agranulocytosis, acquired: Requiring bone marrow transplant; or infections recurring, on average, at least once every six weeks per 12-month period | 100 |
| Requiring intermittent myeloid growth factors (granulocyte colony-stimulating factor (G-CSF) or granulocyte-macrophage colony-stimulating factor (GM-CSF) or continuous immunosuppressive therapy such as cyclosporine to maintain absolute neutrophil count (ANC) greater than 500/microliter (μ l) but less than 1000/ μ l; or infections recurring, on average, at least once every three months per 12-month period | 60 |
| Requiring intermittent myeloid growth factors to maintain ANC greater than 1000/ μ l; or infections recurring, on average, at least once per 12-month period but less than once every three months per 12-month period | 30 |
| Requiring continuous medication (e.g., antibiotics) for control; or requiring intermittent use of a myeloid growth factor to maintain ANC greater than or equal to 1500/ μ l | 10 |
| Note: A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. | |
| 7703 Leukemia (except for chronic myelogenous leukemia): When there is active disease or during a treatment phase | 100 |
| Otherwise rate residuals under the appropriate diagnostic code(s). | |
| Chronic lymphocytic leukemia or monoclonal B-cell lymphocytosis (MBL), asymptomatic, Rai Stage 0 | 0 |
| Note (1): A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures. 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 recurrence, rate on residuals | |
| Note (2): Evaluate symptomatic chronic lymphocytic leukemia that is at Rai Stage I, II, III, or IV the same as any other leukemia evaluated under this diagnostic code | |
| Note (3): Evaluate residuals of leukemia or leukemia therapy under the appropriate diagnostic code(s). Myeloproliferative Disorders: (Diagnostic Codes 7704, 7718, 7719) | |

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| | Rating |
|--|--------|
| 7704 Polycythemia vera: Requiring peripheral blood or bone marrow stem-cell transplant or chemotherapy (including myelosuppressants) for the purpose of ameliorating the symptom burden | 100 |
| Requiring phlebotomy 6 or more times per 12-month period or molecularly targeted therapy for the purpose of controlling RBC count | 60 |
| Requiring phlebotomy 4-5 times per 12-month period, or if requiring continuous biologic therapy or myelosuppressive agents, to include interferon, to maintain platelets <200,000 or white blood cells (WBC) <12,000 | 30 |
| Requiring phlebotomy 3 or fewer times per 12-month period or if requiring biologic therapy or interferon on an intermittent basis as needed to maintain all blood values at reference range levels | 10 |
| Note (1): Rate complications such as hypertension, gout, stroke, or thrombotic disease separately | |
| Note (2): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703 | |
| Note (3): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter | |
| 7705 Immune thrombocytopenia: Requiring chemotherapy for chronic refractory thrombocytopenia; or a platelet count 30,000 or below despite treatment | 100 |
| Requiring immunosuppressive therapy; or for a platelet count higher than 30,000 but not higher than 50,000, with history of hospitalization because of severe bleeding requiring intravenous immune globulin, high-dose parenteral corticosteroids, and platelet transfusions | 70 |
| Platelet count higher than 30,000 but not higher than 50,000, with either immune thrombocytopenia or mild mucous membrane bleeding which requires oral corticosteroid therapy or intravenous immune globulin | 30 |
| Platelet count higher than 30,000 but not higher than 50,000, not requiring treatment | 10 |
| Platelet count above 50,000 and asymptomatic; or for immune thrombocytopenia in remission | 0 |
| Note (1): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under this diagnostic code | |
| Note (2): A 100 percent evaluation shall continue beyond the cessation of chemotherapy. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter | |
| 7706 Splenectomy | 20 |

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| | Rating | | Rating |
|--|--------|--|--------|
| | | Note: Separately rate complications such as systemic infections with encapsulated bacteria | |
| | | Note: Separately rate complications such as systemic infections with encapsulated bacteria | |
| 7707 Spleen, injury of, healed. Rate for any residuals. | | | |
| 7709 Hodgkin's lymphoma: With active disease or during a treatment phase | 100 | | |
| | | Note: A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction 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 under the appropriate diagnostic code(s). | |
| 7710 Adenitis, tuberculous, active or inactive: Rate under § 4.88c or 4.89 of this part, whichever is appropriate. | | | |
| 7712 Multiple myeloma: Symptomatic multiple myeloma | 100 | | |
| | | Asymptomatic, smoldering, or monoclonal gammopathy of undetermined significance (MGUS) | 0 |
| | | Note (1): Current validated biomarkers of symptomatic multiple myeloma and asymptomatic multiple myeloma, smoldering, or monoclonal gammopathy of undetermined significance (MGUS) are acceptable for the diagnosis of multiple myeloma as defined by the American Society of Hematology (ASH) and International Myeloma Working Group (IMWG) | |
| | | Note (2): The 100 percent evaluation shall continue for five years after the diagnosis of symptomatic multiple myeloma, at which time the appropriate disability evaluation shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) and § 3.344 (a) and (b) of this chapter | |
| 7714 Sickle cell anemia: With at least 4 or more painful episodes per 12-month period, occurring in skin, joints, bones, or any major organs, caused by hemolysis and sickling of red blood cells, with anemia, thrombosis, and infarction, with residual symptoms precluding even light manual labor | 100 | | |
| | | With 3 painful episodes per 12-month period or with symptoms precluding other than light manual labor | 60 |
| | | With 1 or 2 painful episodes per 12-month period | 30 |
| | | Asymptomatic, established case in remission, but with identifiable organ impairment | 10 |
| | | Note: Sickle cell trait alone, without a history of directly attributable pathological findings, is not a ratable disability. Cases of symptomatic sickle cell trait will be forwarded to the Director, Compensation Service, for consideration under § 3.321(b)(1) of this chapter | |
| 7715 Non-Hodgkin's lymphoma: | | | |
| | | When there is active disease, during treatment phase, or with indolent and non-contiguous phase of low grade NHL | 100 |
| | | Note: A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures. Two years after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction 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 recurrence, rate on residuals under the appropriate diagnostic code(s) | |
| 7716 Aplastic anemia: Requiring peripheral blood or bone marrow stem cell transplant; or requiring transfusion of platelets or red cells, on average, at least once every six weeks per 12-month period; or infections recurring, on average, at least once every six weeks per 12-month period | 100 | | |
| | | Requiring transfusion of platelets or red cells, on average, at least once every three months per 12-month period; or infections recurring, on average, at least once every three months per 12-month period; or using continuous therapy with immunosuppressive agent or newer platelet stimulating factors | 60 |
| | | Requiring transfusion of platelets or red cells, on average, at least once per 12-month period; or infections recurring, on average, at least once per 12-month period | 30 |
| | | Note (1): A 100 percent evaluation for peripheral blood or bone marrow stem cell transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. 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 (2): The term "newer platelet stimulating factors" includes medication, factors, or other agents approved by the United States Food and Drug Administration | |
| 7717 AL amyloidosis (primary amyloidosis) | 100 | | |
| 7718 Essential thrombocythemia and primary myelofibrosis: Requiring either continuous myelosuppressive therapy or, for six months following hospital admission, peripheral blood or bone marrow stem cell transplant, or chemotherapy, or interferon treatment | 100 | | |
| | | Requiring continuous or intermittent myelosuppressive therapy, or chemotherapy, or interferon treatment to maintain platelet count $<500 \times 10^9/L$ | 70 |
| | | Requiring continuous or intermittent myelosuppressive therapy, or chemotherapy, or interferon treatment to maintain platelet count of 200,000–400,000, or white blood cell (WBC) count of 4,000–10,000 | 30 |
| | | Asymptomatic | 0 |
| | | Note (1): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703 | |

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| | Rating |
|--|--------|
| Note (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter | |
| 7719 Chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia): | |
| Requiring peripheral blood or bone marrow stem cell transplant, or continuous myelosuppressive or immunosuppressive therapy treatment | 100 |
| Requiring intermittent myelosuppressive therapy, or molecularly targeted therapy with tyrosine kinase inhibitors, or interferon treatment when not in apparent remission | 60 |
| In apparent remission on continuous molecularly targeted therapy with tyrosine kinase inhibitors | 30 |
| Note (1): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703 | |
| Note (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105 of this chapter | |
| 7720 Iron deficiency anemia: | |
| Requiring intravenous iron infusions 4 or more times per 12-month period | 30 |
| Requiring intravenous iron infusions at least 1 time but less than 4 times per 12-month period, or requiring continuous treatment with oral supplementation | 10 |
| Asymptomatic or requiring treatment only by dietary modification | 0 |
| Note: Do not evaluate iron deficiency anemia due to blood loss under this diagnostic code. Evaluate iron deficiency anemia due to blood loss under the criteria for the condition causing the blood loss | |
| 7721 Folic acid deficiency: | |
| Requiring continuous treatment with high-dose oral supplementation | 10 |
| Asymptomatic or requiring treatment only by dietary modification | 0 |
| 7722 Pernicious anemia and Vitamin B ₁₂ deficiency anemia: | |
| For initial diagnosis requiring transfusion due to severe anemia, or if there are signs or symptoms related to central nervous system impairment, such as encephalopathy, myelopathy, or severe peripheral neuropathy, requiring parenteral B ₁₂ therapy | 100 |
| Requiring continuous treatment with Vitamin B ₁₂ injections, Vitamin B ₁₂ sublingual or high-dose oral tablets, or Vitamin B ₁₂ nasal spray or gel | 10 |
| Note: A 100 percent evaluation for pernicious anemia and Vitamin B ₁₂ deficiency shall be assigned as of the date of the initial diagnosis requiring transfusion due to severe anemia or parenteral B ₁₂ therapy and shall continue with a mandatory VA examination six months following hospital discharge or cessation of parenteral B ₁₂ therapy. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Thereafter, evaluate at 10 percent and separately evaluate any residual effects of pernicious anemia, such as neurologic involvement causing peripheral neuropathy, myelopathy, dementia, or related gastrointestinal residuals, under the most appropriate diagnostic code | |
| 7723 Acquired hemolytic anemia: | |
| Requiring a bone marrow transplant or continuous intravenous or immunosuppressive therapy (e.g., prednisone, Cytoxan, azathioprine, or rituximab) | 100 |
| Requiring immunosuppressive medication 4 or more times per 12-month period | 60 |
| Requiring at least 2 but less than 4 courses of immunosuppressive therapy per 12-month period | 30 |
| Requiring one course of immunosuppressive therapy per 12-month period | 10 |
| Asymptomatic | 0 |
| Note (1): A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue for six months after hospital discharge with a mandatory VA examination six months following hospital discharge. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter | |
| Note (2): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under diagnostic code 7723 | |
| 7724 Solitary plasmacytoma: | |
| Solitary plasmacytoma, when there is active disease or during a treatment phase | 100 |
| Note (1): A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures (including autologous stem cell transplantation). 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 recurrence, rate residuals under the appropriate diagnostic codes | |
| Note (2): Rate a solitary plasmacytoma that has developed into multiple myeloma as symptomatic multiple myeloma | |
| Note (3): Rate residuals of plasma cell dysplasia (e.g., thrombosis) and adverse effects of medical treatment (e.g., neuropathy) under the appropriate diagnostic codes | |
| 7725 Myelodysplastic syndromes: | |
| Requiring peripheral blood or bone marrow stem cell transplant; or requiring chemotherapy | 100 |

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| | Rating |
|---|--------|
| Requiring 4 or more blood or platelet transfusions per 12-month period; or infections requiring hospitalization 3 or more times per 12-month period | |
| Requiring at least 1 but no more than 3 blood or platelet transfusions per 12-month period; infections requiring hospitalization at least 1 but no more than 2 times per 12-month period; or requiring biologic therapy on an ongoing basis or erythropoiesis stimulating agent (ESA) for 12 weeks or less per 12-month period | 60 |
| Note (1): If the condition progresses to leukemia, evaluate as leukemia under diagnostic code 7703 | |
| Note (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant, or during the period of treatment with chemotherapy, and shall continue with a mandatory VA examination six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment. Any reduction 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 recurrence, residuals will be rated under the appropriate diagnostic codes | 30 |

[60 FR 49227, Sept. 22, 1995, as amended at 77 FR 6467, Feb. 8, 2012; 79 FR 2100, Jan. 13, 2014; 83 FR 54254, Oct. 29, 2018; 83 FR 54881, Nov. 1, 2018]

THE SKIN

§ 4.118 Schedule of ratings—skin.

(a) For the purposes of this section, systemic therapy is treatment that is administered through any route (orally, injection, suppository, intranasally) other than the skin, and topical therapy is treatment that is administered through the skin.

(b) Two or more skin conditions may be combined in accordance with § 4.25 only if separate areas of skin are involved. If two or more skin conditions involve the same area of skin, then only the highest evaluation shall be used.

| | Rating |
|---|--------|
| 7800 Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck: With visible or palpable tissue loss and either gross distortion or asymmetry of three or more features or paired sets of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips), or; with six or more characteristics of disfigurement | 80 |

| | Rating |
|--|--------|
| With visible or palpable tissue loss and either gross distortion or asymmetry of two features or paired sets of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips), or; with four or five characteristics of disfigurement | |
| With visible or palpable tissue loss and either gross distortion or asymmetry of one feature or paired set of features (nose, chin, forehead, eyes (including eyelids), ears (auricles), cheeks, lips), or; with two or three characteristics of disfigurement | 50 |
| With one characteristic of disfigurement | 30 |
| Note (1): The 8 characteristics of disfigurement, for purposes of evaluation under § 4.118, are: Scar 5 or more inches (13 or more cm.) in length. Scar at least one-quarter inch (0.6 cm.) wide at widest part. Surface contour of scar elevated or depressed on palpation. Scar adherent to underlying tissue. Skin hypo- or hyper-pigmented in an area exceeding six square inches (39 sq. cm.). Skin texture abnormal (irregular, atrophic, shiny, scaly, etc.) in an area exceeding six square inches (39 sq. cm.). Underlying soft tissue missing in an area exceeding six square inches (39 sq. cm.). Skin indurated and inflexible in an area exceeding six square inches (39 sq. cm.). | 10 |
| Note (2): Rate tissue loss of the auricle under DC 6207 (loss of auricle) and anatomical loss of the eye under DC 6061 (anatomical loss of both eyes) or DC 6063 (anatomical loss of one eye), as appropriate. | |
| Note (3): Take into consideration unretouched color photographs when evaluating under these criteria. | |
| Note (4): Separately evaluate disabling effects other than disfigurement that are associated with individual scar(s) of the head, face, or neck, such as pain, instability, and residuals of associated muscle or nerve injury, under the appropriate diagnostic code(s) and apply § 4.25 to combine the evaluation(s) with the evaluation assigned under this diagnostic code. | |
| Note (5): The characteristic(s) of disfigurement may be caused by one scar or by multiple scars; the characteristic(s) required to assign a particular evaluation need not be caused by a single scar in order to assign that evaluation. | |
| 7801 Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are associated with underlying soft tissue damage: Area or areas of 144 square inches (929 sq. cm.) or greater | 40 |
| Area or areas of at least 72 square inches (465 sq. cm.) but less than 144 square inches (929 sq. cm.) | 30 |
| Area or areas of at least 12 square inches (77 sq. cm.) but less than 72 square inches (465 sq. cm.) | 20 |
| Area or areas of at least 6 square inches (39 sq. cm.) but less than 12 square inches (77 sq. cm.) | 10 |

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| | Rating | | Rating |
|------|--------|--|---|
| | | <i>Note (1):</i> For the purposes of DCs 7801 and 7802, the six (6) zones of the body are defined as each extremity, anterior trunk, and posterior trunk. The midaxillary line divides the anterior trunk from the posterior trunk. | |
| | | <i>Note (2):</i> A separate evaluation may be assigned for each affected zone of the body under this diagnostic code if there are multiple scars, or a single scar, affecting multiple zones of the body. Combine the separate evaluations under § 4.25. Alternatively, if a higher evaluation would result from adding the areas affected from multiple zones of the body, a single evaluation may also be assigned under this diagnostic code. | |
| 7802 | 10 | Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are not associated with underlying soft tissue damage: | |
| | | Area or areas of 144 square inches (929 sq. cm.) or greater | |
| | | <i>Note (1):</i> For the purposes of DCs 7801 and 7802, the six (6) zones of the body are defined as each extremity, anterior trunk, and posterior trunk. The midaxillary line divides the anterior trunk from the posterior trunk. | |
| | | <i>Note (2):</i> A separate evaluation may be assigned for each affected zone of the body under this diagnostic code if there are multiple scars, or a single scar, affecting multiple zones of the body. Combine the separate evaluations under § 4.25. Alternatively, if a higher evaluation would result from adding the areas affected from multiple zones of the body, a single evaluation may also be assigned under this diagnostic code. | |
| 7804 | 30 | Scar(s), unstable or painful: | |
| | | Five or more scars that are unstable or painful | |
| | | Three or four scars that are unstable or painful | |
| | | One or two scars that are unstable or painful | |
| | | <i>Note (1):</i> An unstable scar is one where, for any reason, there is frequent loss of covering of skin over the scar. | |
| | | <i>Note (2):</i> If one or more scars are both unstable and painful, add 10 percent to the evaluation that is based on the total number of unstable or painful scars | |
| | | <i>Note (3):</i> Scars evaluated under diagnostic codes 7800, 7801, 7802, or 7805 may also receive an evaluation under this diagnostic code, when applicable | |
| 7805 | 10 | Scars, other; and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, or 7804: | |
| | | Evaluate any disabling effect(s) not considered in a rating provided under diagnostic codes 7800-04 under an appropriate diagnostic code. | |
| | | General Rating Formula For The Skin For DCs 7806, 7809, 7813-7816, 7820-7822, and 7824: | |
| | | At least one of the following | |
| | | Characteristic lesions involving more than 40 percent of the entire body or more than 40 percent of exposed areas affected; or | |
| | 60 | | Constant or near-constant systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, psoralen with long-wave ultraviolet-A light (PUVA), or other immunosuppressive drugs required over the past 12-month period |
| | | At least one of the following | 60 |
| | | Characteristic lesions involving 20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected; or Systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, PUVA, or other immunosuppressive drugs required for a total duration of 6 weeks or more, but not constantly, over the past 12-month period. | 30 |
| | | At least one of the following | 10 |
| | | Characteristic lesions involving at least 5 percent, but less than 20 percent, of the entire body affected; or | |
| | | At least 5 percent, but less than 20 percent, of exposed areas affected; or | |
| | | Intermittent systemic therapy including, but not limited to, corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, PUVA, or other immunosuppressive drugs required for a total duration of less than 6 weeks over the past 12-month period. | |
| | | No more than topical therapy required over the past 12-month period and at least one of the following | |
| | | Characteristic lesions involving less than 5 percent of the entire body affected; or | |
| | | Characteristic lesions involving less than 5 percent of exposed areas affected. | |
| | | Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. This rating instruction does not apply to DC 7824. | |
| 7806 | 0 | Dermatitis or eczema. | |
| | | Evaluate under the General Rating Formula for the Skin. | |
| 7807 | 10 | American (New World) leishmaniasis (mucocutaneous, espundia): | |
| | | Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or dermatitis (DC 7806), depending upon the predominant disability. | |
| | | <i>Note:</i> Evaluate non-cutaneous (visceral) leishmaniasis under DC 6301 (visceral leishmaniasis). | |
| 7808 | 0 | Old World leishmaniasis (cutaneous, Oriental sore): | |
| | | Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's, 7801, 7802, 7803, 7804, or 7805), or dermatitis (DC 7806), depending upon the predominant disability. | |
| | | <i>Note:</i> Evaluate non-cutaneous (visceral) leishmaniasis under DC 6301 (visceral leishmaniasis). | |
| 7809 | 0 | Discoid lupus erythematosus. | |
| | | Evaluate under the General Rating Formula for the Skin. | |
| | | <i>Note:</i> Do not combine with ratings under DC 6350. | |
| 7811 | 0 | Tuberculosis luposa (lupus vulgaris), active or inactive: | |
| | | Rate under §§ 4.88c or 4.89, whichever is appropriate. | |

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| | Rating | | Rating |
|---|--------|--|--------|
| 7813 Dermatophytosis (ringworm: Of body, tinea corporis; of head, tinea capitis; of feet, tinea pedis; of beard area, tinea barbae; of nails, tinea unguium (onychomycosis); of inguinal area (jock itch), tinea cruris; tinea versicolor). | | Any extent of involvement of the skin, and no more than topical therapy required over the past 12-month period | 0 |
| Evaluate under the General Rating Formula for the Skin. | | Note: Treatment failure is defined as either disease progression, or less than a 25 percent reduction in the extent and severity of disease after four weeks of prescribed therapy, as documented by medical records. | |
| 7815 Bullous disorders (including pemphigus vulgaris, pemphigus foliaceous, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda). | | 7818 Malignant skin neoplasms (other than malignant melanoma): | |
| Evaluate under the General Rating Formula for the Skin. | | Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or impairment of function. | |
| Note: Rate complications and residuals of mucosal involvement (ocular, oral, gastrointestinal, respiratory, or genitourinary) separately under the appropriate diagnostic code. | | Note: If a skin malignancy requires therapy that is comparable to that used for systemic malignancies, <i>i.e.</i> , systemic chemotherapy, X-ray therapy more extensive than to the skin, or surgery more extensive than wide local excision, a 100-percent evaluation will be assigned from the date of onset of treatment, and will continue, with a mandatory VA examination six months following the completion of such antineoplastic treatment, and any change in evaluation based upon that or any subsequent examination will be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluation will then be made on residuals. If treatment is confined to the skin, the provisions for a 100-percent evaluation do not apply. | |
| 7816 Psoriasis. | | 7819 Benign skin neoplasms: | |
| Evaluate under the General Rating Formula for the Skin. | | Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or impairment of function. | |
| Note: Rate complications such as psoriatic arthritis and other clinical manifestations (<i>e.g.</i> , oral mucosa, nails) separately under the appropriate diagnostic code. | | 7820 Infections of the skin not listed elsewhere (including bacterial, fungal, viral, treponemal, and parasitic diseases). | |
| 7817 Erythroderma: | | Evaluate under the General Rating Formula for the Skin. | |
| Generalized involvement of the skin with systemic manifestations (such as fever, weight loss, or hypoproteinemia) AND one of the following | 100 | 7821 Cutaneous manifestations of collagen-vascular diseases not listed elsewhere (including scleroderma, calcinosis cutis, subacute cutaneous lupus erythematosus, and dermatomyositis). | |
| Constant or near-constant systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, retinoids, PUVA (psoralen with long-wave ultraviolet-A light), UVB (ultra-violet-B light) treatments, biologics, or electron beam therapy required over the past 12 month period; or | | Evaluate under the General Rating Formula for the Skin. | |
| No current treatment due to a documented history of treatment failure with 2 or more treatment regimens | | 7822 Papulosquamous disorders not listed elsewhere (including lichen planus, large or small plaque parapsoriasis, pityriasis lichenoides et varioliformis acuta (PLEVA), lymphomatoid papulosis, mycosis fungoides, and pityriasis rubra pilaris (PRP)). | |
| Generalized involvement of the skin without systemic manifestations and one of the following. | | Evaluate under the General Rating Formula for the Skin. | |
| Constant or near-constant systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, retinoids, PUVA, UVB treatments, biologics, or electron beam therapy required over the past 12-month period; or | | 7823 Vitiligo: | |
| No current treatment due to a documented history of treatment failure with 1 treatment regimen | | With exposed areas affected | 10 |
| Any extent of involvement of the skin, and any of the following therapies required for a total duration of 6 weeks or more, but not constantly, over the past 12-month period: systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, retinoids, PUVA, UVB treatments, biologics, or electron beam therapy | | With no exposed areas affected | 0 |
| Any extent of involvement of the skin, and any of the following therapies required for a total duration of less than 6 weeks over the past 12-month period: systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, retinoids, PUVA, UVB treatments, biologics, or electron beam therapy | 30 | 7824 Diseases of keratinization (including ichyoses, Darier's disease, and palmoplantar keratoderma). | |
| | | Evaluate under the General Rating Formula for the Skin. | |
| | | 7825 Chronic urticaria: | |
| | | For the purposes of this diagnostic code, chronic urticaria is defined as continuous urticaria at least twice per week, off treatment, for a period of six weeks or more. | |

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| | Rating | | Rating |
|--|--------|---|--------|
| 7826 Vasculitis, primary cutaneous: | | Deep acne (deep inflamed nodules and pus-filled cysts) affecting less than 40 percent of the face and neck, or deep acne other than on the face and neck | 10 |
| Chronic refractory urticaria that requires third line treatment for control (e.g., plasmapheresis, immunotherapy, immunosuppressives) due to ineffectiveness with first and second line treatments | 60 | Superficial acne (comedones, papules, pustules) of any extent | 0 |
| Chronic urticaria that requires second line treatment (e.g., corticosteroids, sympathomimetics, leukotriene inhibitors, neutrophil inhibitors, thyroid hormone) for control | 30 | Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. | |
| Chronic urticaria that requires first line treatment (antihistamines) for control | 10 | 7829 Chloracne: | |
| 7827 Erythema multiforme; Toxic epidermal necrolysis: | | Deep acne (deep inflamed nodules and pus-filled cysts) affecting 40 percent or more of the face and neck | 30 |
| Recurrent mucosal, palmar, or plantar involvement impairing mastication, use of hands, or ambulation occurring four or more times over the past 12-month period despite ongoing immunosuppressive therapy | 60 | Deep acne (deep inflamed nodules and pus-filled cysts) affecting the intertriginous areas (the axilla of the arm, the anogenital region, skin folds of the breasts, or between digits) | 20 |
| All of the following | 30 | Deep acne (deep inflamed nodules and pus-filled cysts) affecting less than 40 percent of the face and neck; or deep acne affecting non-intertriginous areas of the body (other than the face and neck) | 10 |
| Recurrent documented vasculitic episodes occurring four or more times over the past 12-month period; and | 30 | Superficial acne (comedones, papules, pustules) of any extent | 0 |
| Requiring intermittent systemic immunosuppressive therapy for control | 10 | Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. | |
| At least one of the following | | 7830 Scarring alopecia: | |
| Recurrent documented vasculitic episodes occurring one to three times over the past 12-month period, and requiring intermittent systemic immunosuppressive therapy for control; or | 30 | Affecting more than 40 percent of the scalp | 20 |
| Without recurrent documented vasculitic episodes but requiring continuous systemic medication for control. | 10 | Affecting 20 to 40 percent of the scalp | 10 |
| Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. | | Affecting less than 20 percent of the scalp .. | 0 |
| 7828 Acne: | | 7831 Alopecia areata: | |
| Recurrent mucosal, palmar, or plantar involvement not impairing mastication, use of hands, or ambulation, occurring four or more times over the past 12-month period AND requiring intermittent systemic therapy | 60 | With loss of all body hair | 10 |
| All of the following | 30 | With loss of hair limited to scalp and face | 0 |
| Recurrent mucosal, palmar, or plantar involvement not impairing mastication, use of hands, or ambulation, occurring four or more times over the past 12-month period; and requiring intermittent systemic therapy. | | 7832 Hyperhidrosis: | |
| At least one of the following | | Unable to handle paper or tools because of moisture, and unresponsive to therapy | 30 |
| One to three episodes of mucosal, palmar, or plantar involvement not impairing mastication, use of hands, or ambulation, occurring over the past 12-month period AND requiring intermittent systemic therapy; or | | Able to handle paper or tools after therapy .. | 0 |
| Without recurrent episodes, but requiring continuous systemic medication for control. | | 7833 Malignant melanoma: | |
| Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. | | Rate as scars (DC's 7801, 7802, 7803, 7804, or 7805), disfigurement of the head, face, or neck (DC 7800), or impairment of function (under the appropriate body system). | |
| <i>Note:</i> For the purposes of this DC only, systemic therapy may consist of one or more of the following treatment agents: immunosuppressives, antihistamines, or sympathomimetics. | | Note: If a skin malignancy requires therapy that is comparable to that used for systemic malignancies, <i>i.e.</i> , systemic chemotherapy, X-ray therapy more extensive than to the skin, or surgery more extensive than wide local excision, a 100-percent evaluation will be assigned from the date of onset of treatment, and will continue, with a mandatory VA examination six months following the completion of such antineoplastic treatment, and any change in evaluation based upon that or any subsequent examination will be subject to the provisions of § 3.105(e). If there has been no local recurrence or metastasis, evaluation will then be made on residuals. If treatment is confined to the skin, the provisions for a 100-percent evaluation do not apply. | |
| Deep acne (deep inflamed nodules and pus-filled cysts) affecting 40 percent or more of the face and neck | 10 | | |

Department of Veterans Affairs

§ 4.119

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

[67 FR 49596, July 31, 2002; 67 FR 58448, 58449, Sept. 16, 2002; 73 FR 54710, Oct. 23, 2008; 77 FR 2910, Jan. 20, 2012; 83 FR 32597, July 13, 2018; 83 FR 38663, Aug. 7, 2018]

THE ENDOCRINE SYSTEM

§ 4.119 Schedule of ratings—endocrine system.

| | Rating | Rating |
|--|--------|---|
| 7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis Thereafter, rate residuals of disease or complications of medical treatment within the appropriate diagnostic code(s) within the appropriate body system. Note (1): If hyperthyroid cardiovascular or cardiac disease is present, separately evaluate under DC 7008 (hyperthyroid heart disease). Note (2): Separately evaluate eye involvement occurring as a manifestation of Graves' Disease as diplopia (DC 6090); impairment of central visual acuity (DCs 6061-6066); or under the most appropriate DCs in § 4.79. | 30 | Note (2): This evaluation shall continue for six months after initial diagnosis. Thereafter, rate residuals of disease or medical treatment under the most appropriate diagnostic code(s) under the appropriate body system (e.g., eye, digestive, mental disorders). Note (3): If eye involvement, such as exophthalmos, corneal ulcer, blurred vision, or diplopia, is also present due to thyroid disease, also separately evaluate under the appropriate diagnostic code(s) in § 4.79, Schedule of Ratings—Eye (such as diplopia (DC 6090) or impairment of central visual acuity (DCs 6061-6066)). |
| 7901 Thyroid enlargement, toxic: Note (1): Evaluate symptoms of hyperthyroidism under DC 7900, hyperthyroidism, including, but not limited to, Graves' disease. Note (2): If disfigurement of the neck is present due to thyroid disease or enlargement, separately evaluate under DC 7800 (burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck). 7902 Thyroid enlargement, nontoxic: Note (1): Evaluate symptoms due to pressure on adjacent organs (such as the trachea, larynx, or esophagus) under the appropriate diagnostic code(s) within the appropriate body system. Note (2): If disfigurement of the neck is present due to thyroid disease or enlargement, separately evaluate under DC 7800 (burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck). 7903 Hypothyroidism: Hypothyroidism manifesting as myxedema (cold intolerance, muscular weakness, cardiovascular involvement (including, but not limited to hypertension, bradycardia, and pericardial effusion), and mental disturbance (including, but not limited to dementia, slowing of thought and depression)) Note (1): This evaluation shall continue for six months beyond the date that an examining physician has determined crisis stabilization. Thereafter, the residual effects of hypothyroidism shall be rated under the appropriate diagnostic code(s) within the appropriate body system(s) (e.g., eye, digestive, and mental disorders). Hypothyroidism without myxedema | 100 | 7904 Hyperparathyroidism: For six months from date of discharge following surgery Note (1): After six months, rate on residuals under the appropriate diagnostic code(s) within the appropriate body system(s) based on a VA examination. Hypercalcemia (indicated by at least one of the following: Total Ca greater than 12 mg/dL (3–3.5 mmol/L), ionized Ca greater than 5.6 mg/dL (2–2.5 mmol/L), creatinine clearance less than 60 mL/min, bone mineral density T-score less than 2.5 SD (below mean) at any site or previous fragility fracture) |
| | | 60 |
| | | Note (2): Where surgical intervention is indicated, this evaluation shall continue until the day of surgery, at which time the provisions pertaining to a 100-percent evaluation shall apply. Note (3): Where surgical intervention is not indicated, this evaluation shall continue for six months after pharmacologic treatment begins. After six months, rate on residuals under the appropriate diagnostic code(s) within the appropriate body system(s) based on a VA examination. Symptoms such as fatigue, anorexia, nausea, or constipation that occur despite surgery; or in individuals who are not candidates for surgery but require continuous medication for control Asymptomatic |
| | | 10 |
| | | 0 |
| | | Note (4): Following surgery or other treatment, evaluate chronic residuals, such as nephrolithiasis (kidney stones), decreased renal function, fractures, vision problems, and cardiovascular complications, under the appropriate diagnostic codes. |
| | | 7905 Hypoparathyroidism: For three months after initial diagnosis Thereafter, evaluate chronic residuals, such as nephrolithiasis (kidney stones), cataracts, decreased renal function, and congestive heart failure under the appropriate diagnostic codes. |
| | | 100 |
| | | 7906 Thyroiditis: With normal thyroid function (euthyroid) Note: Manifesting as hyperthyroidism, evaluate as hyperthyroidism, including, but not limited to, Graves' disease (DC 7900); manifesting as hypothyroidism, evaluate as hypothyroidism (DC 7903). |
| | | 0 |
| | | 7907 Cushing's syndrome: As active, progressive disease, including areas of osteoporosis, hypertension, and proximal upper and lower extremity muscle wasting that results in inability to rise from squatting position, climb stairs, rise from a deep chair without assistance, or raise arms |
| | | 100 |

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| | Rating | | Rating |
|--|--------|--|--------|
| Proximal upper or lower extremity muscle wasting that results in inability to rise from squatting position, climb stairs, rise from a deep chair without assistance, or raise arms | 60 | Requiring more than one daily injection of insulin, restricted diet, and regulation of activities (avoidance of strenuous occupational and recreational activities) with episodes of ketoacidosis or hypoglycemic reactions requiring at least three hospitalizations per year or weekly visits to a diabetic care provider, plus either progressive loss of weight and strength or complications that would be compensable if separately evaluated | 100 |
| With striae, obesity, moon face, glucose intolerance, and vascular fragility | 30 | Requiring one or more daily injection of insulin, restricted diet, and regulation of activities with episodes of ketoacidosis or hypoglycemic reactions requiring one or two hospitalizations per year or twice a month visits to a diabetic care provider, plus complications that would not be compensable if separately evaluated | 60 |
| Note: The evaluations specifically indicated under this diagnostic code shall continue for six months following initial diagnosis. After six months, rate on residuals under the appropriate diagnostic code(s) within the appropriate body system(s). | | Requiring one or more daily injection of insulin, restricted diet, and regulation of activities | 40 |
| 7908 Acromegaly: | | Requiring one or more daily injection of insulin and restricted diet, or; oral hypoglycemic agent and restricted diet | 20 |
| Evidence of increased intracranial pressure (such as visual field defect), arthropathy, glucose intolerance, and either hypertension or cardiomegaly | 100 | Manageable by restricted diet only | 10 |
| Arthropathy, glucose intolerance, and hypertension | 60 | Note (1): Evaluate compensable complications of diabetes separately unless they are part of the criteria used to support a 100-percent evaluation. Noncompensable complications are considered part of the diabetic process under DC 7913. | |
| Enlargement of acral parts or overgrowth of long bones | 30 | Note (2): When diabetes mellitus has been conclusively diagnosed, do not request a glucose tolerance test solely for rating purposes. | |
| 7909 Diabetes insipidus: | | 7914 Neoplasm, malignant, any specified part of the endocrine system | 100 |
| For three months after initial diagnosis | 10 | 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. | |
| Note: Thereafter, if diabetes insipidus has subsided, rate residuals under the appropriate diagnostic code(s) within the appropriate body system. | 60 | 7915 Neoplasm, benign, any specified part of the endocrine system: | |
| With persistent polyuria or requiring continuous hormonal therapy | 40 | Rate as residuals of endocrine dysfunction. | |
| 7911 Addison's disease (adrenocortical insufficiency): | | 7916 Hyperpituitarism (prolactin secreting pituitary dysfunction): | |
| Four or more crises during the past year | 20 | Note: Evaluate as malignant or benign neoplasm, as appropriate. | |
| Three crises during the past year, or; five or more episodes during the past year | | 7917 Hyperaldosteronism (benign or malignant): | |
| One or two crises during the past year, or; two to four episodes during the past year, or; weakness and fatigability, or; corticosteroid therapy required for control | | Note: Evaluate as malignant or benign neoplasm, as appropriate. | |
| Note (1): An Addisonian "crisis" consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include: anorexia; nausea; vomiting; dehydration; profound weakness; pain in abdomen, legs, and back; fever; apathy, and depressed mentation with possible progression to coma, renal shutdown, and death. | | 7918 Pheochromocytoma (benign or malignant): | |
| Note (2): An Addisonian "episode," for VA purposes, is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension, or hypoglycemia, but no peripheral vascular collapse. | | Note: Evaluate as malignant or benign neoplasm as appropriate. | |
| Note (3): Tuberculous Addison's disease will be evaluated as active or inactive tuberculosis. If inactive, these evaluations are not to be combined with the graduated ratings of 50 percent or 30 percent for non-pulmonary tuberculosis specified under § 4.88b. Assign the higher rating. | | 7919 C-cell hyperplasia of the thyroid: | |
| 7912 Polyglandular syndrome (multiple endocrine neoplasia, autoimmune polyglandular syndrome): | | If antineoplastic therapy is required, evaluate as a malignant neoplasm under DC 7914. If a prophylactic thyroidectomy is performed (based upon genetic testing) and antineoplastic therapy is not required, evaluate as hypothyroidism under DC 7903. | |
| Evaluate according to major manifestations to include, but not limited to, Type I diabetes mellitus, hyperthyroidism, hypothyroidism, hypoparathyroidism, or Addison's disease. | | | |
| 7913 Diabetes mellitus: | | | |

[61 FR 20446, May 7, 1996, as amended at 82 FR 50804, Nov. 2, 2017]

Department of Veterans Affairs**§ 4.123****NEUROLOGICAL CONDITIONS AND
CONVULSIVE DISORDERS****§ 4.120 Evaluations by comparison.**

Disability in this field is ordinarily to be rated in proportion to the impairment of motor, sensory or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, injury to the skull, etc. In rating disability from the conditions in the preceding sentence refer to the appropriate schedule. In rating peripheral nerve injuries and their residuals, attention should be given to the site and character of the injury, the relative impairment in motor function, trophic changes, or sensory disturbances.

§ 4.121 Identification of epilepsy.

When there is doubt as to the true nature of epileptiform attacks, neurological observation in a hospital adequate to make such a study is necessary. To warrant a rating for epilepsy, the seizures must be witnessed or verified at some time by a physician. As to frequency, competent, consistent lay testimony emphasizing convulsive and immediate post-convulsive characteristics may be accepted. The frequency of seizures should be ascertained under the ordinary conditions of life (while not hospitalized).

§ 4.122 Psychomotor epilepsy.

The term psychomotor epilepsy refers to a condition that is characterized by seizures and not uncommonly by a chronic psychiatric disturbance as well.

(a) Psychomotor seizures consist of episodic alterations in conscious control that may be associated with automatic states, generalized convulsions, random motor movements (chewing, lip smacking, fumbling), hallucinatory phenomena (involving taste, smell, sound, vision), perceptual illusions (deja vu, feelings of loneliness, strangeness, macropsia, micropsia, dreamy states), alterations in thinking (not open to reason), alterations in memory, abnormalities of mood or affect (fear, alarm, terror, anger, dread, well-

being), and autonomic disturbances (sweating, pallor, flushing of the face, visceral phenomena such as nausea, vomiting, defecation, a rising feeling of warmth in the abdomen). Automatic states or automatisms are characterized by episodes of irrational, irrelevant, disjointed, unconventional, asocial, purposeless though seemingly coordinated and purposeful, confused or inappropriate activity of one to several minutes (or, infrequently, hours) duration with subsequent amnesia for the seizure. Examples: A person of high social standing remained seated, muttered angrily, and rubbed the arms of his chair while the National Anthem was being played; an apparently normal person suddenly disrobed in public; a man traded an expensive automobile for an antiquated automobile in poor mechanical condition and after regaining conscious control, discovered that he had signed an agreement to pay an additional sum of money in the trade. The seizure manifestations of psychomotor epilepsy vary from patient to patient and in the same patient from seizure to seizure.

(b) A chronic mental disorder is not uncommon as an interseizure manifestation of psychomotor epilepsy and may include psychiatric disturbances extending from minimal anxiety to severe personality disorder (as distinguished from developmental) or almost complete personality disintegration (psychosis). The manifestations of a chronic mental disorder associated with psychomotor epilepsy, like those of the seizures, are protean in character.

§ 4.123 Neuritis, cranial or peripheral.

Neuritis, cranial or peripheral, characterized by loss of reflexes, muscle atrophy, sensory disturbances, and constant pain, at times excruciating, is to be rated on the scale provided for injury of the nerve involved, with a maximum equal to severe, incomplete, paralysis. See nerve involved for diagnostic code number and rating. The maximum rating which may be assigned for neuritis not characterized by organic changes referred to in this section will be that for moderate, or with sciatic nerve involvement, for moderately severe, incomplete paralysis.

§ 4.124**38 CFR Ch. I (7-1-21 Edition)****§ 4.124 Neuralgia, cranial or peripheral.**

Neuralgia, cranial or peripheral, characterized usually by a dull and intermittent pain, of typical distribution so as to identify the nerve, is to be rated on the same scale, with a maximum equal to moderate incomplete paralysis. See nerve involved for diagnostic code number and rating. Tic dououreux, or trifacial neuralgia, may be rated up to complete paralysis of the affected nerve.

§ 4.124a Schedule of ratings—neurological conditions and convulsive disorders.

[With the exceptions noted, disability from the following diseases and their residuals may be rated from 10 percent to 100 percent in proportion to the impairment of motor, sensory, or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, etc., referring to the appropriate bodily system of the schedule. With partial loss of use of one or more extremities from neurological lesions, rate by comparison with the mild, moderate, severe, or complete paralysis of peripheral nerves]

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM**ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued**

| | Rating |
|---|--------|
| 8012 Hematomyelia: For 6 months | 100 |
| Rate residuals, minimum | 10 |
| 8013 Syphilis, cerebrospinal. | |
| 8014 Syphilis, meningo-vascular. | |
| 8015 Tabes dorsalis. | |
| NOTE: Rate upon the severity of convulsions, paralysis, visual impairment or psychotic involvement, etc. | |
| 8017 Amyotrophic lateral sclerosis | 100 |
| NOTE: Consider the need for special monthly compensation. | |
| 8018 Multiple sclerosis: Minimum rating | 30 |
| 8019 Meningitis, cerebrospinal, epidemic: As active febrile disease | 100 |
| Rate residuals, minimum | 10 |
| 8020 Brain, abscess of: As active disease | 100 |
| Rate residuals, minimum | 10 |
| Spinal cord, new growths of: | |
| 8021 Malignant | 100 |
| NOTE: The rating in code 8021 will be continued for 2 years following cessation of surgical, chemotherapeutic or other treatment modality. At this point, if the residuals have stabilized, the rating will be made on neurological residuals according to symptomatology. Minimum rating | 30 |
| 8022 Benign, minimum rating | 60 |
| Rate residuals, minimum | 10 |
| 8023 Progressive muscular atrophy: Minimum rating | 30 |
| 8024 Syringomyelia: Minimum rating | 30 |
| 8025 Myasthenia gravis: Minimum rating | 30 |
| NOTE: It is required for the minimum ratings for residuals under diagnostic codes 8000–8025, that there be ascertainable residuals. Determinations as to the presence of residuals not capable of objective verification, i.e., headaches, dizziness, fatigability, must be approached on the basis of the diagnosis recorded; subjective residuals will be accepted when consistent with the disease and not more likely attributable to other disease or no disease. It is of exceptional importance that when ratings in excess of the prescribed minimum ratings are assigned, the diagnostic codes utilized as bases of evaluation be cited, in addition to the codes identifying the diagnoses. | |
| 8045 Residuals of traumatic brain injury (TBI): There are three main areas of dysfunction that may result from TBI and have profound effects on functioning: cognitive (which is common in varying degrees after TBI), emotional/behavioral, and physical. Each of these areas of dysfunction may require evaluation.. | |
| 8000 Encephalitis, epidemic, chronic: As active febrile disease | 100 |
| Rate residuals, minimum | 10 |
| Brain, new growth of: | |
| 8002 Malignant | 100 |
| NOTE: The rating in code 8002 will be continued for 2 years following cessation of surgical, chemotherapeutic or other treatment modality. At this point, if the residuals have stabilized, the rating will be made on neurological residuals according to symptomatology. Minimum rating | 30 |
| 8003 Benign, minimum | 60 |
| Rate residuals, minimum | 10 |
| 8004 Paralysis agitans: Minimum rating | 30 |
| 8005 Bulbar palsy | 100 |
| 8007 Brain, vessels, embolism of. | |
| 8008 Brain, vessels, thrombosis of. | |
| 8009 Brain, vessels, hemorrhage from: Rate the vascular conditions under Codes 8007 through 8009, for 6 months | 100 |
| Rate residuals, thereafter, minimum | 10 |
| 8010 Myelitis: Minimum rating | 10 |
| 8011 Poliomyelitis, anterior: As active febrile disease | 100 |
| Rate residuals, minimum | 10 |

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ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

| | Rating | | Rating |
|--|--------|---|--------|
| <p>Cognitive impairment is defined as decreased memory, concentration, attention, and executive functions of the brain. Executive functions are goal setting, speed of information processing, planning, organizing, prioritizing, self-monitoring, problem solving, judgment, decision making, spontaneity, and flexibility in changing actions when they are not productive. Not all of these brain functions may be affected in a given individual with cognitive impairment, and some functions may be affected more severely than others. In a given individual, symptoms may fluctuate in severity from day to day. Evaluate cognitive impairment under the table titled "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified".</p> <p>Subjective symptoms may be the only residual of TBI or may be associated with cognitive impairment or other areas of dysfunction. Evaluate subjective symptoms that are residuals of TBI, whether or not they are part of cognitive impairment, under the subjective symptoms facet in the table titled "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified." However, separately evaluate any residual with a distinct diagnosis that may be evaluated under another diagnostic code, such as migraine headache or Meniere's disease, even if that diagnosis is based on subjective symptoms, rather than under the "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified" table.</p> <p>Evaluate emotional/behavioral dysfunction under § 4.130 (Schedule of ratings—mental disorders) when there is a diagnosis of a mental disorder. When there is no diagnosis of a mental disorder, evaluate emotional/behavioral symptoms under the criteria in the table titled "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified".</p> <p>Evaluate physical (including neurological) dysfunction based on the following list, under an appropriate diagnostic code: Motor and sensory dysfunction, including pain, of the extremities and face; visual impairment; hearing loss and tinnitus; loss of sense of smell and taste; seizures; gait, coordination, and balance problems; speech and other communication difficulties, including aphasia and related disorders, and dysarthria; neurogenic bladder; neurogenic bowel; cranial nerve dysfunctions; autonomic nerve dysfunctions; and endocrine dysfunctions.</p> | | <p>The preceding list of types of physical dysfunction does not encompass all possible residuals of TBI. For residuals not listed here that are reported on an examination, evaluate under the most appropriate diagnostic code. Evaluate each condition separately, as long as the same signs and symptoms are not used to support more than one evaluation, and combine under § 4.25 the evaluations for each separately rated condition. The evaluation assigned based on the "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified" table will be considered the evaluation for a single condition for purposes of combining with other disability evaluations.</p> <p>Consider the need for special monthly compensation for such problems as loss of use of an extremity, certain sensory impairments, erectile dysfunction, the need for aid and attendance (including for protection from hazards or dangers incident to the daily environment due to cognitive impairment), being housebound, etc.</p> | |
| Evaluation of Cognitive Impairment and Subjective Symptoms | | | |
| <p>The table titled "Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified" contains 10 important facets of TBI related to cognitive impairment and subjective symptoms. It provides criteria for levels of impairment for each facet, as appropriate, ranging from 0 to 3, and a 5th level, the highest level of impairment, labeled "total." However, not every facet has every level of severity. The Consciousness facet, for example, does not provide for an impairment level other than "total," since any level of impaired consciousness would be totally disabling. Assign a 100-percent evaluation if "total" is the level of evaluation for one or more facets. If no facet is evaluated as "total," assign the overall percentage evaluation based on the level of the highest facet as follows: 0 = 0 percent; 1 = 10 percent; 2 = 40 percent; and 3 = 70 percent. For example, assign a 70 percent evaluation if 3 is the highest level of evaluation for any facet.</p> <p>Note (1): There may be an overlap of manifestations of conditions evaluated under the table titled "Evaluation Of Cognitive Impairment And Other Residuals Of TBI Not Otherwise Classified" with manifestations of a comorbid mental or neurologic or other physical disorder that can be separately evaluated under another diagnostic code. In such cases, do not assign more than one evaluation based on the same manifestations. If the manifestations of two or more conditions cannot be clearly separated, assign a single evaluation under whichever set of diagnostic criteria allows the better assessment of overall impaired functioning due to both conditions. However, if the manifestations are clearly separable, assign a separate evaluation for each condition..</p> | | | |

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ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

| Rating |
|---|
| <p>Note (2): Symptoms listed as examples at certain evaluation levels in the table are only examples and are not symptoms that must be present in order to assign a particular evaluation..</p> <p>Note (3): "Instrumental activities of daily living" refers to activities other than self-care that are needed for independent living, such as meal preparation, doing housework and other chores, shopping, traveling, doing laundry, being responsible for one's own medications, and using a telephone. These activities are distinguished from "Activities of daily living," which refers to basic self-care and includes bathing or showering, dressing, eating, getting in or out of bed or a chair, and using the toilet.</p> <p>Note (4): The terms "mild," "moderate," and "severe" TBI, which may appear in medical records, refer to a classification of TBI made at, or close to, the time of injury rather than to the current level of functioning. This classification does not affect the rating assigned under diagnostic code 8045..</p> <p>Note (5): A veteran whose residuals of TBI are rated under a version of § 4.124a, diagnostic code 8045, in effect before October 23, 2008 may request review under diagnostic code 8045, irrespective of whether his or her disability has worsened since the last review. VA will review that veteran's disability rating to determine whether the veteran may be entitled to a higher disability rating under diagnostic code 8045. A request for review pursuant to this note will be treated as a claim for an increased rating for purposes of determining the effective date of an increased rating awarded as a result of such review; however, in no case will the award be effective before October 23, 2008. For the purposes of determining the effective date of an increased rating awarded as a result of such review, VA will apply 38 CFR 3.114, if applicable..</p> <p style="text-align: center;">8046 Cerebral arteriosclerosis:</p> |
| Rating |
| <p>Purely neurological disabilities, such as hemiplegia, cranial nerve paralysis, etc., due to cerebral arteriosclerosis will be rated under the diagnostic codes dealing with such specific disabilities, with citation of a hyphenated diagnostic code (e.g., 8046-8207).</p> <p>Purely subjective complaints such as headache, dizziness, tinnitus, insomnia and irritability, recognized as symptomatic of a properly diagnosed cerebral arteriosclerosis, will be rated 10 percent and no more under diagnostic code 9305. This 10 percent rating will not be combined with any other rating for a disability due to cerebral or generalized arteriosclerosis. Ratings in excess of 10 percent for cerebral arteriosclerosis under diagnostic code 9305 are not assignable in the absence of a diagnosis of multi-infarct dementia with cerebral arteriosclerosis.</p> <p>NOTE: The ratings under code 8046 apply only when the diagnosis of cerebral arteriosclerosis is substantiated by the entire clinical picture and not solely on findings of retinal arteriosclerosis.</p> |

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ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

| Rating |
|---|
| <p>Purely neurological disabilities, such as hemiplegia, cranial nerve paralysis, etc., due to cerebral arteriosclerosis will be rated under the diagnostic codes dealing with such specific disabilities, with citation of a hyphenated diagnostic code (e.g., 8046-8207).</p> <p>Purely subjective complaints such as headache, dizziness, tinnitus, insomnia and irritability, recognized as symptomatic of a properly diagnosed cerebral arteriosclerosis, will be rated 10 percent and no more under diagnostic code 9305. This 10 percent rating will not be combined with any other rating for a disability due to cerebral or generalized arteriosclerosis. Ratings in excess of 10 percent for cerebral arteriosclerosis under diagnostic code 9305 are not assignable in the absence of a diagnosis of multi-infarct dementia with cerebral arteriosclerosis.</p> <p>NOTE: The ratings under code 8046 apply only when the diagnosis of cerebral arteriosclerosis is substantiated by the entire clinical picture and not solely on findings of retinal arteriosclerosis.</p> |

EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED

| Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria |
|--|---------------------|--|
| Memory, attention, concentration, executive functions. | 0 | No complaints of impairment of memory, attention, concentration, or executive functions. |
| | 1 | A complaint of mild loss of memory (such as having difficulty following a conversation, recalling recent conversations, remembering names of new acquaintances, or finding words, or often misplacing items), attention, concentration, or executive functions, but without objective evidence on testing. |
| | 2 | Objective evidence on testing of mild impairment of memory, attention, concentration, or executive functions resulting in mild functional impairment. |
| | 3 | Objective evidence on testing of moderate impairment of memory, attention, concentration, or executive functions resulting in moderate functional impairment. |

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EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED—Continued

EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED—Continued

| Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria | Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria |
|--|---------------------|--|--|---------------------|--|
| Judgment | Total | Objective evidence on testing of severe impairment of memory, attention, concentration, or executive functions resulting in severe functional impairment. | Orientation | 2 | Social interaction is frequently inappropriate. |
| | 0 | Normal. | | 3 | Social interaction is inappropriate most or all of the time. |
| | 1 | Mildly impaired judgment. For complex or unfamiliar decisions, occasionally unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision. | | 0 | Always oriented to person, time, place, and situation. |
| | 2 | Moderately impaired judgment. For complex or unfamiliar decisions, usually unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision, although has little difficulty with simple decisions. | | 1 | Occasionally disoriented to one of the four aspects (person, time, place, situation) of orientation. |
| | 3 | Moderately severely impaired judgment. For even routine and familiar decisions, occasionally unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision. | | 2 | Occasionally disoriented to two of the four aspects (person, time, place, situation) of orientation or often disoriented to one aspect of orientation. |
| | Total | Severely impaired judgment. For even routine and familiar decisions, usually unable to identify, understand, and weigh the alternatives, understand the consequences of choices, and make a reasonable decision. For example, unable to determine appropriate clothing for current weather conditions or judge when to avoid dangerous situations or activities. | Motor activity (with intact motor and sensory system). | 3 | Often disoriented to two or more of the four aspects (person, time, place, situation) of orientation. |
| Social interaction | | | Visual spatial orientation | Total | Consistently disoriented to two or more of the four aspects (person, time, place, situation) of orientation. |
| | 0 | Social interaction is routinely appropriate. | | 0 | Motor activity normal. |
| | 1 | Social interaction is occasionally inappropriate. | | 1 | Motor activity normal most of the time, but mildly slowed at times due to apraxia (inability to perform previously learned motor activities, despite normal motor function). |
| | | | | 2 | Motor activity mildly decreased or with moderate slowing due to apraxia. |
| | | | | 3 | Motor activity moderately decreased due to apraxia. |
| | | | | Total | Motor activity severely decreased due to apraxia. |
| | 0 | Normal. | | 0 | Normal. |
| | 1 | Mildly impaired. Occasionally gets lost in unfamiliar surroundings, has difficulty reading maps or following directions. Is able to use assistive devices such as GPS (global positioning system). | | 1 | Mildly impaired. Occasionally gets lost in unfamiliar surroundings, has difficulty reading maps or following directions. Is able to use assistive devices such as GPS (global positioning system). |

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EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED—Continued

| Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria |
|--|---------------------|--|
| | 2 | Moderately impaired. Usually gets lost in unfamiliar surroundings, has difficulty reading maps, following directions, and judging distance. Has difficulty using assistive devices such as GPS (global positioning system). |
| | 3 | Moderately severely impaired. Gets lost even in familiar surroundings, unable to use assistive devices such as GPS (global positioning system). |
| | Total | Severely impaired. May be unable to touch or name own body parts when asked by the examiner, identify the relative position in space of two different objects, or find the way from one room to another in a familiar environment. |
| Subjective symptoms | 0 | Subjective symptoms that do not interfere with work; instrumental activities of daily living; or work, family, or other close relationships. Examples are: mild or occasional headaches, mild anxiety. |
| | 1 | Three or more subjective symptoms that mildly interfere with work; instrumental activities of daily living; or work, family, or other close relationships. Examples of findings that might be seen at this level of impairment are: intermittent dizziness, daily mild to moderate headaches, tinnitus, frequent insomnia, hypersensitivity to sound, hypersensitivity to light. |

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EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED—Continued

| Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria |
|--|---------------------|--|
| Neurobehavioral effects .. | 2 | Three or more subjective symptoms that moderately interfere with work; instrumental activities of daily living; or work, family, or other close relationships. Examples of findings that might be seen at this level of impairment are: marked fatigability, blurred or double vision, headaches requiring rest periods during most days. |
| | 0 | One or more neurobehavioral effects that do not interfere with workplace interaction or social interaction. Examples of neurobehavioral effects are: Irritability, impulsivity, unpredictability, lack of motivation, verbal aggression, physical aggression, belligerence, apathy, lack of empathy, moodiness, lack of cooperation, inflexibility, and impaired awareness of disability. Any of these effects may range from slight to severe, although verbal and physical aggression are likely to have a more serious impact on workplace interaction and social interaction than some of the other effects. |
| | 1 | One or more neurobehavioral effects that occasionally interfere with workplace interaction, social interaction, or both but do not preclude them. |
| | 2 | One or more neurobehavioral effects that frequently interfere with workplace interaction, social interaction, or both but do not preclude them. |

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EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED—Continued

| Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria |
|--|---------------------|--|
| Communication | 3 | One or more neurobehavioral effects that interfere with or preclude workplace interaction, social interaction, or both on most days or that occasionally require supervision for safety of self or others. |
| | 0 | Able to communicate by spoken and written language (expressive communication), and to comprehend spoken and written language. |
| | 1 | Comprehension or expression, or both, of either spoken language or written language is only occasionally impaired. Can communicate complex ideas. |
| | 2 | Inability to communicate either by spoken language, written language, or both, more than occasionally but less than half of the time, or to comprehend spoken language, written language, or both, more than occasionally but less than half of the time. Can generally communicate complex ideas. |
| | 3 | Inability to communicate either by spoken language, written language, or both, at least half of the time but not all of the time, or to comprehend spoken language, written language, or both, at least half of the time but not all of the time. May rely on gestures or other alternative modes of communication. Able to communicate basic needs. |
| | Total | Complete inability to communicate either by spoken language, written language, or both, or to comprehend spoken language, written language, or both. Unable to communicate basic needs. |
| | | |
| | | |
| | | |
| | | |

EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED—Continued

| Facets of cognitive impairment and other residuals of TBI not otherwise classified | Level of impairment | Criteria |
|--|---------------------|--|
| Consciousness | Total | Persistently altered state of consciousness, such as vegetative state, minimally responsive state, coma. |

MISCELLANEOUS DISEASES

| | Rating |
|---|--------|
| 8100 Migraine: | |
| With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability | 50 |
| With characteristic prostrating attacks occurring on an average once a month over last several months | 30 |
| With characteristic prostrating attacks averaging one in 2 months over last several months | 10 |
| With less frequent attacks | 0 |
| 8103 Tic, convulsive: | |
| Severe | 30 |
| Moderate | 10 |
| Mild | 0 |
| NOTE: Depending upon frequency, severity, muscle groups involved. | |
| 8104 Paramyoclonus multiplex (convulsive state, myoclonic type): | |
| Rate as tic; convulsive; severe cases | 60 |
| 8105 Chorea, Sydenham's: | |
| Pronounced, progressive grave types | 100 |
| Severe | 80 |
| Moderately severe | 50 |
| Moderate | 30 |
| Mild | 10 |
| NOTE: Consider rheumatic etiology and complications. | |
| 8106 Chorea, Huntington's. | |
| Rate as Sydenham's chorea. This, though a familial disease, has its onset in late adult life, and is considered a ratable disability. | |
| 8107 Athetosis, acquired. | |
| Rate as chorea. | |
| 8108 Narcolepsy. | |
| Rate as for epilepsy, petit mal. | |

DISEASES OF THE CRANIAL NERVES

| | Rating |
|--|--------|
| Disability from lesions of peripheral portions of first, second, third, fourth, sixth, and eighth nerves will be rated under the Organs of Special Sense. The ratings for the cranial nerves are for unilateral involvement; when bilateral, combine but without the bilateral factor. | |
| Fifth (trigeminal) cranial nerve | |
| 8205 Paralysis of: | |
| Complete | 50 |
| Incomplete, severe | 30 |
| Incomplete, moderate | 10 |

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DISEASES OF THE CRANIAL NERVES—Continued

| | Rating |
|--|--------|
| NOTE: Dependent upon relative degree of sensory manifestation or motor loss. | |
| 8305 Neuritis. | |
| 8405 Neuralgia. | |
| NOTE: Tic douloureux may be rated in accordance with severity, up to complete paralysis. | |
| Seventh (facial) cranial nerve | |
| 8207 Paralysis of: | |
| Complete | 30 |
| Incomplete, severe | 20 |
| Incomplete, moderate | 10 |
| NOTE: Dependent upon relative loss of innervation of facial muscles. | |
| 8307 Neuritis. | |
| 8407 Neuralgia. | |
| Ninth (glossopharyngeal) cranial nerve. | |
| 8209 Paralysis of: | |
| Complete | 30 |
| Incomplete, severe | 20 |
| Incomplete, moderate | 10 |
| NOTE: Dependent upon relative loss of ordinary sensation in mucous membrane of the pharynx, fauces, and tonsils. | |
| 8309 Neuritis. | |
| 8409 Neuralgia. | |
| Tenth (pneumogastric, vagus) cranial nerve. | |
| 8210 Paralysis of: | |
| Complete | 50 |
| Incomplete, severe | 30 |
| Incomplete, moderate | 10 |
| NOTE: Dependent upon extent of sensory and motor loss to organs of voice, respiration, pharynx, stomach and heart. | |
| 8310 Neuritis. | |
| 8410 Neuralgia. | |
| Eleventh (spinal accessory, external branch) cranial nerve. | |
| 8211 Paralysis of: | |
| Complete | 30 |
| Incomplete, severe | 20 |
| Incomplete, moderate | 10 |
| NOTE: Dependent upon loss of motor function of sternomastoid and trapezius muscles. | |
| 8311 Neuritis. | |
| 8411 Neuralgia. | |
| Twelfth (hypoglossal) cranial nerve. | |
| 8212 Paralysis of: | |
| Complete | 50 |
| Incomplete, severe | 30 |
| Incomplete, moderate | 10 |
| NOTE: Dependent upon loss of motor function of tongue. | |
| 8312 Neuritis. | |
| 8412 Neuralgia. | |

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DISEASES OF THE PERIPHERAL NERVES

| | Schedule of ratings | Rating | |
|--|---------------------|--------|-------|
| | | Major | Minor |
| The term "incomplete paralysis," with this and other peripheral nerve injuries, indicates a degree of lost or impaired function substantially less than the type picture for complete paralysis given with each nerve, whether due to varied level of the nerve lesion or to partial regeneration. When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree. The ratings for the peripheral nerves are for unilateral involvement; when bilateral, combine with application of the bilateral factor. | | | |
| Upper radicular group (fifth and sixth cervicals) | | | |
| 8510 Paralysis of: | | | |
| Complete; all shoulder and elbow movements lost or severely affected, hand and wrist movements not affected | 70 | 60 | |
| Incomplete: | | | |
| Severe | 50 | 40 | |
| Moderate | 40 | 30 | |
| Mild | 20 | 20 | |
| 8610 Neuritis. | | | |
| 8710 Neuralgia. | | | |
| Middle radicular group | | | |
| 8511 Paralysis of: | | | |
| Complete; adduction, abduction and rotation of arm, flexion of elbow, and extension of wrist lost or severely affected | 70 | 60 | |
| Incomplete: | | | |
| Severe | 50 | 40 | |
| Moderate | 40 | 30 | |
| Mild | 20 | 20 | |
| 8611 Neuritis. | | | |
| 8711 Neuralgia. | | | |
| Lower radicular group | | | |
| 8512 Paralysis of: | | | |
| Complete; all intrinsic muscles of hand, and some or all of flexors of wrist and fingers, paralyzed (substantial loss of use of hand) | 70 | 60 | |
| Incomplete: | | | |
| Severe | 50 | 40 | |
| Moderate | 40 | 30 | |
| Mild | 20 | 20 | |
| 8612 Neuritis. | | | |
| 8712 Neuralgia. | | | |
| All radicular groups | | | |
| 8513 Paralysis of: | | | |
| Complete | 90 | 80 | |
| Incomplete: | | | |
| Severe | 70 | 60 | |
| Moderate | 40 | 30 | |
| Mild | 20 | 20 | |

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DISEASES OF THE PERIPHERAL NERVES—
Continued

| Schedule of ratings | Rating | |
|--|--------|-------|
| | Major | Minor |
| 8613 Neuritis. | | |
| 8713 Neuralgia. | | |
| The musculospiral nerve (radial nerve) | | |
| 8514 Paralysis of: | | |
| Complete; drop of hand and fingers, wrist and fingers perpetually flexed, the thumb adducted falling within the line of the outer border of the index finger; can not extend hand at wrist, extend proximal phalanges of fingers, extend thumb, or make lateral movement of wrist; supination of hand, extension and flexion of elbow weakened, the loss of synergic motion of extensors impairs the hand grip seriously; total paralysis of the triceps occurs only as the greatest rarity | 70 | 60 |
| Incomplete: | | |
| Severe | 50 | 40 |
| Moderate | 30 | 20 |
| Mild | 20 | 20 |
| 8614 Neuritis. | | |
| 8714 Neuralgia. | | |
| NOTE: Lesions involving only "dissociation of extensor communis digitorum" and "paralysis below the extensor communis digitorum," will not exceed the moderate rating under code 8514. | | |
| The median nerve | | |
| 8515 Paralysis of: | | |
| Complete; the hand inclined to the ulnar side, the index and middle fingers more extended than normally, considerable atrophy of the muscles of the thenar eminence, the thumb in the plane of the hand (ape hand); pronation incomplete and defective, absence of flexion of index finger and feeble flexion of middle finger, cannot make a fist, index and middle fingers remain extended; cannot flex distal phalanx of thumb, defective opposition and abduction of the thumb, at right angles to palm; flexion of wrist weakened; pain with trophic disturbances | 70 | 60 |
| Incomplete: | | |
| Severe | 50 | 40 |
| Moderate | 30 | 20 |
| Mild | 10 | 10 |
| 8615 Neuritis. | | |
| 8715 Neuralgia. | | |
| The ulnar nerve | | |
| 8516 Paralysis of: | | |
| Complete; the "griffin claw" deformity, due to flexor contraction of ring and little fingers, atrophy very marked in dorsal interspace and thenar and hypothenar eminences; loss of extension of ring and little fingers cannot spread the fingers (or reverse), cannot adduct the thumb; flexion of wrist weakened | 60 | 50 |
| Incomplete: | | |
| Severe | 40 | 30 |
| Moderate | 30 | 20 |
| 8616 Neuritis. | | |
| 8716 Neuralgia. | | |

DISEASES OF THE PERIPHERAL NERVES—
Continued

| Schedule of ratings | Rating | |
|--|--------|-------|
| | Major | Minor |
| Mild | 10 | 10 |
| 8616 Neuritis. | | |
| 8716 Neuralgia. | | |
| Musculocutaneous nerve | | |
| 8517 Paralysis of: | | |
| Complete; weakness but not loss of flexion of elbow and supination of forearm | 30 | 20 |
| Incomplete: | | |
| Severe | 20 | 20 |
| Moderate | 10 | 10 |
| Mild | 0 | 0 |
| 8617 Neuritis. | | |
| 8717 Neuralgia. | | |
| Circumflex nerve | | |
| 8518 Paralysis of: | | |
| Complete; abduction of arm is impossible, outward rotation is weakened; muscles supplied are deltoid and teres minor | 50 | 40 |
| Incomplete: | | |
| Severe | 30 | 20 |
| Moderate | 10 | 10 |
| Mild | 0 | 0 |
| 8618 Neuritis. | | |
| 8718 Neuralgia. | | |
| Long thoracic nerve | | |
| 8519 Paralysis of: | | |
| Complete; inability to raise arm above shoulder level, winged scapula deformity | 30 | 20 |
| Incomplete: | | |
| Severe | 20 | 20 |
| Moderate | 10 | 10 |
| Mild | 0 | 0 |
| NOTE: Not to be combined with lost motion above shoulder level. | | |
| 8619 Neuritis. | | |
| 8719 Neuralgia. | | |
| NOTE: Combined nerve injuries should be rated by reference to the major involvement, or if sufficient in extent, consider radicular group ratings. | | |
| | Rating | |
| Sciatic nerve | | |
| 8520 Paralysis of: | | |
| Complete; the foot dangles and drops, no active movement possible of muscles below the knee, flexion of knee weakened or (very rarely) lost | 80 | |
| Incomplete: | | |
| Severe, with marked muscular atrophy | 60 | |
| Moderately severe | 40 | |
| Moderate | 20 | |
| Mild | 10 | |

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| | Rating | | Rating |
|---|--------|---|--------|
| 8620 Neuritis. | | Incomplete: | |
| 8720 Neuralgia. | | Severe | 20 |
| External popliteal nerve (common peroneal) | | Moderate | 10 |
| 8521 Paralysis of: | | Mild | 10 |
| Complete; foot drop and slight droop of first phalanges of all toes, cannot dorsiflex the foot, extension (dorsal flexion) of proximal phalanges of toes lost; abduction of foot lost, adduction weakened; anesthesia covers entire dorsum of foot and toes | 40 | 8625 Neuritis. | |
| Incomplete: | | 8725 Neuralgia. | |
| Severe | 30 | Anterior crural nerve (femoral) | |
| Moderate | 20 | 8526 Paralysis of: | |
| Mild | 10 | Complete; paralysis of quadriceps extensor muscles | 40 |
| 8621 Neuritis. | | Incomplete: | |
| 8721 Neuralgia. | | Severe | 30 |
| Musculocutaneous nerve (superficial peroneal) | | Moderate | 20 |
| 8522 Paralysis of: | | Mild | 10 |
| Complete; eversion of foot weakened | 30 | 8626 Neuritis. | |
| Incomplete: | | 8726 Neuralgia. | |
| Severe | 20 | Internal saphenous nerve | |
| Moderate | 10 | 8527 Paralysis of: | |
| Mild | 0 | Severe to complete | 10 |
| 8622 Neuritis. | | Mild to moderate | 0 |
| 8722 Neuralgia. | | 8627 Neuritis. | |
| Anterior tibial nerve (deep peroneal) | | 8727 Neuralgia. | |
| 8523 Paralysis of: | | Obturator nerve | |
| Complete; dorsal flexion of foot lost | 30 | 8528 Paralysis of: | |
| Incomplete: | | Severe to complete | 10 |
| Severe | 20 | Mild or moderate | 0 |
| Moderate | 10 | 8628 Neuritis. | |
| Mild | 0 | 8728 Neuralgia. | |
| 8623 Neuritis. | | External cutaneous nerve of thigh | |
| 8723 Neuralgia. | | 8529 Paralysis of: | |
| Internal popliteal nerve (tibial) | | Severe to complete | 10 |
| 8524 Paralysis of: | | Mild or moderate | 0 |
| Complete; plantar flexion lost, frank adduction of foot impossible, flexion and separation of toes abolished; no muscle in sole can move; in lesions of the nerve high in popliteal fossa, plantar flexion of foot is lost | 30 | 8629 Neuritis. | |
| Incomplete: | | 8729 Neuralgia. | |
| Severe | 20 | Ilio-inguinal nerve | |
| Moderate | 10 | 8530 Paralysis of: | |
| Mild | 0 | Severe to complete | 10 |
| 8624 Neuritis. | | Mild or moderate | 0 |
| 8724 Neuralgia. | | 8630 Neuritis. | |
| Posterior tibial nerve | | 8730 Neuralgia. | |
| 8525 Paralysis of: | | 8540 Soft-tissue sarcoma (of neurogenic origin) | 100 |
| Complete; paralysis of all muscles of sole of foot, frequently with painful paralysis of a causalgic nature; toes cannot be flexed; adduction is weakened; plantar flexion is impaired | 30 | NOTE: The 100 percent rating will be continued for 6 months following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals. | |
| | 20 | | |
| | 10 | | |
| | | THE EPILEPSIES | |
| | | | Rating |
| | | A thorough study of all material in §§ 4.121 and 4.122 of the preface and under the ratings for epilepsy is necessary prior to any rating action. | |
| | | 8910 Epilepsy, grand mal. | |
| | | Rate under the general rating formula for major seizures. | |
| | 30 | 8911 Epilepsy, petit mal. | |

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THE EPILEPSIES—Continued

| | Rating |
|---|--------|
| Rate under the general rating formula for minor seizures. | |
| NOTE (1): A major seizure is characterized by the generalized tonic-clonic convulsion with unconsciousness. | |
| NOTE (2): A minor seizure consists of a brief interruption in consciousness or conscious control associated with staring or rhythmic blinking of the eyes or nodding of the head ("pure" petit mal), or sudden jerking movements of the arms, trunk, or head (myoclonic type) or sudden loss of postural control (akinetic type). | |
| General Rating Formula for Major and Minor Epileptic Seizures: | |
| Averaging at least 1 major seizure per month over the last year | 100 |
| Averaging at least 1 major seizure in 3 months over the last year; or more than 10 minor seizures weekly | |
| Averaging at least 1 major seizure in 4 months over the last year; or 9–10 minor seizures per week | |
| At least 1 major seizure in the last 6 months or 2 in the last year; or averaging at least 5 to 8 minor seizures weekly | |
| At least 1 major seizure in the last 2 years; or at least 2 minor seizures in the last 6 months | |
| A confirmed diagnosis of epilepsy with a history of seizures | |
| NOTE (1): When continuous medication is shown necessary for the control of epilepsy, the minimum evaluation will be 10 percent. This rating will not be combined with any other rating for epilepsy. | |
| NOTE (2): In the presence of major and minor seizures, rate the predominating type. | |
| NOTE (3): There will be no distinction between diurnal and nocturnal major seizures. | |
| 8912 Epilepsy, Jacksonian and focal motor or sensory. | |
| 8913 Epilepsy, diencephalic. | |
| Rate as minor seizures, except in the presence of major and minor seizures, rate the predominating type. | |
| 8914 Epilepsy, psychomotor. | |
| Major seizures: | |
| Psychomotor seizures will be rated as major seizures under the general rating formula when characterized by automatic states and/or generalized convulsions with unconsciousness. | |
| Minor seizures: | |
| Psychomotor seizures will be rated as minor seizures under the general rating formula when characterized by brief transient episodes of random motor movements, hallucinations, perceptual illusions, abnormalities of thinking, memory or mood, or autonomic disturbances. | |

Mental Disorders in Epilepsies: A nonpsychotic organic brain syndrome will be rated separately under the appropriate diagnostic code (e.g., 9304 or 9326). In the absence of a diagnosis of non-psychotic organic psychiatric disturbance (psychotic, psychoneurotic or personality disorder) if diagnosed and shown to be secondary to or directly associated with epilepsy will be rated separately. The psychotic or psychoneurotic disorder will be rated under the appropriate diagnostic code. The personality disorder will be rated as a dementia (e.g., diagnostic code 9304 or 9326).

Epilepsy and Unemployability: (1) Rating specialists must bear in mind that the epileptic, although his or her seizures are controlled, may find employment and rehabilitation difficult of attainment due to employer reluctance to the hiring of the epileptic.

(2) Where a case is encountered with a definite history of unemployment, full and complete development should be undertaken to ascertain whether the epilepsy is the determining factor in his or her inability to obtain employment.

(3) The assent of the claimant should first be obtained for permission to conduct this economic and social survey. The purpose of this survey is to secure all the relevant facts and data necessary to permit of a true judgment as to the reason for his or her unemployment and should include information as to:

- (a) Education;
- (b) Occupations prior and subsequent to service;
- (c) Places of employment and reasons for termination;
- (d) Wages received;
- (e) Number of seizures.

(4) Upon completion of this survey and current examination, the case should have rating board consideration. Where in the judgment of the rating board the veteran's unemployability is due to epilepsy and jurisdiction is not vested in that body by reason of scheduler evaluations, the case should be submitted to the Compensation Service or the Director, Pension and Fiduciary Service.

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

[29 FR 6718, May 22, 1964, as amended at 40 FR 42540, Sept. 15, 1975; 41 FR 11302, Mar. 18, 1976; 43 FR 45362, Oct. 2, 1978; 54 FR 4282, Jan. 30, 1989; 54 FR 49755, Dec. 1, 1989; 55 FR 154, Jan. 3, 1990; 56 FR 51653, Oct. 15, 1991; 57 FR 24364, June 9, 1992; 70 FR 75399, Dec. 20, 2005; 73 FR 54705, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008; 76 FR 78824, Dec. 20, 2011; 79 FR 2100, Jan. 13, 2014]

MENTAL DISORDERS

§ 4.125 Diagnosis of mental disorders.

(a) If the diagnosis of a mental disorder does not conform to DSM-5 or is not supported by the findings on the examination report, the rating agency shall return the report to the examiner to substantiate the diagnosis. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), American Psychiatric Association (2013), is incorporated by reference into this section with the approval of the Director of the Federal Register under 5 U.S.C. 552(a) and 1 CFR part 51. To enforce any edition other than that specified in this section, the Department of Veterans Affairs must publish notice of change in the FEDERAL REGISTER and the material must be available to the public. All approved material is available from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901, 703-907-7300, <http://www.dsm5.org>. It is also available for inspection at the Office of Regulation Policy and Management, Department of Veterans Affairs, 810 Vermont Avenue NW., Room 1068,

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Washington, DC 20420. It is also available for inspection at the National Archives and Records Administration (NARA). For information on the availability of this information at NARA, call 202-741-6030 or go to http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_publications.html.

(b) If the diagnosis of a mental disorder is changed, the rating agency shall determine whether the new diagnosis represents progression of the prior diagnosis, correction of an error in the prior diagnosis, or development of a new and separate condition. If it is not clear from the available records what the change of diagnosis represents, the rating agency shall return the report to the examiner for a determination.

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

[61 FR 52700, Oct. 8, 1996, as amended at 79 FR 45099, Aug. 4, 2014]

§ 4.126 Evaluation of disability from mental disorders.

(a) When evaluating a mental disorder, the rating agency shall consider the frequency, severity, and duration 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) Neurocognitive 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 neurocognitive disorders (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 diag-

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nostic 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, as amended at 79 FR 45099, Aug. 4, 2014]

§ 4.127 Intellectual disability (intellectual developmental disorder) and personality disorders.

Intellectual disability (intellectual developmental disorder) 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 intellectual disability (intellectual developmental disorder) or a personality disorder may be service-connected.

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

[79 FR 45100, Aug. 4, 2014]

§ 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

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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 American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (see § 4.125 for availability information). 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:

| | |
|---|--|
| 9201 Schizophrenia | |
| 9202 [Removed] | |
| 9203 [Removed] | |
| 9204 [Removed] | |
| 9205 [Removed] | |
| 9208 Delusional disorder | |
| 9210 Other specified and unspecified schizophrenia spectrum and other psychotic disorders | |
| 9211 Schizoaffective disorder | |
| 9300 Delirium | |
| 9301 Major or mild neurocognitive disorder due to HIV or other infections | |
| 9304 Major or mild neurocognitive disorder due to traumatic brain injury | |
| 9305 Major or mild vascular neurocognitive disorder | |
| 9310 Unspecified neurocognitive disorder | |
| 9312 Major or mild neurocognitive disorder due to Alzheimer's disease | |
| 9326 Major or mild neurocognitive disorder due to another medical condition or substance/medication-induced major or mild neurocognitive disorder | |
| 9327 [Removed] | |
| 9400 Generalized anxiety disorder | |
| 9403 Specific phobia; social anxiety disorder (social phobia) | |
| 9404 Obsessive compulsive disorder | |
| 9410 Other specified anxiety disorder | |
| 9411 Posttraumatic stress disorder | |
| 9412 Panic disorder and/or agoraphobia | |
| 9413 Unspecified anxiety disorder | |
| 9416 Dissociative amnesia; dissociative identity disorder | |
| 9417 Depersonalization/Derealization disorder | |
| 9421 Somatic symptom disorder | |
| 9422 Other specified somatic symptom and related disorder | |
| 9423 Unspecified somatic symptom and related disorder | |
| 9424 Conversion disorder (functional neurological symptom disorder) | |
| 9425 Illness anxiety disorder | |
| 9431 Cyclothymic disorder | |
| 9432 Bipolar disorder | |
| 9433 Persistent depressive disorder (dysthymia) | |
| 9434 Major depressive disorder | |
| 9435 Unspecified depressive disorder | |
| 9440 Chronic adjustment disorder | |

GENERAL RATING FORMULA FOR MENTAL DISORDERS

| | Rating |
|---|--------|
| 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. 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. | 100 |
| 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. | 70 |
| 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). | 50 |
| 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. | 30 |
| 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. | 10 |
| | 0 |

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9520 Anorexia nervosa
 9521 Bulimia nervosa

RATING FORMULA FOR EATING DISORDERS

| | Rating |
|---|--------|
| 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 1: An incapacitating episode is a period during which bed rest and treatment by a physician are required.

Note 2: Ratings under diagnostic codes 9201 to 9440 will be evaluated using the General Rating Formula for Mental Disorders. Ratings under diagnostic codes 9520 and 9521 will be evaluated using the General Rating Formula for Eating Disorders.

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

[79 FR 45100, Aug. 4, 2014]

DENTAL AND ORAL CONDITIONS**§ 4.149 [Reserved]****§ 4.150 Schedule of ratings—dental and oral conditions.**

| | Rating | | Rating |
|---|--------|--|--------|
| Note (1): For VA compensation purposes, diagnostic imaging studies include, but are not limited to, conventional radiography (X-ray), computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), radionuclide bone scanning, or ultrasonography | | Not involving temporomandibular articulation. | |
| Note (2): Separately evaluate loss of vocal articulation, loss of smell, loss of taste, neurological impairment, respiratory dysfunction, and other impairments under the appropriate diagnostic code and combine under § 4.25 for each separately rated condition | | Not replaceable by prosthesis | 20 |
| 9900 Maxilla or mandible, chronic osteomyelitis, osteonecrosis or osteoradionecrosis of: | | Replaceable by prosthesis | 10 |
| Rate as osteomyelitis, chronic under diagnostic code 5000.. | | 9903 Mandible, nonunion of, confirmed by diagnostic imaging studies: | |
| 9901 Mandible, loss of, complete, between angles | 100 | Severe, with false motion | 30 |
| 9902 Mandible, loss of, including ramus, unilaterally or bilaterally: | | Moderate, without false motion | 10 |
| Loss of one-half or more, Involving temporomandibular articulation. | | 9904 Mandible, malunion of: | |
| Not replaceable by prosthesis | 70 | Displacement, causing severe anterior or posterior open bite | 20 |
| Replaceable by prosthesis | 50 | Displacement, causing moderate anterior or posterior open bite | 10 |
| Not involving temporomandibular articulation. | | Displacement, not causing anterior or posterior open bite | 0 |
| Not replaceable by prosthesis | 40 | 9905 Temporomandibular disorder (TMD): | |
| Replaceable by prosthesis | 30 | Interincisal range: | |
| Loss of less than one-half, Involving temporomandibular articulation. | | 0 to 10 millimeters (mm) of maximum unassisted vertical opening. | 20 |
| Not replaceable by prosthesis | 70 | With dietary restrictions to all mechanically altered foods | 50 |
| Replaceable by prosthesis | 50 | Without dietary restrictions to mechanically altered foods | 40 |
| Not involving temporomandibular articulation. | | 11 to 20 mm of maximum unassisted vertical opening. | |
| Not replaceable by prosthesis | 40 | With dietary restrictions to all mechanically altered foods | 40 |
| Replaceable by prosthesis | 30 | Without dietary restrictions to mechanically altered foods | 30 |
| Loss of less than one-half, Involving temporomandibular articulation. | | 21 to 29 mm of maximum unassisted vertical opening. | |
| Not replaceable by prosthesis | 70 | With dietary restrictions to full liquid and pureed foods | 40 |
| Replaceable by prosthesis | 50 | With dietary restrictions to soft and semi-solid foods | 30 |
| Not involving temporomandibular articulation. | | Without dietary restrictions to mechanically altered foods | 20 |

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| | Rating | | Rating |
|---|--------|--|--------|
| 30 to 34 mm of maximum unassisted vertical opening. With dietary restrictions to full liquid and pureed foods | 30 | Where the loss of masticatory surface can be restored by suitable prosthesis | 0 |
| With dietary restrictions to soft and semi-solid foods | 20 | NOTE—These ratings apply only to bone loss through trauma or disease such as osteomyelitis, and not to the loss of the alveolar process as a result of periodontal disease, since such loss is not considered disabling. | |
| Without dietary restrictions to mechanically altered foods | 10 | 9914 Maxilla, loss of more than half: Not replaceable by prosthesis | 100 |
| Lateral excursion range of motion: 0 to 4 mm | 10 | Replaceable by prosthesis | 50 |
| Note (1): Ratings for limited interincisal movement shall not be combined with ratings for limited lateral excursion. | | 9915 Maxilla, loss of half or less: Loss of 25 to 50 percent: Not replaceable by prosthesis | |
| Note (2): For VA compensation purposes, the normal maximum unassisted range of vertical jaw opening is from 35 to 50 mm. | | Replaceable by prosthesis | 40 |
| Note (3): For VA compensation purposes, mechanically altered foods are defined as altered by blending, chopping, grinding or mashing so that they are easy to chew and swallow. There are four levels of mechanically altered foods: full liquid, puree, soft, and semisolid foods. To warrant elevation based on mechanically altered foods, the use of texture-modified diets must be recorded or verified by a physician. | | Loss of less than 25 percent: Not replaceable by prosthesis | 30 |
| 9908 Condylloid process, loss of, one or both sides | | Replaceable by prosthesis | 20 |
| 9909 Coronoid process, loss of: Bilateral | | 9916 Maxilla, malunion or nonunion of: Nonunion, With false motion | 0 |
| Unilateral | | Without false motion | 30 |
| 9911 Hard palate, loss of: Loss of half or more, not replaceable by prosthesis | | Malunion, With displacement, causing severe anterior or posterior open bite | 10 |
| Loss of less than half, not replaceable by prosthesis | | With displacement, causing moderate anterior or posterior open bite | 0 |
| Loss of half or more, replaceable by prosthesis | | With displacement, causing mild anterior or posterior open bite | 30 |
| Loss of less than half, replaceable by prosthesis | | Note: For VA compensation purposes, the severity of maxillary nonunion is dependent upon the degree of abnormal mobility of maxilla fragments following treatment (<i>i.e.</i> , presence or absence of false motion), and maxillary nonunion must be confirmed by diagnostic imaging studies. | 10 |
| 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 | | 9917 Neoplasm, hard and soft tissue, benign: Rate as loss of supporting structures (bone or teeth) and/or functional impairment due to scarring. | 100 |
| Loss of all upper teeth | | 9918 Neoplasm, hard and soft tissue, malignant | |
| Loss of all lower teeth | | Note: A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, 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 such as loss of supporting structures (bone or teeth) and/or functional impairment due to scarring. | |
| All upper and lower posterior teeth missing | | | |
| All upper and lower anterior teeth missing | | | |
| All upper anterior teeth missing | | | |
| All lower anterior teeth missing | | | |
| All upper and lower teeth on one side missing | 10 | | |

[59 FR 2530, Jan. 18, 1994, as amended at 82 FR 36083, Aug. 3, 2017]

APPENDIX A TO PART 4—TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946

| Sec. | Diagnostic code No. | |
|-------------|---------------------|---|
| 4.71a | 5000 | Evaluation February 1, 1962. |
| 4.71a | 5001 | Evaluation March 11, 1969; criterion February 7, 2021. |
| | 5002 | Evaluation March 1, 1963; title, criteria, note February 7, 2021. |
| | 5003 | Added July 6, 1950; title February 7, 2021. |
| | 5009 | Title, evaluation, note February 7, 2021. |
| | 5010 | Title, criteria February 7, 2021. |

| Sec. | Diagnostic code No. |
|------|--|
| | <p>5011 Title, criteria February 7, 2021.</p> <p>5012 Criterion March 10, 1976; title, note February 7, 2021.</p> <p>5013 Title February 7, 2021.</p> <p>5014 Title February 7, 2021.</p> <p>5015 Title February 7, 2021.</p> <p>5018 Removed February 7, 2021.</p> <p>5020 Removed November 30, 2020.</p> <p>5022 Removed February 7, 2021.</p> <p>5023 Title February 7, 2021.</p> <p>5024 Criterion March 1, 1963; title, criteria February 7, 2021.</p> <p>5025 Added May 7, 1996.</p> <p>5051 Added September 22, 1978; note February 7, 2021.</p> <p>5052 Added September 22, 1978; note February 7, 2021.</p> <p>5053 Added September 22, 1978; note February 7, 2021.</p> <p>5054 Added September 22, 1978; title, criterion, and note February 7, 2021.</p> <p>5055 Added September 22, 1978; title, criterion, and note February 7, 2021.</p> <p>5056 Added September 22, 1978; note February 7, 2021.</p> <p>5100-5103 Removed March 10, 1976.</p> <p>5104 Criterion March 10, 1976.</p> <p>5105 Criterion March 10, 1976.</p> <p>5120 Title, criterion February 7, 2021.</p> <p>5160 Title, criterion, note February 7, 2021.</p> <p>5164 Evaluation June 9, 1952.</p> <p>5166 Criterion September 22, 1978.</p> <p>5170 Title February 7, 2021.</p> <p>5172 Added July 6, 1950.</p> <p>5173 Added June 9, 1952.</p> <p>5174 Added September 9, 1975; removed September 22, 1978.</p> <p>5201 Criterion February 7, 2021.</p> <p>5202 Criterion February 7, 2021.</p> <p>5211 Criterion September 22, 1978.</p> <p>5212 Criterion September 22, 1978.</p> <p>5214 Criterion September 22, 1978.</p> <p>5216 Preceding paragraph criterion September 22, 1978.</p> <p>5217 Criterion August 26, 2002.</p> <p>5218 Criterion August 26, 2002.</p> <p>5219 Criterion September 22, 1978; criterion August 26, 2002.</p> <p>5220 Preceding paragraph criterion September 22, 1978; criterion August 26, 2002.</p> <p>5223 Criterion August 26, 2002.</p> <p>5224 Criterion August 26, 2002.</p> <p>5225 Criterion August 26, 2002.</p> <p>5226 Criterion August 26, 2002.</p> <p>5227 Criterion September 22, 1978; criterion August 26, 2002.</p> <p>5228 Added August 26, 2002.</p> <p>5229 Added August 26, 2002.</p> <p>5230 Added August 26, 2002.</p> <p>5235 Replaces 5285-5295 September 26, 2003.</p> <p>5236 Replaces 5285-5295 September 26, 2003.</p> <p>5237 Replaces 5285-5295 September 26, 2003.</p> <p>5238 Replaces 5285-5295 September 26, 2003.</p> <p>5239 Replaces 5285-5295 September 26, 2003.</p> <p>5240 Replaces 5285-5295 September 26, 2003.</p> <p>5241 Replaces 5285-5295 September 26, 2003.</p> <p>5242 Replaces 5285-5295 September 26, 2003; Title February 7, 2021.</p> <p>5243 Replaces 5285-5295 September 26, 2003; Criterion September 26, 2003; Title February 7, 2021.</p> <p>5244 Added February 7, 2021.</p> <p>5255 Criterion July 6, 1950; criterion February 7, 2021.</p> <p>5257 Evaluation July 6, 1950; criterion and note February 7, 2021.</p> <p>5262 Criterion February 7, 2021.</p> <p>5264 Added September 9, 1975; removed September 22, 1978.</p> <p>5269 Added February 7, 2021.</p> <p>5271 Criterion February 7, 2021.</p> <p>5275 Criterion March 10, 1976; criterion September 22, 1978.</p> <p>5293 Criterion March 10, 1976; criterion September 23, 2002; revised and moved to 5235-5243 September 26, 2003.</p> <p>5294 Evaluation March 10, 1976; revised and moved to 5235-5243 September 26, 2003.</p> <p>5295 Evaluation March 10, 1976; revised and moved to 5235-5243 September 26, 2003.</p> <p>5296 Criterion March 10, 1976.</p> <p>5297 Criterion August 23, 1948; criterion February 1, 1962.</p> <p>5298 Added August 23, 1948.</p> |

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| Sec. | Diagnostic code No. | |
|-------------|--|--|
| 4.73 | 5317 5324 5325 5327 5328 5329 5330 5331 | Introduction Note criterion July 3, 1997; second Note added February 7, 2021. Criterion September 22, 1978. Added February 1, 1962. Criterion July 3, 1997. Added March 10, 1976; criterion October 15, 1991; criterion July 3, 1997. Added NOTE March 10, 1976. Added NOTE July 3, 1997. Added February 7, 2021. Added February 7, 2021. |
| 4.77 | 6000 | Revised May 13, 2018. |
| 4.78 | 6001 | Revised May 13, 2018. |
| 4.79 | 6002 6006 6007 6008 6009 6011 6012 6013 6014 6015 6017 6018 6019 6026 6027 6034 6035 6036 6040 6042 6046 6091 | Introduction; criterion May 13, 2018; Revised General Rating Formula for Diseases of the Eye NOTE revised May 13, 2018. Criterion May 13, 2018. Criterion May 13, 2018. Title May 13, 2018. Criterion May 13, 2018. Criterion May 13, 2018. Criterion May 13, 2018. Evaluation May 13, 2018. Evaluation May 13, 2018. Evaluation May 13, 2018. Title May 13, 2018. Title May 13, 2018. Evaluation May 13, 2018. Evaluation May 13, 2018. Evaluation. Evaluation May 13, 2018. Evaluation May 13, 2018. |
| 4.84a | 6010 6019 6029 6035 6050–6062 6063–6079 6064 6071 6076 6080 6081 6090 | Criterion March 11, 1969. Criterion September 22, 1978. NOTE August 23, 1948; criterion September 22, 1978. Added September 9, 1975. Removed March 10, 1976. Added March 10, 1976. Added March 10, 1976. Criterion September 22, 1978. Criterion March 10, 1976. Criterion March 10, 1976. Evaluation August 23, 1948. Criterion September 22, 1978. Criterion March 10, 1976. Criterion September 22, 1978; criterion September 12, 1988. |
| 4.84b | 6260 | Added October 1, 1961; criterion October 1, 1961; evaluation March 10, 1976; removed December 18, 1987; re-designated § 4.87a December 18, 1987. |
| 4.87 | 6261 6262 6263–6279 6275–6276 6277–6297 | Tables VI and VII replaced by new Tables VI, VIA, and VII December 18, 1987. 6200–6260 revised and re-designated § 4.87 June 10, 1999. Moved to § 4.87 June 10, 1999. Moved from § 4.87 June 10, 1999. March 23, 1956 removed, December 17, 1987; Table II revised Table V March 10, 1976; Table II revised to Table VII September 22, 1978; text from § 4.84b Schedule of ratings-ear re-designated from § 4.87 December 17, 1987. Removed December 17, 1987. Criterion March 10, 1976; removed December 17, 1987. Criterion March 10, 1976; removed December 17, 1987. Removed June 10, 1999. |
| 4.87b | 6286 | March 11, 1969; re-designated § 4.88b November 29, 1994; § 4.88a added to read "Chronic fatigue syndrome"; criterion November 29, 1994. |
| 4.88a | 6291 | Added March 11, 1969; re-designated § 4.88c November 29, 1994; § 4.88a re-designated to § 4.88b November 29, 1994; General Rating Formula for Infectious Diseases added August 11, 2019. |
| 4.88b | 6297 6300 6301 6302 | Criterion March 10, 1976; removed December 17, 1987. Criterion March 10, 1976; removed December 17, 1987. Removed June 10, 1999. March 11, 1969; re-designated § 4.88b November 29, 1994; § 4.88a added to read "Chronic fatigue syndrome"; criterion November 29, 1994. Added March 11, 1969; re-designated § 4.88c November 29, 1994; § 4.88a re-designated to § 4.88b November 29, 1994; General Rating Formula for Infectious Diseases added August 11, 2019. Criterion August 30, 1996; title, criterion, and note August 11, 2019. Criterion, note August 11, 2019. Criterion September 22, 1978; criterion August 30, 1996; criterion, note August 11, 2019. |

| Sec. | Diagnostic code No. | |
|-------------|---------------------|---|
| | 6304 | Evaluation August 30, 1996; criterion, note August 11, 2019. |
| | 6305 | Criterion March 1, 1989; evaluation August 30, 1996; title, criterion, note August 11, 2019. |
| | 6306 | Evaluation August 30, 1996; criterion, note August 11, 2019. |
| | 6307 | Criterion May 13, 2018; criterion, note August 11, 2019. |
| | 6308 | Criterion August 30, 1996; criterion, note August 11, 2019. |
| | 6309 | Added March 1, 1963; criterion March 1, 1989; criterion August 30, 1996; criterion, note August 11, 2019. |
| | 6310 | Criterion, note August 11, 2019. |
| | 6311 | Criterion, note August 11, 2019. |
| | 6312 | Added August 11, 2019. |
| | 6314 | Evaluation March 1, 1989; evaluation August 30, 1996. |
| | 6315 | Criterion August 30, 1996. |
| | 6316 | Evaluation March 1, 1989; evaluation August 30, 1996; criterion, note August 11, 2019. |
| | 6317 | Criterion August 30, 1996; title, criterion, note August 11, 2019. |
| | 6318 | Added March 1, 1989; criterion August 30, 1996; criterion, note August 11, 2019. |
| | 6319 | Added August 30, 1996; criterion, note August 11, 2019. |
| | 6320 | Added August 30, 1996; criterion, note August 11, 2019. |
| | 6325 | Added August 11, 2019. |
| | 6326 | Added August 11, 2019. |
| | 6329 | Added August 11, 2019. |
| | 6330 | Added August 11, 2019. |
| | 6331 | Added August 11, 2019. |
| | 6333 | Added August 11, 2019. |
| | 6334 | Added August 11, 2019. |
| | 6335 | Added August 11, 2019. |
| | 6350 | Evaluation March 1, 1963; evaluation March 10, 1976; evaluation August 30, 1996. |
| | 6351 | Added March 1, 1989; evaluation March 24, 1992; criterion August 30, 1996; criterion, note August 11, 2019. |
| | 6352 | Added March 1, 1989; removed March 24, 1992. |
| | 6353 | Added March 1, 1989; removed March 24, 1992. |
| | 6354 | Added November 29, 1994; criterion August 30, 1996; title, criterion, note August 11, 2019. |
| 4.88c | | Re-designated from § 4.88b November 29, 1994. |
| 4.89 | | Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969. |
| 4.97 | | |
| | 6502 | Criterion October 7, 1996. |
| | 6504 | Criterion October 7, 1996. |
| | 6510-6514 | Criterion October 7, 1996. |
| | 6515 | Criterion March 11, 1969. |
| | 6516 | Criterion October 7, 1996. |
| | 6517 | Removed October 7, 1996. |
| | 6518 | Criterion October 7, 1996. |
| | 6519 | Criterion October 7, 1996. |
| | 6520 | Criterion October 7, 1996. |
| | 6521 | Added October 7, 1996. |
| | 6522 | Added October 7, 1996. |
| | 6523 | Added October 7, 1996. |
| | 6524 | Added October 7, 1996. |
| | 6600 | Evaluation September 9, 1975; criterion October 7, 1996. |
| | 6601 | Criterion October 7, 1996. |
| | 6602 | Criterion September 9, 1975; criterion October 7, 1996. |
| | 6603 | Added September 9, 1975; criterion October 7, 1996. |
| | 6604 | Added October 7, 1996. |
| | 6701 | Evaluation October 7, 1996. |
| | 6702 | Evaluation October 7, 1996. |
| | 6703 | Evaluation October 7, 1996. |
| | 6704 | Subparagraph (1) following December 1, 1949; criterion March 11, 1969; criterion September 22, 1978. |
| | 6705 | Removed March 11, 1969. |
| | 6707-6710 | Added March 11, 1969; removed September 22, 1978. |
| | 6721 | Criterion July 6, 1950; criterion September 22, 1978. |
| | 6724 | Second note following December 1, 1949; criterion March 11, 1969; evaluation October 7, 1996. |
| | 6725-6728 | Added March 11, 1969; removed September 22, 1978. |
| | 6730 | Added September 22, 1978; criterion October 7, 1996. |
| | 6731 | Evaluation September 22, 1978; criterion October 7, 1996. |
| | 6732 | Criterion March 11, 1969. |
| | 6800 | Criterion September 9, 1975; removed October 7, 1996. |
| | 6801 | Removed October 7, 1996. |
| | 6802 | Criterion September 9, 1975; removed October 7, 1996. |
| | 6810-6813 | Removed October 7, 1996. |

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| Sec. | Diagnostic code No. | |
|-------------|---------------------|---|
| 4.104 | 6814 | Criterion March 10, 1976; removed October 7, 1996. |
| | 6815 | Removed October 7, 1996. |
| | 6816 | Removed October 7, 1996. |
| | 6817 | Evaluation October 7, 1996. |
| | 6818 | Removed October 7, 1996. |
| | 6819 | Criterion March 10, 1976; criterion October 7, 1996. |
| | 6821 | Evaluation August 23, 1948. |
| | 6822-6847 | Added October 7, 1996. |
| | 7000 | Evaluation July 6, 1950; evaluation September 22, 1978; evaluation January 12, 1998. |
| | 7001 | Evaluation January 12, 1998. |
| | 7002 | Evaluation January 12, 1998. |
| | 7003 | Evaluation January 12, 1998. |
| | 7004 | Criterion September 22, 1978; evaluation January 12, 1998. |
| | 7005 | Evaluation September 9, 1975; evaluation September 22, 1978; evaluation January 12, 1998. |
| | 7006 | Evaluation January 12, 1998. |
| | 7007 | Evaluation September 22, 1978; evaluation January 12, 1998. |
| | 7008 | Evaluation January 12, 1998; criterion December 10, 2017. |
| | 7010 | Evaluation January 12, 1998. |
| | 7011 | Evaluation January 12, 1998. |
| | 7013 | Removed January 12, 1998. |
| | 7014 | Removed January 12, 1998. |
| | 7015 | Evaluation September 9, 1975; criterion January 12, 1998. |
| | 7016 | Added September 9, 1975; evaluation January 12, 1998. |
| | 7017 | Added September 22, 1978; evaluation January 12, 1998. |
| | 7018 | Added January 12, 1998. |
| | 7019 | Added January 12, 1998. |
| | 7020 | Added January 12, 1998. |
| | 7100 | Evaluation July 6, 1950. |
| | 7101 | Criterion September 1, 1960; criterion September 9, 1975; criterion January 12, 1998. |
| | 7110 | Evaluation September 9, 1975; evaluation January 12, 1998. |
| | 7111 | Criterion September 9, 1975; evaluation January 12, 1998. |
| | 7112 | Evaluation January 12, 1998. |
| | 7113 | Evaluation January 12, 1998. |
| | 7114 | Added June 9, 1952; evaluation January 12, 1998. |
| | 7115 | Added June 9, 1952; evaluation January 12, 1998. |
| | 7116 | Added June 9, 1952; evaluation March 10, 1976; removed January 12, 1998. |
| | 7117 | Added June 9, 1952; evaluation January 12, 1998. |
| | 7118 | Criterion January 12, 1998. |
| | 7119 | Evaluation January 12, 1998. |
| | 7120 | Note following July 6, 1950; evaluation January 12, 1998. |
| | 7121 | Criterion July 6, 1950; evaluation March 10, 1976; evaluation January 12, 1998. |
| | 7122 | Last sentence of Note following July 6, 1950; evaluation January 12, 1998; criterion August 13, 1998. |
| 4.114 | 7123 | Added October 15, 1991; criterion January 12, 1998. Introduction paragraph revised March 10, 1976. |
| | 7304 | Evaluation November 1, 1962. |
| | 7305 | Evaluation November 1, 1962. |
| | 7308 | Evaluation April 8, 1959. |
| | 7311 | Criterion July 2, 2001. |
| | 7312 | Evaluation March 10, 1976; evaluation July 2, 2001. |
| | 7313 | Evaluation March 10, 1976; removed July 2, 2001. |
| | 7319 | Evaluation November 1, 1962. |
| | 7321 | Evaluation July 6, 1950; criterion March 10, 1976. |
| | 7328 | Evaluation November 1, 1962. |
| | 7329 | Evaluation November 1, 1962. |
| | 7330 | Evaluation November 1, 1962. |
| | 7331 | Criterion March 11, 1969. |
| | 7332 | Evaluation November 1, 1962. |
| | 7334 | Evaluation July 6, 1950; evaluation November 1, 1962. |
| | 7339 | Criterion March 10, 1976. |
| | 7341 | Removed March 10, 1976. |
| | 7343 | Criterion March 10, 1976; criterion July 2, 2001. |
| | 7344 | Criterion July 2, 2001. |
| | 7345 | Evaluation August 23, 1948; evaluation February 17, 1955; evaluation July 2, 2001. |
| | 7346 | Evaluation February 1, 1962. |
| | 7347 | Added September 9, 1975. |
| | 7348 | Added March 10, 1976. |
| | 7351 | Added July 2, 2001. |
| | 7354 | Added July 2, 2001. |

| Sec. | Diagnostic code No. | |
|--------------|---------------------|--|
| 4.115a | | Re-designated and revised as § 4.115b; new § 4.115a "Ratings of the genito-urinary system-dysfunctions" added February 17, 1994. |
| 4.115b | 7500 | Note July 6, 1950; evaluation February 17, 1994, criterion September 8, 1994. |
| | 7501 | Evaluation February 17, 1994. |
| | 7502 | Evaluation February 17, 1994. |
| | 7503 | Removed February 17, 1994. |
| | 7504 | Criterion February 17, 1994. |
| | 7505 | Criterion March 11, 1969; evaluation February 17, 1994. |
| | 7507 | Criterion February 17, 1994. |
| | 7508 | Evaluation February 17, 1994. |
| | 7509 | Criterion February 17, 1994. |
| | 7510 | Evaluation February 17, 1994. |
| | 7511 | Evaluation February 17, 1994. |
| | 7512 | Evaluation February 17, 1994. |
| | 7513 | Removed February 17, 1994. |
| | 7514 | Criterion March 11, 1969; removed February 17, 1994. |
| | 7515 | Criterion February 17, 1994. |
| | 7516 | Criterion February 17, 1994. |
| | 7517 | Criterion February 17, 1994. |
| | 7518 | Evaluation February 17, 1994. |
| | 7519 | Evaluation March 10, 1976; evaluation February 17, 1994. |
| | 7520 | Criterion February 17, 1994. |
| | 7521 | Criterion February 17, 1994. |
| | 7522 | Criterion September 8, 1994. |
| | 7523 | Criterion September 8, 1994. |
| | 7524 | Note July 6, 1950; evaluation February 17, 1994; evaluation September 8, 1994. |
| | 7525 | Criterion March 11, 1969; evaluation February 17, 1994. |
| | 7526 | Removed February 17, 1994. |
| | 7527 | Criterion February 17, 1994. |
| | 7528 | Criterion March 10, 1976; criterion February 17, 1994. |
| | 7529 | Criterion February 17, 1994. |
| | 7530 | Added September 9, 1975; evaluation February 17, 1994. |
| | 7531 | Added September 9, 1975; criterion February 17, 1994. |
| | 7532-7542 | Added February 17, 1994. |
| 4.116 | | § 4.116 removed and § 4.116a re-designated § 4.116 "Schedule of ratings-gynecological conditions and disorders of the breasts" May 22, 1995. |
| | 7610 | Criterion May 22, 1995; title May 13, 2018. |
| | 7611 | Criterion May 22, 1995. |
| | 7612 | Criterion May 22, 1995. |
| | 7613 | Criterion May 22, 1995. |
| | 7614 | Criterion May 22, 1995. |
| | 7615 | Criterion May 22, 1995; note May 13, 2018. |
| | 7617 | Criterion May 22, 1995. |
| | 7618 | Criterion May 22, 1995. |
| | 7619 | Criterion May 22, 1995; note May 13, 2018. |
| | 7620 | Criterion May 22, 1995. |
| | 7621 | Criterion May 22, 1995; evaluation May 13, 2018. |
| | 7622 | Removed May 13, 2018. |
| | 7623 | Removed May 13, 2018. |
| | 7624 | Criterion August 9, 1976; evaluation May 22, 1995. |
| | 7625 | Criterion August 9, 1976; evaluation May 22, 1995. |
| | 7626 | Criterion May 22, 1995; criterion March 18, 2002. |
| | 7627 | Criterion March 10, 1976; criterion May 22, 1995; title, note May 13, 2018. |
| | 7628 | Added May 22, 1995; title, criterion May 13, 2018. |
| | 7629 | Added May 22, 1995. |
| | 7630 | Added May 13, 2018. |
| | 7631 | Added May 13, 2018. |
| | 7632 | Added May 13, 2018. |
| | 7700 | Removed December 9, 2018. |
| | 7701 | Removed October 23, 1995. |
| | 7702 | Evaluation October 23, 1995; title December 9, 2018; evaluation December 9, 2018. |
| | 7703 | Evaluation August 23, 1948; criterion October 23, 1995; evaluation December 9, 2018; criterion December 9, 2018. |
| | 7704 | Evaluation October 23, 1995; evaluation December 9, 2018. |
| | 7705 | Evaluation October 23, 1995; title December 9, 2018; evaluation December 9, 2018; criterion December 9, 2018. |
| | 7706 | Evaluation October 23, 1995; note December 9, 2018; criterion October 23, 1995. |
| | 7707 | Criterion October 23, 1995. |
| | 7709 | Evaluation March 10, 1976; criterion October 23, 1995; title December 9, 2018; criterion December 9, 2018. |
| | 7710 | Criterion October 23, 1995; criterion December 9, 2018. |

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| Sec. | Diagnostic code No. | |
|-------------|---------------------|---|
| 4.118 | 7711 | Criterion October 23, 1995. |
| | 7712 | Added December 9, 2018. |
| | 7713 | Removed October 23, 1995. |
| | 7714 | Added September 9, 1975; criterion October 23, 1995; criterion December 9, 2018. |
| | 7715 | Added October 26, 1990; criterion December 9, 2018. |
| | 7716 | Added October 23, 1995; evaluation December 9, 2018; criterion December 9, 2018. |
| | 7717 | Added March 9, 2012. |
| | 7718 | Added December 9, 2018. |
| | 7719 | Added December 9, 2018. |
| | 7720 | Added December 9, 2018. |
| | 7721 | Added December 9, 2018. |
| | 7722 | Added December 9, 2018. |
| | 7723 | Added December 9, 2018. |
| | 7724 | Added December 9, 2018. |
| | 7725 | Added December 9, 2018. |
| | 7800 | Evaluation August 30, 2002; criterion October 23, 2008. |
| | 7801 | Criterion July 6, 1950; criterion August 30, 2002; criterion October 23, 2008; title, note 1, note 2 August 13, 2018. |
| | 7802 | Criterion September 22, 1978; criterion August 30, 2002; criterion October 23, 2008; title, note 1, note 2 August 13, 2018. |
| | 7803 | Criterion August 30, 2002; removed October 23, 2008. |
| | 7804 | Criterion July 6, 1950; criterion September 22, 1978; criterion and evaluation October 23, 2008. |
| | 7805 | Criterion October 23, 2008; title August 13, 2018. |
| | | General Rating Formula for DCs 7806, 7809, 7813-7816, 7820-7822, and 7824 added August 13, 2018. |
| | 7806 | Criterion September 9, 1975; evaluation August 30, 2002; criterion August 13, 2018. |
| | 7807 | Criterion August 30, 2002. |
| | 7808 | Criterion August 30, 2002. |
| | 7809 | Criterion August 30, 2002; title, criterion August 13, 2018. |
| | 7810 | Removed August 30, 2002. |
| | 7811 | Criterion March 11, 1969; evaluation August 30, 2002. |
| | 7812 | Removed August 30, 2002. |
| | 7813 | Criterion August 30, 2002; title, criterion August 13, 2018. |
| | 7814 | Removed August 30, 2002. |
| | 7815 | Evaluation August 30, 2002; criterion, note August 13, 2018. |
| | 7816 | Evaluation August 30, 2002; criterion, note August 13, 2018. |
| | 7817 | Evaluation August 30, 2002; title, criterion, note August 13, 2018. |
| | 7818 | Criterion August 30, 2002. |
| | 7819 | Criterion August 30, 2002. |
| | 7820 | Added August 30, 2002; criterion August 13, 2018. |
| | 7821 | Added August 30, 2002; title, criterion August 13, 2018. |
| | 7822 | Added August 30, 2002; title, criterion August 13, 2018. |
| | 7823 | Added August 30, 2002; criterion August 13, 2018. |
| | 7824 | Added August 30, 2002; criterion August 13, 2018. |
| | 7825 | Added August 30, 2002; title, criterion August 13, 2018. |
| | 7826 | Added August 30, 2002; criterion August 13, 2018. |
| | 7827 | Added August 30, 2002; criterion August 13, 2018. |
| | 7828 | Added August 30, 2002; criterion August 13, 2018. |
| | 7829 | Added August 30, 2002; criterion August 13, 2018. |
| | 7830 | Added August 30, 2002; criterion August 13, 2018. |
| | 7831 | Added August 30, 2002; criterion August 13, 2018. |
| | 7832 | Added August 30, 2002; criterion August 13, 2018. |
| | 7833 | Added August 30, 2002; criterion August 13, 2018. |
| | 7900 | Criterion August 13, 1981; evaluation June 9, 1996; title December 10, 2017; evaluation December 10, 2017; criterion December 10, 2017; note December 10, 2017. |
| | 7901 | Criterion August 13, 1981; evaluation June 9, 1996; title December 10, 2017; evaluation December 10, 2017; criterion December 10, 2017; note December 10, 2017. |
| | 7902 | Evaluation August 13, 1981; criterion June 9, 1996; title December 10, 2017; evaluation December 10, 2017; criterion December 10, 2017; note December 10, 2017. |
| | 7903 | Criterion August 13, 1981; evaluation June 9, 1996; evaluation December 10, 2017; criterion December 10, 2017; note December 10, 2017. |
| | 7904 | Criterion August 13, 1981; evaluation June 9, 1996; evaluation December 10, 2017; criterion December 10, 2017; note December 10, 2017. |
| | 7905 | Evaluation; August 13, 1981; evaluation June 9, 1996; evaluation December 10, 2017; criterion December 10, 2017. |
| | 7906 | Added December 10, 2017. |

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| Sec. | Diagnostic code No. | |
|-------------------|---------------------|---|
| 4.124a | 7907 | Evaluation; August 13, 1981; evaluation June 9, 1996; criterion December 10, 2017; note December 10, 2017. |
| | 7908 | Criterion August 13, 1981; criterion June 9, 1996; criterion December 10, 2017. |
| | 7909 | Evaluation August 13, 1981; criterion June 9, 1996; evaluation June 9, 1996; criterion December 10, 2017; evaluation December 10, 2017; note December 10, 2017. |
| | 7910 | Removed June 9, 1996. |
| | 7911 | Evaluation March 11, 1969; evaluation August 13, 1981; criterion June 9, 1996; title December 10, 2017; note December 10, 2017. |
| | 7912 | Title December 10, 2017; criterion December 10, 2017. |
| | 7913 | Criterion September 9, 1975; criterion August 13, 1981; criterion June 6, 1996; evaluation June 9, 1996; criterion December 10, 2017; note December 10, 2017. |
| | 7914 | Criterion March 10, 1976; criterion August 13, 1981; criterion June 9, 1996. |
| | 7915 | Criterion June 9, 1996; criterion December 10, 2017. |
| | 7916 | Added June 9, 1996; note December 10, 2017. |
| | 7917 | Added June 9, 1996; note December 10, 2017. |
| | 7918 | Added June 9, 1996; note December 10, 2017. |
| | 7919 | Added June 9, 1996; evaluation June 9, 1996; criterion December 10, 2017; note December 10, 2017. |
| 4.125—4.132 | 8002 | Criterion September 22, 1978. |
| | 8021 | Criterion September 22, 1978; criterion October 1, 1961; criterion March 10, 1976; criterion March 1, 1989. |
| | 8045 | Criterion and evaluation October 23, 2008. |
| | 8046 | Added October 1, 1961; criterion March 10, 1976; criterion March 1, 1989. |
| | 8100 | Evaluation June 9, 1953. |
| | 8540 | Added October 15, 1991. |
| | 8910 | Added October 1, 1961. |
| | 8911 | Added October 1, 1961; evaluation September 9, 1975. |
| | 8912 | Added October 1, 1961. |
| | 8913 | Added October 1, 1961. |
| | 8914 | Added October 1, 1961; criterion September 9, 1975; criterion March 10, 1976. |
| | 8910—8914 | Evaluations September 9, 1975. |
| 4.130 | | All Diagnostic Codes under Mental Disorders October 1, 1961; except as to evaluation for Diagnostic Codes 9500 through 9511 September 9, 1975. |
| | | Re-designed from § 4.132 November 7, 1996. |
| | 9200 | Removed February 3, 1988. |
| | 9201 | Criterion February 3, 1988; Title August 4, 2014. |
| | 9202 | Criterion February 3, 1988; removed August 4, 2014. |
| | 9203 | Criterion February 3, 1988; removed August 4, 2014. |
| | 9204 | Criterion February 3, 1988; removed August 4, 2014. |
| | 9205 | Criterion February 3, 1988; criterion November 7, 1996; Removed August 4, 2014. |
| | 9206 | Criterion February 3, 1988; removed November 7, 1996. |
| | 9207 | Criterion February 3, 1988; removed November 7, 1996. |
| | 9208 | Criterion February 3, 1988; removed November 7, 1996. |
| | 9209 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9210 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9211 | Added November 7, 1996. |
| | 9300 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996. |
| | 9301 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9302 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9303 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9304 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9305 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9306 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9307 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9308 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9309 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9310 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9311 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |

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| Sec. | Diagnostic code No. | |
|-------------|---------------------|--|
| | 9312 | Added March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9313 | Added March 10, 1976; removed February 3, 1988. |
| | 9314 | Added March 10, 1976; removed February 3, 1988. |
| | 9315 | Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9316-9321 | Added March 10, 1976; removed February 3, 1988. |
| | 9322 | Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9323 | Added March 10, 1976; removed February 3, 1988. |
| | 9324 | Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9325 | Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9326 | Added March 10, 1976; removed February 3, 1988; added November 7, 1996; Title August 4, 2014. |
| | 9327 | Added November 7, 1996; removed August 4, 2014. |
| | 9400-9411 | Evaluations February 3, 1988. |
| | 9400 | Criterion March 10, 1976; criterion February 3, 1988. |
| | 9401 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9402 | Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. |
| | 9403 | Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014. |
| | 9410 | Added March 10, 1976; criterion February 3, 1988; Title August 4, 2014. |
| | 9411 | Added February 3, 1988. |
| | 9412 | Added November 7, 1996. |
| | 9413 | Added November 7, 1996; Title August 4, 2014. |
| | 9416 | Added November 7, 1996; Title August 4, 2014. |
| | 9417 | Added November 7, 1996; Title August 4, 2014. |
| | 9421 | Added November 7, 1996; Title August 4, 2014. |
| | 9422 | Added November 7, 1996; Title August 4, 2014. |
| | 9423 | Added November 7, 1996; Title August 4, 2014. |
| | 9424 | Added November 7, 1996; Title August 4, 2014. |
| | 9425 | Added November 7, 1996; Title August 4, 2014. |
| | 9431 | Added November 7, 1996. |
| | 9432 | Added November 7, 1996. |
| | 9433 | Added November 7, 1996; Title August 4, 2014. |
| | 9434 | Added November 7, 1996. |
| | 9435 | Added November 7, 1996; Title August 4, 2014. |
| | 9440 | Added November 7, 1996. |
| | 9500 | Criterion March 10, 1976; criterion February 3, 1988. |
| | 9501 | Criterion March 10, 1976; criterion February 3, 1988. |
| | 9502 | Criterion March 10, 1976; criterion February 3, 1988. |
| | 9503 | Removed March 10, 1976. |
| | 9504 | Criterion September 9, 1975; removed March 10, 1976. |
| | 9505 | Added March 10, 1976; criterion February 3, 1988. |
| | 9506 | Added March 10, 1976; criterion February 3, 1988. |
| | 9507 | Added March 10, 1976; criterion February 3, 1988. |
| | 9508 | Added March 10, 1976; criterion February 3, 1988. |
| | 9509 | Added March 10, 1976; criterion February 3, 1988. |
| | 9510 | Added March 10, 1976; criterion February 3, 1988. |
| | 9511 | Added March 10, 1976; criterion February 3, 1988. |
| | 9520 | Added November 7, 1996. |
| | 9521 | Added November 7, 1996. |
| 4.132 | 9900 | Re-designated as § 4.130 November 7, 1996. |
| 4.150 | 9900 | Criterion September 22, 1978; criterion February 17, 1994; title September 10, 2017. |
| ..... | 9901 | Criterion February 17, 1994. |
| ..... | 9902 | Criterion February 17, 1994; evaluation September 10, 2017; title September 10, 2017. |
| ..... | 9903 | Criterion February 17, 1994; evaluation September 10, 2017; title September 10, 2017. |
| ..... | 9904 | Criterion September 10, 2017. |
| ..... | 9905 | Criterion September 22, 1978; evaluation February 17, 1994; evaluation September 10, 2017; title September 10, 2017. |
| ..... | 9906 | Removed September 10, 2017. |
| ..... | 9907 | Removed September 10, 2017. |
| ..... | 9910 | Removed February 17, 1994. |
| ..... | 9911 | Criterion and title September 10, 2017. |
| ..... | 9912 | Removed September 10, 2017. |
| ..... | 9913 | Criterion February 17, 1994. |
| ..... | 9914 | Added February 17, 1994. |
| ..... | 9915 | Added February 17, 1994. |
| | 9916 | Added February 17, 1994; criterion September 10, 2017. |
| | 9917 | Added September 10, 2017. |

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| Sec. | Diagnostic code No. | |
|------|---------------------|---------------------------|
| | 9918 | Added September 10, 2017. |

[72 FR 12983, Mar. 20, 2007; 72 FR 16728, Apr. 5, 2007, as amended at 73 FR 54708, 54711, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008; 77 FR 6467, Feb. 8, 2012; 79 FR 45101, Aug. 4, 2014; 80 FR 42042, July 16, 2015; 82 FR 36084, Aug. 3, 2017; 82 FR 50806, Nov. 2, 2017; 83 FR 15072, Apr. 9, 2018; 83 FR 15323, Apr. 10, 2018; 83 FR 32600, July 13, 2018; 83 FR 54257, Oct. 29, 2018; 84 FR 28233, June 18, 2019; 85 FR 76464, Nov. 30, 2020; 86 FR 8143, Feb. 4, 2021]

APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES

| Diagnostic Code No. | |
|---------------------|--|
|---------------------|--|

THE MUSCULOSKELETAL SYSTEM
Acute, Subacute, or Chronic Diseases

| | |
|------------|---|
| 5000 | Osteomyelitis, acute, subacute, or chronic. |
| 5001 | Bones and Joints, tuberculosis. |
| 5002 | Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process. |
| 5003 | Degenerative arthritis, other than post-traumatic. |
| 5004 | Arthritis, gonorrhreal. |
| 5005 | Arthritis, pneumococcic. |
| 5006 | Arthritis, typhoid. |
| 5007 | Arthritis, syphilitic. |
| 5008 | Arthritis, streptococcic. |
| 5009 | Other specified forms of arthropathy (excluding gout). |
| 5010 | Post-traumatic arthritis. |
| 5011 | Decompression illness. |
| 5012 | Bones, neoplasm, malignant, primary or secondary. |
| 5013 | Osteoporosis, residuals of. |
| 5014 | Osteomalacia, residuals of. |
| 5015 | Bones, neoplasm, benign. |
| 5016 | Osteitis deformans. |
| 5017 | Gout. |
| 5018 | [Removed] |
| 5019 | Bursitis. |
| 5020 | [Removed] |
| 5021 | Myositis. |
| 5022 | [Removed] |
| 5023 | Heterotopic ossification. |
| 5024 | Tenosynovitis, tendinitis, tendinosis or tendinopathy. |
| 5025 | Fibromyalgia. |

Prosthetic Implants

| | |
|------------|--|
| 5051 | Shoulder replacement (prosthesis). |
| 5052 | Elbow replacement (prosthesis). |
| 5053 | Wrist replacement (prosthesis). |
| 5054 | Hip, resurfacing or replacement (prosthesis). |
| 5055 | Knee, resurfacing or replacement (prosthesis). |
| 5056 | Ankle replacement (prosthesis). |

Combination of Disabilities

| | |
|------------|--|
| 5104 | Anatomical loss of one hand and loss of use of one foot. |
| 5105 | Anatomical loss of one foot and loss of use of one hand. |
| 5106 | Anatomical loss of both hands. |
| 5107 | Anatomical loss of both feet. |
| 5108 | Anatomical loss of one hand and one foot. |
| 5109 | Loss of use of both hands. |
| 5110 | Loss of use of both feet. |
| 5111 | Loss of use of one hand and one foot. |

Amputations: Upper Extremity

| | |
|--------------------|---------------------------------------|
| Arm amputation of: | |
| 5120 | Complete amputation, upper extremity. |
| 5121 | Above insertion of deltoid. |
| 5122 | Below insertion of deltoid. |

| | |
|------------------------|------------------------------------|
| Forearm amputation of: | |
| 5123 | Above insertion of pronator teres. |
| 5124 | Below insertion of pronator teres. |

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| Diagnostic Code No. | |
|---------------------|-----------------------|
| 5125 | Hand, loss of use of. |

Multiple Finger Amputations

| | |
|------------|--------------------------|
| 5126 | Five digits of one hand. |
|------------|--------------------------|

Four digits of one hand:

| | |
|------------|--------------------------------|
| 5127 | Thumb, index, long and ring. |
| 5128 | Thumb, index, long and little. |
| 5129 | Thumb, index, ring and little. |
| 5130 | Thumb, long, ring and little. |
| 5131 | Index, long, ring and little. |

Three digits of one hand:

| | |
|------------|--------------------------|
| 5132 | Thumb, index and long. |
| 5133 | Thumb, index and ring. |
| 5134 | Thumb, index and little. |
| 5135 | Thumb, long and ring. |
| 5136 | Thumb, long and little. |
| 5137 | Thumb, ring and little. |
| 5138 | Index, long and ring. |
| 5139 | Index, long and little. |
| 5140 | Index, ring and little. |
| 5141 | Long, ring and little. |

Two digits of one hand:

| | |
|------------|-------------------|
| 5142 | Thumb and index. |
| 5143 | Thumb and long. |
| 5144 | Thumb and ring. |
| 5145 | Thumb and little. |
| 5146 | Index and long. |
| 5147 | Index and ring. |
| 5148 | Index and little. |
| 5149 | Long and ring. |
| 5150 | Long and little. |
| 5151 | Ring and little. |

Single finger:

| | |
|------------|----------------|
| 5152 | Thumb. |
| 5153 | Index finger. |
| 5154 | Long finger. |
| 5155 | Ring finger. |
| 5156 | Little finger. |

Amputations: Lower Extremity

Thigh amputation of:

| | |
|------------|---------------------------------------|
| 5160 | Complete amputation, lower extremity. |
| 5161 | Upper third. |
| 5162 | Middle or lower thirds. |

Leg amputation of:

| | |
|------------|--|
| 5163 | With defective stump. |
| 5164 | Not improvable by prosthesis controlled by natural knee action. |
| 5165 | At a lower level, permitting prosthesis. |
| 5166 | Forefoot, proximal to metatarsal bones. |
| 5167 | Foot, loss of use of. |
| 5170 | Toes, all, amputation of, without metatarsal loss or transmetatarsal, amputation of, with up to half of metatarsal loss. |
| 5171 | Toe, great. |
| 5172 | Toes, other than great, with removal of metatarsal head. |
| 5173 | Toes, three or more, without metatarsal involvement. |

Shoulder and Arm

| | |
|------------|---|
| 5200 | Scapulohumeral articulation, ankylosis. |
| 5201 | Arm, limitation of motion. |
| 5202 | Humerus, other impairment. |
| 5203 | Clavicle or scapula, impairment. |

Elbow and Forearm

| | |
|------------|-----------------------------------|
| 5205 | Elbow, ankylosis. |
| 5206 | Forearm, limitation of flexion. |
| 5207 | Forearm, limitation of extension. |

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|--|---|
| 5208 | Forearm, flexion limited. |
| 5209 | Elbow, other impairment. |
| 5210 | Radius and ulna, nonunion. |
| 5211 | Ulna, impairment. |
| 5212 | Radius, impairment. |
| 5213 | Supination and pronation, impairment. |
| Wrist | |
| 5214 | Wrist, ankylosis. |
| 5215 | Wrist, limitation of motion. |
| Limitation of Motion | |
| Multiple Digits: Unfavorable Ankylosis: | |
| 5216 | Five digits of one hand. |
| 5217 | Four digits of one hand. |
| 5218 | Three digits of one hand. |
| 5219 | Two digits of one hand. |
| Multiple Digits: Favorable Ankylosis: | |
| 5220 | Five digits of one hand. |
| 5221 | Four digits of one hand. |
| 5222 | Three digits of one hand. |
| 5223 | Two digits of one hand. |
| Ankylosis of Individual Digits: | |
| 5224 | Thumb. |
| 5225 | Index finger. |
| 5226 | Long finger. |
| 5227 | Ring or little finger. |
| Limitation of Motion of Individual Digits: | |
| 5228 | Thumb. |
| 5229 | Index or long finger. |
| 5230 | Ring or little finger. |
| Spine | |
| 5235 | Vertebral fracture or dislocation. |
| 5236 | Sacroiliac injury and weakness. |
| 5237 | Lumbosacral or cervical strain. |
| 5238 | Spinal stenosis. |
| 5239 | Spondylolisthesis or segmental instability. |
| 5240 | Ankylosing spondylitis. |
| 5241 | Spinal fusion. |
| 5242 | Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either DC 5003 or 5010). |
| 5243 | Intervertebral disc syndrome. |
| 5244 | Traumatic paralysis, complete. |
| Hip and Thigh | |
| 5250 | Hip, ankylosis. |
| 5251 | Thigh, limitation of extension. |
| 5252 | Thigh, limitation of flexion. |
| 5253 | Thigh, impairment. |
| 5254 | Hip, flail joint. |
| 5255 | Femur, impairment. |
| Knee and Leg | |
| 5256 | Knee, ankylosis. |
| 5257 | Knee, other impairment. |
| 5258 | Cartilage, semilunar, dislocated. |
| 5259 | Cartilage, semilunar, removal. |
| 5260 | Leg, limitation of flexion. |
| 5261 | Leg, limitation of extension. |
| 5262 | Tibia and fibula, impairment. |
| 5263 | Genu recurvatum. |
| Ankle | |
| 5270 | Ankle, ankylosis. |

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| | |
|--|--|
| Diagnostic Code No. | |
| 5271 | Ankle, limited motion. |
| 5272 | Subastragalar or tarsal joint, ankylosis. |
| 5273 | Os calcis or astragalus, malunion. |
| 5274 | Astragalectomy. |
| Shortening of the Lower Extremity | |
| 5275 | Bones, of the lower extremity |
| The Foot | |
| 5269 | Plantar fasciitis. |
| 5276 | Flatfoot, acquired. |
| 5277 | Weak foot, bilateral. |
| 5278 | Claw foot (pes cavus), acquired. |
| 5279 | Metatarsalgia, anterior (Morton's disease). |
| 5280 | Hallux valgus. |
| 5281 | Hallux rigidus. |
| 5282 | Hammer toe. |
| 5283 | Tarsal or metatarsal bones. |
| 5284 | Foot injuries, other. |
| The Skull | |
| 5296 | Loss of part of. |
| The Ribs | |
| 5297 | Removal of. |
| The Coccyx | |
| 5298 | Removal of. |
| MUSCLE INJURIES | |
| Shoulder Girdle and Arm | |
| 5301 | Group I Function: Upward rotation of scapula. |
| 5302 | Group II Function: Depression of arm. |
| 5303 | Group III Function: Elevation and abduction of arm. |
| 5304 | Group IV Function: Stabilization of shoulder. |
| 5305 | Group V Function: Elbow supination. |
| 5306 | Group VI Function: Extension of elbow. |
| Forearm and Hand | |
| 5307 | Group VII Function: Flexion of wrist and fingers. |
| 5308 | Group VIII Function: Extension of wrist, fingers, thumb. |
| 5309 | Group IX Function: Forearm muscles. |
| Foot and Leg | |
| 5310 | Group X Function: Movement of forefoot and toes. |
| 5311 | Group XI Function: Propulsion of foot. |
| 5312 | Group XII Function: Dorsiflexion. |
| Pelvic Girdle and Thigh | |
| 5313 | Group XIII Function: Extension of hip and flexion of knee. |
| 5314 | Group XIV Function: Extension of knee. |
| 5315 | Group XV Function: Adduction of hip. |
| 5316 | Group XVI Function: Flexion of hip. |
| 5317 | Group XVII Function: Extension of hip. |
| 5318 | Group XVIII Function: Outward rotation of thigh. |
| Torso and Neck | |
| 5319 | Group XIX Function: Abdominal wall and lower thorax. |
| 5320 | Group XX Function: Postural support of body. |
| 5321 | Group XXI Function: Respiration. |
| 5322 | Group XXII Function: Rotary and forward movements, head. |
| 5323 | Group XXIII Function: Movements of head. |
| Miscellaneous | |
| 5324 | Diaphragm, rupture. |

| Diagnostic Code No. | |
|---------------------|---------------------------------|
| 5325 | Muscle injury, facial muscles. |
| 5326 | Muscle hernia. |
| 5327 | Muscle, neoplasm of, malignant. |
| 5328 | Muscle, neoplasm of, benign. |
| 5329 | Sarcoma, soft tissue. |
| 5330 | Rhabdomyolysis, residuals of. |
| 5331 | Compartment syndrome. |

THE EYE
Diseases of the Eye

| | |
|------------|---|
| 6000 | Choroidopathy, including uveitis, iritis, cyclitis, or choroiditis. |
| 6001 | Keratopathy. |
| 6002 | Scleritis. |
| 6003 | Iritis. |
| 6004 | Cyclitis. |
| 6005 | Choroiditis. |
| 6006 | Retinopathy or maculopathy not otherwise specified. |
| 6007 | Intraocular hemorrhage. |
| 6008 | Detachment of retina. |
| 6009 | Unhealed eye injury. |
| 6010 | Tuberculosis of eye. |
| 6011 | Retinal scars, atrophy, or irregularities. |
| 6012 | Angle-closure glaucoma. |
| 6013 | Open-angle glaucoma. |
| 6014 | Malignant neoplasms of the eye, orbit, and adnexa (excluding skin). |
| 6015 | Benign neoplasms of the eye, orbit, and adnexa (excluding skin). |
| 6016 | Nystagmus, central. |
| 6017 | Conjunctivitis, trachomatous, chronic. |
| 6018 | Conjunctivitis, other, chronic. |
| 6019 | Ptosis unilateral or bilateral. |
| 6020 | Ectropion. |
| 6021 | Entropion. |
| 6022 | Lagophthalmos. |
| 6023 | Eyebrows, loss. |
| 6024 | Eyelashes, loss. |
| 6025 | Disorders of the lacrimal apparatus (epiphora, dacryocystitis, etc.). |
| 6026 | Optic neuropathy. |
| 6027 | Cataract. |
| 6028 | Cataract, senile, and others. |
| 6029 | Aphakia. |
| 6030 | Accommodation, paralysis. |
| 6031 | Dacryocystitis. |
| 6032 | Eye lids, loss of portion. |
| 6033 | Lens, crystalline, dislocation. |
| 6034 | Pterygium. |
| 6035 | Keratoconus. |
| 6036 | Status post corneal transplant. |
| 6040 | Diabetic retinopathy. |
| 6042 | Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-onset macular degeneration, rod and/or cone dystrophy). |
| 6046 | Post-chiasmal disorders. |

Impairment of Central Visual Acuity

| | |
|--|--|
| 6061 | Anatomical loss both eyes. |
| 6062 | Blindness, both eyes, only light perception. |
| Anatomical loss of 1 eye: | |
| 6063 | Other eye 5/200 (1.5/60). |
| 6064 | Other eye 10/200 (3/60). |
| 6064 | Other eye 15/200 (4.5/60). |
| 6064 | Other eye 20/200 (6/60). |
| 6065 | Other eye 20/100 (6/30). |
| 6065 | Other eye 20/70 (6/21). |
| 6065 | Other eye 20/50 (6/15). |
| 6066 | Other eye 20/40 (6/12). |
| Blindness in 1 eye, only light perception: | |
| 6067 | Other eye 5/200 (1.5/60). |
| 6068 | Other eye 10/200 (3/60). |
| 6068 | Other eye 15/200 (4.5/60). |
| 6068 | Other eye 20/200 (6/60). |
| 6069 | Other eye 20/100 (6/30). |

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| Diagnostic Code No. | |
|----------------------------------|--------------------------------------|
| 6069 | Other eye 20/70 (6/21). |
| 6069 | Other eye 20/50 (6/15). |
| 6070 | Other eye 20/40 (6/12). |
| Vision in 1 eye 5/200 (1.5/60): | |
| 6071 | Other eye 5/200 (1.5/60). |
| 6072 | Other eye 10/200 (3/60). |
| 6072 | Other eye 15/200 (4.5/60). |
| 6072 | Other eye 20/200 (6/60). |
| 6073 | Other eye 20/100 (6/30). |
| 6073 | Other eye 20/70 (6/21). |
| 6073 | Other eye 20/50 (6/15). |
| 6074 | Other eye 20/40 (6/12). |
| Vision in 1 eye 10/200 (3/60): | |
| 6075 | Other eye 10/200 (3/60). |
| 6075 | Other eye 15/200 (4.5/60). |
| 6075 | Other eye 20/200 (6/60). |
| 6076 | Other eye 20/100 (6/30). |
| 6076 | Other eye 20/70 (6/21). |
| 6076 | Other eye 20/50 (6/15). |
| 6077 | Other eye 20/40 (6/12). |
| Vision in 1 eye 15/200 (4.5/60): | |
| 6075 | Other eye 15/200 (4.5/60). |
| 6075 | Other eye 20/200 (6/60). |
| 6076 | Other eye 20/100 (6/30). |
| 6076 | Other eye 20/70 (6/21). |
| 6076 | Other eye 20/50 (6/15). |
| 6077 | Other eye 20/40 (6/12). |
| Vision in 1 eye 20/200 (6/60): | |
| 6075 | Other eye 20/200 (6/60). |
| 6076 | Other eye 20/100 (6/30). |
| 6076 | Other eye 20/70 (6/21). |
| 6076 | Other eye 20/50 (6/15). |
| 6077 | Other eye 20/40 (6/12). |
| Vision in 1 eye 20/100 (6/30): | |
| 6078 | Other eye 20/100 (6/30). |
| 6078 | Other eye 20/70 (6/21). |
| 6078 | Other eye 20/50 (6/15). |
| 6079 | Other eye 20/40 (6/12). |
| Vision in 1 eye 20/70 (6/21): | |
| 6078 | Other eye 20/70 (6/21). |
| 6078 | Other eye 20/50 (6/15). |
| 6079 | Other eye 20/40 (6/12). |
| Vision in 1 eye 20/50 (6/15): | |
| 6078 | Other eye 20/50 (6/15). |
| 6079 | Other eye 20/40 (6/12). |
| Impairment of Field Vision: | |
| 6080 | Field vision, impairment. |
| 6081 | Scotoma. |
| Impairment of Muscle Function: | |
| 6090 | Diplopia. |
| 6091 | Sympblepharon. |
| 6092 | Diplopia, limited muscle function. |
| THE EAR | |
| 6200 | Chronic suppurative otitis media. |
| 6201 | Chronic nonsuppurative otitis media. |
| 6202 | Otosclerosis. |
| 6204 | Peripheral vestibular disorders. |
| 6205 | Meniere's syndrome. |
| 6207 | Loss of auricle. |
| 6208 | Malignant neoplasm. |
| 6209 | Benign neoplasm. |
| 6210 | Chronic otitis externa. |
| 6211 | Tympanic membrane. |
| 6260 | Tinnitus, recurrent. |

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| Diagnostic Code No. | |
|---|---|
| OTHER SENSE ORGANS | |
| 6275 | Smell, complete loss. |
| 6276 | Taste, complete loss. |
| INFECTIOUS DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES | |
| 6300 | Vibriosis (Cholera, Non-cholera). |
| 6301 | Visceral Leishmaniasis. |
| 6302 | Leprosy (Hansen's Disease). |
| 6304 | Malaria. |
| 6305 | Lymphatic filariasis, to include elephantiasis. |
| 6306 | Bartonellosis. |
| 6307 | Plague. |
| 6308 | Relapsing fever. |
| 6309 | Rheumatic fever. |
| 6310 | Syphilis. |
| 6311 | Tuberculosis, miliary. |
| 6312 | Nontuberculosis mycobacterium infection. |
| 6313 | Avitaminosis. |
| 6314 | Beriberi. |
| 6315 | Pellagra. |
| 6316 | Brucellosis. |
| 6317 | Rickettsial, ehrlichia, and anaplasma infections. |
| 6318 | Melioidosis. |
| 6319 | Lyme disease. |
| 6320 | Parasitic diseases. |
| 6325 | Hyperinfection syndrome or disseminated strongyloidiasis. |
| 6326 | Schistosomiasis. |
| 6329 | Hemorrhagic fevers, including dengue, yellow fever, and others. |
| 6330 | Campylobacter jejuni infection. |
| 6331 | Coxiella burnetii infection (Q Fever). |
| 6333 | Nontyphoid salmonella infections. |
| 6334 | Shigella infections. |
| 6335 | West Nile virus infection. |
| 6350 | Lupus erythematosus. |
| 6351 | HIV-Related Illness. |
| 6354 | Chronic Fatigue Syndrome (CFS). |
| THE RESPIRATORY SYSTEM | |
| Nose and Throat | |
| 6502 | Septum, nasal, deviation. |
| 6504 | Nose, loss of part of, or scars. |
| 6510 | Sinusitis, pansinusitis, chronic. |
| 6511 | Sinusitis, ethmoid, chronic. |
| 6512 | Sinusitis, frontal, chronic. |
| 6513 | Sinusitis, maxillary, chronic. |
| 6514 | Sinusitis, sphenoid, chronic. |
| 6515 | Laryngitis, tuberculous. |
| 6516 | Laryngitis, chronic. |
| 6518 | Laryngectomy, total. |
| 6519 | Aphonia, complete organic. |
| 6520 | Larynx, stenosis of. |
| 6521 | Pharynx, injuries to. |
| 6522 | Allergic or vasomotor rhinitis. |
| 6523 | Bacterial rhinitis. |
| 6524 | Granulomatous rhinitis. |
| Trachea and Bronchi | |
| 6600 | Bronchitis, chronic. |
| 6601 | Bronchiectasis. |
| 6602 | Asthma, bronchial. |
| 6603 | Emphysema, pulmonary. |
| 6604 | Chronic obstructive pulmonary disease. |
| Lungs and Pleura Tuberculosis | |
| Ratings for Pulmonary Tuberculosis (Chronic) Entitled on August 19, 1968: | |
| 6701 | Active, far advanced. |
| 6702 | Active, moderately advanced. |
| 6703 | Active, minimal. |
| 6704 | Active, advancement unspecified. |
| 6721 | Inactive, far advanced. |

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| Diagnostic Code No. | |
|---|--|
| 6722 | Inactive, moderately advanced. |
| 6723 | Inactive, minimal. |
| 6724 | Inactive, advancement unspecified. |
| Ratings for Pulmonary Tuberculosis Initially Evaluated After August 19, 1968: | |
| 6730 | Chronic, active. |
| 6731 | Chronic, inactive. |
| 6732 | Pleurisy, active or inactive. |
| Nontuberculous Diseases | |
| 6817 | Pulmonary Vascular Disease. |
| 6819 | Neoplasms, malignant. |
| 6820 | Neoplasms, benign. |
| Bacterial Infections of the Lung | |
| 6822 | Actinomycosis. |
| 6823 | Nocardiosis. |
| 6824 | Chronic lung abscess. |
| Interstitial Lung Disease | |
| 6825 | Fibrosis of lung, diffuse interstitial. |
| 6826 | Desquamative interstitial pneumonitis. |
| 6827 | Pulmonary alveolar proteinosis. |
| 6828 | Eosinophilic granuloma. |
| 6829 | Drug-induced, pneumonitis & fibrosis. |
| 6830 | Radiation-induced, pneumonitis & fibrosis. |
| 6831 | Hypersensitivity pneumonitis. |
| 6832 | Pneumoconiosis. |
| 6833 | Asbestosis. |
| Mycotic Lung Disease | |
| 6834 | Histoplasmosis. |
| 6835 | Coccidioidomycosis. |
| 6836 | Blastomycosis. |
| 6837 | Cryptococcosis. |
| 6838 | Aspergillosis. |
| 6839 | Mucormycosis. |
| Restrictive Lung Disease | |
| 6840 | Diaphragm paralysis or paresis. |
| 6841 | Spinal cord injury with respiratory insufficiency. |
| 6842 | Kyphoscoliosis, pectus excavatum/carinatum. |
| 6843 | Traumatic chest wall defect. |
| 6844 | Post-surgical residual. |
| 6845 | Pleural effusion or fibrosis. |
| 6846 | Sarcoidosis. |
| 6847 | Sleep Apnea Syndromes. |
| THE CARDIOVASCULAR SYSTEM Diseases of the Heart | |
| 7000 | Valvular heart disease. |
| 7001 | Endocarditis. |
| 7002 | Pericarditis. |
| 7003 | Pericardial adhesions. |
| 7004 | Syphilitic heart disease. |
| 7005 | Arteriosclerotic heart disease. |
| 7006 | Myocardial infarction. |
| 7007 | Hypertensive heart disease. |
| 7008 | Hyperthyroid heart disease. |
| 7010 | Supraventricular arrhythmias. |
| 7011 | Ventricular arrhythmias. |
| 7015 | Atrioventricular block. |
| 7016 | Heart valve replacement. |
| 7017 | Coronary bypass surgery. |
| 7018 | Implantable cardiac pacemakers. |
| 7019 | Cardiac transplantation. |
| 7020 | Cardiomyopathy. |

| Diagnostic Code No. | |
|---|--|
| Diseases of the Arteries and Veins | |
| 7101 | Hypertensive vascular disease. |
| 7110 | Aortic aneurysm. |
| 7111 | Aneurysm, large artery. |
| 7112 | Aneurysm, small artery. |
| 7113 | Arteriovenous fistula, traumatic. |
| 7114 | Arteriosclerosis obliterans. |
| 7115 | Thrombo-angiitis obliterans (Buerger's Disease). |
| 7117 | Raynaud's syndrome. |
| 7118 | Angioneurotic edema. |
| 7119 | Erythromelalgia. |
| 7120 | Varicose veins. |
| 7121 | Post-phlebitic syndrome. |
| 7122 | Cold injury residuals. |
| 7123 | Soft tissue sarcoma. |
| THE DIGESTIVE SYSTEM | |
| 7200 | Mouth, injuries. |
| 7201 | Lips, injuries. |
| 7202 | Tongue, loss. |
| 7203 | Esophagus, stricture. |
| 7204 | Esophagus, spasm. |
| 7205 | Esophagus, diverticulum. |
| 7301 | Peritoneum, adhesions. |
| 7304 | Ulcer, gastric. |
| 7305 | Ulcer, duodenal. |
| 7306 | Ulcer, marginal. |
| 7307 | Gastritis, hypertrophic. |
| 7308 | Postgastrectomy syndromes. |
| 7309 | Stomach, stenosis. |
| 7310 | Stomach, injury of, residuals. |
| 7311 | Liver, injury of, residuals. |
| 7312 | Liver, cirrhosis. |
| 7314 | Cholecystitis, chronic. |
| 7315 | Cholelithiasis, chronic. |
| 7316 | Cholangitis, chronic. |
| 7317 | Gall bladder, injury. |
| 7318 | Gall bladder, removal. |
| 7319 | Colon, irritable syndrome. |
| 7321 | Amebiasis. |
| 7322 | Dysentery, bacillary. |
| 7323 | Colitis, ulcerative. |
| 7324 | Distomiasis, intestinal or hepatic. |
| 7325 | Enteritis, chronic. |
| 7326 | Enterocolitis, chronic. |
| 7327 | Diverticulitis. |
| 7328 | Intestine, small, resection. |
| 7329 | Intestine, large, resection. |
| 7330 | Intestine, fistula. |
| 7331 | Peritonitis. |
| 7332 | Rectum & anus, impairment. |
| 7333 | Rectum & anus, stricture. |
| 7334 | Rectum, prolapse. |
| 7335 | Ano, fistula in. |
| 7336 | Hemorrhoids. |
| 7337 | Pruritus ani. |
| 7338 | Hernia, inguinal. |
| 7339 | Hernia, ventral, postoperative. |
| 7340 | Hernia, femoral. |
| 7342 | Visceroptosis. |
| 7343 | Neoplasms, malignant. |
| 7344 | Neoplasms, benign. |
| 7345 | Liver disease, chronic, without cirrhosis. |
| 7346 | Hernia, hiatal. |
| 7347 | Pancreatitis. |
| 7348 | Vagotomy. |
| 7351 | Liver transplant. |
| 7354 | Hepatitis C. |
| THE GENITOURINARY SYSTEM | |
| 7500 | Kidney, removal. |

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| Diagnostic Code No. | |
|---------------------|--|
| 7501 | Kidney, abscess. |
| 7502 | Nephritis, chronic. |
| 7504 | Pyelonephritis, chronic. |
| 7505 | Kidney, tuberculosis. |
| 7507 | Nephrosclerosis, arteriolar. |
| 7508 | Nephrolithiasis. |
| 7509 | Hydronephrosis. |
| 7510 | Ureterolithiasis. |
| 7511 | Ureter, stricture. |
| 7512 | Cystitis, chronic. |
| 7515 | Bladder, calculus. |
| 7516 | Bladder, fistula. |
| 7517 | Bladder, injury. |
| 7518 | Urethra, stricture. |
| 7519 | Urethra, fistula. |
| 7520 | Penis, removal of half or more. |
| 7521 | Penis, removal of glans. |
| 7522 | Penis, deformity, with loss of erectile power. |
| 7523 | Testis, atrophy, complete. |
| 7524 | Testis, removal. |
| 7525 | Epididymo-orchitis, chronic only. |
| 7527 | Prostate gland. |
| 7528 | Malignant neoplasms. |
| 7529 | Benign neoplasms. |
| 7530 | Renal disease, chronic. |
| 7531 | Kidney transplant. |
| 7532 | Renal tubular disorders. |
| 7533 | Kidneys, cystic diseases. |
| 7534 | Atherosclerotic renal disease. |
| 7535 | Toxic nephropathy. |
| 7536 | Glomerulonephritis. |
| 7537 | Interstitial nephritis. |
| 7538 | Papillary necrosis. |
| 7539 | Renal amyloid disease. |
| 7540 | Disseminated intravascular coagulation. |
| 7541 | Renal involvement in systemic diseases. |
| 7542 | Neurogenic bladder. |

GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

| | |
|------|---|
| 7610 | Vulva or clitoris, disease or injury of (including vulvovaginitis). |
| 7611 | Vagina, disease or injury. |
| 7612 | Cervix, disease or injury. |
| 7613 | Uterus, disease or injury. |
| 7614 | Fallopian tube, disease or injury. |
| 7615 | Ovary, disease or injury. |
| 7617 | Uterus and both ovaries, removal. |
| 7618 | Uterus, removal. |
| 7619 | Ovary, removal. |
| 7620 | Ovaries, atrophy of both. |
| 7621 | Complete or incomplete pelvic organ prolapse due to injury or disease or surgical complications of pregnancy. |
| 7624 | Fistula, rectovaginal. |
| 7625 | Fistula, urethrovaginal. |
| 7626 | Breast, surgery. |
| 7627 | Malignant neoplasms of gynecological system. |
| 7628 | Benign neoplasms of gynecological system. |
| 7629 | Endometriosis. |
| 7630 | Malignant neoplasms of the breast. |
| 7631 | Benign neoplasms of the breast and other injuries of the breast. |
| 7632 | Female sexual arousal disorder (FSAD). |

The Hematologic and Lymphatic Systems

| | |
|------|----------------------------|
| 7700 | [Removed] |
| 7702 | Agranulocytosis, acquired. |
| 7703 | Leukemia. |
| 7704 | Polycythemia vera. |
| 7705 | Immune thrombocytopenia. |
| 7706 | Splenectomy. |
| 7707 | Spleen, injury of, healed. |
| 7709 | Hodgkin's lymphoma. |
| 7710 | Adenitis, tuberculous. |
| 7712 | Multiple myeloma |

| Diagnostic Code No. | |
|---------------------|---|
| 7714 | Sickle cell anemia. |
| 7715 | Non-Hodgkin's lymphoma. |
| 7716 | Aplastic anemia. |
| 7717 | AL amyloidosis (primary amyloidosis). |
| 7718 | Essential thrombocythemia and primary myelofibrosis. |
| 7719 | Chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia). |
| 7720 | Iron deficiency anemia. |
| 7721 | Folic acid deficiency. |
| 7722 | Pernicious anemia and Vitamin B ₁₂ deficiency anemia. |
| 7723 | Acquired hemolytic anemia. |
| 7724 | Solitary plasmacytoma. |
| 7725 | Myelodysplastic syndromes. |

THE SKIN

| | |
|------------|---|
| 7800 | Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck. |
| 7801 | Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are associated with underlying soft tissue damage. |
| 7802 | Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are not associated with underlying soft tissue damage. |
| 7804 | Scar(s), unstable or painful. |
| 7805 | Scars, other; and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, or 7804. |
| 7806 | Dermatitis or eczema. |
| 7807 | Leishmaniasis, American (New World). |
| 7808 | Leishmaniasis, Old World. |
| 7809 | Discoid lupus erythematosus. |
| 7811 | Tuberculosis luposa (lupus vulgaris). |
| 7813 | Dermatophytosis. |
| 7815 | Bullous disorders. |
| 7816 | Psoriasis. |
| 7817 | Erythroderma. |
| 7818 | Malignant skin neoplasms. |
| 7819 | Benign skin neoplasms. |
| 7820 | Infections of the skin. |
| 7821 | Cutaneous manifestations of collagen-vascular diseases not listed elsewhere. |
| 7822 | Papulosquamous disorders not listed elsewhere. |
| 7823 | Vitiligo. |
| 7824 | Keratinization, diseases. |
| 7825 | Chronic urticaria. |
| 7826 | Vasculitis, primary cutaneous. |
| 7827 | Erythema multiforme. |
| 7828 | Acne. |
| 7829 | Chloracne. |
| 7830 | Scarring alopecia. |
| 7831 | Alopecia areata. |
| 7832 | Hyperhidrosis. |
| 7833 | Malignant melanoma. |

THE ENDOCRINE SYSTEM

| | |
|------------|---|
| 7900 | Hyperthyroidism, including, but not limited to, Graves' disease. |
| 7901 | Thyroid enlargement, toxic. |
| 7902 | Thyroid enlargement, nontoxic. |
| 7903 | Hypothyroidism. |
| 7904 | Hyperparathyroidism. |
| 7905 | Hypoparathyroidism. |
| 7906 | Thyroiditis. |
| 7907 | Cushing's syndrome. |
| 7908 | Acromegaly. |
| 7909 | Diabetes insipidus. |
| 7911 | Addison's disease (adrenocortical insufficiency). |
| 7912 | Polyglandular syndrome (multiple endocrine neoplasia, autoimmune polyglandular syndrome). |
| 7913 | Diabetes mellitus. |
| 7914 | Malignant neoplasm. |
| 7915 | Benign neoplasm. |
| 7916 | Hyperpituitarism. |
| 7917 | Hyperaldosteronism. |
| 7918 | Pheochromocytoma. |
| 7919 | C-cell hyperplasia, thyroid. |

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| Diagnostic Code No. | |
|--|--|
| NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS Organic Diseases of the Central Nervous System | |
| 8000 | Encephalitis, epidemic, chronic. |
| Brain, New Growth of | |
| 8002 | Malignant. |
| 8003 | Benign. |
| 8004 | Paralysis agitans. |
| 8005 | Bulbar palsy. |
| 8007 | Brain, vessels, embolism. |
| 8008 | Brain, vessels, thrombosis. |
| 8009 | Brain, vessels, hemorrhage. |
| 8010 | Myelitis. |
| 8011 | Poliomyelitis, anterior. |
| 8012 | Hematomyelia. |
| 8013 | Syphilis, cerebrospinal. |
| 8014 | Syphilis, meningo-vascular. |
| 8015 | Tabes dorsalis. |
| 8017 | Amyotrophic lateral sclerosis. |
| 8018 | Multiple sclerosis. |
| 8019 | Meningitis, cerebrospinal, epidemic. |
| 8020 | Brain, abscess. |
| Spinal Cord, New Growths | |
| 8021 | Malignant. |
| 8022 | Benign. |
| 8023 | Progressive muscular atrophy. |
| 8024 | Syringomyelia. |
| 8025 | Myasthenia gravis. |
| 8045 | Residuals of traumatic brain injury (TBI). |
| 8046 | Cerebral arteriosclerosis. |
| Miscellaneous Diseases | |
| 8100 | Migraine |
| 8103 | Tic, convulsive. |
| 8104 | Paramyoclonus multiplex. |
| 8105 | Chorea, Sydenham's. |
| 8106 | Chorea, Huntington's. |
| 8107 | Athetosis, acquired. |
| 8108 | Narcolepsy. |
| The Cranial Nerves | |
| 8205 | Fifth (trigeminal), paralysis. |
| 8207 | Seventh (facial), paralysis. |
| 8209 | Ninth (glossopharyngeal), paralysis. |
| 8210 | Tenth (pneumogastric, vagus), paralysis. |
| 8211 | Eleventh (spinal accessory, external branch), paralysis. |
| 8212 | Twelfth (hypoglossal), paralysis. |
| 8305 | Neuritis, fifth cranial nerve. |
| 8307 | Neuritis, seventh cranial nerve. |
| 8309 | Neuritis, ninth cranial nerve. |
| 8310 | Neuritis, tenth cranial nerve. |
| 8311 | Neuritis, eleventh cranial nerve. |
| 8312 | Neuritis, twelfth cranial nerve. |
| 8405 | Neuralgia, fifth cranial nerve. |
| 8407 | Neuralgia, seventh cranial nerve. |
| 8409 | Neuralgia, ninth cranial nerve. |
| 8410 | Neuralgia, tenth cranial nerve. |
| 8411 | Neuralgia, eleventh cranial nerve. |
| 8412 | Neuralgia, twelfth cranial nerve. |
| Peripheral Nerves | |
| 8510 | Upper radicular group, paralysis. |
| 8511 | Middle radicular group, paralysis. |
| 8512 | Lower radicular group, paralysis. |
| 8513 | All radicular groups, paralysis. |
| 8514 | Musculospiral nerve (radial), paralysis. |
| 8515 | Median nerve, paralysis. |
| 8516 | Ulnar nerve, paralysis. |

| Diagnostic Code No. | |
|---------------------|---|
| 8517 | Musculocutaneous nerve, paralysis. |
| 8518 | Circumflex nerve, paralysis. |
| 8519 | Long thoracic nerve, paralysis. |
| 8520 | Sciatic nerve, paralysis. |
| 8521 | External popliteal nerve (common peroneal), paralysis. |
| 8522 | Musculocutaneous nerve (superficial peroneal), paralysis. |
| 8523 | Anterior tibial nerve (deep peroneal), paralysis. |
| 8524 | Internal popliteal nerve (tibial), paralysis. |
| 8525 | Posterior tibial nerve, paralysis. |
| 8526 | Anterior crural nerve (femoral), paralysis. |
| 8527 | Internal saphenous nerve, paralysis. |
| 8528 | Obturator nerve, paralysis. |
| 8529 | External cutaneous nerve of thigh, paralysis. |
| 8530 | Ilio-inguinal nerve, paralysis. |
| 8540 | Soft-tissue sarcoma (Neurogenic origin). |
| 8610 | Neuritis, upper radicular group. |
| 8611 | Neuritis, middle radicular group. |
| 8612 | Neuritis, lower radicular group. |
| 8613 | Neuritis, all radicular group. |
| 8614 | Neuritis, musculospiral (radial) nerve. |
| 8615 | Neuritis, median nerve. |
| 8616 | Neuritis, ulnar nerve. |
| 8617 | Neuritis, musculocutaneous nerve. |
| 8618 | Neuritis, circumflex nerve. |
| 8619 | Neuritis, long thoracic nerve. |
| 8620 | Neuritis, sciatic nerve. |
| 8621 | Neuritis, external popliteal (common peroneal) nerve. |
| 8622 | Neuritis, musculocutaneous (superficial peroneal) nerve. |
| 8623 | Neuritis, anterior tibial (deep peroneal) nerve. |
| 8624 | Neuritis, internal popliteal (tibial) nerve. |
| 8625 | Neuritis, posterior tibial nerve. |
| 8626 | Neuritis, anterior crural (femoral) nerve. |
| 8627 | Neuritis, internal saphenous nerve. |
| 8628 | Neuritis, obturator nerve. |
| 8629 | Neuritis, external cutaneous nerve of thigh. |
| 8630 | Neuritis, ilio-inguinal nerve. |
| 8710 | Neuralgia, upper radicular group. |
| 8711 | Neuralgia, middle radicular group. |
| 8712 | Neuralgia, lower radicular group. |
| 8713 | Neuralgia, all radicular groups. |
| 8714 | Neuralgia, musculospiral nerve (radial). |
| 8715 | Neuralgia, median nerve. |
| 8716 | Neuralgia, ulnar nerve. |
| 8717 | Neuralgia, musculocutaneous nerve. |
| 8718 | Neuralgia, circumflex nerve. |
| 8719 | Neuralgia, long thoracic nerve. |
| 8720 | Neuralgia, sciatic nerve. |
| 8721 | Neuralgia, external popliteal nerve (common peroneal). |
| 8722 | Neuralgia, musculocutaneous nerve (superficial peroneal). |
| 8723 | Neuralgia, anterior tibial nerve (deep peroneal). |
| 8724 | Neuralgia, internal popliteal nerve (tibial). |
| 8725 | Neuralgia, posterior tibial nerve. |
| 8726 | Neuralgia, anterior crural nerve (femoral). |
| 8727 | Neuralgia, internal saphenous nerve. |
| 8728 | Neuralgia, obturator nerve. |
| 8729 | Neuralgia, external cutaneous nerve of thigh. |
| 8730 | Neuralgia, ilio-inguinal nerve. |

The Epilepsies

| | |
|------------|--|
| 8910 | Grand mal. |
| 8911 | Petit mal. |
| 8912 | Jacksonian and focal motor or sensory. |
| 8913 | Diencephalic. |
| 8914 | Psychomotor. |

Mental Disorders

| | |
|------------|---|
| 9201 | Schizophrenia. |
| 9208 | Delusional disorder. |
| 9210 | Other specified and unspecified schizophrenia spectrum and other psychotic disorders. |
| 9211 | Schizoaffective Disorder. |
| 9300 | Delirium. |
| 9301 | Major or mild neurocognitive disorder due to HIV or other infections. |

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| Diagnostic Code No. | |
|---------------------|---|
| 9304 | Major or mild neurocognitive disorder due to traumatic brain injury. |
| 9305 | Major or mild vascular neurocognitive disorder. |
| 9310 | Unspecified neurocognitive disorder. |
| 9312 | Major or mild neurocognitive disorder due to Alzheimer's disease. |
| 9326 | Major or mild neurocognitive disorder due to another medical condition or substance/medication-induced major or mild neurocognitive disorder. |
| 9400 | Generalized anxiety disorder. |
| 9403 | Specific phobia; social anxiety disorder (social phobia). |
| 9404 | Obsessive compulsive disorder. |
| 9410 | Other specified anxiety disorder. |
| 9411 | Posttraumatic stress disorder. |
| 9412 | Panic disorder and/or agoraphobia. |
| 9413 | Unspecified anxiety disorder. |
| 9416 | Dissociative amnesia; dissociative identity disorder. |
| 9417 | Depersonalization/derealization disorder. |
| 9421 | Somatic symptom disorder. |
| 9422 | Other specified somatic symptom and related disorder. |
| 9423 | Unspecified somatic symptom and related disorder. |
| 9424 | Conversion disorder (functional neurological symptom disorder). |
| 9425 | Illness anxiety disorder. |
| 9431 | Cyclothymic disorder. |
| 9432 | Bipolar disorder. |
| 9433 | Persistent depressive disorder (dysthymia). |
| 9434 | Major depressive disorder. |
| 9435 | Unspecified depressive disorder. |
| 9440 | Chronic adjustment disorder. |
| 9520 | Anorexia nervosa. |
| 9521 | Bulimia nervosa. |

DENTAL AND ORAL CONDITIONS

| | |
|------------|--|
| 9900 | Maxilla or mandible, chronic osteomyelitis, osteonecrosis, or osteoradionecrosis of. |
| 9901 | Mandible, loss of, complete. |
| 9902 | Mandible loss of, including ramus, unilaterally or bilaterally. |
| 9903 | Mandible, nonunion of, confirmed by diagnostic imaging studies. |
| 9904 | Mandible, malunion. |
| 9905 | Temporomandibular disorder (TMD). |
| 9908 | Condylloid process. |
| 9909 | Coronoid process. |
| 9911 | Hard palate, loss of. |
| 9913 | Teeth, loss of. |
| 9914 | Maxilla, loss of more than half. |
| 9915 | Maxilla, loss of half or less. |
| 9916 | Maxilla, malunion or nonunion of. |
| 9917 | Neoplasm, hard and soft tissue, benign. |
| 9918 | Neoplasm, hard and soft tissue, malignant. |

[72 FR 12990, Mar. 20, 2007, as amended at 73 FR 54708, 54711, Sept. 23, 2008; 74 FR 18467, Apr. 23, 2009; 77 FR 6467, Feb. 8, 2012; 79 FR 45102, Aug. 4, 2014; 82 FR 36085, Aug. 3, 2017; 82 FR 50807, Nov. 2, 2017; 83 FR 15073, Apr. 9, 2018; 83 FR 15323, Apr. 10, 2018; 83 FR 32600, July 13, 2018; 83 FR 54258, Oct. 29, 2018; 84 FR 28234, June 18, 2019; 85 FR 76466, Nov. 30, 2020; 86 FR 8143, Feb. 4, 2021]

APPENDIX C TO PART 4—ALPHABETICAL INDEX OF DISABILITIES

| | Diagnostic code No. |
|--|---------------------|
| Abscess: | |
| Brain | 8020 |
| Kidney | 7501 |
| Lung | 6824 |
| Acne | 7828 |
| Acromegaly | 7908 |
| Actinomycosis | 6822 |
| Addison's disease | 7911 |
| Agranulocytosis, acquired | 7702 |
| AL amyloidosis | 7717 |
| Alopecia areata | 7831 |
| Amebiasis | 7321 |
| Amputation: | |
| Arm: | |
| Complete amputation, upper extremity | 5120 |

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| | Diagnostic code No. |
|---|---------------------|
| Above insertion of deltoid | 5121 |
| Below insertion of deltoid | 5122 |
| Digits, five of one hand | 5126 |
| Digits, four of one hand: | |
| Thumb, index, long and ring | 5127 |
| Thumb, index, long and little | 5128 |
| Thumb, index, ring and little | 5129 |
| Thumb, long, ring and little | 5130 |
| Index, long, ring and little | 5131 |
| Digits, three of one hand: | |
| Thumb, index and long | 5132 |
| Thumb, index and ring | 5133 |
| Thumb, index and little | 5134 |
| Thumb, long and ring | 5135 |
| Thumb, long and little | 5136 |
| Thumb, ring and little | 5137 |
| Index, long and ring | 5138 |
| Index, long and little | 5139 |
| Index, ring and little | 5140 |
| Long, ring and little | 5141 |
| Digits, two of one hand: | |
| Thumb and index | 5142 |
| Thumb and long | 5143 |
| Thumb and ring | 5144 |
| Thumb and little | 5145 |
| Index and long | 5146 |
| Index and ring | 5147 |
| Index and little | 5148 |
| Long and ring | 5149 |
| Long and little | 5150 |
| Ring and little | 5151 |
| Single finger: | |
| Thumb | 5152 |
| Index finger | 5153 |
| Long finger | 5154 |
| Ring finger | 5155 |
| Little finger | 5156 |
| Forearm: | |
| Above insertion of pronator teres | 5123 |
| Below insertion of pronator teres | 5124 |
| Leg: | |
| With defective stump | 5163 |
| Not improvable by prosthesis controlled by natural knee action | 5164 |
| At lower level, permitting prosthesis | 5165 |
| Forefoot, proximal to metatarsal bones | 5166 |
| Toes, all, amputation of, without metatarsal loss or transmetatarsal, amputation of, with up to half of metatarsal loss | 5170 |
| Toe, great | 5171 |
| Toe, other than great, with removal metatarsal head | 5172 |
| Toes, three or more, without metatarsal involvement | 5173 |
| Thigh: | |
| Complete amputation, lower extremity | 5160 |
| Upper third | 5161 |
| Middle or lower thirds | 5162 |
| Amyotrophic lateral sclerosis | 8017 |
| Anatomical loss of: | |
| Both eyes | 6061 |
| One eye, with visual acuity of other eye: | |
| 5/200 (1.5/60) | 6063 |
| 10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60) | 6064 |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6065 |
| 20/40 (6/12) | 6066 |
| Both feet | 5107 |
| Both hands | 5106 |
| One hand and one foot | 5108 |
| One foot and loss of use of one hand | 5105 |
| One hand and loss of use of one foot | 5104 |
| Anemia: | |
| Acquired hemolytic anemia | 7723 |
| Folic acid deficiency | 7721 |
| Iron deficiency anemia | 7720 |
| Pernicious anemia and Vitamin B ₁₂ deficiency anemia | 7722 |
| Aneurysm: | |

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| | Diagnostic code No. |
|---|---------------------|
| Aortic | 7110 |
| Large artery | 7111 |
| Small artery | 7112 |
| Angioneurotic edema | 7118 |
| Ankylosis: | |
| Ankle | 5270 |
| Digits, individual: | |
| Thumb | 5224 |
| Index finger | 5225 |
| Long finger | 5226 |
| Ring or little finger | 5227 |
| Elbow | 5205 |
| Hand | |
| Favorable: | |
| Five digits of one hand | 5220 |
| Four digits of one hand | 5221 |
| Three digits of one hand | 5222 |
| Two digits of one hand | 5223 |
| Unfavorable: | |
| Five digits of one hand | 5216 |
| Four digits of one hand | 5217 |
| Three digits of one hand | 5218 |
| Two digits of one hand | 5219 |
| Hip | 5250 |
| Knee | 5256 |
| Scapulohumeral articulation | 5200 |
| Subastragalar or tarsal joint | 5272 |
| Wrist | 5214 |
| Ankylosing spondylitis | 5240 |
| Aphakia | 6029 |
| Aphonia, organic | 6519 |
| Aplastic anemia | 7716 |
| Arrhythmia: | |
| Supraventricular | 7010 |
| Ventricular | 7011 |
| Arteriosclerosis obliterans | 7114 |
| Arteriosclerotic heart disease | 7005 |
| Arteriovenous fistula | 7113 |
| Arthritis: | |
| Degenerative, other than post-traumatic | 5003 |
| Gonorrhreal | 5004 |
| Other specified forms (excluding gout) | 5009 |
| Pneumococcic | 5005 |
| Post-traumatic | 5010 |
| Multi-joint (except post-traumatic and gout) | 5002 |
| Streptococcic | 5008 |
| Syphilitic | 5007 |
| Typhoid | 5006 |
| Arthropathy | 5009 |
| Asbestosis | 6833 |
| Aspergillosis | 6838 |
| Asthma, bronchial | 6602 |
| Astragalectomy | 5274 |
| Atherosclerotic renal disease | 7534 |
| Athetosis | 8107 |
| Atrioventricular block | 7015 |
| Avitaminosis | 6313 |
| Bartonellosis | 6306 |
| Beriberi | 6314 |
| Bladder: | |
| Calculus in | 7515 |
| Fistula in | 7516 |
| Injury of | 7517 |
| Neurogenic | 7542 |
| Blastomycosis | 6836 |
| Blindness: <i>see also</i> Vision and Anatomical Loss | |
| Both eyes, only light perception | 6062 |
| One eye, only light perception and other eye: | |
| 5/200 (1.5/60) | 6067 |
| 10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60) | 6068 |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6069 |
| 20/40 (6/12) | 6070 |
| Bones: | |

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| | Diagnostic code No. |
|---|---------------------|
| Neoplasm, benign | 5015 |
| Neoplasm, malignant, primary or secondary | 5012 |
| Shortening of the lower extremity | 5275 |
| Brain: | |
| Abscess | 8020 |
| Breast surgery | 7626 |
| Bronchiectasis | 6601 |
| Bronchitis | 6600 |
| Brucellosis | 6316 |
| Buerger's disease | 7115 |
| Bulbar palsy | 8005 |
| Bullous disorders | 7815 |
| Bursitis | 5019 |
| Campylobacter jejuni infection | 6330 |
| Cardiac: | |
| Cardiac: | |
| Pacemakers, implantable | 7018 |
| Transplantation | 7019 |
| Cardiomyopathy | 7020 |
| C-cell hyperplasia, thyroid | 7919 |
| Cataract: | |
| Senile and others | 6028 |
| Traumatic | 6027 |
| Cerebral arteriosclerosis | 8046 |
| Cervical strain | 5237 |
| Cervix disease or injury | 7612 |
| Chorea: | |
| Huntington's | 8106 |
| Sydenham's | 8105 |
| Chloracne | 7829 |
| Cholangitis, chronic | 7316 |
| Cholecystitis, chronic | 7314 |
| Cholelithiasis, chronic | 7315 |
| Choroiditis | 6005 |
| Chronic Fatigue Syndrome (CFS) | 6354 |
| Chronic lung abscess | 6824 |
| Chronic obstructive pulmonary disease | 6604 |
| Coccidioidomycosis | 6835 |
| Cold injury residuals | 7122 |
| Colitis, ulcerative | 7323 |
| Compartment syndrome | 5331 |
| Complete or incomplete pelvic organ prolapse due to injury or disease or surgical complications of pregnancy, including uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocoele, or combination | 7621 |
| Conjunctivitis: | |
| Trachomatous | 6017 |
| Other | 6018 |
| Coronary bypass surgery | 7017 |
| Coxiella burnetii infection (Q Fever) | 6331 |
| Cryptococcosis | 6837 |
| Cushing's syndrome | 7907 |
| Cutaneous manifestations of collagen-vascular diseases not listed elsewhere | 7821 |
| Cyclitis | 6004 |
| Cystitis, chronic | 7512 |
| Dacryocystitis | 6031 |
| Decompression illness | 5011 |
| Dermatitis or eczema | 7806 |
| Dermatophytosis | 7813 |
| Desquamative interstitial pneumonitis | 6826 |
| Diabetes: | |
| Insipidus | 7909 |
| Mellitus | 7913 |
| Diaphragm: | |
| Paralysis or paresis | 6840 |
| Rupture | 5324 |
| Diplopia | 6090 |
| Diplopia, limited muscle function, eye | 6092 |
| Disease: | |
| Addison's | 7911 |
| Buerger's | 7115 |
| Chronic obstructive pulmonary disease | 6604 |
| Hodgkin's | 7709 |
| Leprosy (Hansen's) | 6302 |
| Lyme | 6319 |
| Morton's | 5279 |

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| | Diagnostic code No. |
|--|---------------------|
| Parasitic | 6320 |
| Disfigurement of, head, face or neck | 7800 |
| Dislocated: | |
| Cartilage, semilunar | 5258 |
| Lens, crystalline | 6033 |
| Disseminated intravascular coagulation | 7540 |
| Distomiasis, intestinal or hepatic | 7324 |
| Diverticulitis | 7327 |
| Dysentery, bacillary | 7322 |
| Ectropion | 6020 |
| Embolism, brain | 8007 |
| Emphysema, pulmonary | 6603 |
| Encephalitis, epidemic, chronic | 8000 |
| Endocarditis | 7001 |
| Endometriosis | 7629 |
| Enteritis, chronic | 7325 |
| Enterocolitis, chronic | 7326 |
| Entropion | 6021 |
| Eosinophilic granuloma of lung | 6828 |
| Epididymo-orchitis | 7525 |
| Epilepsies: | |
| Diencephalic | 8913 |
| Grand mal | 8910 |
| Jacksonian and focal motor or sensory | 8912 |
| Petit mal | 8911 |
| Psychomotor | 8914 |
| Epiphora | 6025 |
| Erythema multiforme | 7827 |
| Erythroderma | 7817 |
| Erythromelalgia | 7119 |
| Esophagus: | |
| Diverticulum | 7205 |
| Spasm | 7204 |
| Stricture | 7203 |
| Fallopian tube | 7614 |
| Female sexual arousal disorder (FSAD) | 7632 |
| Fever: | |
| Relapsing | 6308 |
| Rheumatic | 6309 |
| Fibrosis of lung, diffuse interstitial | 6825 |
| Fibromyalgia | 5025 |
| Fistula in ano | 7335 |
| Fistula: | |
| Rectovaginal | 7624 |
| Urethrovaginal | 7625 |
| Flatfoot, acquired | 5276 |
| Gastritis, hypertrophic | 7307 |
| Genus recurvatum | 5263 |
| Glaucoma: | |
| Congestive or inflammatory | 6012 |
| Simple, primary, noncongestive | 6013 |
| Glomerulonephritis | 7536 |
| Gout | 5017 |
| Graves' disease | 7900 |
| Hallux: | |
| Rigidus | 5281 |
| Valgus | 5280 |
| Hammer toe | 5282 |
| Heart valve replacement | 7016 |
| Hematologic: | |
| Essential thrombocythemia and primary myelofibrosis | 7718 |
| Immune thrombocytopenia | 7705 |
| Multiple myeloma | 7712 |
| Myelodysplastic syndromes | 7725 |
| Solitary plasmacytoma | 7724 |
| Hematomyelia | 8012 |
| Hemorrhage: | |
| Brain | 8009 |
| Intra-ocular | 6007 |
| Hemorrhagic fevers, including dengue, yellow fever, and others | 6329 |
| Hemorrhoids | 7336 |
| Hepatitis C | 7354 |
| Hernia: | |

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| | Diagnostic code No. |
|---|---------------------|
| Femoral | 7340 |
| Hiatal | 7346 |
| Inguinal | 7338 |
| Muscle | 5326 |
| Ventral | 7339 |
| Heterotopic ossification | 5023 |
| Hip: | |
| Flail joint | 5254 |
| Histoplasmosis | 6834 |
| HIV-Related Illness | 6351 |
| Hodgkin's disease | 7709 |
| Hodgkin's lymphoma | 7709 |
| Hydronephrosis | 7509 |
| Hyperaldosteronism | 7917 |
| Hyperhidrosis | 7832 |
| Hyperinfection syndrome or disseminated strongyloidiasis | 6325 |
| Hyperparathyroidism | 7904 |
| Hyperpituitarism | 7916 |
| Hypersensitivity | 6831 |
| Hypertensive: | |
| Heart disease | 7007 |
| Vascular disease | 7101 |
| Hyperthyroid heart disease | 7008 |
| Hyperthyroidism | 7900 |
| Hypoparathyroidism | 7905 |
| Hypothyroidism | 7903 |
| Impairment of: | |
| Humerus | 5202 |
| Clavicle or scapula | 5203 |
| Elbow | 5209 |
| Thigh | 5253 |
| Femur | 5255 |
| Knee, other | 5257 |
| Field vision | 6080 |
| Tibia and fibula | 5262 |
| Rectum & anus | 7332 |
| Ulna | 5211 |
| Implantable cardiac pacemakers | 7018 |
| Infections of the skin | 7820 |
| Injury: | |
| Bladder | 7517 |
| Breast | 7631 |
| Eye, unhealed | 6009 |
| Foot | 5284 |
| Gall bladder | 7317 |
| Lips | 7201 |
| Liver, residuals | 7311 |
| Mouth | 7200 |
| Muscle: | |
| Facial | 5325 |
| Group I Function: Upward rotation of scapula | 5301 |
| Group II Function: Depression of arm | 5302 |
| Group III Function: Elevation and abduction of arm | 5303 |
| Group IV Function: Stabilization of shoulder | 5304 |
| Group V Function: Elbow supination | 5305 |
| Group VI Function: Extension of elbow | 5306 |
| Group VII Function: Flexion of wrist and fingers | 5307 |
| Group VIII Function: Extension of wrist, fingers, thumb | 5308 |
| Group IX Function: Forearm muscles | 5309 |
| Group X Function: Movement of forefoot and toes | 5310 |
| Group XI Function: Propulsion of foot | 5311 |
| Group XII Function: Dorsiflexion | 5312 |
| Group XIII Function: Extension of hip and flexion of knee | 5313 |
| Group XIV Function: Extension of knee | 5314 |
| Group XV Function: Adduction of hip | 5315 |
| Group XVI Function: Flexion of hip | 5316 |
| Group XVII Function: Extension of hip | 5317 |
| Group XVIII Function: Outward rotation of thigh | 5318 |
| Group XIX Function: Abdominal wall and lower thorax | 5319 |
| Group XX Function: Postural support of body | 5320 |
| Group XXI Function: Respiration | 5321 |
| Group XXII Function: Rotary and forward movements, head | 5322 |
| Group XXIII Function: Movements of head | 5323 |

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| | Diagnostic code No. |
|--|---------------------|
| Pharynx | 6521 |
| Sacroiliac | 5236 |
| Spinal cord | 6841 |
| Stomach, residuals of | 7310 |
| Iritis | 6003 |
| Interstitial nephritis | 7537 |
| Intervertebral disc syndrome | 5243 |
| Intestine, fistula of | 7330 |
| Irritable colon syndrome | 7319 |
| Keratinization, diseases of | 7824 |
| Keratitis | 6001 |
| Keratoconus | 6035 |
| Kidney: | |
| Abscess | 7501 |
| Cystic diseases | 7533 |
| Removal | 7500 |
| Transplant | 7531 |
| Tuberculosis | 7505 |
| Kyphoscoliosis, pectus excavatum / carinatum | 6842 |
| Lagophthalmos | 6022 |
| Laryngectomy | 6518 |
| Laryngitis: | |
| Tuberculous | 6515 |
| Chronic | 6516 |
| Larynx, stenosis of | 6520 |
| Leishmaniasis: | |
| American (New World) | 7807 |
| Old World | 7808 |
| Leprosy (Hansen's Disease) | 6302 |
| Leukemia: | |
| Chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia) | 7719 |
| Leukemia | 7703 |
| Limitation of extension: | |
| Forearm | 5207 |
| Leg | 5261 |
| Radius | 5212 |
| Supination and pronation | 5213 |
| Thigh | 5251 |
| Limitation of extension and flexion: | |
| Forearm | 5208 |
| Limitation of flexion: | |
| Forearm | 5206 |
| Leg | 5260 |
| Thigh | 5252 |
| Limitation of motion: | |
| Ankle | 5271 |
| Arm | 5201 |
| Index or long finger | 5229 |
| Ring or little finger | 5230 |
| Temporomandibular | 9905 |
| Thumb | 5228 |
| Wrist, limitation of motion | 5215 |
| Liver: | |
| Disease, chronic, without cirrhosis | 7345 |
| Transplant | 7351 |
| Cirrhosis | 7312 |
| Loss of: | |
| Auricle | 6207 |
| Condyloid process | 9908 |
| Coronoid process | 9909 |
| Eyebrows | 6023 |
| Eyelashes | 6024 |
| Eyelids | 6032 |
| Palate, hard | 9911 |
| Mandible: | |
| Including ramus, unilaterally or bilaterally | 9902 |
| Maxilla: | |
| More than half | 9914 |
| Less than half | 9915 |
| Nose, part of, or scars | 6504 |
| Skull, part of | 5296 |
| Smell, sense of | 6275 |
| Taste, sense of | 6276 |

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| | Diagnostic code No. |
|--|---------------------|
| Teeth, loss of | 9913 |
| Tongue, loss of whole or part | 7202 |
| Loss of use of: | |
| Both feet | 5110 |
| Both hands | 5109 |
| Foot | 5167 |
| Hand | 5125 |
| One hand and one foot | 5111 |
| Lumbosacral strain | 5237 |
| Lupus: | |
| Erythematous | 6350 |
| Erythematous, discoid | 7809 |
| Lyme disease | 6319 |
| Lymphatic filariasis, to include elephantiasis | 6305 |
| Malaria | 6304 |
| Malignant melanoma | 7833 |
| Malunion: | |
| Mandible | 9904 |
| Os calcis or astragalus | 5273 |
| Maxilla, malunion or nonunion | 9916 |
| Maxilla or mandible, chronic osteomyelitis, osteonecrosis, or osteoradionecrosis of | 9900 |
| Melioidosis | 6318 |
| Meniere's syndrome | 6205 |
| Meningitis, cerebrospinal, epidemic | 8019 |
| Mental disorders: | |
| Anorexia nervosa | 9520 |
| Bipolar disorder | 9432 |
| Bulimia nervosa | 9521 |
| Chronic adjustment disorder | 9440 |
| Conversion disorder (functional neurological symptom disorder) | 9424 |
| Cyclothymic disorder | 9431 |
| Delirium | 9300 |
| Delusional disorder | 9208 |
| Depersonalization/derealization disorder | 9417 |
| Dissociative amnesia; dissociative identity disorder | 9416 |
| Generalized anxiety disorder | 9400 |
| Illness anxiety disorder | 9425 |
| Major depressive disorder | 9434 |
| Major or mild neurocognitive disorder due to Alzheimer's disease | 9312 |
| Major or mild neurocognitive disorder due to another medical condition or substance/medication-induced major or mild neurocognitive disorder | 9326 |
| Major or mild neurocognitive disorder due to HIV or other infections | 9301 |
| Major or mild neurocognitive disorder due to traumatic brain injury | 9304 |
| Major or mild vascular neurocognitive disorder | 9305 |
| Obsessive compulsive disorder | 9404 |
| Other specified and unspecified schizophrenia spectrum and other psychotic disorders | 9210 |
| Other specified anxiety disorder | 9410 |
| Other specified somatic symptom and related disorder | 9422 |
| Panic disorder and/or agoraphobia | 9412 |
| Persistent depressive disorder (dysthymia) | 9433 |
| Posttraumatic stress disorder | 9411 |
| Schizoaffective disorder | 9211 |
| Schizophrenia | 9201 |
| Somatic symptom disorder | 9421 |
| Specific phobia; social anxiety disorder (social phobia) | 9403 |
| Unspecified somatic symptom and related disorder | 9423 |
| Unspecified anxiety disorder | 9413 |
| Unspecified depressive disorder | 9435 |
| Unspecified neurocognitive disorder | 9310 |
| Metatarsalgia | 5279 |
| Migraine | 8100 |
| Morton's disease | 5279 |
| Mucormycosis | 6839 |
| Multiple sclerosis | 8018 |
| Myasthenia gravis | 8025 |
| Myelitis | 8010 |
| Myocardial infarction | 7006 |
| Myositis | 5021 |
| Narcolepsy | 8108 |
| Neoplasms: | |
| Benign: | |
| Breast | 7631 |
| Digestive system | 7344 |

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| | Diagnostic code No. |
|--|---------------------|
| Ear | 6209 |
| Endocrine | 7915 |
| Genitourinary | 7529 |
| Gynecological | 7628 |
| Hard and soft tissue | 9917 |
| Muscle | 5328 |
| Respiratory | 6820 |
| Skin | 7819 |
| Malignant: | |
| Breast | 7630 |
| Digestive system | 7343 |
| Ear | 6208 |
| Endocrine | 7914 |
| Genitourinary | 7528 |
| Gynecological | 7627 |
| Hard and soft tissue | 9918 |
| Muscle | 5327 |
| Respiratory | 6819 |
| Skin | 7818 |
| Nephritis, chronic | 7502 |
| Nephrolithiasis | 7508 |
| Nephrosclerosis, arteriolar | 7507 |
| Neuralgia: | |
| Cranial Nerves | |
| Fifth (trigeminal) | 8405 |
| Seventh (facial) | 8407 |
| Ninth (glossopharyngeal) | 8409 |
| Tenth (pneumogastric, vagus) | 8410 |
| Eleventh (spinal accessory, external branch) | 8411 |
| Twelfth (hypoglossal) | 8412 |
| Peripheral Nerves | |
| Upper radicular group | 8710 |
| Middle radicular group | 8711 |
| Lower radicular group | 8712 |
| All radicular groups | 8713 |
| Musculospiral (radial) | 8714 |
| Median | 8715 |
| Ulnar | 8716 |
| Musculocutaneous | 8717 |
| Circumflex | 8718 |
| Long thoracic | 8719 |
| Sciatic | 8720 |
| External popliteal (common peroneal) | 8721 |
| Musculocutaneous (superficial peroneal) | 8722 |
| Anterior tibial (deep peroneal) | 8723 |
| Internal popliteal (tibial) | 8724 |
| Posterior tibial | 8725 |
| Anterior crural (femoral) | 8726 |
| Internal saphenous | 8727 |
| Obturator | 8728 |
| External cutaneous nerve of thigh | 8729 |
| Ilio-inguinal | 8730 |
| Neuritis: | |
| Cranial nerves | |
| Fifth (trigeminal) | 8305 |
| Seventh (facial) | 8307 |
| Ninth (glossopharyngeal) | 8309 |
| Tenth (pneumogastric, vagus) | 8310 |
| Eleventh (spinal accessory, external branch) | 8311 |
| Twelfth (hypoglossal) | 8312 |
| Optic | 6026 |
| Peripheral Nerves | |
| Upper radicular group | 8610 |
| Middle radicular group | 8611 |
| Lower radicular group | 8612 |
| All radicular groups | 8613 |
| Musculospiral (radial) | 8614 |
| Median | 8615 |
| Ulnar | 8616 |
| Musculocutaneous | 8617 |
| Circumflex | 8618 |
| Long thoracic | 8619 |
| Sciatic | 8620 |

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| | Diagnostic code No. |
|---|---------------------|
| External popliteal (common peroneal) | 8621 |
| Musculocutaneous (superficial peroneal) | 8622 |
| Anterior tibial (deep peroneal) | 8623 |
| Internal popliteal (tibial) | 8624 |
| Posterior tibial | 8625 |
| Anterior crural (femoral) | 8626 |
| Internal saphenous | 8627 |
| Obturator | 8628 |
| External cutaneous nerve of thigh | 8629 |
| Ilio-inguinal | 8630 |
| Neurogenic bladder | 7542 |
| New growths: | |
| Benign | |
| Bones | 5015 |
| Brain | 8003 |
| Eye, orbit, and adnexa | 6015 |
| Spinal cord | 8022 |
| Malignant | |
| Bones | 5012 |
| Brain | 8002 |
| Eye, orbit, and adnexa | 6014 |
| Spinal cord | 8021 |
| Nocardiosis | 6823 |
| Non-Hodgkin's lymphoma | 7715 |
| Nontuberculous mycobacterium infection | 6312 |
| Nontyphoid salmonella infection | 6333 |
| Nonunion: | |
| Mandible, confirmed by diagnostic imaging studies | 9903 |
| Radius and ulna | 5210 |
| Nystagmus, central | 6016 |
| Osteitis deformans | 5016 |
| Osteomalacia, residuals of | 5014 |
| Osteomyelitis | 5000 |
| Osteoporosis, residuals of | 5013 |
| Otitis media: | |
| Externa | 6210 |
| Nonsuppurative | 6201 |
| Suppurative | 6200 |
| Otosclerosis | 6202 |
| Ovaries, atrophy of both | 7620 |
| Ovary: | |
| Disease or injury | 7615 |
| Removal | 7619 |
| Palsy, bulbar | 8005 |
| Pancreatitis | 7347 |
| Papillary necrosis | 7538 |
| Papulosquamous disorders | 7822 |
| Paralysis: | |
| Accommodation | 6030 |
| Agitans | 8004 |
| Complete, traumatic | 5244 |
| Paralysis, nerve: | |
| Cranial nerves | |
| Fifth (trigeminal) | 8205 |
| Seventh (facial) | 8207 |
| Ninth (glossopharyngeal) | 8209 |
| Tenth (pneumogastric, vagus) | 8210 |
| Eleventh (spinal accessory, external branch) | 8211 |
| Twelfth (hypoglossal) | 8212 |
| Peripheral Nerves: | |
| Upper radicular group | 8510 |
| Middle radicular group | 8511 |
| Lower radicular group | 8512 |
| All radicular groups | 8513 |
| Musculospiral (radial) | 8514 |
| Median | 8515 |
| Ulnar | 8516 |
| Musculocutaneous | 8517 |
| Circumflex | 8518 |
| Long thoracic | 8519 |
| Sciatic | 8520 |
| External popliteal (common peroneal) | 8521 |
| Musculocutaneous (superficial peroneal) | 8522 |

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| | Diagnostic code No. |
|--|---------------------|
| Anterior tibial nerve (deep peroneal) | 8523 |
| Internal popliteal (tibial) | 8524 |
| Posterior tibial nerve | 8525 |
| Anterior crural nerve (femoral) | 8526 |
| Internal saphenous | 8527 |
| Obturator | 8528 |
| External cutaneous nerve of thigh | 8529 |
| Ilio-inguinal | 8530 |
| Paramyoclonus multiplex | 8104 |
| Parasitic disease | 6320 |
| Pellagra | 6315 |
| Penis | |
| Deformity, with loss of erectile power | 7522 |
| Removal of glans | 7521 |
| Removal of half or more | 7520 |
| Pericardial adhesions | 7003 |
| Pericarditis | 7002 |
| Peripheral vestibular disorders | 6204 |
| Peritoneum, adhesions | 7301 |
| Peritonitis | 7331 |
| Pes cavus (Claw foot) acquired | 5278 |
| Pheochromocytoma | 7918 |
| Plague | 6307 |
| Plantar fasciitis | 5269 |
| Pleural effusion or fibrosis | 6845 |
| Pluriglandular syndrome | 7912 |
| Pneumoconiosis | 6832 |
| Pneumonitis & fibrosis: | |
| Drug-induced | 6829 |
| Radiation-induced | 6830 |
| Poliomyelitis, anterior | 8011 |
| Polycythemia vera | 7704 |
| Polyglandular syndrome | 7912 |
| Post-chiasmal disorders | 6046 |
| Postgastrectomy syndromes | 7308 |
| Post-phlebitic syndrome | 7121 |
| Post-surgical residual | 6844 |
| Progressive muscular atrophy | 8023 |
| Prostate gland | 7527 |
| Prosthetic implants: | |
| Ankle replacement | 5056 |
| Elbow replacement | 5052 |
| Hip, resurfacing or replacement | 5054 |
| Knee, resurfacing or replacement | 5055 |
| Shoulder replacement | 5051 |
| Wrist replacement | 5053 |
| Psoriasis | 7816 |
| Pterygium | 6034 |
| Ptosis | 6019 |
| Pulmonary: | |
| Alveolar proteinosis | 6827 |
| Vascular disease | 6817 |
| Pruritus ani | 7337 |
| Pyelonephritis, chronic | 7504 |
| Raynaud's syndrome | 7117 |
| Rectum: | |
| Rectum & anus, stricture | 7333 |
| Prolapse | 7334 |
| Removal: | |
| Cartilage, semilunar | 5259 |
| Coccyx | 5298 |
| Gall bladder | 7318 |
| Kidney | 7500 |
| Penis glans | 7521 |
| Penis half or more | 7520 |
| Ribs | 5297 |
| Testis | 7524 |
| Ovary | 7619 |
| Uterus | 7618 |
| Uterus and both ovaries | 7617 |
| Renal: | |
| Amyloid disease | 7539 |
| Disease, chronic | 7530 |

| | Diagnostic code No. |
|--|---------------------|
| Involvement in systemic diseases | 7541 |
| Tubular disorders | 7532 |
| Resection of intestine: | |
| Large | 7329 |
| Small | 7328 |
| 6008 | |
| Retina detachment of | |
| Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-onset macular degeneration, rod and/or cone dystrophy) | 6042 |
| Retinopathy, diabetic | 6040 |
| Retinopathy or maculopathy not otherwise specified | 6006 |
| Rhabdomyolysis, residuals of | 5330 |
| Rhinitis: | |
| Allergic or vasomotor | 6522 |
| Bacterial | 6523 |
| Granulomatous | 6524 |
| Rickettsial, ehrlichia, and anaplasma Infections | 6317 |
| Sarcoidosis | 6846 |
| Scarring alopecia | 7830 |
| Scars: | |
| Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck | 7800 |
| Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are associated with underlying soft tissue damage | 7801 |
| Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are not associated with underlying soft tissue damage | 7802 |
| Retina | 6011 |
| Scars, other; and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, or 7804 .. | 7805 |
| Unstable or painful | 7804 |
| 6326 | |
| Schistosomiasis | 6334 |
| Shigella infections | |
| Sinusitis: | |
| Ethmoid | 6511 |
| Frontal | 6512 |
| Maxillary | 6513 |
| Pansinusitis | 6510 |
| Sphenoid | 6514 |
| Sleep Apnea Syndrome | 6847 |
| Soft tissue sarcoma: | |
| Muscle, fat, or fibrous connected | 5329 |
| Neurogenic origin | 8540 |
| Vascular origin | 7123 |
| Spine: | |
| Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome | 5242 |
| Spinal fusion | 5241 |
| Spinal stenosis | 5238 |
| Spleen, injury of, healed | 7707 |
| Splenectomy | 7706 |
| Spondylolisthesis or segmental instability, spine | 5239 |
| Stomach, stenosis of | 7309 |
| Symplepharon | 6091 |
| Syndromes: | |
| Chronic Fatigue Syndrome (CFS) | 6354 |
| Cushing's | 7907 |
| Meniere's | 6205 |
| Raynaud's | 7117 |
| Sleep Apnea | 6847 |
| Syphilis | 6310 |
| Syphilis: | |
| Cerebrospinal | 8013 |
| Meningovascular | 8014 |
| Syphilitic heart disease | 7004 |
| Syringomyelia | 8024 |
| Tabes dorsalis | 8015 |
| Tarsal or metatarsal bones | 5283 |
| Tenosynovitis, tendinitis, tendinosis or tendinopathy | 5024 |
| Testis: | |
| Atrophy, complete | 7523 |
| Removal | 7524 |
| Thrombocytopenia | 7705 |
| Thrombosis, brain | 8008 |
| Thyroid gland: | |
| Nontoxic thyroid enlargement | 7902 |
| Toxic thyroid enlargement | 7901 |

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| | Diagnostic code No. |
|--|---------------------|
| Thyroiditis | 7906 |
| Tic, convulsive | 8103 |
| Tinnitus, recurrent | 6260 |
| Toxic nephropathy | 7535 |
| Traumatic brain injury residuals | 8045 |
| Traumatic chest wall defect | 6843 |
| Tuberculosis: | |
| Adenitis | 7710 |
| Bones and joints | 5001 |
| Eye | 6010 |
| Kidney | 7505 |
| Luposa (lupus vulgaris) | 7811 |
| Miliary | 6311 |
| Pleurisy, active or inactive | 6732 |
| Pulmonary: | |
| Active, far advanced | 6701 |
| Active, moderately advanced | 6702 |
| Active, minimal | 6703 |
| Active, advancement unspecified | 6704 |
| Active, chronic | 6730 |
| Inactive, chronic | 6731 |
| Inactive, far advanced | 6721 |
| Inactive, moderately advanced | 6722 |
| Inactive, minimal | 6723 |
| Inactive, advancement unspecified | 6724 |
| Tuberculosis luposa (lupus vulgaris) | 7811 |
| Tympanic membrane | 6211 |
| Ulcer: | |
| Duodenal | 7305 |
| Gastric | 7304 |
| Marginal | 7306 |
| Ureter, stricture of | 7511 |
| Ureterolithiasis | 7510 |
| Urethra: | |
| Fistula | 7519 |
| Stricture | 7518 |
| Urticaria, chronic. | 7825 |
| Uterus: | |
| And both ovaries, removal | 7617 |
| Disease or injury | 7613 |
| Prolapse | 7621 |
| Removal | 7618 |
| Uveitis | 6000 |
| Vagina, disease or injury | 7611 |
| Vagotomy | 7348 |
| Valvular heart disease | 7000 |
| Varicose veins | 7120 |
| Vasculitis, primary cutaneous | 7826 |
| Vertebral fracture or dislocation | 5235 |
| Vibriosis (Cholera, Non-cholera) | 6300 |
| Visceral Leishmaniasis | 6301 |
| Visceroptosis | 7342 |
| Vision: <i>see also</i> Blindness and Loss of | |
| One eye 5/200 (1.5/60), with visual acuity of other eye: | |
| 5/200 (1.5/60) | 6071 |
| 10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60) | 6072 |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6073 |
| 20/40 (6/12) | 6074 |
| One eye 10/200 (3/60), with visual acuity of other eye: | |
| 10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60) | 6075 |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6076 |
| 20/40 (6/12) | 6077 |
| One eye 15/200 (4.5/60), with visual acuity of other eye: | |
| 15/200 (4.5/60) or 20/200 (6/60) | 6075 |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6076 |
| 20/40 (6/12) | 6077 |
| One eye 20/200 (6/60), with visual acuity of other eye: | |
| 20/200 (6/60) | 6075 |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6076 |
| 20/40 (6/12) | 6077 |
| One eye 20/100 (6/30), with visual acuity of other eye; and other eye: | |
| 20/100 (6/30); 20/70 (6/21); 20/50 (6/15) | 6078 |
| 20/40 (6/12) | 6079 |

| | Diagnostic code No. |
|--|---------------------|
| One eye 20/70 (6/21), with visual acuity of other eye: 20/70 (6/21) or 20/50 (6/15) | 6078 |
| 20/40 (6/12) | 6079 |
| One eye 20/50 (6/15), with visual acuity of other eye: 20/50 (6/15) | 6078 |
| 20/40 (6/12) | 6079 |
| Each eye 20/40 (6/12) | 6079 |
| Vitiligo | 7823 |
| Vulva or clitoris, disease or injury of | 7610 |
| Weak foot | 5277 |
| West Nile virus infection | 6335 |

[72 FR 13003, Mar. 20, 2007, as amended at 73 FR 54708, 54712, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008; 74 FR 18467, Apr. 23, 2009; 77 FR 6467, Feb. 8, 2012; 79 FR 45103, Aug. 4, 2014; 82 FR 36085, Aug. 3, 2017; 82 FR 50807, Nov. 2, 2017; 83 FR 15073, Apr. 9, 2018; 83 FR 15323, Apr. 10, 2018; 83 FR 32601, July 13, 2018; 83 FR 54259, Oct. 29, 2018; 84 FR 28234, June 18, 2019; 85 FR 76467, Nov. 30, 2020; 85 FR 85523, Dec. 29, 2020; 86 FR 8143, Feb. 4, 2021]

PART 5—ADMINISTRATIVE PROCEDURES:GUIDANCE DOCUMENTS

Sec.

5.0 Purpose.

5.10 Definitions relating to guidance documents.

5.15 Procedures for issuing guidance documents.

5.20 Procedures for petition for the withdrawal or modification of a guidance document

5.25 Guidance website.

AUTHORITY: 38 U.S.C. 501; E.O. 13891, 84 FR 55235.

EFFECTIVE DATE NOTE: At 86 FR 30184, June 7, 2021, the authority citation for part 5 was revised, effective July 7, 2021. For the convenience of the user, the revised text is set forth as follows:

AUTHORITY: 38 U.S.C. 501; E.O. 12866, 58 FR 51735, 3 CFR, 1993 Comp., p. 638.

SOURCE: 85 FR 72570, Nov. 13, 2020, unless otherwise noted.

§ 5.0 Purpose.

Sections 5.0 through 5.25 provide VA's processes and procedures for issuing and managing guidance documents in accordance with Executive Order 13891.

EFFECTIVE DATE NOTE: At 86 FR 30184, June 7, 2021, § 5.0 was revised, effective July 7, 2021. For the convenience of the user, the revised text is set forth as follows:

§ 5.0 Purpose.

This part provides the Department of Veterans Affairs' (VA's) processes and procedures for issuing and managing guidance documents.

§ 5.10 Definitions relating to guidance documents.

The following definitions apply to §§ 5.0 through 5.25.

Guidance document means an agency statement of general applicability (i.e., it applies to more than just one person, event, or transaction), that is intended to have a future effect on the behavior or actions of regulated parties (to include non-VA actors), and that sets forth a policy on a statutory, regulatory, or technical issue, or an interpretation of a statute or regulation. A guidance document does not include the following:

(1) Rules promulgated pursuant to notice and comment under section 553 of title 5, United States Code, or similar statutory provisions;

(2) Rules exempt from rulemaking requirements under section 553(a) of title 5, United States Code;

(3) Rules of agency organization, procedure, or practice;

(4) Decisions of agency adjudications under section 554 of title 5, United States Code, or similar statutory provisions;

(5) Internal guidance directed to the issuing agency or other agencies that is not intended to have substantial future effect on the behavior of regulated parties; or

(6) Internal executive branch legal advice or legal opinions addressed to executive branch officials.

Significant guidance document means a guidance document that the Administrator of the Office of Information and