

Manager, Pension Management Center Manager, or Decision Review Officer, at VA's discretion. An individual who did not participate in the decision being reviewed will conduct this review. Only a decision that has not yet become final (by appellate decision or failure to timely appeal) may be reviewed. Review under this section will encompass only decisions with which the claimant has expressed disagreement in the Notice of Disagreement. The reviewer will consider all evidence of record and applicable law, and will give no deference to the decision being reviewed.

(b) Unless the claimant has requested review under this section with his or her Notice of Disagreement, VA will, upon receipt of the Notice of Disagreement, notify the claimant in writing of his or her right to a review under this section. To obtain such a review, the claimant must request it not later than 60 days after the date VA mails the notice. This 60-day time limit may not be extended. If the claimant fails to request review under this section not later than 60 days after the date VA mails the notice, VA will proceed with the traditional appellate process by issuing a Statement of the Case. A claimant may not have more than one review under this section of the same decision.

(c) The reviewer may conduct whatever development he or she considers necessary to resolve any disagreements in the Notice of Disagreement, consistent with applicable law. This may include an attempt to obtain additional evidence or the holding of an informal conference with the claimant. Upon the request of the claimant, the reviewer will conduct a hearing under §3.103(c).

(d) The reviewer may grant a benefit sought in the claim notwithstanding §3.105(b), but, except as provided in paragraph (e) of this section, may not revise the decision in a manner that is less advantageous to the claimant than the decision under review. A review decision made under this section will include a summary of the evidence, a citation to pertinent laws, a discussion of how those laws affect the decision, and a summary of the reasons for the decision.

(e) Notwithstanding any other provisions of this section, the reviewer may reverse or revise (even if disadvantageous to the claimant) prior decisions of an agency of original jurisdiction (including the decision being reviewed or any prior decision that has become final due to failure to timely appeal) on the grounds of clear and unmistakable error (see §3.105(a)).

(f) Review under this section does not limit the appeal rights of a claimant. Unless a claimant withdraws his or her Notice of Disagreement as a result of this review process, VA will proceed with the traditional appellate process by issuing a Statement of the Case.

(g) This section applies to all claims in which a Notice of Disagreement is filed on or after June 1, 2001.

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

[66 FR 21874, May 2, 2001, as amended at 67 FR 46868, July 17, 2002; 74 FR 26959, June 5, 2009; 79 FR 57697, Sept. 25, 2014]

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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 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

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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 assembled 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

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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 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 evaluation, 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

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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 unemployable 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 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 disabilities 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

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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

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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 com-

bined value for the three disabilities will be found in the space where the column and row intersect, and if there 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, cerebrovascular 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



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

	10	20	30	40	50	60	70	80	90
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
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	87	38	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]

§ 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

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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.

**§ 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

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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 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 treatment 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 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 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 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 paralysis 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 severely 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

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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.

(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 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.



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### § 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. Crepitation either in the soft tissues such as the tendons or ligaments, or crepitation 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.

### § 4.60 [Reserved]

### § 4.61 Examination.

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, bilateral (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

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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.

### § 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 reamputation.

### § 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 request 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.

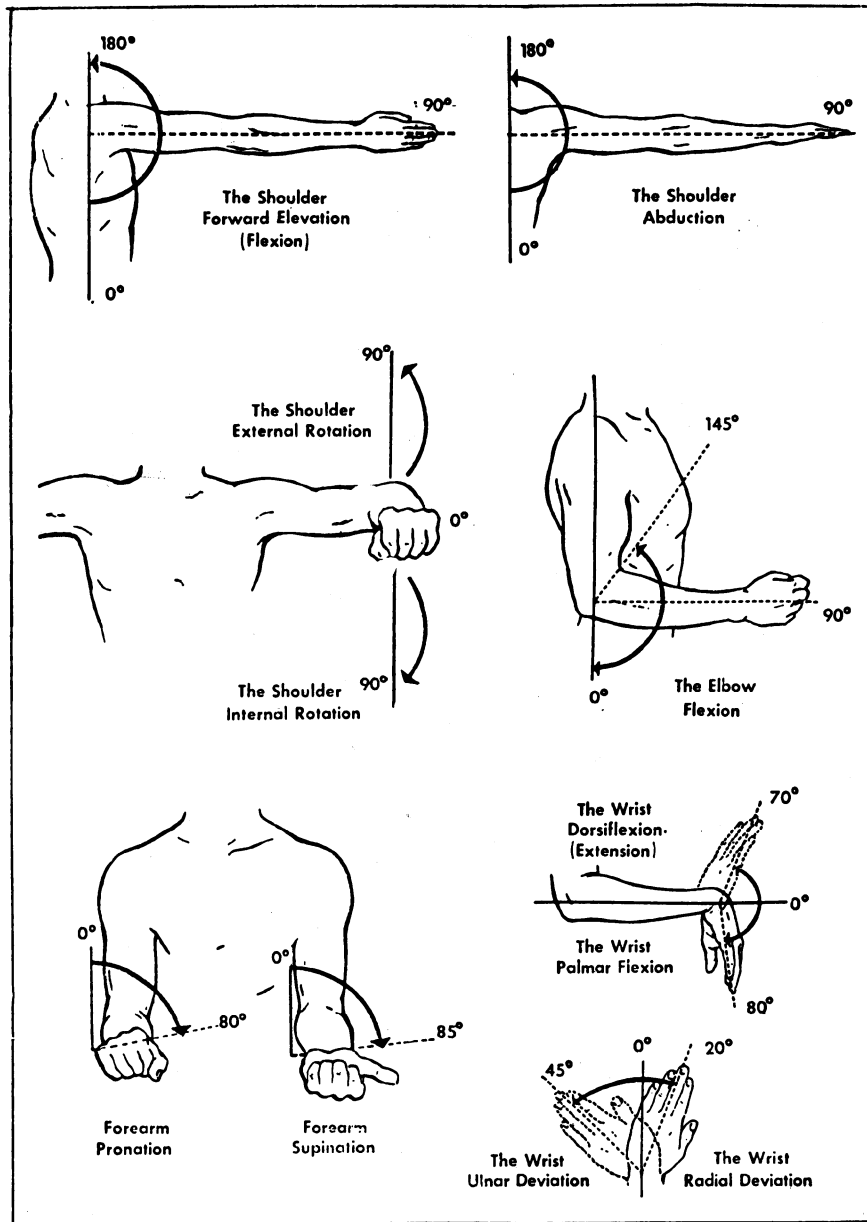


PLATE I

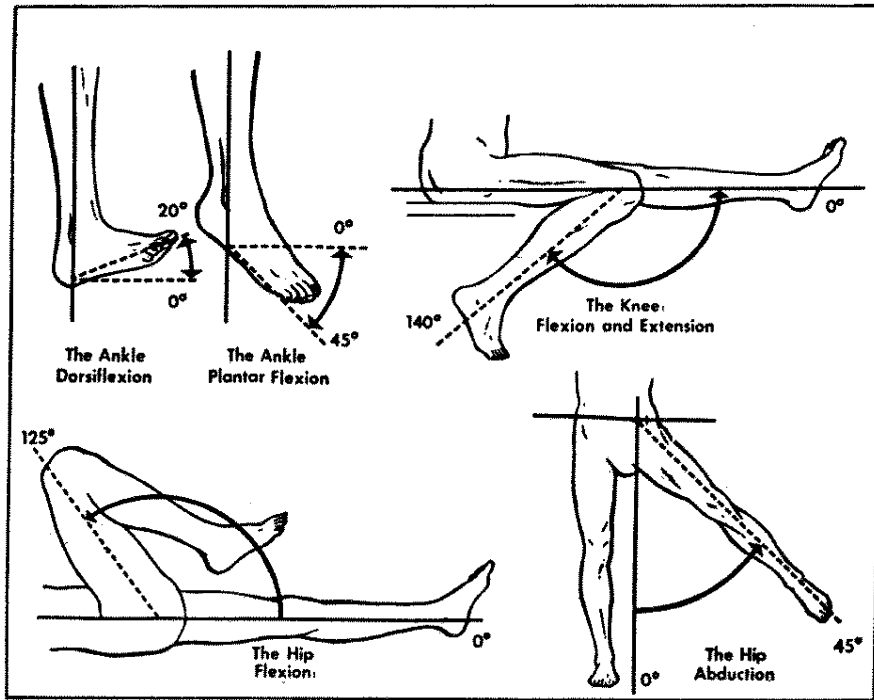


PLATE II

[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
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	60	
With definite involucrum or sequestrum, with or without discharging sinus .....	30	
With discharging sinus or other evidence of active infection within the past 5 years .....	20	
Inactive, following repeated episodes, without evidence of active infection in past 5 years .....	10	

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ACUTE, SUBACUTE, OR CHRONIC DISEASES—  
Continued

ACUTE, SUBACUTE, OR CHRONIC DISEASES—  
Continued

	Rat- ing
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.	
5001 Bones and joints, tuberculosis of, active or inactive: Active ..... Inactive: See §§ 4.88b and 4.89. ....	100
5002 Arthritis rheumatoid (atrophic) <i>As an active process:</i> With constitutional manifestations associated with active joint involvement, totally incapacitating ..... 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 ..... Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year ..... One or two exacerbations a year in a well-established diagnosis .....	100  100  60  40
For chronic residuals: For residuals such as limitation of motion or ankylosis, favorable or unfavorable, rate under the appropriate diagnostic codes for the specific joints involved. Where, however, the limitation of motion of the specific joint or joints involved is noncompensable under the codes a rating of 10 percent 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 5002. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. NOTE: The ratings for the active process will not be combined with the residual ratings for limitation of motion or ankylosis. Assign the higher evaluation.	20
5003 Arthritis, degenerative (hypertrophic or osteoarthritis): 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:	

	Rat- ing
With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations .....	20
With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups .....	10
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. 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.	
5004 Arthritis, gonorrhoeal.	
5005 Arthritis, pneumococcic.	
5006 Arthritis, typhoid.	
5007 Arthritis, syphilitic.	
5008 Arthritis, streptococcic.	
5009 Arthritis, other types (specify). With the types of arthritis, diagnostic codes 5004 through 5009, rate the disability as rheumatoid arthritis.	
5010 Arthritis, due to trauma, substantiated by X-ray findings: Rate as arthritis, degenerative.	
5011 Bones, caisson disease of: Rate as arthritis, cord involvement, or deafness, depending on the severity of disabling manifestations.	
5012 Bones, new growths of, malignant NOTE: The 100 percent rating will be continued for 1 year 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.	100
5013 Osteoporosis, with joint manifestations.	
5014 Osteomalacia.	
5015 Bones, new growths of, benign.	
5016 Osteitis deformans.	
5017 Gout.	
5018 Hydrarthrosis, intermittent.	
5019 Bursitis.	
5020 Synovitis.	
5021 Myositis.	
5022 Periostitis.	
5023 Myositis ossificans.	
5024 Tenosynovitis. The diseases under diagnostic codes 5013 through 5024 will be rated on limitation of motion of affected parts, as arthritis, degenerative, except gout which will be rated under diagnostic code 5002.	
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 ..... 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 .....	40  20
That require continuous medication for control .....	10

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ACUTE, SUBACUTE, OR CHRONIC DISEASES—  
Continued

	Rating
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

	Rating	
	Major	Minor
5051 Shoulder replacement (prosthesis). Prosthetic replacement of the shoulder joint: For 1 year following implantation of prosthesis ..... With chronic residuals consisting of severe, painful motion or weakness in the affected extremity ..... With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic codes 5200 and 5203. Minimum rating .....	100 60 30	100 50 20
5052 Elbow replacement (prosthesis). Prosthetic replacement of the elbow joint: For 1 year following implantation of prosthesis ..... With chronic residuals consisting of severe painful motion or weakness in the affected extremity ..... With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5205 through 5208. Minimum evaluation .....	100 50 30	100 40 20
5053 Wrist replacement (prosthesis). Prosthetic replacement of wrist joint: For 1 year following implantation of prosthesis ..... With chronic residuals consisting of severe, painful motion or weakness in the affected extremity ..... With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214. Minimum rating .....	100 40 20	100 30 20
NOTE: The 100 pct 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.		
5054 Hip replacement (prosthesis). Prosthetic replacement of the head of the femur or of the acetabulum: For 1 year following implantation of prosthesis .....	100	

PROSTHETIC IMPLANTS—Continued

	Rating	
	Major	Minor
Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches .....		1 90
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 rating .....		30
5055 Knee replacement (prosthesis). Prosthetic replacement of knee joint: For 1 year following implantation of prosthesis ..... With chronic residuals consisting of severe painful motion or weakness in the affected extremity ..... With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5256, 5261, or 5262. Minimum rating .....		100 60 30
5056 Ankle replacement (prosthesis). Prosthetic replacement of ankle joint: For 1 year following implantation of prosthesis ..... With chronic residuals consisting of severe painful motion or weakness ..... With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to 5270 or 5271. Minimum rating .....		100 40 20
NOTE (1): The 100 pct 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 (2): Special monthly compensation is assignable during the 100 pct rating period the earliest date permanent use of crutches is established.		
COMBINATIONS OF DISABILITIES		
5104 Anatomical loss of one hand and loss of use of one foot .....		1 100
5105 Anatomical loss of one foot and loss of use of one hand .....		1 100
5106 Anatomical loss of both hands .....		1 100
5107 Anatomical loss of both feet .....		1 100
5108 Anatomical loss of one hand and one foot .....		1 100
5109 Loss of use of both hands .....		1 100
5110 Loss of use of both feet .....		1 100
5111 Loss of use of one hand and one foot .....		1 100

<sup>1</sup> Also entitled to special monthly compensation.



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**AMPUTATIONS: UPPER EXTREMITY—Continued**

**AMPUTATIONS: UPPER EXTREMITY—Continued**

	Rating	
	Major	Minor
(c) Amputations at distal joints, or through distal phalanges, other than negligible losses, will be rated as prescribed for favorable ankylosis of the fingers..		
(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>i.e.</i> , 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		

	Rating	
	Major	Minor
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.		

5152 Thumb, amputation of:

<sup>1</sup> Entitled to special monthly compensation.



SINGLE FINGER AMPUTATIONS

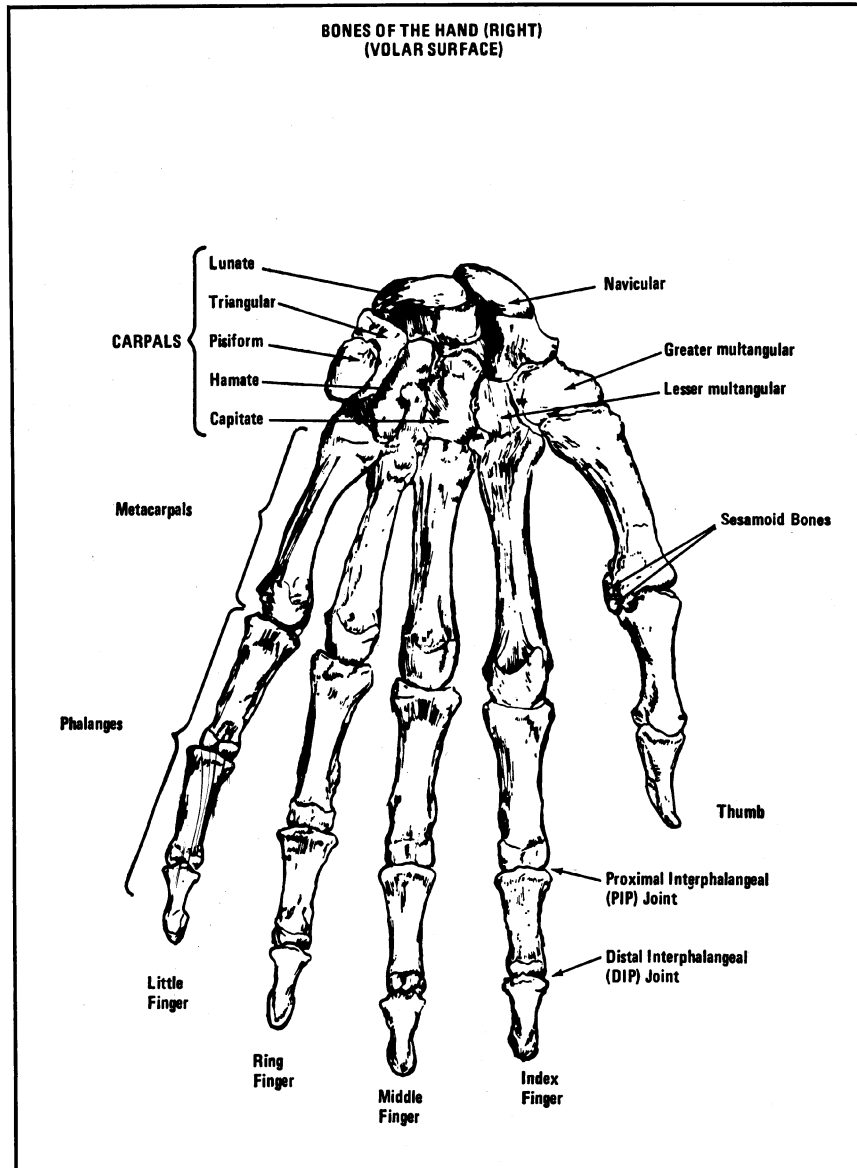


PLATE III

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**AMPUTATIONS: LOWER EXTREMITY**

	Rating
Thigh, amputation of:	
5160 Disarticulation, with loss of extrinsic pelvic girdle muscles .....	<sup>2</sup> 90
5161 Upper third, one-third of the distance from perineum to knee joint measured from perineum ...	<sup>2</sup> 80
5162 Middle or lower thirds .....	<sup>2</sup> 60
Leg, amputation of:	
5163 With defective stump, thigh amputation recommended .....	<sup>2</sup> 60
5164 Amputation not improvable by prosthesis controlled by natural knee action .....	<sup>2</sup> 60
5165 At a lower level, permitting prosthesis .....	<sup>2</sup> 40
5166 Forefoot, amputation proximal to metatarsal bones (more than one-half of metatarsal loss) .....	<sup>2</sup> 40
5167 Foot, loss of use of .....	<sup>2</sup> 40

**AMPUTATIONS: LOWER EXTREMITY—Continued**

	Rating
5170 Toes, all, amputation of, without 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

<sup>2</sup>Also entitled to special monthly compensation.

AMPUTATIONS: LOWER EXTREMITY

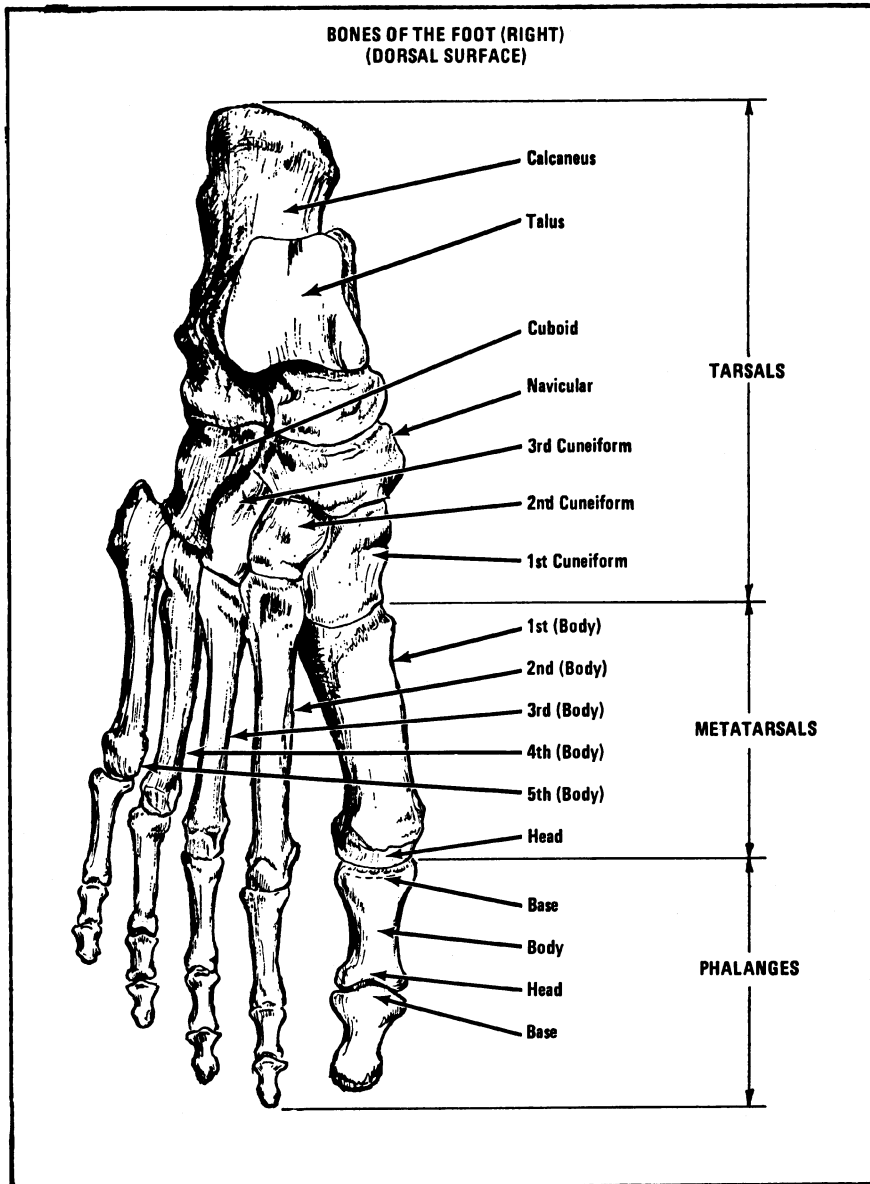


PLATE IV

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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:		
To 25° from side .....	40	30
Midway between side and shoulder level .....	30	20
At shoulder level .....	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 .....	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
Extension limited to 60° .....	10	10
Extension limited to 45° .....	10	10
5208 Forearm, flexion limited to 100° and extension to 45° .....	20	20
5209 Elbow, other impairment of Flail joint	60	50

THE ELBOW AND FOREARM—Continued

	Rating	
	Major	Minor
Joint fracture, with marked cubitus varus or cubitus valgus deformity or with ununited fracture of head of radius .....	20	20
5210 Radius and ulna, nonunion of, with flail false joint .....	50	40
5211 Ulna, impairment of:		
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:		
Dorsiflexion less than 15° .....	10	10
Palmar flexion limited in line with forearm .....	10	10

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

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

	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>i.e.</i> , 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.	.....	.....
(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 .....	.....	.....

	Rating	
	Major	Minor
(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
<b>Note:</b> 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
<b>Note:</b> 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
<b>Note:</b> Also consider whether evaluation as amputation is warranted.		
5219 Two digits of one hand, unfavorable ankylosis of:		
Thumb and any finger .....	40	30

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

	Rating	
	Major	Minor
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
<b>Note:</b> 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
<b>Note:</b> 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
<b>Note:</b> 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
<b>Note:</b> 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

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

	Rating	
	Major	Minor
<b>Note:</b> 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

**THE SPINE**

	Rating
<b>General Rating Formula for Diseases and Injuries of the Spine</b>	
(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

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THE SPINE—Continued

THE SPINE—Continued

	Rat- ing
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
<p><b>Note (1):</b> Evaluate any associated objective neurologic abnormalities, including, but not limited to, bowel or bladder impairment, separately, under an appropriate diagnostic code.</p>	

	Rat- ing
<p><b>Note (2):</b> (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.</p> <p><b>Note (3):</b> 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.</p> <p><b>Note (4):</b> Round each range of motion measurement to the nearest five degrees.</p> <p><b>Note (5):</b> 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.</p> <p><b>Note (6):</b> 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.</p> <p>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 of the spine (see also diagnostic code 5003)                      5243 Intervertebral disc syndrome</p> <p>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.</p>	

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THE SPINE—Continued

THE SPINE—Continued

	Rating
<b>Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes</b>	
With incapacitating episodes having a total duration of at least 6 weeks during the past 12 months .....	60
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

	Rating
<b>Note (1):</b> 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.	
<b>Note (2):</b> 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.	



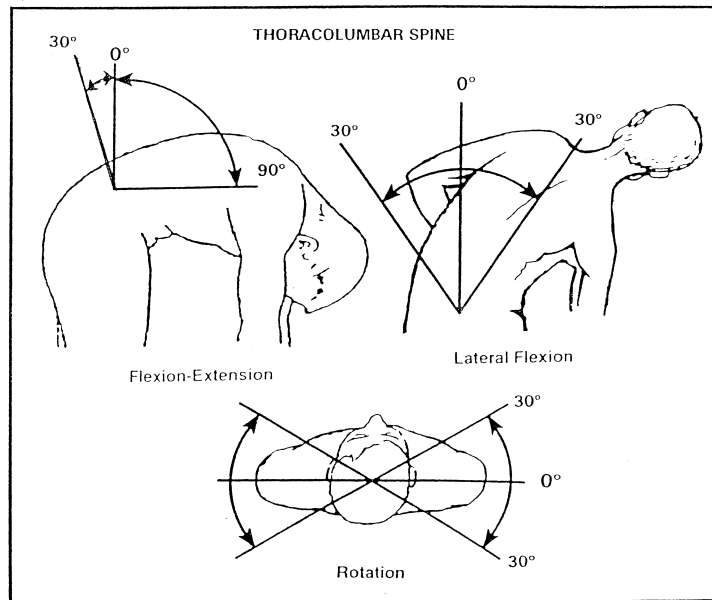
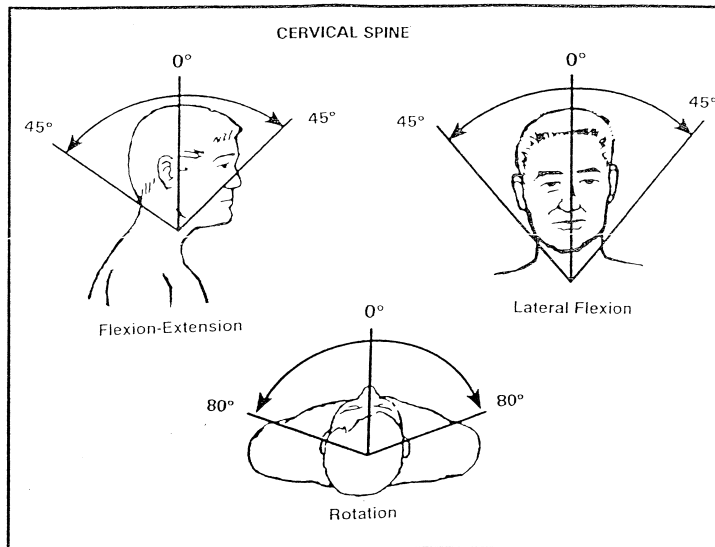


PLATE V  
RANGE OF MOTION OF CERVICAL AND THORACOLUMBAR SPINE

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THE HIP AND THIGH

	Rat- ing
5250 Hip, ankylosis of: Unfavorable, extremely unfavorable ankylosis, the foot not reaching ground, crutches neces- sitated .....	90
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, weightbearing preserved with aid of brace .....	60
Fracture of surgical neck of, with false joint .....	60
Malunion of: With marked knee or hip disability .....	30
With moderate knee or hip disability .....	20
With slight knee or hip disability .....	10

<sup>3</sup> Entitled to special monthly compensation.

THE KNEE AND LEG

	Rat- ing
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: Recurrent subluxation or lateral instability: Severe .....	30
Moderate .....	20
Slight .....	10
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: With marked knee or ankle disability .....	30

THE KNEE AND LEG—Continued

	Rat- ing
With moderate knee or ankle disability .....	20
With slight knee or ankle disability .....	10
5263 Genu recurvatum (acquired, traumatic, with weakness and insecurity in weight-bearing objec- tively demonstrated) .....	10

THE ANKLE

	Rat- ing
5270 Ankle, ankylosis of: In plantar flexion at more than 40°, or in dorsiflexion at more than 10° or with abduc- tion, 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 .....	20
Moderate .....	10
5272 Subastragalor 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 Astragalectomy .....	20

SHORTENING OF THE LOWER EXTREMITY

	Rat- ing
5275 Bones, of the lower extremity, shortening of: Over 4 inches (10.2 cms.) .....	<sup>3</sup> 60
3½ to 4 inches (8.9 cms. to 10.2 cms.) .....	<sup>3</sup> 50
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
1¼ 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.	

<sup>3</sup> Also entitled to special monthly compensation.

THE FOOT

	Rat- ing
5276 Flatfoot, acquired: Pronounced; marked pronation, extreme tender- ness 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 manipula- tion and use accentuated, indication of swell- ing on use, characteristic callosities: Bilateral .....	30
Unilateral .....	20

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THE FOOT—Continued

	Rating
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 .....	10
Mild; symptoms relieved by built-up shoe or arch support .....	0
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 .....	10
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
Unilateral .....	10
Slight .....	0
5279 Metatarsalgia, anterior (Morton's disease), unilateral, or bilateral .....	10
5280 Hallux valgus, unilateral: Operated with resection of metatarsal head .....	10
Severe, if equivalent to amputation of great toe ..	10
5281 Hallux rigidus, unilateral, severe: Rate as hallux valgus, severe. Note: Not to be combined with claw foot ratings.	
5282 Hammer toe: All toes, unilateral without claw foot .....	10
Single toes .....	0
5283 Tarsal, or metatarsal bones, malunion of, or nonunion of: 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 <sup>2</sup> (7.355 cm <sup>2</sup> ) .....	50
Area intermediate .....	30
Area smaller than the size of a 25-cent piece or 0.716 in <sup>2</sup> (4.619 cm <sup>2</sup> ) .....	10

THE SKULL—Continued

	Rating
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]

§ 4.72 [Reserved]

§ 4.73 Schedule of ratings—muscle injuries.

NOTE: 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.

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THE SHOULDER GIRDLE AND ARM

THE FOREARM AND HAND

	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>Intrinsic muscles of shoulder girdle:</i> (1) Pectoralis major II (costosternal); (2) latissimus dorsi and teres major (teres major, although technically an intrinsic muscle, is included with latissimus dorsi); (3) pectoralis minor; (4) rhomboid.		
Severe .....	40	30
Moderately Severe .....	30	20
Moderate .....	20	20
Slight .....	0	0
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) Pectoralis major I (clavicular); (2) deltoid.		
Severe .....	40	30
Moderately Severe .....	30	20
Moderate .....	20	20
Slight .....	0	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) Supraspinatus; (2) infraspinatus and teres minor; (3) subscapularis; (4) coracobrachialis.		
Severe .....	30	20
Moderately Severe .....	20	20
Moderate .....	10	10
Slight .....	0	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) Biceps; (2) brachialis; (3) brachioradialis.		
Severe .....	40	30
Moderately Severe .....	30	20
Moderate .....	10	10
Slight .....	0	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) Triceps; (2) anconeus.		
Severe .....	40	30
Moderately Severe .....	30	20
Moderate .....	10	10
Slight .....	0	0

	Rating	
	Dominant	Non-dominant
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.		
Severe .....	40	30
Moderately Severe .....	30	20
Moderate .....	10	10
Slight .....	0	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.		
Severe .....	30	20
Moderately Severe .....	20	20
Moderate .....	10	10
Slight .....	0	0
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
5310 Group X. <i>Function:</i> Movements of forefoot and toes; propulsion thrust in walking. <i>Intrinsic muscles of the foot: Plantar:</i> (1) Flexor digitorum brevis; (2) abductor hallucis; (3) abductor digiti minimi; (4) quadratus plantae; (5) lumbricales; (6) flexor hallucis brevis; (7) adductor hallucis; (8) flexor digiti minimi brevis; (9) dorsal and plantar interossei. Other important plantar structures: Plantar aponeurosis, long plantar and calcaneonavicular ligament, tendons of posterior tibial, peroneus longus, and long flexors of great and little toes.	
Severe .....	30
Moderately Severe .....	20
Moderate .....	10
Slight .....	0
<i>Dorsal:</i> (1) Extensor hallucis brevis; (2) extensor digitorum brevis. Other important dorsal structures: cruciate, crural, deltoid, and other ligaments; tendons of long extensors of toes and peronei muscles.	
Severe .....	20
Moderately Severe .....	10
Moderate .....	10
Slight .....	0

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THE FOOT AND LEG—Continued

	Rating
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) Triceps surae (gastrocnemius and soleus); (2) tibialis posterior; (3) peroneus longus; (4) peroneus brevis; (5) flexor hallucis longus; (6) flexor digitorum longus; (7) popliteus; (8) plantaris.	
Severe .....	30
Moderately Severe .....	20
Moderate .....	10
Slight .....	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) Tibialis anterior; (2) extensor digitorum longus; (3) extensor hallucis longus; (4) peroneus tertius.	
Severe .....	30
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 vaginae 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) pectineus.	
Severe .....	40
Moderately Severe .....	30
Moderate .....	10
Slight .....	0

THE PELVIC GIRDLE AND THIGH—Continued

	Rating
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 steadying 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 .....	*50
Moderately Severe .....	40
Moderate .....	20
Slight .....	0
5318 Group XVIII. <i>Function</i> : Outward rotation of thigh and stabilization of hip joint. <i>Pelvic girdle group 3</i> : (1) Piriformis; (2) gemellus (superior or inferior); (3) obturator (external or internal); (4) quadratus femoris.	
Severe .....	30
Moderately Severe .....	20
Moderate .....	10
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 infrahyoid 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

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THE TORSO AND NECK—Continued

	Rat- ing
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

	Rat- ing
5324 Diaphragm, rupture of, with herniation. Rate under diagnostic code 7346.	
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.	

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

[62 FR 30239, June 3, 1997]

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

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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 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 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

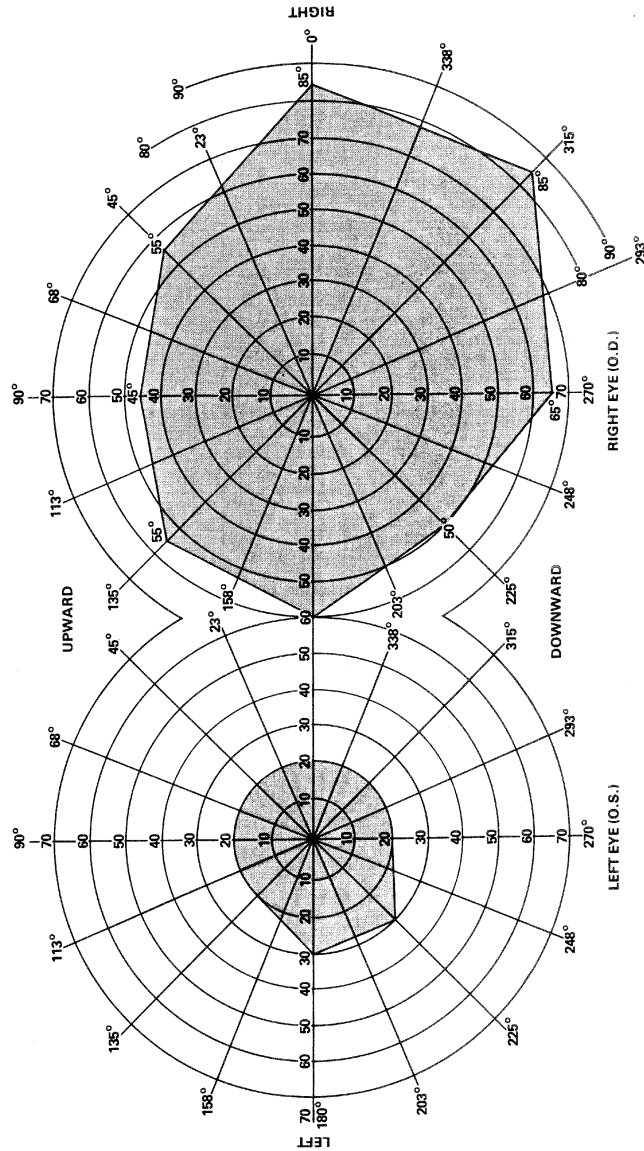


Figure 1. Chart of visual field showing normal field right eye and abnormal contraction visual field left eye.

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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
<b>Total loss .....</b>	<b>320</b>

Remaining field  $500^\circ$  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. In all cases, the results must be recorded on a standard Goldmann chart

(see Figure 2), and the Goldmann chart must be included with the examination report. The examiner must chart 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 then include the tracing 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.

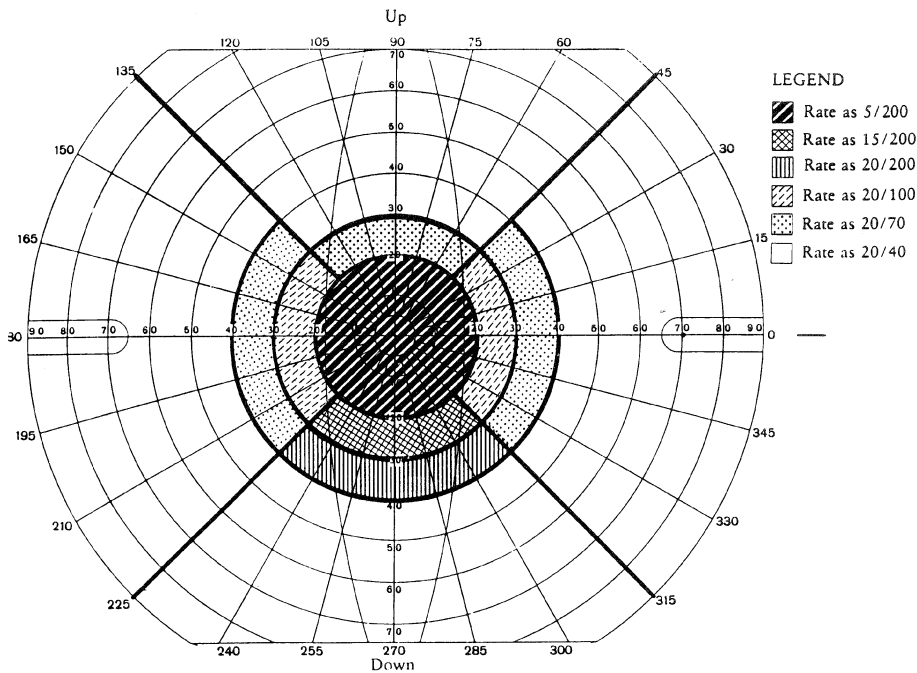


Figure 2. Goldmann Perimeter Chart

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]

**§ 4.78 Muscle function.**

(a) *Examination of muscle function.* The examiner must use a Goldmann perimeter chart 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 chart the areas of diplopia and include the plotted chart with the examination report.

(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 disability of only one eye is service-connected), and the corrected visual

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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]

§ 4.79 Schedule of ratings—eye.

DISEASES OF THE EYE

	Rating
6000 Choroidopathy, including uveitis, iritis, cyclitis, and choroiditis.	
6001 Keratopathy.	
6002 Scleritis.	
6006 Retinopathy or maculopathy.	
6007 Intraocular hemorrhage.	
6008 Detachment of retina.	
6009 Unhealed eye injury.	
<b>General Rating Formula for Diagnostic Codes 6000 through 6009</b>	
Evaluate on the basis of either visual impairment due to the particular condition or on incapacitating episodes, whichever results in a higher evaluation.	
With incapacitating episodes having a total duration of at least 6 weeks during the past 12 months .....	60
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 1 week, but less than 2 weeks, during the past 12 months .....	10
<b>Note:</b> For VA purposes, an incapacitating episode is a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other healthcare provider.	
6010 Tuberculosis of eye:	
Active .....	100
Inactive: Evaluate under § 4.88c or § 4.89 of this part, whichever is appropriate.	
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 visual impairment due to retinal scars, atrophy, or irregularities, if this would result in a higher evaluation.	
6012 Angle-closure glaucoma:	
Evaluate on the basis of either visual impairment due to angle-closure glaucoma or incapacitating episodes, whichever results in a higher evaluation.	
With incapacitating episodes having a total duration of at least 6 weeks during the past 12 months .....	60
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
Minimum evaluation if continuous medication is required .....	10
<b>Note:</b> For VA purposes, an incapacitating episode is a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other healthcare provider.	
6013 Open-angle glaucoma:	
Evaluate based on visual impairment due to open-angle glaucoma.	
Minimum evaluation if continuous medication is required .....	10
6014 Malignant neoplasms (eyeball only):	
Malignant neoplasm of the eyeball that 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 area of the eye, or surgery more extensive than enucleation .....	100
<b>Note:</b> 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 neoplasm of the eyeball that does not require therapy comparable to that for systemic malignancies:	
Separately evaluate visual impairment and nonvisual impairment, <i>e.g.</i> , disfigurement (diagnostic code 7800), and combine the evaluations.	
6015 Benign neoplasms (of eyeball and adnexa):	

DISEASES OF THE EYE—Continued

	Rating
Separately evaluate visual impairment and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.	
6016 Nystagmus, central	10
6017 Trachomatous conjunctivitis:	
Active: Evaluate based on visual impairment, minimum	30
Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800).	
6018 Chronic conjunctivitis (nontrachomatous):	
Active (with objective findings, such as red, thick conjunctivae, mucous secretion, etc.)	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:	
Evaluate based on visual impairment.	
6027 Cataract of any type:	
Preoperative:	
Evaluate based on visual impairment.	
Postoperative:	
If a replacement lens is present (pseudophakia), evaluate based on visual impairment. If there is no replacement lens, evaluate based on aphakia.	
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 based on visual impairment, disfigurement (diagnostic code 7800), conjunctivitis (diagnostic code 6018), etc., depending on the particular findings.	
6035 Keratoconus:	
Evaluate based on impairment of visual acuity.	
6036 Status post corneal transplant:	
Evaluate based on visual impairment.	
Minimum, if there is pain, photophobia, and glare sensitivity	10
6037 Pinguecula:	
Evaluate based on disfigurement (diagnostic code 7800).	

Impairment of Central Visual Acuity

6061 Anatomical loss of both eyes <sup>1</sup>	100
6062 No more than light perception in both eyes <sup>1</sup>	100
6063 Anatomical loss of one eye: <sup>1</sup>	
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: <sup>1</sup>	
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)	50

DISEASES OF THE EYE—Continued

	Rating
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) .....	<sup>1</sup> 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) .....	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

<sup>1</sup> 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:	
Bilateral .....	10
Unilateral .....	10
Or evaluate each affected eye as 20/50 (6/15).	

RATINGS FOR IMPAIRMENT OF VISUAL FIELDS—Continued

	Rating
Concentric contraction of visual field:	
With remaining field of 5 degrees: <sup>1</sup>	
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.	

<sup>1</sup> 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)
<b>Note:</b> 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 based on visual impairment, lagophthalmos (diagnostic code 6022), disfigurement (diagnostic code 7800), etc., depending on the particular findings.	

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

[73 FR 66550, Nov. 10, 2008]

§§ 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. Ex-

aminations will be conducted without the use of hearing aids.

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

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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 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**

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

<b>0-41</b>	<b>42-48</b>	<b>49-55</b>	<b>56-62</b>	<b>63-69</b>	<b>70-76</b>	<b>77-83</b>	<b>84-90</b>	<b>91-97</b>	<b>98-104</b>	<b>105+</b>
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)**

		<b>Poorer Ear</b>										
<b>Better Ear</b>	<b>XI</b>	100*										
	<b>X</b>	90	80									
	<b>IX</b>	80	70	60								
	<b>VIII</b>	70	60	50	50							
	<b>VII</b>	60	60	50	40	40						
	<b>VI</b>	50	50	40	40	30	30					
	<b>V</b>	40	40	40	30	30	20	20				
	<b>IV</b>	30	30	30	20	20	20	10	10			
	<b>III</b>	20	20	20	20	20	10	10	10	0		
	<b>II</b>	10	10	10	10	10	10	10	0	0	0	
	<b>I</b>	10	10	0	0	0	0	0	0	0	0	0
		<b>XI</b>	<b>X</b>	<b>IX</b>	<b>VIII</b>	<b>VII</b>	<b>VI</b>	<b>V</b>	<b>IV</b>	<b>III</b>	<b>II</b>	<b>I</b>

\* 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		Rat- ing
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		
6202 Otosclerosis: Rate hearing impairment		
6204 Peripheral vestibular disorders: Dizziness and occasional staggering .....	30	
Occasional dizziness .....	10	
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 .....	100	
Hearing impairment with attacks of vertigo and cerebellar gait occurring from one to four times a month, with or without tinnitus .....	60	
Hearing impairment with vertigo less than once a month, with or without tinnitus .....	30	
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 .....	10	
6208 Malignant neoplasm of the ear (other than skin only) .....	100	
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.		
6210 Chronic otitis externa:		

**DISEASES OF THE EAR—Continued**

	Rat- ing
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
●●●● ●●●● 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.	
●●●● ●●●● Assign only a single evaluation for recurrent tinnitus, whether the sound is perceived in one ear, both ears, or in the head.	
●●●● ●●●● 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.**

	Rat- ing
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,

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- (iii) nonexudative pharyngitis,
- (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—contagious diseases, immune disorders and nutritional deficiencies.**

	Rating
6300 Cholera, Asiatic: As active disease, and for 3 months convalescence .....	100
Thereafter rate residuals such as renal necrosis under the appropriate system	
6301 Visceral Leishmaniasis: During treatment for active disease .....	100
NOTE: A 100 percent evaluation shall continue beyond the cessation of treatment for active disease. 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 residuals such as liver damage or lymphadenopathy under the appropriate system.	
6302 Leprosy (Hansen’s Disease): As active disease .....	100
NOTE: A 100 percent evaluation shall continue beyond the date that an examining physician has determined that this has become inactive. Six months after the date of inactivity, 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 residuals such as skin lesions or peripheral neuropathy under the appropriate system.	
6304 Malaria: As active disease .....	100
NOTE: The diagnosis of malaria depends on the identification of the malarial parasites in blood smears. If the veteran served in an endemic area and presents signs and symptoms compatible with malaria, the diagnosis may be based on clinical grounds alone. Relapses must be confirmed by the presence of malarial parasites in blood smears. Thereafter rate residuals such as liver or spleen damage under the appropriate system	
6305 Lymphatic Filariasis: As active disease .....	100
Thereafter rate residuals such as epididymitis or lymphangitis under the appropriate system	
6306 Bartonellosis: As active disease, and for 3 months convalescence .....	100
Thereafter rate residuals such as skin lesions under the appropriate system	
6307 Plague: As active disease .....	100
Thereafter rate residuals such as lymphadenopathy under the appropriate system	
6308 Relapsing Fever: As active disease .....	100
Thereafter rate residuals such as liver or spleen damage or central nervous system involvement under the appropriate system	
6309 Rheumatic fever: As active disease .....	100
Thereafter rate residuals such as heart damage under the appropriate system	
6310 Syphilis, and other treponemal infections: Rate the complications of nervous system, vascular system, eyes or ears. (See DC 7004, syphilitic heart disease, DC 8013, cerebrospinal syphilis, DC 8014, meningovascular syphilis, DC 8015, tabes dorsalis, and DC 9301, dementia associated with central nervous system syphilis)	
6311 Tuberculosis, miliary: As active disease .....	100
Inactive: See §§ 4.88c and 4.89.	
6313 Avitaminosis: Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia .....	100
With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor .....	60
With stomatitis, diarrhea, and symmetrical dermatitis .....	40
With stomatitis, or achlorhydria, or diarrhea .....	20
Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability .....	10
6314 Beriberi: As active disease: With congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome .....	100

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	Rating
With cardiomegaly, or; with peripheral neuropathy with footdrop or atrophy of thigh or calf muscles .....	60
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 .....	30
Thereafter rate residuals under the appropriate body system.	
6315 Pellagra:	
Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia .....	100
With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor .....	60
With stomatitis, diarrhea, and symmetrical dermatitis .....	40
With stomatitis, or achlorhydria, or diarrhea .....	20
Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability .....	10
6316 Brucellosis:	
As active disease .....	100
Thereafter rate residuals such as liver or spleen damage or meningitis under the appropriate system	
6317 Typhus, scrub:	
As active disease, and for 3 months convalescence .....	100
Thereafter rate residuals such as spleen damage or skin conditions under the appropriate system	
6318 Melioidosis:	
As active disease .....	100
Thereafter rate residuals such as arthritis, lung lesions or meningitis under the appropriate system	
6319 Lyme Disease:	
As active disease .....	100
Thereafter rate residuals such as arthritis under the appropriate system	
6320 Parasitic diseases otherwise not specified:	
As active disease .....	100
Thereafter rate residuals such as spleen or liver damage under the appropriate system	
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
NOTE: 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 or with secondary diseases afflicting multiple body systems; HIV-related illness with debility and progressive weight loss, without remission, or few or brief remissions .....	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 on approved medication(s), or; minimum rating with T4 cell count less than 200, or Hairy Cell Leukoplakia, or Oral Candidiasis .....	30
Following development of definite medical symptoms, T4 cell of 200 or more and less than 500, and on 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
NOTE (1): The term "approved medication(s)" includes medications prescribed as part of a research protocol at an accredited medical institution.	
NOTE (2): Psychiatric or central nervous system manifestations, opportunistic infections, and neoplasms may be rated separately under appropriate codes if higher overall evaluation results, but not in combination with percentages otherwise assignable above.	
6354 Chronic Fatigue Syndrome (CFS):	
Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, 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
Which are nearly constant and restrict routine daily activities to 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
NOTE: For the purpose of evaluating this disability, the condition will be considered incapacitating only while it requires bed rest and treatment by a physician.	

[61 F.R. 39875, July 31, 1996]

**§ 4.88c**

**§ 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 schedular evaluation for residuals of nonpulmonary tuberculosis, <i>i.e.</i> , 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

	Rating
Following the total rating for the 2-year period after date of inactivity, the schedular evaluation for residuals of nonpulmonary tuberculosis, <i>i.e.</i> , 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 hipjoint 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 the 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]

**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 6840-6845.* (1) Pulmonary function tests (PFT's) are required to evaluate these conditions except:

(i) When the results of a maximum exercise capacity test are of record and are 20 ml/kg/min or less. If a maximum exercise capacity test is not of record, evaluate based on alternative criteria.

(ii) When pulmonary hypertension (documented by an echocardiogram or cardiac catheterization), cor pulmonale, or right ventricular hypertrophy has been diagnosed.

(iii) When there have been one or more episodes of acute respiratory failure.

(iv) When outpatient oxygen therapy is required.

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

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

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

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

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

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

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

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

**§ 4.97 Schedule of ratings—respiratory system.**

		Rating
<b>DISEASES OF THE NOSE AND THROAT</b>		
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

	Rating
<b>Note:</b> Or evaluate as DC 7800, scars, disfiguring, head, face, or neck.	
6510 Sinusitis, pansinusitis, chronic.	
6511 Sinusitis, ethmoid, chronic.	
6512 Sinusitis, frontal, chronic.	
6513 Sinusitis, maxillary, chronic.	
6514 Sinusitis, sphenoid, chronic.	
General Rating Formula for Sinusitis (DC's 6510 through 6514):	
Following radical surgery with chronic osteomyelitis, or; near constant sinusitis characterized by headaches, pain and tenderness of affected sinus, and purulent discharge or crusting after repeated surgeries .....	50
Three or more incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment, or; more than six non-incapacitating episodes per year of sinusitis characterized by headaches, pain, and purulent discharge or crusting .....	30
One or two incapacitating episodes per year of sinusitis requiring prolonged (lasting four to six weeks) antibiotic treatment, or; three to six non-incapacitating episodes per year of sinusitis characterized by headaches, pain, and purulent discharge or crusting .....	10
Detected by X-ray only .....	0
<b>Note:</b> An incapacitating episode of sinusitis means one that requires bed rest and treatment by a physician.	
6515 Laryngitis, tuberculous, active or inactive. Rate under §§ 4.88c or 4.89, whichever is appropriate.	
6516 Laryngitis, chronic:	
Hoarseness, with thickening or nodules of cords, polyps, submucous infiltration, or pre-malignant changes on biopsy .....	30
Hoarseness, with inflammation of cords or mucous membrane .....	10
6518 Laryngectomy, total .....	100
Rate the residuals of partial laryngectomy as laryngitis (DC 6516), aphonia (DC 6519), or stenosis of larynx (DC 6520).	
6519 Aphonia, complete organic:	
Constant inability to communicate by speech .....	100
Constant inability to speak above a whisper .....	60
<b>Note:</b> Evaluate incomplete aphonia as laryngitis, chronic (DC 6516).	
6520 Larynx, stenosis of, including residuals of laryngeal trauma (unilateral or bilateral):	
Forced expiratory volume in one second (FEV <sub>1</sub> ) less than 40 percent of predicted value, with Flow-Volume Loop compatible with upper airway obstruction, or; permanent tracheostomy .....	100
FEV <sub>1</sub> of 40- to 55-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction .....	60
FEV <sub>1</sub> of 56- to 70-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction .....	30
FEV <sub>1</sub> of 71- to 80-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction .....	10
<b>Note:</b> Or evaluate as aphonia (DC 6519).	
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:	
Wegener's granulomatosis, lethal midline granuloma .....	100
Other types of granulomatous infection .....	20

**DISEASES OF THE TRACHEA AND BRONCHI**

6600 Bronchitis, chronic:	
FEV <sub>1</sub> less than 40 percent of predicted value, or; the ratio of Forced Expiratory Volume in one second to Forced Vital Capacity (FEV <sub>1</sub> /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 <sub>1</sub> of 40- to 55-percent predicted, or; FEV <sub>1</sub> /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 <sub>1</sub> of 56- to 70-percent predicted, or; FEV <sub>1</sub> /FVC of 56 to 70 percent, or; DLCO (SB) 56- to 65-percent predicted .....	30
FEV <sub>1</sub> of 71- to 80-percent predicted, or; FEV <sub>1</sub> /FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .....	10
6601 Bronchiectasis:	
With incapacitating episodes of infection of at least six weeks total duration per year .....	100

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	Rating
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). <b>Note:</b> 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
<b>Note:</b> 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.	100
FEV-1 of 40- to 55-percent predicted, or; FEV-1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit) .....	60
FEV-1 of 56- to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; DLCO (SB) 56- to 65-percent predicted .....	30
FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .....	10
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.	100
FEV-1 of 40- to 55-percent predicted, or; FEV-1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit) .....	60
FEV-1 of 56- to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; DLCO (SB) 56- to 65-percent predicted .....	30
FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .....	10

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

6701 Tuberculosis, pulmonary, chronic, far advanced, active .....	100
6702 Tuberculosis, pulmonary, chronic, moderately advanced, active .....	100
6703 Tuberculosis, pulmonary, chronic, minimal, active .....	100
6704 Tuberculosis, pulmonary, chronic, active, advancement unspecified .....	100
6721 Tuberculosis, pulmonary, chronic, far advanced, inactive.	
6722 Tuberculosis, pulmonary, chronic, moderately advanced, inactive.	
6723 Tuberculosis, pulmonary, chronic, minimal, inactive.	
6724 Tuberculosis, pulmonary, chronic, inactive, advancement unspecified.	
General Rating Formula for Inactive Pulmonary Tuberculosis: For two years after date of inactivity, following active tuberculosis, which was clinically identified during service or subsequently .....	100
Thereafter for four years, or in any event, to six years after date of inactivity .....	50
Thereafter, for five years, or to eleven years after date of inactivity .....	30
Following far advanced lesions diagnosed at any time while the disease process was active, minimum .....	30
Following moderately advanced lesions, provided there is continued disability, emphysema, dyspnea on exertion, impairment of health, etc .....	20
Otherwise .....	0



	Rating
<p><b>Note (1):</b> 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.</p> <p><b>Note (2):</b> 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.</p>	
<b>Ratings for Pulmonary Tuberculosis Initially Evaluated After August 19, 1968</b>	
<p>6730 Tuberculosis, pulmonary, chronic, active .....</p> <p><b>Note:</b> Active pulmonary tuberculosis will be considered permanently and totally disabling for non-service-connected pension purposes in the following circumstances:</p> <p>(a) Associated with active tuberculosis involving other than the respiratory system.</p> <p>(b) With severe associated symptoms or with extensive cavity formation.</p> <p>(c) Reactivated cases, generally.</p> <p>(d) With advancement of lesions on successive examinations or while under treatment.</p> <p>(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.</p>	100
<p>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.</p> <p><b>Note:</b> 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).</p>	
<p>6732 Pleurisy, tuberculous, active or inactive: Rate under §§ 4.88c or 4.89, whichever is appropriate.</p>	
<b>NONTUBERCULOUS DISEASES</b>	
<p>6817 Pulmonary Vascular Disease:</p> <p>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 .....</p> <p>Chronic pulmonary thromboembolism requiring anticoagulant therapy, or; following inferior vena cava surgery without evidence of pulmonary hypertension or right ventricular dysfunction .....</p> <p>Symptomatic, following resolution of acute pulmonary embolism .....</p> <p>Asymptomatic, following resolution of pulmonary thromboembolism .....</p> <p><b>Note:</b> 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.</p>	100 60 30 0
<p>6819 Neoplasms, malignant, any specified part of respiratory system exclusive of skin growths .....</p> <p><b>Note:</b> 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.</p>	100
<p>6820 Neoplasms, benign, any specified part of respiratory system. Evaluate using an appropriate respiratory analogy.</p>	
<b>Bacterial Infections of the Lung</b>	
<p>6822 Actinomycosis.</p> <p>6823 Nocardiosis.</p> <p>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 .....</p> <p>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).</p>	100
<b>Interstitial Lung Disease</b>	
<p>6825 Diffuse interstitial fibrosis (interstitial pneumonitis, fibrosing alveolitis).</p> <p>6826 Desquamative interstitial pneumonitis.</p> <p>6827 Pulmonary alveolar proteinosis.</p> <p>6828 Eosinophilic granuloma of lung.</p>	

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		Rating
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
<b>Mycotic Lung Disease</b>		
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><b>Note:</b> 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>		
<b>Restrictive Lung Disease</b>		
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
FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted .....		10
Or rate primary disorder.		
<p><b>Note (1):</b> A 100-percent rating shall be assigned for pleurisy with empyema, with or without pleurocutaneous fistula, until resolved.</p>		
<p><b>Note (2):</b> 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.</p>		
<p><b>Note (3):</b> 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.</p>		
6846 Sarcoidosis:		

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

<sup>1</sup> 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—cardiovascular system.**

DISEASES OF THE HEART

	Rating
<p>●●●● ●●●● Evaluate cor pulmonale, which is a form of secondary heart disease, as part of the pulmonary condition that causes it.</p> <p>●●●● ●●●● 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.</p> <p>7000 Valvular heart disease (including rheumatic heart disease):</p> <p>During active infection with valvular heart damage and for three months following cessation of therapy for the active infection .....</p>	100
<p>Thereafter, with valvular heart disease (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in:</p> <p>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 .....</p>	100
<p>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 .....</p>	60

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DISEASES OF THE HEART—Continued

DISEASES OF THE HEART—Continued

	Rating
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
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 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
7002 Pericarditis:	
For three months following cessation of therapy for active infection with cardiac involvement .....	100
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 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
7003 Pericardial adhesions:	

	Rating
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
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 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: 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

DISEASES OF THE HEART—Continued

	Rat- ing
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
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: Include as part of the overall evaluation for hyperthyroidism under DC 7900. However, when atrial fibrillation is present, hyperthyroidism may be evaluated either under DC 7900 or under DC 7010 (supraventricular arrhythmia), whichever results in a higher evaluation.	
7010 Supraventricular arrhythmias:	

DISEASES OF THE HEART—Continued

	Rat- ing
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
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

DISEASES OF THE HEART—Continued

	Rating
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 .....	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 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: 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

DISEASES OF THE HEART—Continued

	Rating
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.	
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 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
<b>Diseases of the Arteries and Veins</b>	
7101 Hypertensive vascular disease (hypertension and isolated systolic hypertension): Diastolic pressure predominantly 130 or more .....	60
Diastolic pressure predominantly 120 or more .....	40

DISEASES OF THE HEART—Continued

DISEASES OF THE HEART—Continued

	Rating
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
<p>●●●● ●●●● 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.</p> <p>●●●● ●●●● 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.</p> <p>●●●● ●●●● Evaluate hypertension separately from hypertensive heart disease and other types of heart disease.</p>	
<p>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) .....</p> <p>Precluding exertion .....</p> <p>Evaluate residuals of surgical correction according to organ systems affected.</p>	100
<p>NOTE: A rating of 100 percent shall be assigned as of the date of 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.</p>	
<p>7111 Aneurysm, any large artery:                      If symptomatic, or; for indefinite period from date of hospital admission for surgical correction .....</p> <p>Following surgery:                      Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less .....</p> <p>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 .....</p> <p>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 .....</p> <p>Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less .....</p> <p>●●●● ●●●● 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.</p>	100

	Rating
<p>●●●● ●●●● 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.</p> <p>●●●● ●●●● 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.</p>	
<p>7112 Aneurysm, any small artery:                      Asymptomatic .....</p> <p>NOTE: If symptomatic, evaluate according to body system affected. Following surgery, evaluate residuals under the body system affected.</p>	0
<p>7113 Arteriovenous fistula, traumatic:                      With high output heart failure .....</p> <p>Without heart failure but with enlarged heart, wide pulse pressure, and tachycardia .....</p> <p>Without cardiac involvement but with edema, stasis dermatitis, and either ulceration or cellulitis:                      Lower extremity .....</p> <p>Upper extremity .....</p> <p>With edema or stasis dermatitis:                      Lower extremity .....</p> <p>Upper extremity .....</p>	100 60 50 40 30 20
<p>7114 Arteriosclerosis obliterans:                      Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less .....</p> <p>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 .....</p> <p>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 .....</p> <p>Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less .....</p> <p>●●●● ●●●● 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.</p> <p>●●●● ●●●● Evaluate residuals of aortic and large arterial bypass surgery or arterial graft as arteriosclerosis obliterans.</p> <p>●●●● ●●●● 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.</p>	100 60 40 20
<p>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 .....</p> <p>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 .....</p>	100 60

DISEASES OF THE HEART—Continued

DISEASES OF THE HEART—Continued

	Rating
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
●●●● ●●●● 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.	
●●●● ●●●● 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
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

	Rating
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.	
7121 Post-phlebotic syndrome of any etiology:	
With the following findings attributed to venous disease:	
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.	
7122 Cold injury residuals:	



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	Rat- ing
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
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
Arthralgia or other pain, numbness, or cold sensitivity .....	10
NOTE (1): Separately evaluate amputations of fingers or toes, and complications such as squamous cell carcinoma at the site of a cold injury scar or peripheral neuropathy, under other diagnostic codes. Separately evaluate other disabilities that have been diagnosed as the residual effects of cold injury, such as Raynaud's phenomenon, muscle atrophy, etc., unless they are used to support an evaluation under diagnostic code 7122.	
NOTE (2): Evaluate each affected part (e.g., hand, foot, ear, nose) separately and combine the ratings in accordance with §§ 4.25 and 4.26.	
7123 Soft tissue sarcoma (of vascular origin) .....	100
NOTE: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.	

(Authority: 38 U.S.C. 1155)  
 [62 FR 65219, Dec. 11, 1997, as amended at 63 FR 37779, July 14, 1998; 71 FR52460, Sept. 6, 2006; 79 FR 2100, Jan. 13, 2014]

THE DIGESTIVE SYSTEM

§4.110 Ulcers.

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.

§ 4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the "dumping syndrome" are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

§ 4.112 Weight loss.

For purposes of evaluating conditions in §4.114, the term "substantial weight loss" means a loss of greater than 20 percent of the individual's baseline weight, sustained for three months or longer; and the term "minor weight loss" means a weight loss of 10 to 20 percent of the individual's baseline weight, sustained for three months or longer. The term "inability to gain weight" means that there has been substantial weight loss with inability to regain it despite appropriate therapy. "Baseline weight" means the average weight for the two-year-period preceding onset of the disease.

(Authority: 38 U.S.C. 1155)  
 [66 FR 29488, May 31, 2001]

§4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined

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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.	
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 .....	60
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 .....	40
Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations .....	20
Mild; with recurring symptoms once or twice yearly .....	10
7306 Ulcer, marginal (gastrojejunal):	

	Rating
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 gastroscop): 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
Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss .....	40
Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations .....	20
7309 Stomach, stenosis of. Rate as for gastric ulcer.	
7310 Stomach, injury of, residuals. Rate as peritoneal adhesions.	
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).	
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) .....	100
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 .....	70
History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis) .....	50
Portal hypertension and splenomegaly, with weakness, anorexia, abdominal pain, malaise, and at least minor weight loss .....	30
Symptoms such as weakness, anorexia, abdominal pain, and malaise .....	10

	Rat- ing		Rat- ing
NOTE: For evaluation under diagnostic code 7312, documentation of cirrhosis (by biopsy or imaging) and abnormal liver function tests must be present.		Symptomatic with diarrhea, anemia and inability to gain weight .....	20
7314 Cholecystitis, chronic:		NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.	
Severe; frequent attacks of gall bladder colic .....	30	7329 Intestine, large, resection of:	
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 .....	10	With severe symptoms, objectively supported by examination findings .....	40
Mild .....	0	With moderate symptoms .....	20
7315 Cholelithiasis, chronic.		With slight symptoms .....	10
Rate as for chronic cholecystitis.		NOTE: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.	
7316 Cholangitis, chronic.		7330 Intestine, fistula of, persistent, or after attempt at operative closure:	
Rate as for chronic cholecystitis.		Copious and frequent, fecal discharge .....	100
7317 Gall bladder, injury of.		Constant or frequent, fecal discharge .....	60
Rate as for peritoneal adhesions.		Slight infrequent, fecal discharge .....	30
7318 Gall bladder, removal of:		Healed; rate for peritoneal adhesions.	
With severe symptoms .....	30	7331 Peritonitis, tuberculous, active or inactive:	
With mild symptoms .....	10	Active .....	100
Nonsymptomatic .....	0	Inactive: See §§ 4.88b and 4.89.	
Spleen, disease or injury of.		7332 Rectum and anus, impairment of sphincter control:	
See Hemic and Lymphatic Systems.		Complete loss of sphincter control .....	100
7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.):		Extensive leakage and fairly frequent involuntary bowel movements .....	60
Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress .....	30	Occasional involuntary bowel movements, necessitating wearing of pad .....	30
Moderate; frequent episodes of bowel disturbance with abdominal distress .....	10	Constant slight, or occasional moderate leakage .....	10
Mild; disturbances of bowel function with occasional episodes of abdominal distress .....	0	Healed or slight, without leakage .....	0
7321 Amebiasis:		7333 Rectum and anus, stricture of:	
Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea ....	10	Requiring colostomy .....	100
Asymptomatic .....	0	Great reduction of lumen, or extensive leakage ..	50
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.		Moderate reduction of lumen, or moderate constant leakage .....	30
7322 Dysentery, bacillary.		7334 Rectum, prolapse of:	
Rate as for ulcerative colitis..		Severe (or complete), persistent .....	50
7323 Colitis, ulcerative:		Moderate, persistent or frequently recurring .....	30
Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess .....	100	Mild with constant slight or occasional moderate leakage .....	10
Severe; with numerous attacks a year and malnutrition, the health only fair during remissions	60	7335 Ano, fistula in.	
Moderately severe; with frequent exacerbations	30	Rate as for impairment of sphincter control.	
Moderate; with infrequent exacerbations .....	10	7336 Hemorrhoids, external or internal:	
7324 Distomiasis, intestinal or hepatic:		With persistent bleeding and with secondary anemia, or with fissures .....	20
Severe symptoms .....	30	Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences .....	10
Moderate symptoms .....	10	Mild or moderate .....	0
Mild or no symptoms .....	0	7337 Pruritus ani.	
7325 Enteritis, chronic.		Rate for the underlying condition.	
Rate as for irritable colon syndrome.		7338 Hernia, inguinal:	
7326 Enterocolitis, chronic.		Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable .....	60
Rate as for irritable colon syndrome.		Small, postoperative recurrent, or unoperated irreducible, not well supported by truss, or not readily reducible .....	30
7327 Diverticulitis.		Postoperative recurrent, readily reducible and well supported by truss or belt .....	10
Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.		Not operated, but remediable .....	0
7328 Intestine, small, resection of:		Small, reducible, or without true hernia protrusion .....	0
With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss .....	60	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 definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss .....	40	7339 Hernia, ventral, postoperative:	

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	Rat- ing		Rat- ing
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	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, not well supported by belt under ordinary conditions .....	40	Nonsymptomatic .....	0
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	●●●● ●●●● 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.)	
Wounds, postoperative, healed, no disability, belt not indicated .....	0	●●●● ●●●● 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.	
7340 Hernia, femoral. Rate as for inguinal hernia.		●●●● ●●●● Hepatitis B infection must be confirmed by serologic testing in order to evaluate it under diagnostic code 7345.	
7342 Visceroperitonitis, symptomatic, marked .....	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
7343 Malignant neoplasms of the digestive system, exclusive of skin growths .....	100	Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health .....	30
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.		With two or more of the symptoms for the 30 percent evaluation of less severity .....	10
7344 Benign neoplasms, exclusive of skin growths: Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.		7347 Pancreatitis: With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition .....	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): Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) .....	100	With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks .....	60
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	Moderately severe; with at least 4-7 typical attacks of abdominal pain per year with good remission between attacks .....	30
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	With at least one recurring attack of typical severe abdominal pain in the past year .....	10
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	NOTE 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies. NOTE 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent.	
		7348 Vagotomy with pyloroplasty or 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

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	Rating
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
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
Nonsymptomatic .....	0
●●●● ●●●● 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.)	
●●●● ●●●● 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.	

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 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.

(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]

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	Rat- ing		Rat- ing
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 .....		Long-term drug therapy, 1–2 hospitalizations per year and/or requiring intermittent intensive management .....	10
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 .....	100	[59 FR 2527, Jan. 18, 1994; 59 FR 10676, Mar. 7, 1994]	
Constant albuminuria with some edema; or, definite decrease in kidney function; or, hypertension at least 40 percent disabling under diagnostic code 7101 .....	80	<b>§ 4.115b Ratings of the genitourinary system—diagnoses.</b>	
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		Rat- ing
Albumin and casts with history of acute nephritis; or, hypertension non-compensable under diagnostic code 7101 .....	30	<b>Note:</b> 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.	
Voiding dysfunction: Rate particular condition as urine leakage, frequency, or obstructed voiding		7500 Kidney, removal of one: Minimum evaluation .....	30
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	Or rate as renal dysfunction if there is nephritis, infection, or pathology of the other.	
Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day ..	40	7501 Kidney, abscess of: Rate as urinary tract infection .....	
Requiring the wearing of absorbent materials which must be changed less than 2 times per day .....	20	7502 Nephritis, chronic: Rate as renal dysfunction.	
Urinary frequency: Daytime voiding interval less than one hour, or; awakening to void five or more times per night	40	7504 Pyelonephritis, chronic: Rate as renal dysfunction or urinary tract infection, whichever is predominant.	
Daytime voiding interval between one and two hours, or; awakening to void three to four times per night .....	20	7505 Kidney, tuberculosis of: Rate in accordance with §§ 4.88b or 4.89, whichever is appropriate.	
Daytime voiding interval between two and three hours, or; awakening to void two times per night .....	10	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.	
Obstructed voiding: Urinary retention requiring intermittent or continuous catheterization .....	30	7508 Nephrolithiasis: Rate as hydronephrosis, <i>except for</i> 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
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	7509 Hydronephrosis: Severe; Rate as renal dysfunction. Frequent attacks of colic with infection (pyonephrosis), kidney function impaired ..	30
Obstructive symptomatology with or without stricture disease requiring dilatation 1 to 2 times per year .....	0	Frequent attacks of colic, requiring catheter drainage .....	20
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	Only an occasional attack of colic, not infected and not requiring catheter drainage	10

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	Rating		Rating
7510 Ureterolithiasis: Rate as hydronephrosis, <i>except for</i> 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		
7511 Ureter, stricture of: Rate as hydronephrosis, <i>except for</i> 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	<b>Note</b> —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.	
7512 Cystitis, chronic, includes interstitial and all etiologies, infectious and non-infectious: Rate as voiding dysfunction.		7529 Benign neoplasms of the genitourinary system: Rate as voiding dysfunction or renal dysfunction, whichever is predominant.	
7515 Bladder, calculus in, with symptoms interfering with function: Rate as voiding dysfunction		7530 Chronic renal disease requiring regular dialysis: Rate as renal dysfunction.	
7516 Bladder, fistula of: Rate as voiding dysfunction or urinary tract infection, whichever is predominant. Postoperative, suprapubic cystostomy ....	100	7531 Kidney transplant: Following transplant surgery ..... Thereafter: Rate on residuals as renal dysfunction, minimum rating .....	100 30
7517 Bladder, injury of: Rate as voiding dysfunction.		<b>Note</b> —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.	
7518 Urethra, stricture of: Rate as voiding dysfunction.			
7519 Urethra, fistula 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	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 .....	20
7522 Penis, deformity, with loss of erectile power—20 <sup>1</sup> .			
7523 Testis, atrophy complete: Both—20 <sup>1</sup> One—0 <sup>1</sup>			
7524 Testis, removal: Both—30 <sup>1</sup> One—0 <sup>1</sup>  <b>Note:</b> 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.			
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.			
7527 Prostate gland injuries, infections, hypertrophy, postoperative residuals: Rate as voiding dysfunction or urinary tract infection, whichever is predominant.			
7528 Malignant neoplasms of the genitourinary system .....	100		

	Rating
Or rate as renal dysfunction.	
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.	

<sup>1</sup> Review 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]

GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

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

	Rating
<b>Note 1:</b> 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.	
<b>Note 2:</b> 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, 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
7617 Uterus and both ovaries, removal of, complete:	
For three months after removal .....	100
Thereafter .....	50
7618 Uterus, removal of, including corpus:	
For three months after removal .....	100
Thereafter .....	30
7619 Ovary, removal of:	
For three months after removal .....	100
Thereafter:	
Complete removal of both ovaries	
Removal of one with or without partial removal of the other .....	10
7620 Ovaries, atrophy of both, complete .....	20
7621 Uterus, prolapse:	
Complete, through vagina and introitus .....	50
Incomplete .....	30
7622 Uterus, displacement of:	
With marked displacement and frequent or continuous menstrual disturbances .....	30
With adhesions and irregular menstruation .....	10
7623 Pregnancy, surgical complications of:	
With rectocele or cystocele .....	50
With relaxation of perineum .....	10
7624 Fistula, rectovaginal:	
Vaginal fecal leakage at least once a day requiring wearing of pad .....	100
Vaginal fecal leakage four or more times per week, but less than daily, requiring wearing of pad .....	60



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	Rating
Vaginal fecal leakage one to three times per week requiring wearing of pad .....	30
Vaginal fecal leakage less than once a week .....	10
Without leakage .....	0
7625 Fistula, urethrovaginal:	
Multiple urethrovaginal fistulae .....	100
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than four times per day .....	60
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
One .....	150
Following modified radical mastectomy:	
Both .....	160
One .....	140
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
<b>Note:</b> 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..	
(4) <i>Wide local excision</i> (including partial mastectomy, lumpectomy, tylectomy, segmentectomy, and quadrantectomy) means removal of a portion of the breast tissue..	
7627 Malignant neoplasms of gynecological system or breast .....	100

	Rating
<b>Note:</b> 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.	
7628 Benign neoplasms of the gynecological system or breast. Rate according to impairment in function of the urinary or gynecological systems, or skin.	
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
Pelvic pain or heavy or irregular bleeding not controlled by treatment .....	30
Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control	10
<b>Note:</b> Diagnosis of endometriosis must be substantiated by laparoscopy.	

<sup>1</sup> Review for entitlement to special monthly compensation under §3.350 of this chapter.

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

THE HEMIC AND LYMPHATIC SYSTEMS

§4.117 Schedule of ratings—hemic and lymphatic systems.

	Rating
7700 Anemia, hypochromic-microcytic and megaloblastic, such as iron-deficiency and pernicious anemia:	
Hemoglobin 5gm/100ml or less, with findings such as high output congestive heart failure or dyspnea at rest .....	100
Hemoglobin 7gm/100ml or less, with findings such as dyspnea on mild exertion, cardiomegaly, tachycardia (100 to 120 beats per minute) or syncope (three episodes in the last six months) .....	70
Hemoglobin 8gm/100ml or less, with findings such as weakness, easy fatigability, headaches, lightheadedness, or shortness of breath .....	30
Hemoglobin 10gm/100ml or less with findings such as weakness, easy fatigability or headaches .....	10
Hemoglobin 10gm/100ml or less, asymptomatic .....	0
<b>NOTE:</b> Evaluate complications of pernicious anemia, such as dementia or peripheral neuropathy, separately.	
7702 Agranulocytosis, acute:	
Requiring bone marrow transplant, or; requiring transfusion of platelets or red cells at least once every six weeks, or; infections recurring at least once every six weeks .....	100

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	Rating
Requiring transfusion of platelets or red cells at least once every three months, or; infections recurring at least once every three months .....	60
Requiring transfusion of platelets or red cells at least once per year but less than once every three months, or; infections recurring at least once per year but less than once every three months .....	30
Requiring continuous medication for control .....	10
NOTE: The 100 percent rating 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:	
With active disease or during a treatment phase .....	100
Otherwise rate as anemia (code 7700) or aplastic anemia (code 7716), whichever would result in the greater benefit.	
NOTE: The 100 percent rating 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. If there has been no recurrence, rate on residuals.	
7704 Polycythemia vera:	
During periods of treatment with myelosuppressants and for three months following cessation of myelosuppressant therapy .....	100
Requiring phlebotomy .....	40
Stable, with or without continuous medication .....	10
NOTE: Rate complications such as hypertension, gout, stroke or thrombotic disease separately.	
7705 Thrombocytopenia, primary, idiopathic or immune:	
Platelet count of less than 20,000, with active bleeding, requiring treatment with medication and transfusions .....	100
Platelet count between 20,000 and 70,000, not requiring treatment, without bleeding .....	70
Stable platelet count between 70,000 and 100,000, without bleeding .....	30
Stable platelet count of 100,000 or more, without bleeding .....	0
7706 Splenectomy .....	20
NOTE: Rate complications such as systemic infections with encapsulated bacteria separately.	
7707 Spleen, injury of, healed. Rate for any residuals.	
7709 Hodgkin's disease:	
With active disease or during a treatment phase .....	100
NOTE: The 100 percent rating 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. If there has been no local recurrence or metastasis, rate on residuals.	

	Rating
7710 Adenitis, tuberculous, active or inactive. Rate under §§4.88c or 4.89 of this part, whichever is appropriate.	
7714 Sickle cell anemia:	
With repeated painful crises, occurring in skin, joints, bones or any major organs caused by hemolysis and sickling of red blood cells, with anemia, thrombosis and infarction, with symptoms precluding even light manual labor .....	100
With painful crises several times a year or with symptoms precluding other than light manual labor .....	60
Following repeated hemolytic sickling crises with continuing impairment of health .....	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:	
With active disease or during a treatment phase .....	100
NOTE: The 100 percent rating 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. If there has been no local recurrence or metastasis, rate on residuals.	
7716 Aplastic anemia:	
Requiring bone marrow transplant, or; requiring transfusion of platelets or red cells at least once every six weeks, or; infections recurring at least once every six weeks .....	100
Requiring transfusion of platelets or red cells at least once every three months, or; infections recurring at least once every three months .....	60
Requiring transfusion of platelets or red cells at least once per year but less than once every three months, or; infections recurring at least once per year but less than once every three months .....	30
Requiring continuous medication for control .....	10
NOTE: The 100 percent rating 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.	
7717 AL amyloidosis (primary amyloidosis)	100

[60 FR 49227, Sept. 22, 1995, as amended at 77 FR 6467, Feb. 8, 2012; 79 FR 2100, Jan. 13, 2014]

THE SKIN

§4.118 Schedule of ratings—skin.

A veteran whose scars were rated by VA under a prior version of diagnostic codes 7800, 7801, 7802, 7803, 7804, or 7805,

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as in effect before October 23, 2008, may request review under diagnostic codes 7800, 7801, 7802, 7804, and 7805, 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 codes 7800, 7801, 7802, 7804, and 7805. A request for review pursuant to this rulemaking 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.

	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
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 .....	50
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 ...	30
With one characteristic of disfigurement .....	10
<b>Note (1):</b> 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.).	

	Rating
<p><b>Note (2):</b> 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.</p> <p><b>Note (3):</b> Take into consideration unretouched color photographs when evaluating under these criteria.</p> <p><b>Note (4):</b> 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.</p> <p><b>Note (5):</b> 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.</p>	
7801 Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are deep and nonlinear:	
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
<b>Note (1):</b> A deep scar is one associated with underlying soft tissue damage.	
<b>Note (2):</b> If multiple qualifying scars are present, or if a single qualifying scar affects more than one extremity, or a single qualifying scar affects one or more extremities and either the anterior portion or posterior portion of the trunk, or both, or a single qualifying scar affects both the anterior portion and the posterior portion of the trunk, assign a separate evaluation for each affected extremity based on the total area of the qualifying scars that affect that extremity, assign a separate evaluation based on the total area of the qualifying scars that affect the anterior portion of the trunk, and assign a separate evaluation based on the total area of the qualifying scars that affect the posterior portion of the trunk. The midaxillary line on each side separates the anterior and posterior portions of the trunk. Combine the separate evaluations under §4.25. Qualifying scars are scars that are nonlinear, deep, and are not located on the head, face, or neck.	
7802 Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are superficial and nonlinear:	
Area or areas of 144 square inches (929 sq. cm.) or greater .....	10

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	Rat- ing		Rat- ing
<p><b>Note (1):</b> A superficial scar is one not associated with underlying soft tissue damage</p> <p><b>Note (2):</b> If multiple qualifying scars are present, or if a single qualifying scar affects more than one extremity, or a single qualifying scar affects one or more extremities and either the anterior portion or posterior portion of the trunk, or both, or a single qualifying scar affects both the anterior portion and the posterior portion of the trunk, assign a separate evaluation for each affected extremity based on the total area of the qualifying scars that affect that extremity, assign a separate evaluation based on the total area of the qualifying scars that affect the anterior portion of the trunk, and assign a separate evaluation based on the total area of the qualifying scars that affect the posterior portion of the trunk. The midaxillary line on each side separates the anterior and posterior portions of the trunk. Combine the separate evaluations under § 4.25. Qualifying scars are scars that are nonlinear, superficial, and are not located on the head, face, or neck.</p>		<p>Less than 5 percent of the entire body or less than 5 percent of exposed areas affected, and; no more than topical therapy required during the past 12-month period</p> <p>Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.</p>	0
7804 Scar(s), unstable or painful:		7807 American (New World) leishmaniasis (mucocutaneous, espundia):	
Five or more scars that are unstable or painful .....	30	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.	
Three or four scars that are unstable or painful .....	20	<b>Note:</b> Evaluate non-cutaneous (visceral) leishmaniasis under DC 6301 (visceral leishmaniasis).	
One or two scars that are unstable or painful .....	10	7808 Old World leishmaniasis (cutaneous, Oriental sore):	
<b>Note (1):</b> An unstable scar is one where, for any reason, there is frequent loss of covering of skin over the scar.		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.	
<b>Note (2):</b> 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		<b>Note:</b> Evaluate non-cutaneous (visceral) leishmaniasis under DC 6301 (visceral leishmaniasis).	
<b>Note (3):</b> Scars evaluated under diagnostic codes 7800, 7801, 7802, or 7805 may also receive an evaluation under this diagnostic code, when applicable		7809 Discoid lupus erythematosus or subacute cutaneous lupus erythematosus:	
7805 Scars, other (including linear scars) and other effects of scars evaluated under diagnostic codes 7800, 7801, 7802, and 7804:		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. Do not combine with ratings under DC 6350.	
Evaluate any disabling effect(s) not considered in a rating provided under diagnostic codes 7800-04 under an appropriate diagnostic code..		7811 Tuberculosis luposa (lupus vulgaris), active or inactive:	
7806 Dermatitis or eczema.		Rate under §§ 4.88c or 4.89, whichever is appropriate.	
More than 40 percent of the entire body or more than 40 percent of exposed areas affected, or; constant or near-constant systemic therapy such as corticosteroids or other immunosuppressive drugs required during the past 12-month period ....	60	7813 Dermatophytosis (ringworm: of body, tinea corporis; of head, tinea capitis; of feet, tinea pedis; of beard area, tinea barbae; of nails, tinea unguium; of inguinal area (jock itch), tinea cruris):	
20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30	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.	60
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period .....	10	7815 Bullous disorders (including pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda):	
		More than 40 percent of the entire body or more than 40 percent of exposed areas affected, or; constant or near-constant systemic therapy such as corticosteroids or other immunosuppressive drugs required during the past 12-month period ....	60
		20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30

	Rating		Rating
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period .....	10	Any extent of involvement of the skin, and; systemic therapy such as therapeutic doses of corticosteroids, immunosuppressive retinoids, PUVA (psoralen with long-wave ultraviolet-A light) or UVB (ultraviolet-B light) treatments, or electron beam therapy required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30
Less than 5 percent of the entire body or exposed areas affected, and; no more than topical therapy required during the past 12-month period .....	0	Any extent of involvement of the skin, and; systemic therapy such as therapeutic doses of corticosteroids, immunosuppressive retinoids, PUVA (psoralen with long-wave ultraviolet-A light) or UVB (ultraviolet-B light) treatments, or electron beam therapy required for a total duration of less than six weeks during the past 12-month period .....	10
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.		Any extent of involvement of the skin, and; no more than topical therapy required during the past 12-month period .....	0
7816 Psoriasis:		7818 Malignant skin neoplasms (other than malignant melanoma):	
More than 40 percent of the entire body or more than 40 percent of exposed areas affected, or; constant or near-constant systemic therapy such as corticosteroids or other immunosuppressive drugs required during the past 12-month period ....	60	Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or impairment of function.	
20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30	<b>Note:</b> 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.	
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period .....	10	7819 Benign skin neoplasms:	
Less than 5 percent of the entire body or exposed areas affected, and; no more than topical therapy required during the past 12-month period .....	0	Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or impairment of function.	
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.		7820 Infections of the skin not listed elsewhere (including bacterial, fungal, viral, treponemal and parasitic diseases):	
7817 Exfoliative dermatitis (erythroderma):		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.	100
Generalized involvement of the skin, plus systemic manifestations (such as fever, weight loss, and hypoproteinemia), and; constant or near-constant systemic therapy such as therapeutic doses of corticosteroids, immunosuppressive retinoids, PUVA (psoralen with long-wave ultraviolet-A light) or UVB (ultraviolet-B light) treatments, or electron beam therapy required during the past 12-month period .....	100	7821 Cutaneous manifestations of collagen-vascular diseases not listed elsewhere (including scleroderma, calcinosis cutis, and dermatomyositis):	
Generalized involvement of the skin without systemic manifestations, and; constant or near-constant systemic therapy such as therapeutic doses of corticosteroids, immunosuppressive retinoids, PUVA (psoralen with long-wave ultraviolet-A light) or UVB (ultraviolet-B light) treatments, or electron beam therapy required during the past 12-month period .....	60	More than 40 percent of the entire body or more than 40 percent of exposed areas affected, or; constant or near-constant systemic therapy such as corticosteroids or other immunosuppressive drugs required during the past 12-month period ....	60

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20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30	With localized or episodic cutaneous involvement and intermittent systemic medication, such as immunosuppressive retinoids, required for a total duration of less than six weeks during the past 12-month period .....	10
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; intermittent systemic therapy such as corticosteroids or other immunosuppressive drugs required for a total duration of less than six weeks during the past 12-month period .....	10	No more than topical therapy required during the past 12-month period .....	0
Less than 5 percent of the entire body or exposed areas affected, and; no more than topical therapy required during the past 12-month period .....	0	7825 Urticaria:	
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.		Recurrent debilitating episodes occurring at least four times during the past 12-month period despite continuous immunosuppressive therapy .....	60
7822 Papulosquamous disorders not listed elsewhere (including lichen planus, large or small plaque parapsoriasis, pityriasis lichenoides et varioliformis acuta (PLEVA), lymphomatoid papulosus, and pityriasis rubra pilaris (PRP)):		Recurrent debilitating episodes occurring at least four times during the past 12-month period, and; requiring intermittent systemic immunosuppressive therapy for control .....	30
More than 40 percent of the entire body or more than 40 percent of exposed areas affected, and; constant or near-constant systemic medications or intensive light therapy required during the past 12-month period .....	60	7826 Vasculitis, primary cutaneous:	
20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected, or; systemic therapy or intensive light therapy required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30	Recurrent debilitating episodes occurring at least four times during the past 12-month period despite continuous immunosuppressive therapy .....	60
At least 5 percent, but less than 20 percent, of the entire body, or at least 5 percent, but less than 20 percent, of exposed areas affected, or; systemic therapy or intensive light therapy required for a total duration of less than six weeks during the past 12-month period .....	10	Recurrent debilitating episodes occurring at least four times during the past 12-month period, and; requiring intermittent systemic immunosuppressive therapy for control .....	30
Less than 5 percent of the entire body or exposed areas affected, and; no more than topical therapy required during the past 12-month period .....	0	Recurrent episodes occurring one to three times during the past 12-month period, and; requiring intermittent systemic immunosuppressive therapy for control .....	10
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.		Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.	
7823 Vitiligo:		7827 Erythema multiforme; Toxic epidermal necrolysis:	
With exposed areas affected .....	10	Recurrent debilitating episodes occurring at least four times during the past 12-month period despite ongoing immunosuppressive therapy .....	60
With no exposed areas affected .....	0	Recurrent episodes occurring at least four times during the past 12-month period, and; requiring intermittent systemic immunosuppressive therapy .....	30
7824 Diseases of keratinization (including ichthyoses, Darier's disease, and palmoplantar keratoderma):		Recurrent episodes occurring during the past 12-month period that respond to treatment with antihistamines or sympathomimetics, or; one to three episodes occurring during the past 12-month period requiring intermittent systemic immunosuppressive therapy .....	10
With either generalized cutaneous involvement or systemic manifestations, and; constant or near-constant systemic medication, such as immunosuppressive retinoids, required during the past 12-month period .....	60	Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.	
With either generalized cutaneous involvement or systemic manifestations, and; intermittent systemic medication, such as immunosuppressive retinoids, required for a total duration of six weeks or more, but not constantly, during the past 12-month period .....	30	7828 Acne:	
		Deep acne (deep inflamed nodules and pus-filled cysts) affecting 40 percent or more of the face and neck .....	30
		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
		Superficial acne (comedones, papules, pustules, superficial cysts) of any extent ..	0

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Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.	
7829 Chloracne:	
Deep acne (deep inflamed nodules and pus-filled cysts) affecting 40 percent or more of the face and neck .....	30
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
Superficial acne (comedones, papules, pustules, superficial cysts) of any extent ..	0
Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801, 7802, 7803, 7804, or 7805), depending upon the predominant disability.	
7830 Scarring alopecia:	
Affecting more than 40 percent of the scalp	20
Affecting 20 to 40 percent of the scalp .....	10
Affecting less than 20 percent of the scalp ..	0
7831 Alopecia areata:	
With loss of all body hair .....	10
With loss of hair limited to scalp and face ....	0
7832 Hyperhidrosis:	
Unable to handle paper or tools because of moisture, and unresponsive to therapy .....	30
Able to handle paper or tools after therapy ..	0
7833 Malignant melanoma:	
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).	
<b>Note:</b> 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.	

(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]

THE ENDOCRINE SYSTEM

§ 4.119 Schedule of ratings—endocrine system.

	Rat- ing
7900 Hyperthyroidism	

	Rat- ing
Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or gastrointestinal symptoms .....	100
Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure .....	60
Tachycardia, tremor, and increased pulse pressure or blood pressure .....	30
Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control .....	10
●●●● ●●●● If disease of the heart is the predominant finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above.	
●●●● ●●●● If ophthalmopathy is the sole finding, evaluate as field vision, impairment of (DC 6080); diplopia (DC 6090); or impairment of central visual acuity (DC 6061–6079).	
7901 Thyroid gland, toxic adenoma of	
Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or gastrointestinal symptoms .....	100
Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure .....	60
Tachycardia, tremor, and increased pulse pressure or blood pressure .....	30
Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control .....	10
●●●● ●●●● If disease of the heart is the predominant finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above.	
●●●● ●●●● If ophthalmopathy is the sole finding, evaluate as field vision, impairment of (DC 6080); diplopia (DC 6090); or impairment of central visual acuity (DC 6061–6079).	
7902 Thyroid gland, nontoxic adenoma of	
With disfigurement of the head or neck .....	20
Without disfigurement of the head or neck .....	0
<b>NOTE:</b> If there are symptoms due to pressure on adjacent organs such as the trachea, larynx, or esophagus, evaluate under the diagnostic code for disability of that organ, if doing so would result in a higher evaluation than using this diagnostic code.	
7903 Hypothyroidism	
Cold intolerance, muscular weakness, cardiovascular involvement, mental disturbance (dementia, slowing of thought, depression), bradycardia (less than 60 beats per minute), and sleepiness .....	100
Muscular weakness, mental disturbance, and weight gain .....	60
Fatigability, constipation, and mental sluggishness	30
Fatigability, or; continuous medication required for control .....	10
7904 Hyperparathyroidism	
Generalized decalcification of bones, kidney stones, gastrointestinal symptoms (nausea, vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness .....	100
Gastrointestinal symptoms and weakness .....	60
Continuous medication required for control .....	10

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	Rating		Rating
NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular residuals or as endocrine dysfunction.			
7905 Hypoparathyroidism		●●●● ●●●● 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.	
Marked neuromuscular excitability (such as convulsions, muscular spasms (tetany), or laryngeal stridor) plus either cataract or evidence of increased intracranial pressure (such as papilledema) .....	100	●●●● ●●●● 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.	
Marked neuromuscular excitability, or; paresthesias (of arms, legs, or circumoral area) plus either cataract or evidence of increased intracranial pressure .....	60	●●●● ●●●● 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.	
Continuous medication required for control .....	10	7912 Pluriglandular syndrome	
7907 Cushing's syndrome		Evaluate according to major manifestations.	
As active, progressive disease including loss of muscle strength, areas of osteoporosis, hypertension, weakness, and enlargement of pituitary or adrenal gland .....	100	7913 Diabetes mellitus	
Loss of muscle strength and enlargement of pituitary or adrenal gland .....	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 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: With recovery or control, evaluate as residuals of adrenal insufficiency or cardiovascular, psychiatric, skin, or skeletal complications under appropriate diagnostic code.		Requiring insulin and restricted diet, or; oral hypoglycemic agent and restricted diet .....	40
7908 Acromegaly		Manageable by restricted diet only .....	20
Evidence of increased intracranial pressure (such as visual field defect), arthropathy, glucose intolerance, and either hypertension or cardiomegaly .....	100	●●●● ●●●● 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 diagnostic code 7913.	10
Arthropathy, glucose intolerance, and hypertension .....	60	●●●● ●●●● When diabetes mellitus has been conclusively diagnosed, do not request a glucose tolerance test solely for rating purposes.	
Enlargement of acral parts or overgrowth of long bones, and enlarged sella turcica .....	30	7914 Neoplasm, malignant, any specified part of the endocrine system .....	100
7909 Diabetes insipidus		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.	
Polyuria with near-continuous thirst, and more than two documented episodes of dehydration requiring parenteral hydration in the past year ..	100	7915 Neoplasm, benign, any specified part of the endocrine system rate as residuals of endocrine dysfunction.	
Polyuria with near-continuous thirst, and one or two documented episodes of dehydration requiring parenteral hydration in the past year .....	60		
Polyuria with near-continuous thirst, and one or more episodes of dehydration in the past year not requiring parenteral hydration .....	40		
Polyuria with near-continuous thirst .....	20		
7911 Addison's disease (Adrenal Cortical Hypofunction)			
Four or more crises during the past year .....	60		
Three crises during the past year, or; five or more episodes during the past year .....	40		
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 .....	20		



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	Rat- ing
7916 Hyperpituitarism (prolactin secreting pituitary dysfunction)	
7917 Hyperaldosteronism (benign or malignant)	
7918 Pheochromocytoma (benign or malignant) NOTE: Evaluate diagnostic codes 7916, 7917, and 7918 as malignant or benign neoplasm as appropriate.	
7919 C-cell hyperplasia of the thyroid ..... 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.	100

[61 FR 20446, May 7, 1996]

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

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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 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 douloureux, 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

	Rating
8000 Encephalitis, epidemic, chronic: As active febrile disease .....	100

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

	Rating
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
8012 Hematomyelia:	
For 6 months .....	100
Rate residuals, minimum .....	10
8013 Syphilis, cerebrospinal.	
8014 Syphilis, meningovascular.	
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

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ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

	Rat- ing
<p>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>i.e.</i>, 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.</p> <p>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..</p> <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>	

	Rat- ing
<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>	

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ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

	Rating
<b>Evaluation of Cognitive Impairment and Subjective Symptoms</b>	
<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><b>Note (1):</b> 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> <p><b>Note (2):</b> 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><b>Note (3):</b> "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><b>Note (4):</b> 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>	

	Rating
<p><b>Note (5):</b> 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>8046 Cerebral arteriosclerosis:                      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).                      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.                      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.

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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
	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.
	Total	Objective evidence on testing of severe impairment of memory, attention, concentration, or executive functions resulting in severe functional impairment.
	Judgment .....	0 Normal. 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. 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.

Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of impairment	Criteria	
	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.	
	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.	
Social interaction .....	0	Social interaction is routinely appropriate.	
	1	Social interaction is occasionally inappropriate.	
	2	Social interaction is frequently inappropriate.	
	3	Social interaction is inappropriate most or all of the time.	
	Orientation .....	0	Always oriented to person, time, place, and situation.
	1	Occasionally disoriented to one of the four aspects (person, time, place, situation) of orientation.	
	2	Occasionally disoriented to two of the four aspects (person, time, place, situation) of orientation or often disoriented to one aspect of orientation.	
	3	Often disoriented to two or more of the four aspects (person, time, place, situation) of orientation.	
	Total	Consistently disoriented to two or more of the four aspects (person, time, place, situation) of orientation.	

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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
Motor activity (with intact motor and sensory system).	0	Motor activity normal.
	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.
Visual spatial orientation	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).
	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.

Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of impairment	Criteria
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.
	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.

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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
Neurobehavioral effects ..	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.
	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.
Communication .....	0	Able to communicate by spoken and written language (expressive communication), and to comprehend spoken and written language.

Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of impairment	Criteria
Neurobehavioral effects ..	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.
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

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MISCELLANEOUS DISEASES—Continued

	Rat- ing
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

	Rat- ing
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
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

DISEASES OF THE CRANIAL NERVES—Continued

	Rat- ing
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.	

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.		
<b>Upper radicular group (fifth and sixth cervicals)</b>		
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



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DISEASES OF THE PERIPHERAL NERVES—  
Continued

DISEASES OF THE PERIPHERAL NERVES—  
Continued

Schedule of ratings	Rating	
	Major	Minor
8610 Neuritis.		
8710 Neuralgia.		
<b>Middle radicular group</b>		
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.		
<b>Lower radicular group</b>		
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.		
<b>All radicular groups</b>		
8513 Paralysis of:		
Complete .....	90	80
Incomplete:		
Severe .....	70	60
Moderate .....	40	30
Mild .....	20	20
8613 Neuritis.		
8713 Neuralgia.		
<b>The musculospiral nerve (radial nerve)</b>		
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

Schedule of ratings	Rating	
	Major	Minor
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.		
<b>The median nerve</b>		
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.		
<b>The ulnar nerve</b>		
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
Mild .....	10	10
8616 Neuritis.		
8716 Neuralgia.		
<b>Musculocutaneous nerve</b>		
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.		
<b>Circumflex nerve</b>		
8518 Paralysis of:		
Complete; abduction of arm is impossible, outward rotation is weakened; muscles supplied are deltoid and teres minor .....	50	40

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DISEASES OF THE PERIPHERAL NERVES—  
Continued

Schedule of ratings	Rating	
	Major	Minor
Incomplete:		
Severe .....	30	20
Moderate .....	10	10
Mild .....	0	0
8618 Neuritis.		
8718 Neuralgia.		
<b>Long thoracic nerve</b>		
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	
<b>Sciatic nerve</b>		
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	
8620 Neuritis.		
8720 Neuralgia.		
<b>External popliteal nerve (common peroneal)</b>		
8521 Paralysis of:		
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	
Incomplete:		
Severe .....	30	
Moderate .....	20	
Mild .....	10	

	Rating
8621 Neuritis.	
8721 Neuralgia.	
<b>Musculocutaneous nerve (superficial peroneal)</b>	
8522 Paralysis of:	
Complete; eversion of foot weakened .....	30
Incomplete:	
Severe .....	20
Moderate .....	10
Mild .....	0
8622 Neuritis.	
8722 Neuralgia.	
<b>Anterior tibial nerve (deep peroneal)</b>	
8523 Paralysis of:	
Complete; dorsal flexion of foot lost ....	30
Incomplete:	
Severe .....	20
Moderate .....	10
Mild .....	0
8623 Neuritis.	
8723 Neuralgia.	
<b>Internal popliteal nerve (tibial)</b>	
8524 Paralysis of:	
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 .....	40
Incomplete:	
Severe .....	30
Moderate .....	20
Mild .....	10
8624 Neuritis.	
8724 Neuralgia.	
<b>Posterior tibial nerve</b>	
8525 Paralysis of:	
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
Incomplete:	
Severe .....	20
Moderate .....	10
Mild .....	10
8625 Neuritis.	
8725 Neuralgia.	
<b>Anterior crural nerve (femoral)</b>	
8526 Paralysis of:	
Complete; paralysis of quadriceps extensor muscles .....	40
Incomplete:	
Severe .....	30
Moderate .....	20
Mild .....	10

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	Rating
8626 Neuritis.	
8726 Neuralgia.	
<b>Internal saphenous nerve</b>	
8527 Paralysis of:	
Severe to complete .....	10
Mild to moderate .....	0
8627 Neuritis.	
8727 Neuralgia.	
<b>Obturator nerve</b>	
8528 Paralysis of:	
Severe to complete .....	10
Mild or moderate .....	0
8628 Neuritis.	
8728 Neuralgia.	
<b>External cutaneous nerve of thigh</b>	
8529 Paralysis of:	
Severe to complete .....	10
Mild or moderate .....	0
8629 Neuritis.	
8729 Neuralgia.	
<b>Ilio-inguinal nerve</b>	
8530 Paralysis of:	
Severe to complete .....	10
Mild or moderate .....	0
8630 Neuritis.	
8730 Neuralgia.	
8540 Soft-tissue sarcoma (of neurogenic origin) .....	100
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.	

**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.	
8911 Epilepsy, petit mal.	

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 .....		80
Averaging at least 1 major seizure in 4 months over the last year; or 9-10 minor seizures per week .....		60
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 .....		40
At least 1 major seizure in the last 2 years; or at least 2 minor seizures in the last 6 months .....		20
A confirmed diagnosis of epilepsy with a history of seizures .....		10
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).

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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 schedular evaluations, the case should be submitted to the Compensation Service or the Director, Pension and Fiduciary Service.

(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,

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](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

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agency shall evaluate it using a diagnostic code which represents the dominant (more disabling) aspect of the condition (see § 4.14).

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

[61 FR 52700, Oct. 8, 1996, 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 following the veteran's discharge to de-

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termine 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

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9424 Conversion disorder (functional neurological symptom disorder)	9433 Persistent depressive disorder (dysthymia)
9425 Illness anxiety disorder	9434 Major depressive disorder
9431 Cyclothymic disorder	9435 Unspecified depressive disorder
9432 Bipolar 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.	100
Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in adapting to stressful circumstances (including work or a worklike setting); inability to establish and maintain effective relationships.	70
Occupational and social impairment with reduced reliability and productivity due to such symptoms as: flattened affect; circumstantial, circumlocutory, or stereotyped speech; panic attacks more than once a week; difficulty in understanding complex commands; impairment of short- and long-term memory (e.g., retention of only highly learned material, forgetting to complete tasks); impaired judgment; impaired abstract thinking; disturbances of motivation and mood; difficulty in establishing and maintaining effective work and social relationships.	50
Occupational and social impairment with occasional decrease in work efficiency and intermittent periods of inability to perform occupational tasks (although generally functioning satisfactorily, with routine behavior, self-care, and conversation normal), due to such symptoms as: depressed mood, anxiety, suspiciousness, panic attacks (weekly or less often), chronic sleep impairment, mild memory loss (such as forgetting names, directions, recent events).	30
Occupational and social impairment due to mild or transient symptoms which decrease work efficiency and ability to perform occupational tasks only during periods of significant stress, or symptoms controlled by continuous medication.	10
A mental condition has been formally diagnosed, but symptoms are not severe enough either to interfere with occupational and social functioning or to require continuous medication.	0

- 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.

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(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.

	Rat- ing
9900 Maxilla or mandible, chronic osteomyelitis or osteoradionecrosis of: Rate as osteomyelitis, chronic under diagnostic code 5000.	
9901 Mandible, loss of, complete, between angles	100
9902 Mandible, loss of approximately one-half: Involving temporomandibular articulation .....	50
Not involving temporomandibular articulation .....	30
9903 Mandible, nonunion of: Severe .....	30
Moderate .....	10
NOTE—Dependent upon degree of motion and relative loss of masticatory function.	
9904 Mandible, malunion of: Severe displacement .....	20
Moderate displacement .....	10
Slight displacement .....	0
NOTE—Dependent upon degree of motion and relative loss of masticatory function.	
9905 Temporomandibular articulation, limited motion of: Inter-incisal range: 0 to 10 mm .....	40
11 to 20 mm .....	30
21 to 30 mm .....	20
31 to 40 mm .....	10
Range of lateral excursion: 0 to 4 mm .....	10
NOTE—Ratings for limited inter-incisal movement shall not be combined with ratings for limited lateral excursion.	
9906 Ramus, loss of whole or part of: Involving loss of temporomandibular articulation Bilateral .....	50
Unilateral .....	30
Not involving loss of temporomandibular articulation Bilateral .....	30
Unilateral .....	20
9907 Ramus, loss of less than one-half the substance of, not involving loss of continuity:	

	Rat- ing
Bilateral .....	20
Unilateral .....	10
9908 Condylloid process, loss of, one or both sides	30
9909 Coronoid process, loss of: Bilateral .....	20
Unilateral .....	10
9911 Hard palate, loss of half or more: Not replaceable by prosthesis .....	30
Replaceable by prosthesis .....	10
9912 Hard palate, loss of less than half of: Not replaceable by prosthesis .....	20
Replaceable by prosthesis .....	0
9913 Teeth, loss of, due to loss of substance of body of maxilla or mandible without loss of continuity: Where the lost masticatory surface cannot be restored by suitable prosthesis: Loss of all teeth .....	40
Loss of all upper teeth .....	30
Loss of all lower teeth .....	30
All upper and lower posterior teeth missing .....	20
All upper and lower anterior teeth missing .....	20
All upper anterior teeth missing .....	10
All lower anterior teeth missing .....	10
All upper and lower teeth on one side missing .....	10
Where the loss of masticatory surface can be restored by suitable prosthesis .....	0
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.	
9914 Maxilla, loss of more than half: Not replaceable by prosthesis .....	100
Replaceable by prosthesis .....	50
9915 Maxilla, loss of half or less: Loss of 25 to 50 percent: Not replaceable by prosthesis .....	40
Replaceable by prosthesis .....	30
Loss of less than 25 percent: Not replaceable by prosthesis .....	20
Replaceable by prosthesis .....	0
9916 Maxilla, malunion or nonunion of: Severe displacement .....	30
Moderate displacement .....	10
Slight displacement .....	0

[59 FR 2530, Jan. 18, 1994]

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

Sec.	Diagnostic code No.	
4.71a .....	5000	Evaluation February 1, 1962.
	5001	Evaluation March 11, 1969.
	5002	Evaluation March 1, 1963.
	5003	Added July 6, 1950.
	5012	Criterion March 10, 1976.
	5024	Criterion March 1, 1963.
	5025	Added May 7, 1996.
	5051	Added September 22, 1978.
	5052	Added September 22, 1978.
	5053	Added September 22, 1978.

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Sec.	Diagnostic code No.	
	5054	Added September 22, 1978.
	5055	Added September 22, 1978.
	5056	Added September 22, 1978.
	5100-5103	Removed March 10, 1976.
	5104	Criterion March 10, 1976.
	5105	Criterion March 10, 1976.
	5164	Evaluation June 9, 1952.
	5166	Criterion September 22, 1978.
	5172	Added July 6, 1950.
	5173	Added June 9, 1952.
	5174	Added September 9, 1975; removed September 22, 1978.
	5211	Criterion September 22, 1978.
	5212	Criterion September 22, 1978.
	5214	Criterion September 22, 1978.
	5216	Preceding paragraph criterion September 22, 1978.
	5217	Criterion August 26, 2002.
	5218	Criterion August 26, 2002.
	5219	Criterion September 22, 1978; criterion August 26, 2002.
	5220	Preceding paragraph criterion September 22, 1978; criterion August 26, 2002.
	5223	Criterion August 26, 2002.
	5224	Criterion August 26, 2002.
	5225	Criterion August 26, 2002.
	5226	Criterion August 26, 2002.
	5227	Criterion September 22, 1978; criterion August 26, 2002.
	5228	Added August 26, 2002.
	5229	Added August 26, 2002.
	5230	Added August 26, 2002.
	5235-5243	Replaces 5285-5295 September 26, 2003.
	5243	Criterion September 26, 2003.
	5255	Criterion July 6, 1950.
	5257	Evaluation July 6, 1950.
	5264	Added September 9, 1975; removed September 22, 1978.
	5275	Criterion March 10, 1976; criterion September 22, 1978.
	5285-5292	Revised to 5235-5243 September 26, 2003.
	5293	Criterion March 10, 1976; criterion September 23, 2002; revised and moved to 5235-5243 September 26, 2003.
	5294	Evaluation March 10, 1976; revised and moved to 5235-5243 September 26, 2003.
	5295	Evaluation March 10, 1976; revised and moved to 5235-5243 September 26, 2003.
	5296	Criterion March 10, 1976.
	5297	Criterion August 23, 1948; criterion February 1, 1962.
	5298	Added August 23, 1948.
4.73 .....	.....	Introduction NOTE criterion July 3, 1997.
	5317	Criterion September 22, 1978.
	5324	Added February 1, 1962.
	5325	Criterion July 3, 1997.
	5327	Added March 10, 1976; criterion October 15, 1991; criterion July 3, 1997.
	5328	Added NOTE March 10, 1976.
	5329	Added NOTE July 3, 1997.
4.84a .....	.....	Table V criterion July 1, 1994.
	6010	Criterion March 11, 1969.
	6019	Criterion September 22, 1978.
	6029	NOTE August 23, 1948; criterion September 22, 1978.
	6035	Added September 9, 1975.
	6050-6062	Removed March 10, 1976.
	6061	Added March 10, 1976.
	6062	Added March 10, 1976.
	6063-6079	Criterion September 22, 1978.
	6064	Criterion March 10, 1976.
	6071	Criterion March 10, 1976.
	6076	Evaluation August 23, 1948.
	6080	Criterion September 22, 1978.
	6081	Criterion March 10, 1976.
	6090	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 .....	.....	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.
4.87a .....	6200-6260	Moved to § 4.87 June 10, 1999.
	6275-6276	Moved from § 4.87b June 10, 1999.
	6277-6297	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.



Sec.	Diagnostic code No.	
	6286	Removed December 17, 1987.
	6291	Criterion March 10, 1976; removed December 17, 1987.
	6297	Criterion March 10, 1976; removed December 17, 1987.
4.87b .....		Removed June 10, 1999.
4.88a .....		March 11, 1969; re-designated § 4.88b November 29, 1994; § 4.88a added to read "Chronic fatigue syndrome"; criterion November 29, 1994.
4.88b .....		Added March 11, 1969; re-designated § 4.88c November 29, 1994; § 4.88a re-designated to § 4.88b November 29, 1994.
	6300	Criterion August 30, 1996.
	6302	Criterion September 22, 1978; criterion August 30, 1996.
	6304	Evaluation August 30, 1996.
	6305	Criterion March 1, 1989; evaluation August 30, 1996.
	6306	Evaluation August 30, 1996.
	6307	Criterion August 30, 1996.
	6308	Criterion August 30, 1996.
	6309	Added March 1, 1963; criterion March 1, 1989; criterion August 30, 1996.
	6314	Evaluation March 1, 1989; evaluation August 30, 1996.
	6315	Criterion August 30, 1996.
	6316	Evaluation March 1, 1989; evaluation August 30, 1996.
	6317	Criterion August 30, 1996.
	6318	Added March 1, 1989; criterion August 30, 1996.
	6319	Added August 30, 1996.
	6320	Added August 30, 1996.
	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.
	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.
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.
	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.

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Sec.	Diagnostic code No.	
4.104 .....	6821 6822-6847 7000  7001 7002 7003 7004 7005  7006 7007 7008 7010 7011 7013 7014 7015 7016 7017 7018 7019 7020 7100 7101  7110 7111 7112 7113 7114 7115 7116 7117 7118 7119 7120 7121 7122  7123	Evaluation August 23, 1948. Added October 7, 1996. Evaluation July 6, 1950; evaluation September 22, 1978; evaluation January 12, 1998.  Evaluation January 12, 1998. Evaluation January 12, 1998. Evaluation January 12, 1998. Criterion September 22, 1978; evaluation January 12, 1998. Evaluation September 9, 1975; evaluation September 22, 1978; evaluation January 12, 1998.  Evaluation January 12, 1998. Evaluation September 22, 1978; evaluation January 12, 1998. Evaluation January 12, 1998. Evaluation January 12, 1998. Evaluation January 12, 1998. Removed January 12, 1998. Removed January 12, 1998. Evaluation September 9, 1975; criterion January 12, 1998. Added September 9, 1975; evaluation January 12, 1998. Added September 22, 1978; evaluation January 12, 1998. Added January 12, 1998. Added January 12, 1998. Added January 12, 1998. Evaluation July 6, 1950. Criterion September 1, 1960; criterion September 9, 1975; criterion January 12, 1998.  Evaluation September 9, 1975; evaluation January 12, 1998. Criterion September 9, 1975; evaluation January 12, 1998. Evaluation January 12, 1998. Evaluation January 12, 1998. Added June 9, 1952; evaluation January 12, 1998. Added June 9, 1952; evaluation January 12, 1998. Added June 9, 1952; evaluation March 10, 1976; removed January 12, 1998. Added June 9, 1952; evaluation January 12, 1998. Criterion January 12, 1998. Evaluation January 12, 1998. Note following July 6, 1950; evaluation January 12, 1998. Criterion July 6, 1950; evaluation March 10, 1976; evaluation January 12, 1998. Last sentence of Note following July 6, 1950; evaluation January 12, 1998; criterion August 13, 1998. Added October 15, 1991; criterion January 12, 1998.
4.114 .....	..... 7304 7305 7308 7311 7312 7313 7319 7321 7328 7329 7330 7331 7332 7334 7339 7341 7343 7344 7345  7346 7347 7348 7351 7354	Introduction paragraph revised March 10, 1976.  Evaluation November 1, 1962. Evaluation November 1, 1962. Evaluation April 8, 1959. Criterion July 2, 2001. Evaluation March 10, 1976; evaluation July 2, 2001. Evaluation March 10, 1976; removed July 2, 2001. Evaluation November 1, 1962. Evaluation July 6, 1950; criterion March 10, 1976. Evaluation November 1, 1962. Evaluation November 1, 1962. Evaluation November 1, 1962. Criterion March 11, 1969. Evaluation November 1, 1962. Evaluation July 6, 1950; evaluation November 1, 1962. Criterion March 10, 1976. Removed March 10, 1976. Criterion March 10, 1976; criterion July 2, 2001. Criterion July 2, 2001. Evaluation August 23, 1948; evaluation February 17, 1955; evaluation July 2, 2001.  Evaluation February 1, 1962. Added September 9, 1975. Added March 10, 1976. Added July 2, 2001. Added July 2, 2001.
4.115a .....	.....	Re-designated and revised as §4.115b; new §4.115a "Ratings of the genitourinary system-dysfunctions" added February 17, 1994.
4.115b .....	7500 7501 7502 7503	Note July 6, 1950; evaluation February 17, 1994, criterion September 8, 1994. Evaluation February 17, 1994. Evaluation February 17, 1994. Removed February 17, 1994.

Sec.	Diagnostic code No.	
	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.
	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.
	7617	Criterion May 22, 1995.
	7618	Criterion May 22, 1995.
	7619	Criterion May 22, 1995.
	7620	Criterion May 22, 1995.
	7621	Criterion May 22, 1995.
	7622	Evaluation May 22, 1995.
	7623	Evaluation May 22, 1995.
	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.
	7628	Added May 22, 1995.
	7629	Added May 22, 1995.
4.117 .....	7700	Evaluation October 23, 1995.
	7701	Removed October 23, 1995.
	7702	Evaluation October 23, 1995.
	7703	Evaluation August 23, 1948; criterion October 23, 1995.
	7704	Evaluation October 23, 1995.
	7705	Evaluation October 23, 1995.
	7706	Evaluation October 23, 1995.
	7707	Criterion October 23, 1995.
	7709	Evaluation March 10, 1976; criterion October 23, 1995.
	7710	Criterion October 23, 1995.
	7711	Criterion October 23, 1995.
	7712	Criterion October 23, 1995.
	7713	Removed October 23, 1995.
	7714	Added September 9, 1975; criterion October 23, 1995.
	7715	Added October 26, 1990.
	7716	Added October 23, 1995.
	7717	Added March 9, 2012.
4.118 .....	7800	Evaluation August 30, 2002; criterion October 23, 2008.
	7801	Criterion July 6, 1950; criterion August 30, 2002; criterion October 23, 2008.
	7802	Criterion September 22, 1978; criterion August 30, 2002; criterion October 23, 2008.
	7803	Criterion August 30, 2002; removed October 23, 2008.
	7804	Criterion July 6, 1950; criterion September 22, 1978; criterion and evaluation October 23, 2008.

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Sec.	Diagnostic code No.	
	7805	Criterion October 23, 2008.
	7806	Criterion September 9, 1975; evaluation August 30, 2002.
	7807	Criterion August 30, 2002.
	7808	Criterion August 30, 2002.
	7809	Criterion August 30, 2002.
	7810	Removed August 30, 2002.
	7811	Criterion March 11, 1969; evaluation August 30, 2002.
	7812	Removed August 30, 2002.
	7813	Criterion August 30, 2002.
	7814	Removed August 30, 2002.
	7815	Evaluation August 30, 2002.
	7816	Evaluation August 30, 2002.
	7817	Evaluation August 30, 2002.
	7818	Criterion August 30, 2002.
	7819	Criterion August 30, 2002.
	7820–7833	Added August 30, 2002.
4.119 .....	7900	Criterion August 13, 1981; evaluation June 9, 1996.
	7901	Criterion August 13, 1981; evaluation June 9, 1996.
	7902	Evaluation August 13, 1981; criterion June 9, 1996.
	7903	Criterion August 13, 1981; evaluation June 9, 1996.
	7904	Criterion August 13, 1981; evaluation June 9, 1996.
	7905	Evaluation; August 13, 1981; evaluation June 9, 1996.
	7907	Evaluation August 13, 1981; evaluation June 9, 1996.
	7908	Criterion August 13, 1981; criterion June 9, 1996.
	7909	Evaluation August 13, 1981; criterion June 9, 1996.
	7910	Removed June 9, 1996.
	7911	Evaluation March 11, 1969; evaluation August 13, 1981; criterion June 9, 1996.
	7913	Criterion September 9, 1975; criterion August 13, 1981; criterion June 9, 1996.
	7914	Criterion March 10, 1976; criterion August 13, 1981; criterion June 9, 1996.
	7916	Added June 9, 1996.
	7917	Added June 9, 1996.
	7918	Added June 9, 1996.
	7919	Added June 9, 1996.
4.124a .....	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.
4.125–4.132 .....		All Diagnostic Codes under Mental Disorders October 1, 1961; except as to evaluation for Diagnostic Codes 9500 through 9511 September 9, 1975.
4.130 .....		Re-designated 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.

Sec.	Diagnostic code No.	
	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.
	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 .....	.....	Re-designated as § 4.130 November 7, 1996.
4.150 .....	.....	Criterion September 22, 1978; criterion February 17, 1994.
	9901	Criterion February 17, 1994.
	9902	Criterion February 17, 1994.
	9903	Criterion February 17, 1994.
	9905	Criterion September 22, 1978; evaluation February 17, 1994.
	9910	Removed February 17, 1994.

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Sec.	Diagnostic code No.	
	9913	Criterion February 17, 1994.
	9914	Added February 17, 1994.
	9915	Added February 17, 1994.
	9916	Added February 17, 1994.

[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]

APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES

Diagnostic Code No.	
<b>THE MUSCULOSKELETAL SYSTEM Acute, Subacute, or Chronic Diseases</b>	
5000 .....	Osteomyelitis, acute, subacute, or chronic.
5001 .....	Bones and Joints, tuberculosis.
5002 .....	Arthritis, rheumatoid (atrophic).
5003 .....	Arthritis, degenerative (hypertrophic or osteoarthritis).
5004 .....	Arthritis, gonorrheal.
5005 .....	Arthritis, pneumococcic.
5006 .....	Arthritis, typhoid.
5007 .....	Arthritis, syphilitic.
5008 .....	Arthritis, streptococcic.
5009 .....	Arthritis, other types (specify).
5010 .....	Arthritis, due to trauma.
5011 .....	Bones, caisson disease.
5012 .....	Bones, new growths, malignant.
5013 .....	Osteoporosis, with joint manifestations.
5014 .....	Osteomalacia.
5015 .....	Bones, new growths, benign.
5016 .....	Osteitis deformans.
5017 .....	Gout.
5018 .....	Hydrarthrosis, intermittent.
5019 .....	Bursitis.
5020 .....	Synovitis.
5021 .....	Myositis.
5022 .....	Periostitis.
5023 .....	Myositis ossificans.
5024 .....	Tenosynovitis.
5025 .....	Fibromyalgia.
<b>Prosthetic Implants</b>	
5051 .....	Shoulder replacement (prosthesis).
5052 .....	Elbow replacement (prosthesis).
5053 .....	Wrist replacement (prosthesis).
5054 .....	Hip replacement (prosthesis).
5055 .....	Knee replacement (prosthesis).
5056 .....	Ankle replacement (prosthesis).
<b>Combination of Disabilities</b>	
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.
<b>Amputations: Upper Extremity</b>	
Arm amputation of:	
5120 .....	Disarticulation.
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.

Diagnostic Code No.	
5125 .....	Hand, loss of use of.
<b>Multiple Finger Amputations</b>	
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.
<b>Amputations: Lower Extremity</b>	
Thigh amputation of:	
5160 .....	Disarticulation.
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, without metatarsal loss.
5171 .....	Toe, great.
5172 .....	Toes, other than great, with removal of metatarsal head.
5173 .....	Toes, three or more, without metatarsal involvement.
<b>Shoulder and Arm</b>	
5200 .....	Scapulohumeral articulation, ankylosis.
5201 .....	Arm, limitation of motion.
5202 .....	Humerus, other impairment.
5203 .....	Clavicle or scapula, impairment.
<b>Elbow and Forearm</b>	
5205 .....	Elbow, ankylosis.
5206 .....	Forearm, limitation of flexion.
5207 .....	Forearm, limitation of extension.
5208 .....	Forearm, flexion limited.

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Diagnostic Code No.	
5209 .....	Elbow, other impairment.
5210 .....	Radius and ulna, nonunion.
5211 .....	Ulna, impairment.
5212 .....	Radius, impairment.
5213 .....	Supination and pronation, impairment.
<b>Wrist</b>	
5214 .....	Wrist, ankylosis.
5215 .....	Wrist, limitation of motion.
<b>Limitation of Motion</b>	
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.
<b>Spine</b>	
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.
5243 .....	Intervertebral disc syndrome.
<b>Hip and Thigh</b>	
5250 .....	Hip, ankylosis.
5251 .....	Thigh, limitation of extension.
5252 .....	Thigh, limitation of flexion.
5253 .....	Thigh, impairment.
5254 .....	Hip, flail joint.
5255 .....	Femur, impairment.
<b>Knee and Leg</b>	
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.
<b>Ankle</b>	
5270 .....	Ankle, ankylosis.
5271 .....	Ankle, limited motion.
5272 .....	Subastragalar or tarsal joint, ankylosis.
5273 .....	Os calcis or astragalus, malunion.



Diagnostic Code No.	
5274 .....	Astragalectomy.
<b>Shortening of the Lower Extremity</b>	
5275 .....	Bones, of the lower extremity
<b>The Foot</b>	
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.
<b>The Skull</b>	
5296 .....	Loss of part of.
<b>The Ribs</b>	
5297 .....	Removal of.
<b>The Coccyx</b>	
5298 .....	Removal of.
<b>MUSCLE INJURIES</b>	
<b>Shoulder Girdle and Arm</b>	
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.
<b>Forearm and Hand</b>	
5307 .....	Group VII Function: Flexion of wrist and fingers.
5308 .....	Group VIII Function: Extension of wrist, fingers, thumb.
5309 .....	Group IX Function: Forearm muscles.
<b>Foot and Leg</b>	
5310 .....	Group X Function: Movement of forefoot and toes.
5311 .....	Group XI Function: Propulsion of foot.
5312 .....	Group XII Function: Dorsiflexion.
<b>Pelvic Girdle and Thigh</b>	
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.
<b>Torso and Neck</b>	
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.
<b>Miscellaneous</b>	
5324 .....	Diaphragm, rupture.
5325 .....	Muscle injury, facial muscles.
5326 .....	Muscle hernia.
5327 .....	Muscle, neoplasm of, malignant.

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Diagnostic Code No.	
5328 .....	Muscle, neoplasm of, benign.
5329 .....	Sarcoma, soft tissue.

**THE EYE**  
**Diseases of the Eye**

6000 .....	Uveitis.
6001 .....	Keratitis.
6002 .....	Scleritis.
6003 .....	Iritis.
6004 .....	Cyclitis.
6005 .....	Choroiditis.
6006 .....	Retinitis.
6007 .....	Hemorrhage, intra-ocular, recent.
6008 .....	Retina, detachment.
6009 .....	Eye, injury of, unhealed.
6010 .....	Eye, tuberculosis.
6011 .....	Retina, localized scars.
6012 .....	Glaucoma, congestive or inflammatory.
6013 .....	Glaucoma, simple, primary, noncongestive.
6014 .....	New growths, malignant, eyeball.
6015 .....	New growths, benign, eyeball and adnexa.
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 .....	Epiphora.
6026 .....	Neuritis, optic.
6027 .....	Cataract, traumatic.
6028 .....	Cataract, senile, and others.
6029 .....	Aphakia.
6030 .....	Accommodation, paralysis.
6031 .....	Dacryocystitis.
6032 .....	Eyelids, loss of portion.
6033 .....	Lens, crystalline, dislocation.
6034 .....	Pterygium.
6035 .....	Keratoconus.

**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).
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).

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Diagnostic Code No.	
6073 .....	Other eye 20/70 (6/21).
6073 .....	Other eye 20/50 (6/15).
6074 .....	Other eye 20/40 (6/12).
<b>Vision in 1 eye 10/200 (3/60):</b>	
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).
<b>Vision in 1 eye 15/200 (4.5/60):</b>	
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).
<b>Vision in 1 eye 20/200 (6/60):</b>	
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).
<b>Vision in 1 eye 20/100 (6/30):</b>	
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).
<b>Vision in 1 eye 20/70 (6/21):</b>	
6078 .....	Other eye 20/70 (6/21).
6078 .....	Other eye 20/50 (6/15).
6079 .....	Other eye 20/40 (6/12).
<b>Vision in 1 eye 20/50 (6/15):</b>	
6078 .....	Other eye 20/50 (6/15).
6079 .....	Other eye 20/40 (6/12).
<b>Impairment of Field Vision:</b>	
6080 .....	Field vision, impairment.
6081 .....	Scotoma.
<b>Impairment of Muscle Function:</b>	
6090 .....	Diplopia.
6091 .....	Symblepharon.
6092 .....	Diplopia, limited muscle function.
<b>THE EAR</b>	
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.
<b>OTHER SENSE ORGANS</b>	
6275 .....	Smell, complete loss.
6276 .....	Taste, complete loss.
<b>INFECTIOUS DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES</b>	
6300 .....	Cholera, Asiatic.
6301 .....	Visceral Leishmaniasis.

Diagnostic Code No.	
6302 .....	Leprosy (Hansen's Disease).
6304 .....	Malaria.
6305 .....	Lymphatic Filariasis.
6306 .....	Bartonellosis.
6307 .....	Plague.
6308 .....	Relapsing fever.
6309 .....	Rheumatic fever.
6310 .....	Syphilis.
6311 .....	Tuberculosis, miliary.
6313 .....	Avitaminosis.
6314 .....	Beriberi.
6315 .....	Pellagra.
6316 .....	Brucellosis.
6317 .....	Typhus, scrub.
6318 .....	Melioidosis.
6319 .....	Lyme disease.
6320 .....	Parasitic diseases.
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.
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.
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Diagnostic Code No.	
6823 .....	Nocardiosis.
6824 .....	Chronic lung abscess.
<b>Interstitial Lung Disease</b>	
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.
<b>Mycotic Lung Disease</b>	
6834 .....	Histoplasmosis.
6835 .....	Coccidioidomycosis.
6836 .....	Blastomycosis.
6837 .....	Cryptococcosis.
6838 .....	Aspergillosis.
6839 .....	Mucormycosis.
<b>Restrictive Lung Disease</b>	
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.
<b>THE CARDIOVASCULAR SYSTEM</b> <b>Diseases of the Heart</b>	
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.
<b>Diseases of the Arteries and Veins</b>	
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-phlebotic syndrome.
7122 .....	Cold injury residuals.
7123 .....	Soft tissue sarcoma.
<b>THE DIGESTIVE SYSTEM</b>	
7200 .....	Mouth, injuries.

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Diagnostic Code No.	
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.
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.

Diagnostic Code No.	
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, disease or injury.
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 .....	Uterus, prolapse.
7622 .....	Uterus, displacement.
7623 .....	Pregnancy, surgical complications.
7624 .....	Fistula, rectovaginal.
7625 .....	Fistula, urethrovaginal.
7626 .....	Breast, surgery.
7627 .....	Malignant neoplasms.
7628 .....	Benign neoplasms.
7629 .....	Endometriosis.

**THE HEMIC AND LYMPHATIC SYSTEMS**

7700 .....	Anemia.
7702 .....	Agranulocytosis, acute.
7703 .....	Leukemia.
7704 .....	Polycythemia vera.
7705 .....	Thrombocytopenia.
7706 .....	Splenectomy.
7707 .....	Spleen, injury of, healed.
7709 .....	Hodgkin's disease.
7710 .....	Adenitis, tuberculous.
7714 .....	Sickle cell anemia.
7715 .....	Non-Hodgkin's lymphoma.
7716 .....	Aplastic anemia.
7717 .....	AL amyloidosis (primary amyloidosis).

**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 deep and nonlinear.
7802 .....	Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are superficial and nonlinear.
7804 .....	Scar(s), unstable or painful.
7805 .....	Scars, other.
7806 .....	Dermatitis or eczema.
7807 .....	Leishmaniasis, American (New World).
7808 .....	Leishmaniasis, Old World.
7809 .....	Lupus erythematosus, discoid.
7811 .....	Tuberculosis luposa (lupus vulgaris).
7813 .....	Dermatophytosis.
7815 .....	Bullous disorders.
7816 .....	Psoriasis.

Diagnostic Code No.	
7817 .....	Exfoliative dermatitis.
7818 .....	Malignant skin neoplasms.
7819 .....	Benign skin neoplasms.
7820 .....	Infections of the skin.
7821 .....	Cutaneous manifestations of collagen-vascular diseases.
7822 .....	Papulosquamous disorders.
7823 .....	Vitiligo.
7824 .....	Keratization, diseases.
7825 .....	Urticaria.
7826 .....	Vasculitis, primary cutaneous.
7827 .....	Erythema multiforme.
7828 .....	Acne.
7829 .....	Chloracne.
7830 .....	Scarring alopecia.
7831 .....	Alopecia areata.
7832 .....	Hyperhidrosis.
7833 .....	Malignant melanoma.
<b>THE ENDOCRINE SYSTEM</b>	
7900 .....	Hyperthyroidism.
7901 .....	Thyroid gland, toxic adenoma.
7902 .....	Thyroid gland, nontoxic adenoma.
7903 .....	Hypothyroidism.
7904 .....	Hyperparathyroidism.
7905 .....	Hypoparathyroidism.
7907 .....	Cushing's syndrome.
7908 .....	Acromegaly.
7909 .....	Diabetes insipidus.
7911 .....	Addison's disease.
7912 .....	Pluriglandular syndrome.
7913 .....	Diabetes mellitus.
7914 .....	Malignant neoplasm.
7915 .....	Benign neoplasm.
7916 .....	Hyperpituitarism.
7917 .....	Hyperaldosteronism.
7918 .....	Pheochromocytoma.
7919 .....	C-cell hyperplasia, thyroid.
<b>NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS</b> <b>Organic Diseases of the Central Nervous System</b>	
8000 .....	Encephalitis, epidemic, chronic.
<b>Brain, New Growth of</b>	
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, meningovascular.
8015 .....	Tabes dorsalis.
8017 .....	Amyotrophic lateral sclerosis.
8018 .....	Multiple sclerosis.
8019 .....	Meningitis, cerebrospinal, epidemic.
8020 .....	Brain, abscess.
<b>Spinal Cord, New Growths</b>	
8021 .....	Malignant.
8022 .....	Benign.
8023 .....	Progressive muscular atrophy.
8024 .....	Syringomyelia.
8025 .....	Myasthenia gravis.
8045 .....	Residuals of traumatic brain injury (TBI).
8046 .....	Cerebral arteriosclerosis.



Diagnostic Code No.	
<b>Miscellaneous Diseases</b>	
8100 .....	Migraine
8103 .....	Tic, convulsive.
8104 .....	Paramyoclonus multiplex.
8105 .....	Chorea, Sydenham's.
8106 .....	Chorea, Huntington's.
8107 .....	Athetosis, acquired.
8108 .....	Narcolepsy.
<b>The Cranial Nerves</b>	
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.
<b>Peripheral Nerves</b>	
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.
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.

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Diagnostic Code No.	
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.
<b>The Epilepsies</b>	
8910 .....	Grand mal.
8911 .....	Petit mal.
8912 .....	Jacksonian and focal motor or sensory.
8913 .....	Diencephalic.
8914 .....	Psychomotor.
<b>Mental Disorders</b>	
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.
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.
<b>DENTAL AND ORAL CONDITIONS</b>	
9900 .....	Maxilla or mandible, chronic.
9901 .....	Mandible, loss of, complete.
9902 .....	Mandible, loss of approximately one-half.

Diagnostic Code No.	
9903	Mandible, nonunion.
9904	Mandible, malunion.
9905	Temporomandibular articulation, limited motion.
9906	Ramus, loss of whole or part.
9907	Ramus, loss of less than one-half.
9908	Condylod process.
9909	Coronoid process.
9911	Hard palate, loss of half or more.
9912	Hard palate, loss of less than half.
9913	Teeth, loss of.
9914	Maxilla, loss of more than half.
9915	Maxilla, loss of half or less.
9916	Maxilla, malunion or nonunion of.

[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]

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	7702
AL amyloidosis	7717
Alopecia areata	7831
Amebiasis	7321
Amputation:	
Arm:	
Disarticulation	5120
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

	Diagnostic code No.
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 a lower level, permitting prosthesis .....	5165
Forefoot, proximal to metatarsal bones .....	5166
Toes, all, without metatarsal loss .....	5170
Toe, great .....	5171
Toes, other than great, with removal of metatarsal head .....	5172
Toes, three or more, without metatarsal involvement .....	5173
Thigh:	
Disarticulation .....	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 .....	7700
Aneurysm:	
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 (hypertrophic or osteoarthritis) .....	5003
Due to trauma .....	5010

	Diagnostic code No.
Gonorrheal .....	5004
Other types .....	5009
Pneumococcic .....	5005
Rheumatoid (atrophic) .....	5002
Streptococcic .....	5008
Syphilitic .....	5007
Typhoid .....	5006
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:	
Caisson disease .....	5011
New growths, benign .....	5015
New growths, malignant .....	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
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
Cholera, Asiatic .....	6300
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
Conjunctivitis:	
Trachomatous .....	6017

	Diagnostic code No.
Other .....	6018
Coronary bypass surgery .....	7017
Cryptococcosis .....	6837
Cushing's syndrome .....	7907
Cutaneous manifestations of collagen-vascular diseases .....	7821
Cyclitis .....	6004
Cystitis, chronic .....	7512
Dacryocystitis .....	6031
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
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
Erythromelalgia .....	7119
Esophagus:	
Diverticulum .....	7205
Spasm .....	7204
Stricture .....	7203
Exfoliative dermatitis .....	7817
Fallopian tube .....	7614
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

	Diagnostic code No.
Genu recurvatum .....	5263
Glaucoma:	
Congestive or inflammatory .....	6012
Simple, primary, noncongestive .....	6013
Glomerulonephritis .....	7536
Gout .....	5017
Hallux:	
Rigidus .....	5281
Valgus .....	5280
Hammer toe .....	5282
Heart valve replacement .....	7016
Hematomyelia .....	8012
Hemorrhage:	
Brain .....	8009
Intra-ocular .....	6007
Hemorrhoids .....	7336
Hepatitis C .....	7354
Hernia:	
Femoral .....	7340
Hiatal .....	7346
Inguinal .....	7338
Muscle .....	5326
Ventral .....	7339
Hip:	
Degenerative arthritis .....	5242
Flail joint .....	5254
Histoplasmosis .....	6834
HIV-Related Illness .....	6351
Hodgkin's disease .....	7709
Hydrarthrosis, intermittent .....	5018
Hydronephrosis .....	7509
Hyperaldosteronism .....	7917
Hyperhidrosis .....	7832
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
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

	Diagnostic code No.
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
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
Keratization, 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 .....	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 articulation .....	9905
Thumb .....	5228
Wrist, limitation of motion .....	5215
Liver:	
Disease, chronic, without cirrhosis .....	7345
Transplant .....	7351
Cirrhosis .....	7312
Loss of:	
Auricle .....	6207
Condylod process .....	9908



	Diagnostic code No.
Coronoid process .....	9909
Eyebrows .....	6023
Eyelashes .....	6024
Eyelids .....	6032
Mandible:	
One-half .....	9902
Complete .....	9901
Maxilla:	
More than half .....	9914
Less than half .....	9915
Nose, part of, or scars .....	6504
Palate, hard:	
Half or more .....	9911
Less than half .....	9912
Ramus:	
Whole or part .....	9906
Less than one-half .....	9907
Skull, part of .....	5296
Smell, sense of .....	6275
Taste, sense of .....	6276
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 .....	6305
Malaria .....	6304
Malignant melanoma .....	7833
Malunion:	
Mandible .....	9904
Os calcis or astragalus .....	5273
Maxilla, malunion or nonunion .....	9916
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

	Diagnostic code No.
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 ossificans .....	5023
Myositis .....	5021
Narcolepsy .....	8108
Neoplasms:	
Benign:	
Digestive system .....	7344
Ear .....	6209
Endocrine .....	7915
Genitourinary .....	7529
Gynecological or breast .....	7628
Muscle .....	5328
Respiratory .....	6820
Skin .....	7819
Malignant:	
Digestive system .....	7343
Ear .....	6208
Endocrine .....	7914
Genitourinary .....	7528
Gynecological or breast .....	7627
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

	Diagnostic code No.
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
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
Eyeball and adnexa .....	6015
Spinal cord .....	8022
Malignant	
Bones .....	5012
Brain .....	8002
Eyeball .....	6014
Spinal cord .....	8021
Nocardiosis .....	6823
Non-Hodgkin's lymphoma .....	7715
Nonunion:	
Mandible .....	9903
Radius and ulna .....	5210
Nystagmus, central .....	6016
Osteitis deformans .....	5016
Osteomalacia .....	5014
Osteomyelitis .....	5000
Osteomyelitis maxilla or mandible .....	9900
Osteoporosis, with joint manifestations .....	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
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

	Diagnostic code No.
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
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
Periostitis .....	5022
Peripheral vestibular disorders .....	6204
Peritoneum, adhesions .....	7301
Peritonitis .....	7331
Pes cavus (Claw foot) acquired .....	5278
Pheochromocytoma .....	7918
Plague .....	6307
Pleural effusion or fibrosis .....	6845
Pluriglandular syndrome .....	7912
Pneumoconiosis .....	6832
Pneumonitis & fibrosis:	
Drug-induced .....	6829
Radiation-induced .....	6830
Poliomyelitis, anterior .....	8011
Polycythemia vera .....	7704
Postgastrectomy syndromes .....	7308
Post-phlebotic syndrome .....	7121
Post-surgical residual .....	6844
Pregnancy, surgical complications .....	7623
Progressive muscular atrophy .....	8023
Prostate gland .....	7527
Prosthetic Implants:	
Ankle replacement .....	5056
Elbow replacement .....	5052
Hip replacement .....	5054
Knee 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

	Diagnostic code No.
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
Involvement in systemic diseases .....	7541
Tubular disorders .....	7532
Retina detachment of .....	6008
Retinitis .....	6006
Rhinitis:	
Allergic or vasomotor .....	6522
Bacterial .....	6523
Granulomatous .....	6524
Resection of intestine:	
Large .....	7329
Small .....	7328
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 scars(s) due to other causes, not of the head, face, or neck, that are deep and nonlinear ... ..	7801
Burn scar(s) or scars(s) due to other causes, not of the head, face, or neck, that are superficial and nonlinear .....	7802
Other .....	7805
Retina .....	6011
Unstable or painful .....	7804
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
Spinal fusion .....	5241
Spinal stenosis .....	5238
Spleen, injury of, healed .....	7707
Splenectomy .....	7706
Spondylolisthesis or segmental instability, spine .....	5239
Stomach, stenosis of .....	7309
Symblepharon .....	6091
Syndromes:	
Chronic Fatigue Syndrome (CFS) .....	6354
Cushing's .....	7907
Meniere's .....	6205
Raynaud's .....	7117
Sleep Apnea .....	6847
Synovitis .....	5020
Syphilis .....	6310
Syphilis:	
Cerebrospinal .....	8013
Meningovascular .....	8014
Syphilitic heart disease .....	7004
Syringomyelia .....	8024
Tabes dorsalis .....	8015
Tarsal or metatarsal bones .....	5283
Tenosynovitis .....	5024
Testis:	
Atrophy, complete .....	7523
Removal .....	7524
Thrombocytopenia .....	7705

	Diagnostic code No.
Thrombosis, brain .....	8008
Thyroid gland:	
Nontoxic adenoma .....	7902
Toxic adenoma .....	7901
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
Typhus, scrub .....	6317
Ulcer:	
Duodenal .....	7305
Gastric .....	7304
Marginal .....	7306
Ureter, stricture of .....	7511
Ureterolithiasis .....	7510
Urethra:	
Fistula .....	7519
Stricture .....	7518
Urticaria .....	7825
Uterus:	
And both ovaries, removal .....	7617
Disease or injury .....	7613
Displacement .....	7622
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
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

	Diagnostic code No.
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
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 disease or injury of .....	7610
Weak foot .....	5277

[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]

**PART 5 [RESERVED]**

**PART 6—UNITED STATES GOVERNMENT LIFE INSURANCE**

AGE

Sec.

6.1 Misstatement of age.

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BENEFICIARY OF UNITED STATES GOVERNMENT LIFE INSURANCE

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 6.15 Cash value; special endowment at age 96 plan policy.

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6.17 Collection of any indebtedness.

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6.19 Evidence to establish death of the insured.

DETERMINATION OF LIABILITY UNDER SECTIONS 302 AND 313, WORLD WAR VETERANS' ACT, 1924, SECTIONS 607 AND 602(v)(2), NATIONAL SERVICE LIFE INSURANCE ACT, 1940, AS AMENDED, AND SECTIONS 1921 AND 1957 OF TITLE 38, UNITED STATES CODE

6.20 Jurisdiction.

APPEALS

6.21 Guardian: definition and authority.

AUTHORITY: 38 U.S.C. 501, 1940-1963, 1981-1988, unless otherwise noted.

AGE

**§ 6.1 Misstatement of age.**

If the age of the insured under a United States Government life insurance policy has been understated, the amount of the insurance payable under the policy shall be such exact amount as the premium paid would have purchased at the correct age; if overstated, the excess of premiums paid shall be refunded without interest. Guaranteed surrender and loan values will be modified accordingly. The age of the insured will be admitted by the Department of