Pt. 4

- (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]

PART 4—SCHEDULE FOR RATING DISABILITIES

Subpart A—General Policy in Rating

Sec.

- 4.1 Essentials of evaluative rating.
- 4.2 Interpretation of examination reports.
- 4.3 Resolution of reasonable doubt.
- 4.6 Evaluation of evidence.

- 4.7 Higher of two evaluations.
- 4.9 Congenital or developmental defects.
- 4.10 Functional impairment.
- 4.13 Effect of change of diagnosis.
- 4.14 Avoidance of pyramiding.
- 4.15 Total disability ratings.
- 4.16 Total disability ratings for compensation based on unemployability of the individual.
- 4.17 Total disability ratings for pension based on unemployability and age of the individual.
- 4.17a Misconduct etiology.
- 4.18 Unemployability.
- 4.19 Age in service-connected claims.
- 4.20 Analogous ratings.
- 4.21 Application of rating schedule.
- 4.22 Rating of disabilities aggravated by active service.
- 4.23 Attitude of rating officers.
- 4.24 Correspondence.
 - .25 Combined ratings table.
- 4.26 Bilateral factor.
- 4.27 Use of diagnostic code numbers.
- 4.28 Prestabilization rating from date of discharge from service.
- 4.29 Ratings for service-connected disabilities requiring hospital treatment or observation.
- 4.30 Convalescent ratings.
- 4.31 Zero percent evaluations.

Subpart B—Disability Ratings

THE MUSCULOSKELETAL SYSTEM

- 4.40 Functional loss.
- 4.41 History of injury.
- 4.42 Complete medical examination of injury cases.
- 4.43 Osteomyelitis.
- 4.44 The bones.
- 4.45 The joints.
- 4.46 Accurate measurement.
- 4.47-4.54 [Reserved]
- 4.55 Principles of combined ratings for muscle injuries.
- 4.56 Evaluation of muscle disabilities.
- 4.57 Static foot deformities.
- 4.58 Arthritis due to strain.
- 4.59 Painful motion.
- 4.60 [Reserved]
- 4.61 Examination.
- 4.62 Circulatory disturbances.4.63 Loss of use of hand or foot.
- 4.64 Loss of use of both buttocks.
- 4.65 [Reserved]
- 4.66 Sacroiliac joint.
- 4.67 Pelvic bones.
- 4.68 Amputation rule.
- 4.69 Dominant hand.
- 4.70 Inadequate examinations.
- 4.71 Measurement of ankylosis and joint motion.
- 4.71a Schedule of ratings—musculoskeletal system.
- 4.72 [Reserved]
- 4.73 Schedule of ratings—muscle injuries.

THE ORGANS OF SPECIAL SENSE

- 4.75 General considerations for evaluating visual impairment.
- 4.76 Visual acuity.
- 4.76a Computation of average concentric contraction of visual fields.
- 4.77 Visual fields.
- 4.78 Muscle function.
- 4.79 Schedule of ratings—eye.
- 4.80-4.84 [Reserved]

IMPAIRMENT OF AUDITORY ACUITY

- 4.85 Evaluation of hearing impairment.
- $\begin{array}{ll} 4.86 & \hbox{Exceptional patterns of hearing impairment.} \end{array}$
- $4.87 \quad \text{Schedule of ratings---ear.}$
- 4.87a Schedule of ratings—other sense organs.

INFECTIOUS DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES

- 4.88 [Reserved]
- 4.88a Chronic fatigue syndrome.
- 4.88b Schedule of ratings—infectious diseases, immune disorders and nutritional deficiencies.
- 4.88c Ratings for inactive nonpulmonary tuberculosis initially entitled after August 19, 1968.
- 4.89 Ratings for inactive nonpulmonary tuberculosis in effect on August 19, 1968.

THE RESPIRATORY SYSTEM

- 4.96 Special provisions regarding evaluation of respiratory conditions.
- 4.97 Schedule of ratings—respiratory system.

THE CARDIOVASCULAR SYSTEM

- 4.100 Application of the evaluation criteria for diagnostic codes 7000-7007, 7011, and 7015-7020.
- 4.101-4.103 [Reserved]
- 4.104 Schedule of ratings—cardiovascular system.

THE DIGESTIVE SYSTEM

- 4.110 Ulcers.
- 4.111 Postgastrectomy syndromes.
- 4.112 Weight loss.
- 4.113 Coexisting abdominal conditions.
- 4.114 Schedule of ratings—digestive system.

THE GENITOURINARY SYSTEM

- 4.115 Nephritis.
- 4.115a Ratings of the genitourinary system—dysfunctions.
- 4.115b Ratings of the genitourinary system—diagnoses.

GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

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

THE HEMIC AND LYMPHATIC SYSTEMS

4.117 Schedule of ratings—hemic and lymphatic systems.

THE SKIN

4.118 Schedule of ratings—skin.

THE ENDOCRINE SYSTEM

4.119 Schedule of ratings—endocrine system.

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

- 4.120 Evaluations by comparison.
- 4.121 Identification of epilepsy.
- 4.122 Psychomotor epilepsy.
- 4.123 Neuritis, cranial or peripheral.
- 4.124 Neuralgia, cranial or peripheral.
- 4.124a Schedule of ratings—neurological conditions and convulsive disorders.

MENTAL DISORDERS

- 4.125 Diagnosis of mental disorders.
- 4.126 Evaluation of disability from mental disorders.
- 4.127 Intellectual disability (intellectual developmental disorder) and personality disorders.
- 4.128 Convalescence ratings following extended hospitalization.
- 4.129 Mental disorders due to traumatic stress.
- 4.130 Schedule of ratings—Mental disorders.

DENTAL AND ORAL CONDITIONS

- 4.149 [Reserved]
- 4.150 Schedule of ratings—dental and oral conditions.
- APPENDIX A TO PART 4—TABLE OF AMEND-MENTS AND EFFECTIVE DATES SINCE 1946
- APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES
- APPENDIX C TO PART 4—ALPHABETICAL INDEX OF DISABILITIES

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 disability, that each disability be viewed in relation to its history.

[41 FR 11292, Mar. 18, 1976]

§ 4.2 Interpretation of examination reports.

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

[41 FR 11292, Mar. 18, 1976]

§4.3 Resolution of reasonable doubt.

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

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

[40 FR 42535, Sept. 15, 1975]

§ 4.6 Evaluation of evidence.

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

§4.7 Higher of two evaluations.

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

§ 4.9 Congenital or developmental defects.

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

[41 FR 11292, Mar. 18, 1976]

§4.10 Functional impairment.

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

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.

 $[29~{\rm FR}~6718,~{\rm May}~22,~1964,~{\rm as}~{\rm amended}~{\rm at}~61~{\rm FR}~52700,~{\rm Oct.}~8,~1996]$

§ 4.14 Avoidance of pyramiding.

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

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

§4.15 Total disability ratings.

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

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

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

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

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

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

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

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

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

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

- (a) Marginal employment, for example, as a self-employed farmer or other person, while employed in his or her own business, or at odd jobs or while employed at less than half the usual remuneration will not be considered incompatible with a determination of unemployability, if the restriction, as to securing or retaining better employment, is due to disability.
- (b) Claims of all veterans who fail to meet the percentage standards but who meet the basic entitlement criteria and are unemployable, will be referred by the rating board to the Veterans Service Center Manager or the Pension

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

§4.21 Application of rating schedule.

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

[41 FR 11293, Mar. 18, 1976]

§ 4.22 Rating of disabilities aggravated by active service.

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

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

§ 4.23 Attitude of rating officers.

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

[41 FR 11292, Mar. 18, 1976]

§ 4.24 Correspondence.

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

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

§ 4.25 Combined ratings table.

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

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

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

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

	10	20	30	40	50	60	70	80	90
70	73	76	79	82	85	88	91	94	97
71	74	77	80	83	86	88	91	94	97
72	75	78	80	83	86	89	92	94	97
73	76	78	81	84	87	89	92	95	97
74	77	79	82	84	87	90	92	95	97
75	78	80	83	85	88	90	93	95	98
76	78	81	83	86	88	90	93	95	98
77	79	82	84	86	89	91	93	95	98
78	80	82	85	87	89	91	93	96	98
79	81	83	85	87	90	92	94	96	98
80	82	84	86	88	90	92	94	96	98
81	83	85	87	89	91	92	94	96	98
82	84	86	87	89	91	93	95	96	98
83	85	86	88	90	92	93	95	97	98
84	86	87	89	90	92	94	95	97	98
85	87	88	90	91	93	94	96	97	99
86	87	89	90	92	93	94	96	97	99
87	88	90	91	92	94	95	96	97	99
88	89	90	92	93	94	95	96	98	99
89	90	91	92	93	95	96	97	98	99
90	91	92	93	94	95	96	97	98	99
91	92	93	94	95	96	96	97	98	99
92	93	94	94	95	96	97	98	98	99
93	94	94	95	96	97	97	98	99	99
94	95	95	96	96	97	98	98	99	99
	ı		1		1		1	I	l

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

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

§ 4.26 Bilateral factor.

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

- (a) The use of the terms "arms" and "legs" is not intended to distinguish between the arm, forearm and hand, or the thigh, leg, and foot, but relates to the upper extremities and lower extremities as a whole. Thus with a compensable disability of the right thigh, for example, amputation, and one of the left foot, for example, pes planus, the bilateral factor applies, and similarly whenever there are compensable disabilities affecting use of paired extremities regardless of location or specified type of impairment.
- (b) The correct procedure when applying the bilateral factor to disabilities affecting both upper extremities and both lower extremities is to combine the ratings of the disabilities affecting the 4 extremities in the order of their individual severity and apply the bilateral factor by adding, not combining, 10 percent of the combined value thus attained.
- (c) The bilateral factor is not applicable unless there is partial disability of compensable degree in each of 2 paired extremities, or paired skeletal muscles.

§ 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 "builtup" 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
juries— Material impairment of employability likely	50

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

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

[35 FR 11906, July 24, 1970]

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

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

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

- (a) Subject to the provisions of paragraphs (d), (e), and (f) of this section this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge (regular discharge or release to non-bed care) or effective the last day of the month of termination of treatment or observation for the service-connected disability. A temporary release which is approved by an attending Department of Veterans Affairs physician as part of the treatment plan will not be considered an absence.
- (1) An authorized absence in excess of 4 days which begins during the first 21 days of hospitalization will be regarded as the equivalent of hospital discharge effective the first day of such authorized absence. An authorized absence of 4 days or less which results in a total of more than 8 days of authorized absence during the first 21 days of hospitalization will be regarded as the equivalent of hospital discharge effective the ninth day of authorized absence.
- (2) Following a period of hospitalization in excess of 21 days, an authorized absence in excess of 14 days or a third consecutive authorized absence of 14 days will be regarded as the equivalent of hospital discharge and will interrupt hospitalization effective on the last day of the month in which either the authorized absence in excess of 14 days or the third 14 day period begins, except where there is a finding that convalescence is required as provided by paragraph (e) or (f) of this section. The termination of these total ratings will not be subject to §3.105(e) of this chapter.
- (b) Notwithstanding that hospital admission was for disability not connected with service, if during such hospitalization, hospital treatment for a service-connected disability is instituted and continued for a period in excess of 21 days, the increase to a total rating will be granted from the first day of such treatment. If service connection for the disability under treat-

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

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

§ 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 smoothlv.
- (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 sacrolliac 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 se-

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

- (d) The combined evaluation of muscle groups acting upon a single unankylosed joint must be lower than the evaluation for unfavorable ankylosis of that joint, except in the case of muscle groups I and II acting upon the shoulder.
- (e) For compensable muscle group injuries which are in the same anatomical region but do not act on the same joint, the evaluation for the most severely injured muscle group will be increased by one level and used as the combined evaluation for the affected muscle groups.
- (f) For muscle group injuries in different anatomical regions which do not act upon ankylosed joints, each muscle group injury shall be separately rated and the ratings combined under the provisions of §4.25.

(Authority: 38 U.S.C. 1155) [62 FR 30237, June 3, 1997]

§ 4.56 Evaluation of muscle disabilities.

- (a) An open comminuted fracture with muscle or tendon damage will be rated as a severe injury of the muscle group involved unless, for locations such as in the wrist or over the tibia, evidence establishes that the muscle damage is minimal.
- (b) A through-and-through injury with muscle damage shall be evaluated as no less than a moderate injury for each group of muscles damaged.
- (c) For VA rating purposes, the cardinal signs and symptoms of muscle disability are loss of power, weakness, lowered threshold of fatigue, fatigue-pain, impairment of coordination and uncertainty of movement.
- (d) Under diagnostic codes 5301 through 5323, disabilities resulting from muscle injuries shall be classified as slight, moderate, moderately severe or severe as follows:
- (1) Slight disability of muscles—(i) Type of injury. Simple wound of muscle without debridement or infection.

- (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.

§ 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, bilat-

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

§4.65 [Reserved]

§ 4.66 Sacroiliac joint.

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

§4.67 Pelvic bones.

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

§ 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 re-

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

§ 4.71 Measurement of ankylosis and joint motion.

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

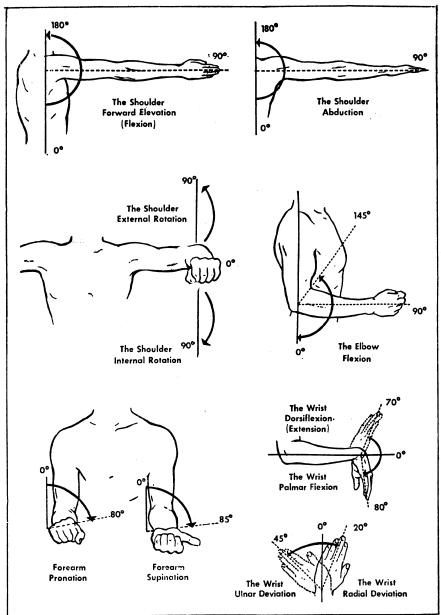


PLATE I

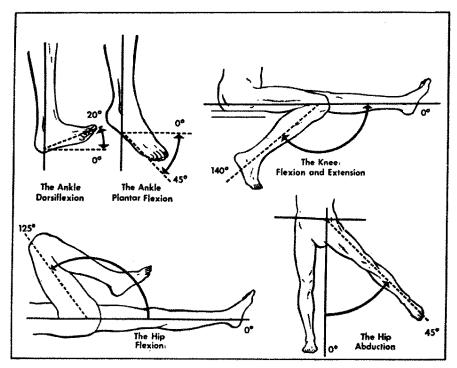


PLATE II

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

§ 4.71a Schedule of ratings—musculoskeletal system.

ACUTE, SUBACUTE, OR CHRONIC DISEASES

	Rat- ing
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
Frequent episodes, with constitutional symptoms	60
With definite involucrum or sequestrum, with or	
without discharging sinus	30
With discharging sinus or other evidence of ac-	
tive infection within the past 5 years	20
Inactive, following repeated episodes, without evidence of active infection in past 5 years	10

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Continued

Rat-

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.

§4.71a

38 CFR Ch. I (7-1-18 Edition)

Acute, Subacute, or Chronic Diseases—Continued

ACUTE, SUBACUTE, OR CHRONIC DISEASES— Continued

Continued		Continuca	
	at- ng		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		ith X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations	20
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.	on) with Note on) ratin	groups	10
5001 Bones and joints, tuberculosis of, active or inactive: Active Inactive: See §§ 4.88b and 4.89. 5002 Arthritis rheumatoid (atrophic) As an active	5004 Arth 5005 Arth 5006 Arth	3 to 5024, inclusive. riftis, gonorrheal. riftis, typhoid. riftis, typhoid. riftis, syphilitic.	
process: With constitutional manifestations associated with active joint involvement, totally incapacitating	5008 Arth 5009 Arth With th 100 thro	nritis, streptococcic. nritis, other types (specify). ne types of arthritis, diagnostic codes 5004 ugh 5009, rate the disability as rheumatoid	
Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacer- bations occurring 4 or more times a year or a lesser number over prolonged periods	ray findir 5011 Bor	ritis. riftis, due to trauma, substantiated by X- ngs: Rate as arthritis, degenerative. les, caisson disease of: Rate as arthritis, blyement, or deafness, depending on the	
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-estab-	severity 5012 Bor NOTE: for	of disabling manifestations. les, new growths of, malignant The 100 percent rating will be continued 1 year following the cessation of surgical,	100
lished diagnosis	20 there has the	y, antineoplastic chemotherapy or other apeutic procedure. At this point, if there been no local recurrence or metastases, rating will be made on residuals. eoporosis, with joint manifestations.	
the appropriate diagnostic codes for the spe- cific joints involved. Where, however, the limi- tation of motion of the specific joint or joints in- volved is noncompensable under the codes a rating of 10 percent is for application for each	5014 Ost 5015 Bor	eomalacia. les, new growths of, benign. eitis deformans.	
such major joint or group of minor joints af- fected by limitation of motion, to be combined, not added under diagnostic code 5002. Limita- tion of motion must be objectively confirmed	5018 Hyd 5019 Bur 5020 Syn 5021 Myd	ovitis.	
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 limi-	5024 Ten The o	ositis ossificans. losynovitis. diseases under diagnostic codes 5013	
tation of motion or ankylosis. Assign the high- er evaluation. 5003 Arthritis, degenerative (hypertrophic or osteo- arthritis):	tion tive, agno	ugh 5024 will be rated on limitation of mo- of affected parts, as arthritis, degenera- except gout which will be rated under di- ostic code 5002.	
Degenerative arthritis established by X-ray find- ings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved (DC	syndrom With v der	videspread musculoskeletal pain and ten- points, with or without associated fatigue,	
5200 etc.). When however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diag- nostic codes, a rating of 10 pct is for applica-	head sion	p disturbance, stiffness, paresthesias, dache, irritable bowel symptoms, depres- , anxiety, or Raynaud's-like symptoms: nat are constant, or nearly so, and refrac-	
tion 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 ob-	Tł	tory to therapy nat are episodic, with exacerbations often precipitated by environmental or emo- tional stress or by overexertion, but that	40
jectively confirmed by findings such as swell- ing, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below:	Tł	are present more than one-third of the time	20 10

§4.71a

ACUTE, SUBACUTE, OR CHRONIC DISEASES—Continued

	Rat- ing
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.e., cervical spine, anterior chest, thoracic spine, or low back) and the extremities.	

PROSTHETIC IMPLANTS

PROSTHETIC IMPLANTS		
	Rati	ing
	Major	Minor
5051 Shoulder replacement (prosthesis). Prosthetic replacement of the shoulder joint:		
For 1 year following implantation of prosthesis	100	100
severe, painful motion or weak- ness in the affected extremity With intermediate degrees of resid- ual weakness, pain or limitation of motion, rate by analogy to di-	60	50
agnostic codes 5200 and 5203. Minimum rating	30	20
For 1 year following implantation of prosthesis	100	100
severe painful motion or weak- ness in the affected extremity With intermediate degrees of resid- ual weakness, pain or limitation of motion rate by analogy to di- agnostic codes 5205 through 5208.	50	40
Minimum evaluation	30	20
prosthesisWith chronic residuals consisting of severe, painful motion or weak-	100	100
ness in the affected extremity With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214.	40	30
Minimum rating	20	20
For 1 year following implantation of prosthesis		100
such as to require the use of crutches		1 90

PROSTHETIC IMPLANTS—Continued

	Rat	ing
	Major	Mino
Markedly severe residual weak-		
ness, pain or limitation of motion		
following implantation of pros-		
thesis		70
Moderately severe residuals of		
weakness, pain or limitation of		50
motion		
Minimum rating		30
5055 Knee replacement (prosthesis).		
Prosthetic replacement of knee joint:		
For 1 year following implantation of		100
prosthesis With chronic residuals consisting of		100
severe painful motion or weak-		
ness in the affected extremity		60
With intermediate degrees of resid-		"
ual weakness, pain or limitation		
of motion rate by analogy to di-		
agnostic codes 5256, 5261, or		
5262.		
Minimum rating		30
5056 Ankle replacement (prosthesis).		
Prosthetic replacement of ankle joint:		
For 1 year following implantation of		
prosthesis		100
With chronic residuals consisting of		
severe painful motion or weak- ness		40
With intermediate degrees of resid-		"
ual weakness, pain or limitation		
of motion rate by analogy to		
5270 or 5271.		
Minimum rating		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 compensa-		
tion is assignable during the 100 pct		
rating period the earliest date perma-		
nent use of crutches is established.		
COMBINATIONS OF DISABILITIES		
5104 Anatomical loss of one hand and loss		
of use of one foot		1100
5105 Anatomical loss of one foot and loss		
of use of one hand		1 100
5106 Anatomical loss of both hands		¹ 100
5107 Anatomical loss of both feet		110
5108 Anatomical loss of one hand and one		
foot		1100
5109 Loss of use of both hands		1 100
5110 Loss of use of both feet		1100
5111 Loss of use of one hand and one foot		1100

Note: The term "prosthetic replacement" in diagnostic codes 5051 through 5056 means a total replacement of the named joint. However, in DC 5054, "prosthetic replacement" means a total replacement of the head of the femur or of the acetabulum.

¹ Also entitled to special monthly compensation.

§4.71a

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

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

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

Rating

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

AMPUTATIONS: UPPER EXTREMITY

		Major	Minor
A	rm, amputation of:		
5120	Disarticulation	1 90	1 90
5121	Above insertion of deltoid	190	1 80
5122	Below insertion of deltoid	180	170
F	orearm, amputation of:		
5123	Above insertion of pronator teres	180	170
5124	Below insertion of pronator teres	170	1 60
5125	Hand, loss of use of	170	1 60
	MULTIPLE FINGER AMPUTATIONS		
5126	Five digits of one hand, amputation		
of		170	¹ 60
F	our digits of one hand, amputation of:		
5127	Thumb, index, long and ring	170	1 60
5128	Thumb, index, long and little	170	¹ 60
5129		170	1 60
5130	Thumb, long, ring and little	170	¹ 60
5131	Index, long, ring and little	60	50
T	hree digits of one hand, amputation of:		
5132	Thumb, index and long	60	50
5133	Thumb, index and ring	60	50
5134	Thumb, index and little	60	50
5135	Thumb, long and ring	60	50
5136	Thumb, long and little	60	J 50

AMPUTATIONS: UPPER EXTREMITY—Continued

		Rati	ng
		Major	Minor
5137	Thumb, ring and little	60	50
5138	Index, long and ring	50	40
5139	Index, long and little	50	40
5140	Index, ring and little	50	40
5141	Long, ring and little	40	30
Т	wo digits of one hand, amputation of:		
5142	Thumb and index	50	40
5143	Thumb and long	50	40
5144	Thumb and ring	50	40
5145	Thumb and little	50	40
5146	Index and long	40	30
5147	Index and ring	40	30
5148	Index and little	40	30
5149	Long and ring	30	20
5150	Long and little	30	20
5151	Ring and little	30	20
	a) The ratings for multiple finger amputations apply to amputations at the proximal interphalangeal joints or through proximal phalanges b) Amputation through middle phalanges will be rated as prescribed for unfavorable ankylosis of the fingers		

§4.71a

AMPUTATIONS: UPPER EXTREMITY—Continued

	Rating	
	Major	Minor
(c) Amputations at distal joints, or through distal phalanges, other than negligible losses, will be rated as pre- scribed 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.e., amputation, unfavorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades. (f) Loss of use of the hand will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump with a suitable prosthetic appliance.		

SINGLE FINGER AMPUTATIONS
5152 Thumb, amputation of:

With metacarpal resection	Major 40 30 20	Minor 30 20 20
At metacarpophalangeal joint or through proximal phalanx At distal joint or through distal phalanx 5153 Index finger, amputation of With metacarpal resection (more than	30	20
proximal phalanx At distal joint or through distal phalanx 5153 Index finger, amputation of With metacarpal resection (more than		
5153 Index finger, amputation of With metacarpal resection (more than	20	20
With metacarpal resection (more than		
one-half the hone lost)		
	30	20
Without metacarpal resection, at proxi-		
mal interphalangeal joint or proximal		_
thereto	20	2
Through middle phalanx or at distal joint 5154 Long finger, amputation of:	10	1
With metacarpal resection (more than		
one-half the bone lost)	20	2
Without metacarpal resection, at proxi-	20	_
mal interphalangeal joint or proximal		
thereto	10	1
5155 Ring finger, amputation of:		
With metacarpal resection (more than		
one-half the bone lost)	20	2
Without metacarpal resection, at proxi-		
mal interphalangeal joint or proximal		
thereto	10	1
5156 Little finger, amputation of:		
With metacarpal resection (more than		
one-half the bone lost)	20	2
Without metacarpal resection, at proxi-		
mal interphalangeal joint or proximal	10	
thereto	10	1
NOTE: The single finger amputation rat- ings are the only applicable ratings		
for amputations of whole or part of		
single fingers.		

AMPUTATIONS: UPPER EXTREMITY—Continued

¹ Entitled to special monthly compensation.

SINGLE FINGER AMPUTATIONS

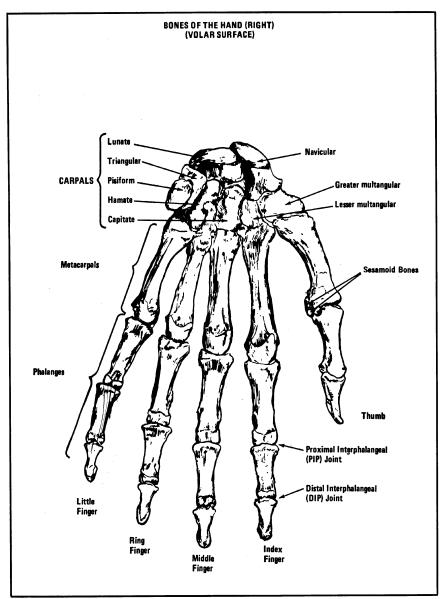


PLATE III

§4.71a

AMPUTATIONS: LOWER EXTREMITY

	Rat- ing
Thigh, amputation of:	
5160 Disarticulation, with loss of extrinsic pelvic gir-	
dle muscles	290
5161 Upper third, one-third of the distance from	
perineum to knee joint measured from perineum	280
5162 Middle or lower thirds	² 60
Leg, amputation of:	
5163 With defective stump, thigh amputation rec-	
ommended	260
5164 Amputation not improvable by prosthesis con-	
trolled by natural knee action	² 60
5165 At a lower level, permitting prosthesis	² 40
5166 Forefoot, amputation proximal to metatarsal	
bones (more than one-half of metatarsal loss)	240
5167 Foot, loss of use of	240

AMPUTATIONS: LOWER EXTREMITY—Continued

	Rat- ing
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 re-	
moval of metatarsal head:	
One or two	20
Without metatarsal involvement	0
5173 Toes, three or four, amputation of, without	
metatarsal involvement:	
Including great toe	20
Not including great toe	10

² Also entitled to special monthly compensation.

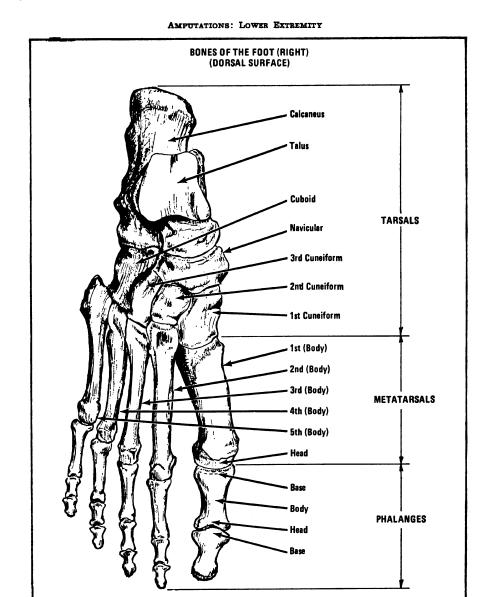


PLATE IV

§4.71a

THE SHOULDER AND ARM

	Rati	ing
	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 un-		
favorable	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	40	اد
level	30	20
At shoulder level	20	20
5202 Humerus, other impairment of:	20	20
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 quard-		
ing 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
Malunian of	1 10	4.0

10

10

THE ELBOW AND FOREARM

	Rati	ng
	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

	Rati	ing
	Major	Minor
Joint fracture, with marked cubitus		
varus or cubitus valgus deformity or		
with ununited fracture of head of ra-		
dius	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 move-		
ment:		
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 5213 Supination and pronation, impairment	10	10
of:		
Loss of (bone fusion):		
The hand fixed in supination or	40	30
hyperpronation The hand fixed in full pronation	30	20
The hand fixed in rull profitation The hand fixed near the middle of	30	20
the arc or moderate pronation	20	20
Limitation of pronation:	20	20
Motion lost beyond middle of arc	30	20
Motion lost beyond last quarter of	30	20
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 inju-	.0	.0
ries, codes 5205 through 5213, mul-		
tiple impaired finger movements due		
to tendon tie-up, muscle or nerve in-		
jury, are to be separately rated and		
combined not to exceed rating for		
loss of use of hand.	1	

THE WRIST

	Rati	ing
	Major	Minor
5214 Wrist, ankylosis of: Unfavorable, in any degree of palmar flexion, or with ulnar or radial deviation Any other position, except favorable Favorable in 20° to 30° dorsiflexion NOTE: Extremely unfavorable ankylosis will be rated as loss of use of hands under diagnostic code 5125. 5215 Wrist, limitation of motion of:	50 40 30	40 30 20
Dorsiflexion less than 15°	10	10
Palmar flexion limited in line with fore- arm	10	10

§4.71a

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

	Rati	ng		Rati	ng
	Major	Minor		Major	Mino
1) For the index, long, ring, and little fingers			(iv) If only the metacarpophalangeal		
(digits II, III, IV, and V), zero degrees of			or proximal interphalangeal joint		
flexion represents the fingers fully ex-			is ankylosed, and there is a gap		
tended, making a straight line with the rest			of two inches (5.1 cm.) or less		
of the hand. The position of function of the			between the fingertip(s) and the		
hand is with the wrist dorsiflexed 20 to 30			proximal transverse crease of the		
degrees, the metacarpophalangeal and			palm, with the finger(s) flexed to		
proximal interphalangeal joints flexed to			the extent possible, evaluate as		
30 degrees, and the thumb (digit I) ab-			favorable ankylosis		
ducted and rotated so that the thumb pad			(4) Evaluation of ankylosis of the thumb:		
faces the finger pads. Only joints in these			(i) If both the carpometacarpal and		
positions are considered to be in favorable			interphalangeal joints are		
position. For digits II through V, the			ankylosed, and either is in exten-		
metacarpophalangeal joint has a range of			sion or full flexion, or there is ro-		
zero to 90 degrees of flexion, the proximal			tation or angulation of a bone,		
interphalangeal joint has a range of zero			evaluate as amputation at		
to 100 degrees of flexion, and the distal			metacarpophalangeal joint or		
(terminal) interphalangeal joint has a			through proximal phalanx		
range of zero to 70 or 80 degrees of flex-			(ii) If both the carpometacarpal and		
ion			interphalangeal joints are		
2) When two or more digits of the same			ankylosed, evaluate as unfavor-		
hand are affected by any combination of			able ankylosis, even if each joint		
amputation, ankylosis, or limitation of mo-			is individually fixed in a favorable		
tion that is not otherwise specified in the			position		
rating schedule, the evaluation level as-			(iii) If only the carpometacarpal or		
signed will be that which best represents			interphalangeal joint is		
the overall disability (i.e., amputation, un-			ankylosed, and there is a gap of		
favorable or favorable ankylosis, or limita-			more than two inches (5.1 cm.)		
tion of motion), assigning the higher level			between the thumb pad and the		
of evaluation when the level of disability is			fingers, with the thumb attempt-		
equally balanced between one level and			ing to oppose the fingers, evalu-		
the next higher level			ate as unfavorable ankylosis		
			(iv) If only the carpometacarpal or		
(3) Evaluation of ankylosis of the index, long, ring, and little fingers:			interphalangeal joint is		
			ankylosed, and there is a gap of		
(i) If both the metacarpophalangeal			two inches (5.1 cm.) or less be-		
and proximal interphalangeal			tween the thumb pad and the fin-		
joints of a digit are ankylosed,			gers, with the thumb attempting		
and either is in extension or full			to oppose the fingers, evaluate		
flexion, or there is rotation or an-			as favorable ankylosis		
gulation of a bone, evaluate as			(5) If there is limitation of motion of two or		
amputation without metacarpal			more digits, evaluate each digit separately		
resection, at proximal inter-			and combine the evaluations		
phalangeal joint or proximal					
thereto			I. Multiple Digits: Unfavorable Ank	ylosis	
(ii) If both the metacarpophalangeal and proximal interphalangeal			5216 Five digits of one hand, unfavorable		
joints of a digit are ankylosed,			ankylosis of	60	
evaluate as unfavorable anky-			Note: Also consider whether evaluation as		,
losis, even if each joint is individ-			amputation is warranted.		
ually fixed in a favorable position.			5217 Four digits of one hand, unfavorable		
			ankylosis of:		
(iii) If only the metacarpophalangeal			Thumb and any three fingers	60	
or proximal interphalangeal joint			Index, long, ring, and little fingers	50	2
is ankylosed, and there is a gap			Note: Also consider whether evaluation as		
of more than two inches (5.1			amputation is warranted.		
cm.) between the fingertip(s) and			5218 Three digits of one hand, unfavorable		
the proximal transverse crease of			ankylosis of:		
the palm, with the finger(s) flexed			Thumb and any two fingers	50	
to the extent possible, evaluate			Index, long, and ring; index, long,		
as unfavorable ankylosis			and little; or index, ring, and little		
			fingers	40	3
			Long, ring, and little fingers	30	2
			Note: Also consider whether evaluation as	50	_ '
			amputation is warranted.		
			5219 Two digits of one hand, unfavorable ankylosis of:		

§4.71a

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

	Rati	ing	
	Major	Minor	
Index and long; index and ring; or index and little fingers	30 20	20 20	
II. Multiple Digits: Favorable Anky	ylosis		
5220 Five digits of one hand, favorable ankylosis of	50	40	
Thumb and any three fingers	50 40	40 30	
Thumb and any two fingers Index, long, and ring; index, long, and little; or index, ring, and little	40	30	
fingers	30 20	20 20	
Thumb and any finger Index and long; index and ring; or	30	20	
index and little fingers	20	20	
Long and ring; long and little; or ring and little fingers	10	10	
III. Ankylosis of Individual Dig	its		
5224 Thumb, ankylosis of: Unfavorable	20 10	20 10	
5225 Index finger, ankylosis of:	10	10	
hand. 5226 Long finger, ankylosis of:	10	10	
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

		Rati	ing
		Major	Mino
Note: Also consider whether evalue amputation is warranted and whe additional evaluation is warranted sulting limitation of motion of othe or interference with overall function hand.	ther an for re- er digits		
IV. Limitation of Motion of I	ndividua	al Digits	
5228 Thumb, limitation of motion:			
With a gap of more than two (5.1 cm.) between the thu and the fingers, with the attempting to oppose the 1 With a gap of one to two (2.5 to 5.1 cm.) between thumb pad and the finge	mb pad thumb fingers inches en the	20	21
the thumb attempting to the fingers	oppose	10	10
(2.5 cm.) between the thu and the fingers, with the attempting to oppose the f 5229 Index or long finger, limitation	mb pad thumb fingers	0	
tion: With a gap of one inch (2.5			
more between the finger the proximal transverse or the palm, with the finger fil the extent possible, or; we tension limited by more to	tip and rease of lexed to with ex-		
degrees With a gap of less than o (2.5 cm.) between the f	ne inch fingertip nsverse the fin-	10	10
and; extension is limited more than 30 degrees 5230 Ring or little finger, limitation	by no	0	,
tion: Any limitation of motion		0	,
THE SPINE	<u> </u>		
			Rat-
			ing
General Rating Formula for Diseas of the Spine	es and I	njuries	
(For diagnostic codes 5235 to 5243 evaluated under the Formul- Intervertebral Disc Syndrome Bas tating Episodes):	a for ed on Ir	Rating capaci-	
With or without symptoms (whther or not it radiate aching in the area of the seresiduals of injury or disease the control of the seresiduals of the seresidual of the seresid	s), stiffn spine affe sse	ess, or ected by	
Unfavorable ankylo spine			10
Unfavorable ankylo thoracolumbar sp			5

38 CFR Ch. I (7-1-18 Edition)

THE SPINE—Continued

THE SPINE—Continued

	Rat- ing		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		Note (2): (See also Plate V.) For VA compensation purposes, normal forward flexion of the cervical spine is zero to 45 degrees, extension is zero to 45 degrees, left and right lateral flexion are zero to 45 degrees, and left and right lateral rotation are	
thoracolumbar spine Forward flexion of the cervical	40	zero to 80 degrees. Normal forward flexion of the thoracolumbar spine is zero to 90 degrees, exten-	
vorable ankylosis of the entire	30	flexion are zero to 30 degrees, and left and right	
spine 15 degrees or less; or, fa-	20	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. Note (3): In exceptional cases, an examiner may state that because of age, body habitus, neurologic disease, or other factors not the result of disease or injury of the spine, the range of motion of the spine in a particular individual should be considered normal for that individual, even though it does not conform to the normal range of motion stated in Note (2). Provided that the examiner supplies an explanation, the examiner's assessment that the range of motion is normal for that individual will be accepted. Note (4): Round each range of motion measurement to the nearest five degrees. Note (5): For VA compensation purposes, unfavorable ankylosis is a condition in which the entire cervical spine, the entire thoracolumbar spine, or the entire spine is fixed in flexion or extension, and the ankylosis results in one or more of the following: difficulty walking because of a limited line of vision; restricted opening of the mouth and chewing; breathing limited to diaphragmatic respiration; gastrointestinal symptoms due to pressure of the costal margin on the abdomen; dyspnea or dysphagia; atlantoaxial or cervical subluxation or dislocation; or neurologic symptoms due to nerve root stretching. Fixation of a spinal segment in neutral position (zero degrees) always represents favorable ankylosis. Note (6): Separately evaluate disability of the thoracolumbar and cervical spine segments, except when there is unfavorable ankylosis of both segments, which will be rated as a single disability. 5235 Vertebral fracture or dislocation 5236 Sacroili	
		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.	

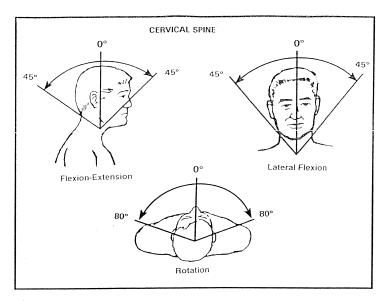
§4.71a

THE SPINE—Continued

THE SPINE—Continued

	Rat- ing		Rat- ing
Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes With incapacitating episodes having a total duration of at least 6 weeks during the past 12 months With incapacitating episodes having a total duration of at least 4 weeks but less than 6 weeks during the past 12 months With incapacitating episodes having a total duration of at least 2 weeks but less than 4 weeks during the past 12 months With incapacitating episodes having a total duration of at least one week but less than 2 weeks during the past 12 months	60 40 20	Note (1): For purposes of evaluations under diagnostic code 5243, an incapacitating episode is a period of acute signs and symptoms due to intervertebral disc syndrome that requires bed rest prescribed by a physician and treatment by a physician. Note (2): If intervertebral disc syndrome is present in more than one spinal segment, provided that the effects in each spinal segment are clearly distinct, evaluate each segment on the basis of incapacitating episodes or under the General Rating Formula for Diseases and Injuries of the Spine, whichever method results in a higher evaluation for that segment.	

§4.71a



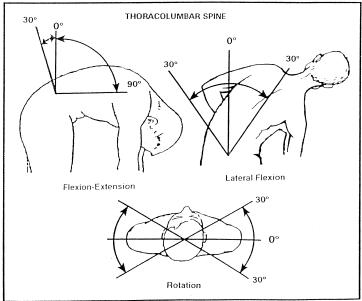


PLATE V
RANGE OF MOTION OF CERVICAL AND THORACOLUMBAR SPINE

THE HIP AND THIGH

	Rat- ing
5250 Hip, ankylosis of:	
Unfavorable, extremely unfavorable ankylosis, the foot not reaching ground, crutches neces-	
sitated	390
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	٠,
than 15°, affected leg	10 80
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.	60
weightbearing preserved with aid of brace	60
Fracture of surgical neck of, with false joint	60
Malunion of:	30
With marked knee or hip disability	30
With moderate knee or hip disability	20
With slight knee or hip disability	10

³Entitled 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° Extension limited to 20°	40 30
Extension limited to 15° Extension limited to 10°	20 10
Extension limited to 10° Extension limited to 5°	0
5262 Tibia and fibula, impairment of:	U
Nonunion of, with loose motion, requiring brace	40
Malunion of:	40
With marked knee or ankle disability	30
Will marked knee of ankle disability	30

THE KNEE AND LEG—Continued

	Rat- ing
With moderate knee or ankle disability	20
With slight knee or ankle disability	10
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 Subastragalar or tarsal joint, ankylosis of:	
In poor weight-bearing position	20
In good weight-bearing position	10
5273 Os calcis or astragalus, malunion of:	
Marked deformity	20
Moderate deformity	10
5274 Astragalectomy	20

SHORTENING OF THE LOWER EXTREMITY

	Rat- ing
5275 Bones, of the lower extremity, shortening of:	
Over 4 inches (10.2 cms.)	³ 60
31/2 to 4 inches (8.9 cms. to 10.2 cms.)	³ 50
3 to 31/2 inches (7.6 cms. to 8.9 cms.)	40
2½ to 3 inches (6.4 cms. to 7.6 cms.)	30
2 to 21/2 inches (5.1 cms. to 6.4 cms.)	20
11/4 to 2 inches (3.2 cms. to 5.1 cms.)	10
NOTE: Measure both lower extremities from ante-	
rior superior spine of the ilium to the internal	
malleolus of the tibia. Not to be combined with	
other ratings for fracture or faulty union in the	
same extremity.	

³ Also entitled to special monthly compensation.

THE FOOT

	Rat- ing
5276 Flatfoot, acquired: Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo achillis on manipulation, not improved by orthopedic shoes or appliances. Bilateral	50 30
Bilateral	30
Unilateral	20

38 CFR Ch. I (7-1-18 Edition)

THE FOOT—Continued

	Rat- ing
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
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 rat-	
ing	10
Bilateral	50 30
Bilateral	30 20
Bilateral Unilateral Slight 5279 Metatarsalgia, anterior (Morton's disease),	10 10 0
unilateral, or bilateral5280 Hallux valgus, unilateral:	10
Operated with resection of metatarsal head Severe, if equivalent to amputation of great toe 5281 Hallux rigidus, unilateral, severe: Rate as hallux valgus, severe. Note: Not to be combined with claw foot ratings.	10 10
5282 Hammer toe: All toes, unilateral without claw foot	10 0
Severe	30 20 10
5284 Foot injuries, other: Severe Moderately severe Moderate NOTE: With actual loss of use of the foot, rate 40 percent.	30 20 10

THE SKULL

	Rat- ing
5296 Skull, loss of part of, both inner and outer ta- bles:	
With brain hernia	80
Area larger than size of a 50-cent piece or	
1.140 in ² (7.355 cm ²)	50
Area intermediate	30
piece or 0.716 in 2 (4.619 cm 2)	10

THE SKULL—Continued

	Rat- ing
NOTE: Rate separately for intracranial complications.	

THE RIBS

	Rat- ing
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

THE COCCYX

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

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

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

§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.

THE SHOULDER GIRDLE AND ARM

THE FOREARM AND HAND

	Rating			Rati	ing
	Domi- nant	Non- domi- nant		Domi- nant	Non- domi- nant
5301 Group I. Function: Upward rotation of scapula; elevation of arm above shoulder level. Extrinsic muscles of shoulder girdle: (1) Trapezius; (2) levator scapulae; (3) serratus magnus.			5307 Group VII. Function: Flexion of wrist and fingers. Muscles arising from internal condyle of humerus: Flexors of the carpus and long flexors of fingers and thumb; pronator.		
Severe	40	30	Severe	40	30
Moderately Severe	30	20	Moderately Severe	30	20
Moderate	10	10	Moderate	10	10
Slight	0	0	Slight	0	0
sic muscles of shoulder girdle: (1) Pectoralis major II (costosternal); (2)			Severe	30	20
Pectoralis major II (costosternal); (2)			Moderately Severe	20	20
latissimus dorsi and teres major (teres major, although technically an intrinsic			Moderate	10	10
muscle, is included with latissimus dorsi);			Slight	0	0
(3) pectoralis minor; (4) rhomboid.			5309 Group IX. Function: The forearm muscles act in strong grasping move-		
Severe	40	30	ments and are supplemented by the intrin-		
Moderately Severe	30	20	sic muscles in delicate manipulative		
Moderate	20	20	movements. Intrinsic muscles of hand:		
Slight	0	0	Thenar eminence; short flexor, opponens, abductor and adductor of thumb:		
5303 Group III. Function: Elevation and ab- duction of arm to level of shoulder; act with 1 and 2 of Group II in forward and backward swing of arm. Intrinsic muscles of shoulder girdle: (1) Pectoralis major I			hypothenar eminence; short flexor, opponens and abductor of little finger; 4 lumbricales; 4 dorsal and 3 palmar interossei.		
(clavicular); (2) deltoid.			NOTE: The hand is so compact a structure		
Severe	40	30	that isolated muscle injuries are rare,		
Moderately Severe	30	20	being nearly always complicated with inju-		
Moderate	20	20	ries of bones, joints, tendons, etc. Rate on limitation of motion, minimum 10 percent.		
Slight	0	0	initiation of motion, minimum to percent.		
5304 Group IV. Function: Stabilization of shoulder against injury in strong move- ments, holding head of humerus in socket; abduction: outward rotation and inward ro-			THE FOOT AND LEG		
tation of arm. Intrinsic muscles of shoulder girdle: (1) Supraspinatus; (2) infraspinatus					Rat- ing
and teres minor; (3) subscapularis; (4) coracobrachialis.			5310 Group X. Function: Movements of		
Severe	30	20	and toes; propulsion thrust in walking. muscles of the foot: Plantar: (1) Flexor di		
Moderately Severe	20	20	brevis; (2) abductor hallucis; (3) abductor		
Moderate	10	10	minimi; (4) quadratus plantae; (5) lumbrica	ales; (6)	
Slight	0	0	flexor hallucis brevis; (7) adductor hallucis;		
5305 Group V. <i>Function:</i> Elbow supination			or digiti minimi brevis; (9) dorsal and interossei. Other important plantar structure		
(1) (long head of biceps is stabilizer of shoulder joint); flexion of elbow (1, 2, 3).			tar aponeurosis, long plantar	and	
Flexor muscles of elbow: (1) Biceps; (2)			calcaneonavicular ligament, tendons of p	osterior	
brachialis; (3) brachioradialis.			tibial, peroneus longus, and long flexors of and little toes.	or great	
Severe	40	30	Severe		30
Moderately Severe	30	20	Moderately Severe		20
Moderate Slight	10	10 0	Moderate		10
5306 Group VI. Function: Extension of	١	0	Slight		0
elbow (long head of triceps is stabilizer of shoulder joint). Extensor muscles of the			Dorsal: (1) Extensor hallucis brevis; (2) edigitorum brevis. Other important dorsal strucruciate, crural, deltoid, and other ligamer	uctures:	
elbow: (1) Triceps; (2) anconeus	40	30	dons of long extensors of toes and peron		
Severe Moderately Severe	30	20	cles.		
Moderate	10	10	Severe		20
Slight	0	0	Moderately Severe		10
			Moderate Slight		10

38 CFR Ch. I (7-1-18 Edition)

THE FOOT AND LEG—Continued

	Rat- ing
Note: Minimum rating for through-and-through wounds of the foot—10.	
5311 Group XI. Function: Propulsion, plantar flexion of foot (1); stabilization of arch (2, 3); flexion of toes (4, 5); Flexion of knee (6). Posterior and lateral crural muscles, and muscles of the calf: (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 20 10 0
Severe	30
Moderately Severe	20 10
Slight	0

THE PELVIC GIRDLE AND THIGH

THE FELVIC GIADLE AND THIGH	
	Rat- ing
5313 Group XIII. Function: 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. Posterior thigh group, Hamstring complex of 2-joint muscles: (1) Biceps femoris; (2) semimembranosus; (3) semitendinosus. Severe Moderately Severe Moderat	40 30 10 0
Severe Moderately Severe Moderate Slight Slight S15 Group XV. Function: Adduction of hip (1, 2, 3, 4); flexion of hip (1, 2); flexion of knee (4). Mesial thigh group: (1) Adductor longus; (2) adductor	40 30 10 0
brevis; (3) adductor magnus; (4) gracilis. Severe	30 20 10 0
pectineus. Severe	40 30 10 0

THE PELVIC GIRDLE AND THIGH—Continued

	Rat- ing
5317 Group XVII. Function: Extension of hip (1); abduction of thigh; elevation of opposite side of pelvis (2, 3); tension of fascia lata and ilioibial (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). Pelvic girdle group 2: (1) Gluteus maximus; (2) gluteus medius; (3) gluteus minimus. Severe	*50 40 20 0
Severe	30 20 10 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	
	Rat- ing
5319 Group XIX. Function: Support and compression of abdominal wall and lower thorax; flexion and lateral motions of spine; synergists in strong downward movements of arm (1). Muscles of the abdominal wall: (1) Rectus abdominis; (2) external oblique; (3) internal oblique; (4) transversalis; (5) quadratus lumborum.	
Severe Moderately Severe Moderate Slight	50 30 10 0
5320 Group XX. Function: Postural support of body; extension and lateral movements of spine. Spinal muscles: Sacrospinalis (erector spinae and its pro- longations in thoracic and cervical regions). Cervical and thoracic region:.	
Severe	40 20 10 0
Severe	60 40 20
Slight	0
Severe or Moderately Severe	20 10 0
5322 Group XXII. Function: Rotary and forward movements of the head; respiration; deglutition. Muscles of the front of the neck: (Lateral, supra-, and infrahyoid group.) (1) Trapezius I (clavicular in- sertion); (2) sternocleidomastoid; (3) the "hyoid" muscles; (4) sternothyroid; (5) digastric.	
Severe Moderately Severe Moderatel Siight	30 20 10 0

THE TORSO AND NECK-Continued

	Rat- ing
5323 Group XXIII. Function: Movements of the head; fixation of shoulder movements. Muscles of the side and back of the neck: 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.e., 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

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.

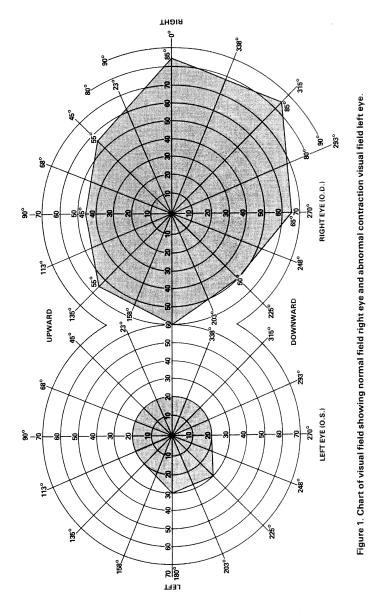
- (3) In any case where the examiner reports that there is a difference equal to two or more scheduled steps between near and distance corrected vision, with the near vision being worse, the examination report must include at least two recordings of near and distance corrected vision and an explanation 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 de- grees
Temporally	85
Down temporally	85
Down	65
Down nasally	50
Nasally	60
Up nasally	55
Up	45
Up temporally	55
Total	500



TS-19 52a

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

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

Remaining field 500° minus 320° = 180°. 180° \div 8 = 22½° average concentric contraction.

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

 $[43\ \mathrm{FR}\ 45352,\ \mathrm{Oct.}\ 2,\ 1978,\ \mathrm{as}\ \mathrm{amended}\ \mathrm{at}\ 73\ \mathrm{FR}\ 66549,\ \mathrm{Nov.}\ 10,\ 2008]$

§ 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, Goldmann's equivalent which III/4e. For aphakic individuals not well adapted to correction contact lens Or pseudophakic individuals not adapted to intraocular lens implant. visual field examinations must be conducted using Goldmann's equivalent

IV/4e. The examiner must document the results for at least 16 meridians 221/2 degrees apart for each eye and indicate the Goldmann equivalent used. See Table III for the normal extent (in degrees) of the visual fields at the 8 principal meridians (45 degrees apart). When the examiner indicates that additional testing is necessary to evaluate visual fields, the additional testing must be conducted using either a tangent screen or a 30-degree threshold visual field with the Goldmann III stimulus size. The examination report must document the results of either the tangent screen or of the 30-degree threshold visual field with the Goldmann III stimulus size.

- (b) Evaluation of visual fields. Determine the average concentric contraction of the visual field of each eye by measuring the remaining visual field (in degrees) at each of eight principal meridians 45 degrees apart, adding them, and dividing the sum by eight.
- (c) Combination of visual field defect and decreased visual acuity. To determine the evaluation for visual impairment when both decreased visual acuity and visual field defect are present in one or both eyes and are service connected, separately evaluate the visual acuity and visual field defect (expressed as a level of visual acuity), and combine them under the provisions of § 4.25.

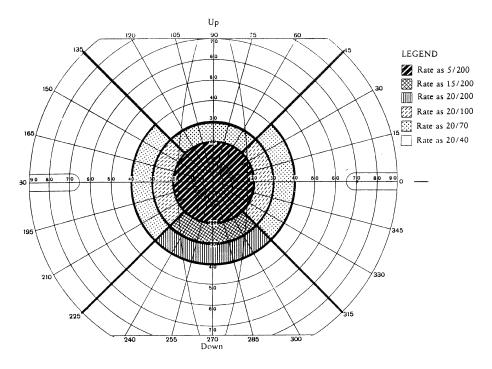


Figure 2. Goldmann Perimeter Chart

52c

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

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

§ 4.78 Muscle function.

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

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

visual acuity or visual field defect, assign a level of corrected visual acuity for the poorer eye (or the affected eye, if disability of only one eye is serviceconnected) 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

38 CFR Ch. I (7-1-18 Edition)

§4.79

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

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

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

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

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

§4.79 Schedule of ratings—eye.

DISEASES OF THE EYE

		Rating
Gener	al Rating Formula for Diseases of the Eye: Evaluate on the basis of either visual impairment due to the particular condition or on incapacitating episodes, whichever results in a higher evaluation With documented incapacitating episodes requiring 7 or more treatment visits for an eye condition during the past 12 months	60
	With documented incapacitating episodes requiring at least 5 but less than 7 treatment visits for an eye condition during the past 12 months	40
	condition during the past 12 months	20
	condition during the past 12 months	10
6001	Choroidopathy, including uveitis, iritis, cyclitis, or choroiditis. Keratopathy.	
	Scleritis. Retinopathy or maculopathy not otherwise specified	
	Intraocular hemorrhage.	
	Detachment of retina.	
6009	Unhealed eye injury.	
	Note: This code includes orbital trauma, as well as penetrating or non-penetrating eye injury	
6010	Tuberculosis of eye:	
	Active	100
6011	Inactive: Evaluate under § 4.88c or § 4.89 of this part, whichever is appropriate. Retinal scars, atrophy, or irregularities:	
6011	Localized scars, atrophy, or irregularities. Localized scars, atrophy, or irregularities of the retina, unilateral or bilateral, that are centrally located and that result in an irregular, duplicated, enlarged, or diminished image	10
	Alternatively, evaluate based on the General Rating Formula for Diseases of the Eye, if this would result in a higher evaluation	
6012	Angle-closure glaucoma	
6012	Evaluate under the General Rating Formula for Diseases of the Eye. Minimum evaluation if continuous medication is required	10
0010	Evaluate under the General Rating Formula for Diseases of the Eye. Minimum evaluation if continuous medication is required	10
6014	Malignant neoplasms of the eye, orbit, and adnexa (excluding skin): Malignant neoplasms of the eye, orbit, and adnexa (excluding skin) that require therapy that is comparable to those used for systemic malignancies, i.e., systemic chemotherapy, X-ray therapy more extensive than to the area of the eye, or surgery more extensive than enucleation	100
	Note: Continue the 100 percent rating beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy, or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating will be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination will be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluate based on residuals Malignant neoplasms of the eye, orbit, and adnexa (excluding skin) that do not require therapy comparable to that for systemic malignancies: Separately evaluate visual and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and com-	.50
6015	bine the evaluations. Benign neoplasms of the eye, orbit, and adnexa (excluding skin):	

DISEASES OF THE EYE—Continued

	Diseases of the Eye—Continued	
		Rating
_	Separately evaluate visual and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations	
	Nystagmus, central	10
6017	Active: Evaluate under the General Rating Formula for Diseases of the Eye, minimum rating	30
6018	Chronic conjunctivitis (nontrachomatous): Active: Evaluate under the General Rating Formula for Diseases of the Eye, minimum rating	10
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
6021	Unilateral	10
6022	Bilateral Unilateral Lagophthalmos:	20 10
0022	Bilateral Unilateral	20 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
	Optic neuropathy	
6027	Cataract: Preoperative: Evaluate under the General Rating Formula for Diseases of the Eye Postoperative: If a replacement lens is present (pseudophakia), evaluate under the General Rating Formula	
	for Diseases of the Eye. If there is no replacement lens, evaluate based on aphakia (diagnostic code 6029)	
6029	Aphakia or dislocation of crystalline lens: Evaluate based on visual impairment, and elevate the resulting level of visual impairment one step.	
0000	Minimum (unilateral or bilateral)	30
	Paralysis of accommodation (due to neuropathy of the Oculomotor Nerve (cranial nerve III)). Loss of eyelids, partial or complete:	20
6004	Separately evaluate both visual impairment due to eyelid loss and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.	
	Pterygium: Evaluate under the General Rating Formula for Diseases of the Eye, disfigurement (diagnostic code 7800), conjunctivitis (diagnostic code 6018), etc., depending on the particular findings, and combine in accordance with § 4.25	
6035 6036		
0000	Evaluate under the General Rating Formula for Diseases of the Eye. Minimum, if there is pain, photophobia, and glare sensitivity	10
	Pinguecula: Evaluate based on disfigurement (diagnostic code 7800).	
6040	Diabetic retinopathy Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-onset macular de-	
	eration, rod and/or cone dystrophy)	
6046	Post-chiasmal disorders	
	Impairment of Central Visual Acuity	
6061	Anatomical loss of both eyes 1	100
6062 6063	No more than light perception in both eyes ¹	100
	In the other eye 5/200 (1.5/60)	100
	In the other eye 10/200 (3/60)	90 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 50
	In the other eye 20/40 (6/12)	40
6064		
	In the other eye 5/200 (1.5/60)	100 90
	In the other eye 15/200 (4.5/60)	80

38 CFR Ch. I (7-1-18 Edition)

DISEASES OF THE EYE—Continued

		Rating
	In the other eye 20/200 (6/60)	70
	In the other eye 20/100 (6/30)	60
	In the other eye 20/70 (6/21)	50
	In the other eye 20/50 (6/15)	40
	In the other eye 20/40 (6/12)	30
6065	Vision in one eye 5/200 (1.5/60):	30
0003		1100
	In the other eye 5/200 (1.5/60)	90
	In the other eye 10/200 (3/60)	
	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 2070 (6/21)	50
	In the other eye 20/50 (6/15)	40
	In the other eye 20/40 (6/12)	30
	Visual acuity in one eye 10/200 (3/60) or better:	
Visior	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
Vicior	in one eye 15/200 (4.5/60):	00
VISIOI	In the other eye 15/200 (4.5/60)	80
		70
	In the other eye 20/200 (6/60)	
	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
Visior	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
Visior	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
Vicion	in one eve 20/70 (6/21):	10
V 15101	, , ,	00
	In the other eye 20/70 (6/21)	30 20
	In the other eye 20/50 (6/15)	
	In the other eye 20/40 (6/12)	10
Visior	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
Visior	in one eye 20/40 (6/12):	
	In the other eye 20/40 (6/12)	0

¹Review 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:	

RATINGS FOR IMPAIRMENT OF VISUAL FIELDS—Continued

		Rating
	Bilateral Unilateral	10 10
	Or evaluate each affected eye as 20/50 (6/15).	
Conce	ntric contraction of visual field:	
	With remaining field of 5 degrees: 1	
	Bilateral	100
	Unilateral	30
	Or evaluate each affected eye as 5/200 (1.5/60).	
With re	emaining field of 6 to 15 degrees:	
	Bilateral	70
	Unilateral	20
	Or evaluate each affected eye as 20/200 (6/60).	
With re	emaining field of 16 to 30 degrees:	
	Bilateral	50
	Unilateral	10
	Or evaluate each affected eye as 20/100 (6/30).	
With re	emaining field of 31 to 45 degrees:	
	Bilateral	30
	Unilateral	10
	Or evaluate each affected eye as 20/70 (6/21).	
With re	emaining 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.	

 $^{^{\}rm 1}\,\mbox{Review}$ 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(3) Up	20/100 (6/30)
(3) Up	20/70 (6/21)
(c) 31 degrees to 40 degrees	
(1) Down	20/200 (6/60)
(2) Lateral	20/70 (6/21)
(3) Up	20/40 (6/12)
Note: In accordance with 38 CFR 4.31, diplopia that is occasional or that is correctable with spectacles is	
evaluated at 0 percent.	
6091 Symblepharon:	
Evaluate under the General Rating Formula for Diseases of the Eye, lagophthalmos (diagnostic code 6022), disfigurement (diagnostic code 7800), etc., depending on the particular findings, and combine in accordance with § 4.25	

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

 $[73~{\rm FR}~66550,\,{\rm Nov.}~10,\,2008,\,{\rm as}~{\rm amended}~{\rm at}~83~{\rm FR}~15321,\,{\rm Apr.}~10,\,2018]$

$\S\S4.80-4.84$ [Reserved]

IMPAIRMENT OF AUDITORY ACUITY

\$4.85 Evaluation of hearing impairment.

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

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

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

§ 4.85

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

- (c) Table VIa, "Numeric Designation of Hearing Impairment Based Only on Puretone Threshold Average," is used to determine a Roman numeral designation (I through XI) for hearing impairment based only on the puretone threshold average. Table VIa will be used when the examiner certifies that use of the speech discrimination test is not appropriate because of language difficulties, inconsistent speech discrimination scores, etc., or when indicated under the provisions of §4.86.
- (d) "Puretone threshold average," as used in Tables VI and VIa, is the sum of the puretone thresholds at 1000, 2000, 3000 and 4000 Hertz, divided by four. This average is used in all cases (including those in §4.86) to determine the

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

- (e) Table VII, "Percentage Evaluations for Hearing Impairment," is used to determine the percentage evaluation by combining the Roman numeral designations for hearing impairment of each ear. The horizontal rows represent the ear having the better hearing and the vertical columns the ear having the poorer hearing. The percentage evaluation is located at the point where the row and column intersect.
- (f) If impaired hearing is service-connected in only one ear, in order to determine the percentage evaluation from Table VII, the non-service-connected ear will be assigned a Roman Numeral designation for hearing impairment of I, subject to the provisions of § 3.383 of this chapter.
- (g) When evaluating any claim for impaired hearing, refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation due either to deafness, or to deafness in combination with other specified disabilities.
- (h) Numeric tables VI, VIA*, and VII.

TABLE VI

NUMERIC DESIGNATION OF HEARING IMPAIRMENT BASED ON PURETONE THRESHOLD AVERAGE AND SPEECH DISCRIMINATION

Puretone Threshold Average

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

TABLE VIA*

NUMERIC DESIGNATION OF HEARING IMPAIRMENT BASED ONLY ON PURETONE THRESHOLD AVERAGE

Puretone Threshold Average

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

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

TABLE VII

PERCENTAGE EVALUATION FOR HEARING IMPAIRMENT (DIAGNOSTIC CODE 6100)

Poorer Ear

	XI	100*										
	X	90	80									
	IX	80	70	60				THE PERSON NAMED IN COLUMN NAM				
	VIII	70	60	50	50							
±	VII	60	60	50	40	40						
Better Ear	VI	50	50	40	40	30	30	The second secon				
జ	V	40	40	40	30	30	20	20				
	IV	30	30	30	20	20	20	10	10	-		
	III	20	20	20	20	20	10	10	10	0		•
	II	10	10	10	10	10	10	10	0 -	0	0	
	I	10	10	0	0	0	0	0	0	. 0	0	0
ļ	Reconstruction and an extension of the control of t	XI	X	IX	VIII	VII	VI	V	IV	Ш	II	I

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

 $[64~{\rm FR}~25206,~{\rm May}~11,~1999]$

§ 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

§4.88a

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

10

100

60 30

10

6200 Chronic suppurative otitis media, mastoiditis,
or cholesteatoma (or any combination): During suppuration, or with aural polyps
Note: Evaluate hearing impairment, and com-
plications such as labyrinthitis, tinnitus, facial
nerve paralysis, or bone loss of skull, sepa- rately.
6201 Chronic nonsuppurative otitis media with effu-
sion (serous otitis media):
Rate hearing impairment
6202 Otosclerosis:
Rate hearing impairment
6204 Peripheral vestibular disorders:
Dizziness and occasional staggering Occasional dizziness
Note: Objective findings supporting the diag-
nosis of vestibular disequilibrium are required
before a compensable evaluation can be as-
signed under this code. Hearing impairment or
suppuration shall be separately rated and
combined.
6205 Meniere's syndrome (endolymphatic hydrops):
Hearing impairment with attacks of vertigo and
cerebellar gait occurring more than once weekly, with or without tinnitus
Hearing impairment with attacks of vertigo and
cerebellar gait occurring from one to four
times a month, with or without tinnitus
Hearing impairment with vertigo less than once a
month, with or without tinnitus
NOTE: Evaluate Meniere's syndrome either under
these criteria or by separately evaluating
vertigo (as a peripheral vestibular disorder), hearing impairment, and tinnitus, whichever
method results in a higher overall evaluation.
But do not combine an evaluation for hearing
impairment, tinnitus, or vertigo with an evalua-
tion under diagnostic code 6205.
6207 Loss of auricle:
Complete loss of both
Complete loss of one
Deformity of one, with loss of one-third or more
of the substance
skin only)
NOTE: A rating of 100 percent shall continue be-
yond the cessation of any surgical, radiation
treatment, antineoplastic chemotherapy or
other therapeutic procedure. Six months after
discontinuance of such treatment, the appro-
priate 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 re-
siduals.
6209 Benign neoplasms of the ear (other than skin

Rate on impairment of function.

6210 Chronic otitis externa:

DISEASES OF THE EAR—Continued

NOTE (2): Assign only a single evaluation for recurrent tinnitus, whether the sound is perceived in one ear, both ears, or in the head.

evaluation under one of those diagnostic

NOTE (3): Do not evaluate objective tinnitus (in which the sound is audible to other people and has a definable cause that may or may not be pathologic) under this diagnostic code, but evaluate it as part of any underlying condition causing it.

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

codes

[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 10

(Authority: 38 U.S.C. 1155) [64 FR 25210, May 11, 1999]

INFECTIOUS DISEASES, IMMUNE DIS-ORDERS AND NUTRITIONAL DEFI-CIENCIES

§ 4.88 [Reserved]

§ 4.88a Chronic fatigue syndrome.

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

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

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

- (3) six or more of the following:
- (i) acute onset of the condition,
- (ii) low grade fever,
- (iii) nonexudative pharyngitis,

433

§4.88b

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

(vii) headaches (of a type, severity, or pattern that is different from headaches in the pre-morbid state),

- (viii) migratory joint pains,
- (ix) neuropsychologic symptoms,
- (x) sleep disturbance.
- (b) [Reserved]

[59 FR 60902, Nov. 29, 1994]

$\$\,4.88b$ Schedule of ratings—infectious diseases, immune disorders and nutritional deficiencies.

		F
6300	Cholera, Asiatic:	
	As active disease, and for 3 months convalescence	
	Thereafter rate residuals such as renal necrosis under the appropriate system	
301	Visceral Leishmaniasis:	
	During treatment for active disease	
	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.	
302	Leprosy (Hansen's Disease):	
	As active disease	
	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.	
304		
	As active disease	
	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	
305	Lymphatic Filariasis:	
	As active disease	
000	Thereafter rate residuals such as epididymitis or lymphangitis under the appropriate system	
306	Bartonellosis: As active disease, and for 3 months convalescence	
	Thereafter rate residuals such as skin lesions under the appropriate system	
307	Plaque:	
001	As active disease	
	Thereafter rate residuals such as lymphadenopathy under the appropriate system	
308	Relapsing Fever:	
	As active disease	
	Thereafter rate residuals such as liver or spleen damage or central nervous system involvement under the ap-	
	propriate system	
309	Rheumatic fever:	
	As active disease	
	Thereafter rate residuals such as heart damage under the appropriate system	
310	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)	
311	Tuberculosis, miliary:	
	As active disease	
	Inactive: See §§ 4.88c and 4.89.	
313	Avitaminosis:	
	Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia	
	With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor	
	With stomatitis, diarrhea, and symmetrical dermatitis	
	With stomatitis, or achlorhydria, or diarrhea	
	Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discom-	
	fort, weakness, inability to concentrate and irritability	l

		Ra
314	Beriberi:	
	As active disease:	
	With congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome	
	With peripheral neuropathy with absent knee or ankle jerks and loss of sensation, or; with symptoms such as	
	weakness, fatigue, anorexia, dizziness, heaviness and stiffness of legs, headache or sleep disturbance	
	Thereafter rate residuals under the appropriate body system.	
315	Pellagra:	
	Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia	
	With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor	
	With stomatitis, or achlorhydria, or diarrhea	
	Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discom-	
	fort, weakness, inability to concentrate and irritability	
316	Brucellosis:	
	As active disease	
317	Thereafter rate residuals such as liver or spleen damage or meningitis under the appropriate system Typhus, scrub:	
317	As active disease, and for 3 months convalescence	
	Thereafter rate residuals such as spleen damage or skin conditions under the appropriate system	
318	Melioidosis:	
	As active disease	
	Thereafter rate residuals such as arthritis, lung lesions or meningitis under the appropriate system	
319	Lyme Disease:	
	As active disease	
320		
	As active disease	
	Thereafter rate residuals such as spleen or liver damage under the appropriate system	
350		
	Not to be combined with ratings under DC 7809 Acute, with frequent exacerbations, producing severe impair-	
	ment of health Exacerbations lasting a week or more, 2 or 3 times per year	
	Exacerbations once or twice a year or symptomatic during the past 2 years	
	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.	
351		
	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	
	Refractory constitutional symptoms, diarrhea, and pathological weight loss, or; minimum rating following de-	
	velopment of AIDS-related opportunistic infection or neoplasm	
	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	
	proved medication(s), or; with evidence of depression or memory loss with employment limitations	
	Asymptomatic, following initial diagnosis of HIV infection, with or without lymphadenopathy or decreased T4	
	cell count	
	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	
25/	percentages otherwise assignable above. Chronic Fatigue Syndrome (CFS):	
JJJ4	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	
	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	
	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 du-	
	ration per year	
	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	
	Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total dura-	
	tion per year, or; symptoms controlled by continuous medication	
	NOTE: For the purpose of evaluating this disability, the condition will be considered incapacitating only while it	

§4.88c

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

	Rat- ing	date sidua losis,
For 1 year after date of inactivity, following active tu- berculosis Thereafter: Rate residuals under the specific body system or systems affected.	100	of 50 the a sidua culos

Following the total rating for the 1 year period after date of inactivity, the schedular evaluation for residuals of nonpulmonary tuberculosis, i.e., ankylosis, surgical removal of a part, etc., will be assigned under the appropriate diagnostic code for the residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hip joint with residual ankylosis would be coded 5001–5250. Where there are existing residuals of pulmonary and nonpulmonary conditions, the evaluations for residual separate functional impairment may be combined.

Where there are existing pulmonary and nonpulmonary conditions, the total rating for the 1 year, after attainment of inactivity, may not be applied to both conditions during the same period. However, the total rating during the 1-year period for the pulmonary or for the nonpulmonary condition will be utilized, combined with evaluation for residuals of the condition not covered by the 1-year total evaluation, so as to allow any additional benefit provided during such period.

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

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

Public Law 90-493 repealed section 356 of title 38, United States Code which provided graduated ratings for inactive tuberculosis. The repealed section, however, still applies to the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for tuberculosis. The use of the protective provisions of Pub. L. 90-493 should be mentioned in the discussion portion of all ratings in which these provisions are applied. For use in rating cases in which the protective provisions of Pub. L. 90-493 apply, the former evaluations are retained in this section.

	Rat- ing
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 compen-	
sable permanent residual	0

Following the total rating for the 2-year period after date of inactivity, the schedular evaluation for residuals of nonpulmonary tuberculosis, i.e., ankylosis, surgical removal of a part, etc., if in excess of 50 percent or 30 percent will be assigned under the appropriate diagnostic code for the specific residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the 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
	DISEASES OF THE NOSE AND THROAT	
6502	Septum, nasal, deviation of: Traumatic only,	
	With 50-percent obstruction of the nasal passage on both sides or complete obstruction on one side	10
6504	Nose, loss of part of, or scars:	
	Exposing both nasal passages	30
	Loss of part of one ala, or other obvious disfigurement	10

		Ra
lote:	Or evaluate as DC 7800, scars, disfiguring, head, face, or neck.	
	Sinusitis, pansinusitis, chronic.	
6511		
	Sinusitis, frontal, chronic.	
	Sinusitis, maxillary, chronic. Sinusitis, sphenoid, chronic.	
7514	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	
	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	
	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 Detected by X-ray only	
	Note: An incapacitating episode of sinusitis means one that requires bed rest and treatment by a physician.	
3515	Laryngitis, tuberculous, active or inactive.	
,515	Rate under §§ 4.88c or 4.89, whichever is appropriate.	
3516	Laryngitis, chronic:	
	Hoarseness, with thickening or nodules of cords, polyps, submucous infiltration, or pre-malignant changes on biopsy	
	Hoarseness, with inflammation of cords or mucous membrane	
3518	Rate the residuals of partial laryngectomy as laryngitis (DC 6516), aphonia (DC 6519), or stenosis of larynx	
5519	(DC 6520). Aphonia, complete organic:	
,513	Constant inability to communicate by speech	
	Constant inability to speak above a whisper	
	Note: Evaluate incomplete aphonia as laryngitis, chronic (DC 6516).	
520		
520	Forced expiratory volume in one second (FEV-1) less than 40 percent of predicted value, with Flow-Volume Loop compatible with upper airway obstruction, or; permanent tracheostomy	
	FEV-1 of 40- to 55-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction FEV-1 of 56- to 70-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction FEV-1 of 71- to 80-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction	
	Note: Or evaluate as aphonia (DC 6519).	
5521	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	
5522	Allergic or vasomotor rhinitis:	
	With polyps	
	Without polyps, but with greater than 50-percent obstruction of nasal passage on both sides or complete obstruction on one side	
523		
	With permanent hypertrophy of turbinates and with greater than 50-percent obstruction of nasal passage on	
	both sides or complete obstruction on one side	
524	Granulomatous rhinitis:	
	Wegener's granulomatosis, lethal midline granuloma Other types of granulomatous infection	
	•	
	DISEASES OF THE TRACHEA AND BRONCHI	
600	Bronchitis, chronic:	
	FEV-1 less than 40 percent of predicted value, or; the ratio of Forced Expiratory Volume in one second to Forced Vital Capacity (FEV-1/FVC) less than 40 percent, or; Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)) less than 40-percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption (with cardiac or respiratory limitation), or; cor	
	pulmonale (right heart failure), or; right ventricular hypertrophy, or; pulmonary hypertension (shown by Echo or cardiac catheterization), or; episode(s) of acute respiratory failure, or; requires outpatient oxygen therapy FEV-1 of 40- to 55-percent predicted, or; FEV-1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-per-	
	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)	
	predicted	
601	predicted	
	With incapacitating episodes of infection of at least six weeks total duration per year	l

		Ratir
	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	
	weeks) antibiotic usage more than twice a year	
	Note: An incapacitating episode is one that requires bedrest and treatment by a physician.	
302	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	1
	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	
	FEV-1 of 56- to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; daily inhalational or oral bron- chodilator therapy, or; inhalational anti-inflammatory medication	
	FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; intermittent inhalational or oral bronchodilator therapy	
	Note: In the absence of clinical findings of asthma at time of examination, a verified history of asthmatic attacks must be of record.	
603	Emphysema, pulmonary: FEV-1 less than 40 percent of predicted value, or; the ratio of Forced Expiratory Volume in one second to Forced Vital Capacity (FEV-1/FVC) less than 40 percent, or; Diffusion Capacity of the Lung for Carbon Monoxide by the Single Breath Method (DLCO (SB)) less than 40-percent predicted, or; maximum exercise capacity less than 15 ml/kg/min oxygen consumption (with cardiac or respiratory limitation), or; cor pulmonale (right heart failure), or; right ventricular hypertrophy, or; pulmonary hypertension (shown by Echo or cardiac catheterization), or; episode(s) of acute respiratory failure, or; requires outpatient oxygen therapy. FEV-1 of 40- to 55-percent predicted, or; FEV-1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-per- cent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit)	1
	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	
SO/1	predicted	
504	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.	1
	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)	
	predicted	
	DISEASES OF THE LUNGS AND PLEURA—TUBERCULOSIS Ratings for Pulmonary Tuberculosis Entitled on August 19, 1968	
701	Tuberculosis, pulmonary, chronic, far advanced, active	1
	Tuberculosis, pulmonary, chronic, moderately advanced, active	1
	Tuberculosis, pulmonary, chronic, minimal, active	1
	Tuberculosis, pulmonary, chronic, active, advancement unspecified	'
	Tuberculosis, pulmonary, chronic, nad advanced, inactive.	
23	Tuberculosis, pulmonary, chronic, minimal, inactive.	
24	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	1
	Thereafter, for five years, or to eleven years after date of inactivity	
	Following far advanced lesions diagnosed at any time while the disease process was active, minimum	
	tion, impairment of health, etc	

8	4	97

		Rating
trea repo bero 1 to Vete Note inac thor	(1): The 100-percent rating under codes 6701 through 6724 is not subject to a requirement of precedent hospital tment. It will be reduced to 50 percent for failure to submit to examination or to follow prescribed treatment upon on to that effect from the medical authorities. When a veteran is placed on the 100-percent rating for inactive tudosis, the medical authorities will be appropriately notified of the fact, and of the necessity, as given in footnote 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 erans Service Center in the event of failure to submit to examination or to follow treatment. (2): The graduated 50-percent and 30-percent ratings and the permanent 30 percent and 20 percent ratings for titve pulmonary tuberculosis are not to be combined with ratings for other respiratory disabilities. Following acoplasty the rating will be for removal of ribs combined with the rating for collapsed lung. Resection of the ribs dent to thoracoplasty will be rated as removal.	
	Ratings for Pulmonary Tuberculosis Initially Evaluated After August 19, 1968	
6730	Tuberculosis, pulmonary, chronic, active	100
	Note: Active pulmonary tuberculosis will be considered permanently and totally disabling for non-service-connected pension purposes in the following circumstances: (a) Associated with active tuberculosis involving other than the respiratory system. (b) With severe associated symptoms or with extensive cavity formation. (c) Reactivated cases, generally. (d) With advancement of lesions on successive examinations or while under treatment. (e) Without retrogression of lesions or other evidence of material improvement at the end of six months hospitalization or without change of diagnosis from "active" at the end of 12 months hospitalization. Material improvement means lessening or absence of clinical symptoms, and X-ray findings of a stationary or retrogressive lesion.	
6731	Tuberculosis, pulmonary, chronic, inactive: Depending on the specific findings, rate residuals as interstitial lung disease, restrictive lung disease, or, when obstructive lung disease is the major residual, as chronic bronchitis (DC 6600). Rate thoracoplasty as removal of ribs under DC 5297.	
	Note: A mandatory examination will be requested immediately following notification that active tuberculosis evaluated under DC 6730 has become inactive. Any change in evaluation will be carried out under the provisions of §3.105(e).	
6732	Pleurisy, tuberculous, active or inactive: Rate under §§ 4.88c or 4.89, whichever is appropriate.	
	NONTUBERCULOUS DISEASES	
6817	Pulmonary Vascular Disease: Primary pulmonary hypertension, or; chronic pulmonary thromboembolism with evidence of pulmonary hypertension, right ventricular hypertrophy, or cor pulmonale, or; pulmonary hypertension secondary to other obstructive disease of pulmonary arteries or veins with evidence of right ventricular hypertrophy or cor pulmonale	100
	without evidence of pulmonary hypertension or right ventricular dysfunction Symptomatic, following resolution of acute pulmonary embolism Asymptomatic, following resolution of pulmonary thromboembolism	60 30 0
	Note: Evaluate other residuals following pulmonary embolism under the most appropriate diagnostic code, such as chronic bronchitis (DC 6600) or chronic pleural effusion or fibrosis (DC 6844), but do not combine that evaluation with any of the above evaluations.	
	6819 Neoplasms, malignant, any specified part of respiratory system exclusive of skin growths	100
6820	Neoplasms, benign, any specified part of respiratory system. Evaluate using an appropriate respiratory analogy.	
	Bacterial Infections of the Lung	
	Actinomycosis. Nocardiosis. Chronic lung abscess. General Rating Formula for Bacterial Infections of the Lung (diagnostic codes 6822 through 6824): Active infection with systemic symptoms such as fever, night sweats, weight loss, or hemoptysis	100
	Depending on the specific findings, rate residuals as interstitial lung disease, restrictive lung disease, or, when obstructive lung disease is the major residual, as chronic bronchitis (DC 6600).	
	Interstitial Lung Disease	
6825 6826		

6846 Sarcoidosis:

§4.97

		Rating
6829 6830 6831 6832	Radiation-induced pulmonary pneumonitis and fibrosis. Hypersensitivity pneumonitis (extrinsic allergic alveolitis). 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 60 30 10
	Mycotic Lung Disease	
6834 6835 6836 6837 6838 6839	Coccidioidomycosis.	100 50 30 0
	Restrictive Lung Disease	
6840 6841 6842 6843 6844 6845	Diaphragm paralysis or paresis. Spinal cord injury with respiratory insufficiency. Kyphoscoliosis, pectus excavatum, pectus carinatum. Traumatic chest wall defect, pneumothorax, hernia, etc. Post-surgical residual (lobectomy, pneumonectomy, etc.). 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 heat failure), or; right ventricular hypertrophy, or; pulmonary hypertension (shown by Echo or cardiac catheterization), or; episode(s) of acute respiratory failure, or; requires outpatient oxygen therapy FEV-1 of 40- to 55-percent predicted, or; FEV-1/FVC of 40 to 55 percent, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum oxygen consumption of 15 to 20 ml/kg/min (with cardiorespiratory limit). 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 FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; DLCO (SB) 66- to 80-percent predicted Or rate primary disorder. Note (1): A 100-percent rating shall be assigned for pleurisy with empyema, with or without pleurocutaneous fistula, until resolved. Note (2): Following episodes of total spontaneous pneumothorax, a rating of 100 percent shall be assigned as of the date of hospital admission and shall continue for three months from the first day of the month after hospital discharge.	100 60 30 10
	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	
6846	Group XXI (DC 5321), however, will not be separately rated. 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	30
	Chronic hilar adenopathy or stable lung infiltrates without symptoms or physiologic impairment Or rate active disease or residuals as chronic bronchitis (DC 6600) and extra-pulmonary involvement under specific body system involved.	0
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

Note

7000

Note

[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%
- (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

IOTE (1): Evaluate cor pulmonale, which is a form of secondary heart disease, as part of the pulmonary condition that causes it. OTE (2): One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents	
an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute. When the level of METs at which dyspnea, fatigue, angina, dizziness, or syncope develops is required for evaluation, and a laboratory determination of METs by exercise testing cannot be done for medical reasons, an estimation by a medical examiner of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope may be used.	
heart disease): During active infection with valvular heart damage and for three months following cessation of therapy for the active infection Thereafter, with valvular heart disease (documented by findings on physical examination and either echocardiogram, Doppler	100
tion 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
tion of 30 to 50 percent	60

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

§4.104

DISEASES OF THE HEART—Continue	ed
--------------------------------	----

		Rat- ing		Rat- ing
	Workload of greater than 5 METs but not	"'Y	Chronic congestive heart failure, or; work-	"iy
	greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilata-		load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection	100
	tion on electro-cardiogram, echocardio- gram, or X-ray	30	fraction of less than 30 percent	100
7001	fatigue, angina, dizziness, or syncope, or; continuous medication required Endocarditis: For three months following cessation of	10	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
	therapy for active infection with cardiac in- volvement	100	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 dilata-	
	either echocardiogram, Doppler echo- cardiogram, or cardiac catheterization) re- sulting in:		tion on electro-cardiogram, echocardio- gram, or X-ray	30
	Chronic congestive heart failure, or; work- load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection		greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required	10
	fraction of less than 30 percent	100	Chronic congestive heart failure, or; work- load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection	
	than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ven- tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60	fraction of less than 30 percent	100
	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 dilata-		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
	tion on electrocardiogram, echocardio- gram, or X-ray	30	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 dilata-	
7002	fatigue, angina, dizziness, or syncope, or; continuous medication required	10	tion on electrocardiogram, echocardio- gram, or X-ray	30
	therapy for active infection with cardiac in- volvement	100	fatigue, angina, dizziness, or syncope, or; continuous medication required	10
	sulting in: Chronic congestive heart failure, or; work-		NOTE: Evaluate syphilitic aortic aneurysms under DC 7110 (aortic aneurysm).	
	load 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	7005 Arteriosclerotic heart disease (Coronary artery disease): With documented coronary artery disease resulting in:	
	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,		Chronic congestive heart failure, or; work- load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection	
	angina, dizziness, or syncope, or; left ven- tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60	fraction of less than 30 percent	100
	greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilata- tion on electro-cardiogram, echocardio-		than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ven- tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60
	gram, or X-ray Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or;	30	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 dilata-	
7003	continuous medication required	10	tion on electrocardiogram, echocardiogram, or X-ray	30

38 CFR Ch. I (7-1-18 Edition)

DISEASES OF THE HEART—Continued

	Rat- ing		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	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
disease is superimposed on service-connected val- vular or other non-arteriosclerotic heart disease, request a medical opinion as to which condition is causing the current signs and symptoms.		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	
During and for three months following myo- cardial infarction, documented by labora- tory tests	100	date of hospital admission for ventricular aneurysmectomy, or; with an automatic implantable Cardioverter-Defibrillator (AICD) in place	100
Thereafter: With history of documented myocardial infarction, resulting in: Chronic congestive heart failure, or; work-		Chronic congestive heart failure, or; work- load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection	
load 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 More than one episode of acute congestive heart failure in the past year, or; workload	100	fraction of less than 30 percent	100
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	tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60
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	evidence of cardiac hypertrophy or dilata- tion on electrocardiogram, echocardio- gram, 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	continuous medication required NOTE: A rating of 100 percent shall be assigned from the date of hospital admission for initial eval-	10
7007 Hypertensive heart disease: Chronic congestive heart failure, or; work- load 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 More than one episode of acute congestive heart failure in the past year, or; workload	100	uation 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.	
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	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	
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	fraction of less than 30 percent	100
Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or;	10	angina, dizziness, or syncope, or; left ven- tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60
continuous medication required	10	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, echocardio-	
Paroxysmal atrial fibrillation or other supra- ventricular tachycardia, with more than four episodes per year documented by ECG or Holter monitor	30	gram, or X-ray	30

§4.104

DISEASES OF THE HEART—Continued

	Rat- ing		Rat- ing
Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, anglina dizziness, or syncope, or;		Workload 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	continuous medication required	10
NOTE: Unusual cases of arrhythmia such as atrio- ventricular 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 ab- sence of other evidence of cardiac disease, is not a disability.		for implantation or reimplantation	100
7016 Heart valve replacement (prosthesis): For indefinite period following date of hos-		NOTE: Evaluate implantable Cardioverter-Defibrillators (AICD's) under DC 7011.	
pital admission for valve replacement Thereafter: Chronic congestive heart failure, or; work-	100	7019 Cardiac transplantation: For an indefinite period from date of hospital admission for cardiac transplantation	100
load 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	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	
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 frac-		fraction of less than 30 percent	100
tion of 30 to 50 percent	60	tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60 30
fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilata- tion on electrocardiogram, echocardio- gram, or X-ray	30	Note: A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac trans- plantation. One year following discharge, the ap- propriate disability rating shall be determined by	
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	propriate disability fairing 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.	
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.		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
7017 Coronary bypass surgery: For three months following hospital admission for surgery Thereafter:	100	of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ven- tricular dysfunction with an ejection frac-	
Chronic congestive heart failure, or; work- load of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of lose than 20 persons.	100	tion of 30 to 50 percent Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or;	60
fraction of less than 30 percent	100	evidence of cardiac hypertrophy or dilata- tion on electrocardiogram, echocardio- gram, or X-ray	30
angina, dizziness, or syncope, or; left ven- tricular dysfunction with an ejection frac- tion of 30 to 50 percent	60	fatigue, angina, dizziness, or syncope, or; continuous medication required	10
greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilata-		and isolated systolic hypertension): Diastolic pressure predominantly 130 or more	60
tion on electrocardiogram, echocardiogram, or X-ray	30	Diastolic pressure predominantly 120 or more	40

38 CFR Ch. I (7-1-18 Edition)

DISEASES OF THE HEART—Continued

Diastolic pressure predominantly 110 or more, or; systolic pressure predominantly 200 or more	-
requires continuous médication for control NOTE (1): Hypertension or isolated systolic hypertension must be confirmed by readings taken two or more times on at least three different days. For purposes of this section, the term hypertension means that the diastolic blood pressure is predominantly 90mm. or greater, and isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm. or greater with a diastolic blood pressure of less than 90mm. NOTE (2): Evaluate hypertension due to aortic insufficiency or hyperthyroidism, which is usually the iso-	-
means that the diastolic blood pressure is predominantly 90mm. or greater, and isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm. or greater with a diastolic blood pressure of less than 90mm. NOTE (2): Evaluate hypertension due to aortic insufficiency or hyperthyroidism, which is usually the iso-	
is predominantly 160mm. or greater with a diastolic blood pressure of less than 90mm. NOTE (2): Evaluate hypertension due to aortic insufficiency or hyperthyroidism, which is usually the iso-)
ciency or hyperthyroidism, which is usually the iso-	
it rather than by a separate evaluation. Note (3): Evaluate hypertension separately from hy-	
disease. edema, stasis dermatitis, and either ulceration or cellulitis:	
7110 Aortic aneurysm: If five centimeters or larger in diameter, or; if symptomatic, or; for indefinite period from date of hospital admission for surgical Lower extremity)
correction (including any type of graft in-	
Precluding exertion	
cording to organ systems affected. NOTE: A rating of 100 percent shall be assigned as of the date of admission for surgical correction. Six months following discharge, the appropriate disented by the date of admission of surgical correction. Six months following discharge, the appropriate disented by the app)
ability 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 symptomatic, or, for indefinite period from date of hospital admission for surgical correction. If symptomatic, or, for indefinite period from date of hospital admission for surgical yards, and; diminished peripheral pulses	-
Following surgery: Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.9 or less Claudication on walking less than 25 yards Tollowing surgery: NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.)
on a level grade at 2 miles per nour, and; persistent coldness of the extremity, one or more deep ischemic ulcers, or ankle/	
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/	
Claudication on walking more than 100 vards, and: diminished peripheral pulses ease):	
or ankle/brachial index of 0.9 or less NOTE (1): The ankle/brachial index is the ratio of the 100)
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. 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	

§ 4.104

DISEASES OF THE HEART—Continued

DISEASES OF THE HEART—CONTINUED		DISEASES OF THE HEART—CONTINUED	•
	Rat- ing		Rat- ing
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	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
ial artery systolic blood pressure. The normal index is 1.0 or greater. NOTE (2): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under §4.25), using the bilateral factor		Persistent edema or subcutaneous indura- tion, stasis pigmentation or eczema, and persistent ulceration Persistent edema and stasis pigmentation or eczema, with or without intermittent ulcer- ation	60
(§ 4.26), if applicable. 7117 Raynaud's syndrome:		Persistent edema, incompletely relieved by elevation of extremity, with or without be-	
With two or more digital ulcers plus autoamputation of one or more digits and history of characteristic attacks	100 60	ginning stasis pigmentation or eczema Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression ho-	20
Characteristic attacks occurring at least daily	40	siery Asymptomatic palpable or visible varicose veins	10
Characteristic attacks occurring four to six times a week Characteristic attacks occurring one to three times a week 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	20 10	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-phlebitic syndrome of any etiology: With the following findings attributed to venous disease:	·
whole, regardless of the number of extremities involved or whether the nose and ears are involved.		Massive board-like edema with constant pain at rest Persistent edema or subcutaneous	100
7118 Angioneurotic edema: Attacks without laryngeal involvement lasting one to seven days or longer and occurring more than eight times a year, or;		induration, stasis pigmentation or eczema, and persistent ulceration	60
attacks with laryngeal involvement of any duration occurring more than twice a year Attacks without laryngeal involvement last- ing one to seven days and occurring five to eight times a year, or, attacks with la-	40	Persistent edema and stasis pig- mentation or eczema, with or without intermittent ulceration Persistent edema, incompletely re- lieved by elevation of extremity, with or without beginning stasis	40
ryngeal involvement of any duration oc- curring once or twice a year	20 10	pigmentation or eczema	20
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		vation of extremity or compression hosiery Asymptomatic palpable or visible varicose veins	10
activities	100	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.	
routine daily activities	60	7122 Cold injury residuals:	
more often but that respond to treatment Characteristic attacks that occur less than daily but at least three times a week and	30		
that respond to treatment	10		

DISEASES OF THE HEART—Continued

DISEASES OF THE HEART—CONTINUED	
	Ra in
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 osteo-arthritis)	

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.

or cold sensitivity

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)

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 FR 52460, Sept. 6, 2006; 79 FR 2100, Jan. 13, 2014; 82 FR 50804, Nov. 2, 2017]

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 fundarelating mental principle pyramiding as outlined in §4.14.

§4.114 Schedule of ratings—digestive system.

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

with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

Rating

7200 Mouth, injuries of. Rate as for disfigurement and impairment of function of mastication.
7201 Lips, injuries of.
Rate as for disfigurement of face.
7202 Tongue, loss of whole or part:
With inability to communicate by speech
One-half or more
With marked speech impairment
7203 Esophagus, stricture of:
Permitting passage of liquids only, with marked impairment of general health
Severe, permitting liquids only
Moderate
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
Moderately severe; partial obstruction mani-
fested by delayed motility of barium meal and less frequent and less prolonged episodes of
pain
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
Mild
Note: Ratings for adhesions will be considered
when there is history of operative or other traumatic or infectious (intraabdominal) proc- ess, and at least two of the following: disturb- ance of motility, actual partial obstruction, re- flex 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
hematemesis or melena, with manifestations
of anemia and weight loss productive of defi- nite impairment of health
Moderately severe; less than severe but with im-
pairment of health manifested by anemia and
weight loss; or recurrent incapacitating epi-
sodes averaging 10 days or more in duration
at least four or more times a year
Moderate; recurring episodes of severe symptoms two or three times a year averaging 10 days in duration; or with continuous moderate manifestations
Mild; with recurring symptoms once or twice
yearly
7000 Olobi, marginar (gastrojejunar).

	Rat- ing
Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or	
hematemesis, and weight loss. Totally inca- pacitating	100
nounced and less continuous symptoms with definite impairment of health	60
Moderately severe; intercurrent episodes of ab- dominal pain at least once a month partially or completely relieved by ulcer therapy, mild and	
transient episodes of vomiting or melena Moderate; with episodes of recurring symptoms	40
several times a year	10
once or twice yearly	10
Chronic; with severe hemorrhages, or large ul- cerated or eroded areas	60
Chronic; with multiple small eroded or ulcerated areas, and symptoms	30
toms	10
A complication of a number of diseases, including pernicious anemia.	
Rate the underlying condition. 7308 Postgastrectomy syndromes:	
Severe; associated with nausea, sweating, cir- culatory disturbance after meals, diarrhea,	
hypoglycemic symptoms, and weight loss with malnutrition and anemia	60
disorders with characteristic mild circulatory symptoms after meals but with diarrhea and	40
weight loss	
7309 Stomach, stenosis of.	20
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 fol-	
lowing refractory to treatment: ascites, hepatic encephalopathy, hemorrhage from varices or portal gastropathy (erosive gastritis)	100
History of two or more episodes of ascites, he- patic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gas-	
tritis), 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, abdom-	10

	Rat- ing		Rat ing
Note: For evaluation under diagnostic code		Symptomatic with diarrhea, anemia and inability	
7312, documentation of cirrhosis (by biopsy or		to gain weight	2
imaging) and abnormal liver function tests		NOTE: Where residual adhesions constitute the	
must be present.		predominant disability, rate under diagnostic	
314 Cholecystitis, chronic: Severe; frequent attacks of gall bladder colic	30	code 7301.	
Moderate; gall bladder dyspepsia, confirmed by	30	7329 Intestine, large, resection of:	
X-ray technique, and with infrequent attacks		With severe symptoms, objectively supported by examination findings	2
(not over two or three a year) of gall bladder		With moderate symptoms	2
colic, with or without jaundice	10	With slight symptoms	1
Mild	0	NOTE: Where residual adhesions constitute the	
315 Cholelithiasis, chronic. Rate as for chronic cholecystitis.		predominant disability, rate under diagnostic	
316 Cholangitis, chronic.		code 7301.	
Rate as for chronic cholecystitis.		7330 Intestine, fistula of, persistent, or after attempt	
317 Gall bladder, injury of.		at operative closure:	10
Rate as for peritoneal adhesions.		Copious and frequent, fecal discharge Constant or frequent, fecal discharge	6
318 Gall bladder, removal of:	20	Slight infrequent, fecal discharge	3
With mild symptoms	30 10	Healed; rate for peritoneal adhesions.	•
Nonsymptomatic	0	7331 Peritonitis, tuberculous, active or inactive:	
Spleen, disease or injury of.	-	Active	10
See Hemic and Lymphatic Systems.		Inactive: See §§ 4.88b and 4.89.	
319 Irritable colon syndrome (spastic colitis, mu-		7332 Rectum and anus, impairment of sphincter	
cous colitis, etc.): Severe; diarrhea, or alternating diarrhea and		control:	
constipation, with more or less constant ab-		Complete loss of sphincter control	10
dominal distress	30	Extensive leakage and fairly frequent involuntary bowel movements	6
Moderate; frequent episodes of bowel disturb-		Occasional involuntary bowel movements, ne-	,
ance with abdominal distress	10	cessitating wearing of pad	;
Mild; disturbances of bowel function with occa-	_	Constant slight, or occasional moderate leakage	
sional episodes of abdominal distress	0	Healed or slight, without leakage	
321 Amebiasis: Mild gastrointostinal disturbances lower abdom-		7333 Rectum and anus, stricture of:	
Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention,		Requiring colostomy	10
chronic constipation interrupted by diarrhea	10	Great reduction of lumen, or extensive leakage	,
Asymptomatic	0	Moderate reduction of lumen, or moderate con-	
NOTE: Amebiasis with or without liver abscess is		stant leakage	3
parallel in symptomatology with ulcerative coli-		7334 Rectum, prolapse of: Severe (or complete), persistent	5
tis and should be rated on the scale provided		Moderate, persistent or frequently recurring	
for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory		Mild with constant slight or occasional moderate	,
system schedule, diagnostic code 6809.		leakage	
322 Dysentery, bacillary.		7335 Ano, fistula in.	
Rate as for ulcerative colitis		Rate as for impairment of sphincter control.	
323 Colitis, ulcerative:		7336 Hemorrhoids, external or internal:	
Pronounced; resulting in marked malnutrition,		With persistent bleeding and with secondary	
anemia, and general debility, or with serious complication as liver abscess	100	anemia, or with fissures	
Severe; with numerous attacks a year and mal-	100	Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent	
nutrition, the health only fair during remissions	60	recurrences	
Moderately severe; with frequent exacerbations	30	Mild or moderate	
Moderate; with infrequent exacerbations	10	7337 Pruritus ani.	
324 Distomiasis, intestinal or hepatic:	30	Rate for the underlying condition.	
Severe symptoms	10	7338 Hernia, inguinal:	
Mild or no symptoms	0	Large, postoperative, recurrent, not well sup-	
325 Enteritis, chronic.		ported under ordinary conditions and not read-	
Rate as for irritable colon syndrome.		ily reducible, when considered inoperable	
26 Enterocolitis, chronic.		Small, postoperative recurrent, or unoperated ir- remediable, not well supported by truss, or not	
Rate as for irritable colon syndrome.		readily reducible	
Rate as for irritable colon syndrome, peritoneal		Postoperative recurrent, readily reducible and	
adhesions, or colitis, ulcerative, depending		well supported by truss or belt	
upon the predominant disability picture.		Not operated, but remediable	
328 Intestine, small, resection of:		Small, reducible, or without true hernia protru-	
With marked interference with absorption and		sion	
nutrition, manifested by severe impairment of		NOTE: Add 10 percent for bilateral involvement,	
health objectively supported by examination findings including material weight loss	60	provided the second hernia is compensable. This means that the more severely disabling	
With definite interference with absorption and	00	hernia is to be evaluated, and 10 percent,	
nutrition, manifested by impairment of health		only, added for the second hernia, if the latter	
objectively supported by examination findings		is of compensable degree.	
including definite weight loss	40	7339 Hernia, ventral, postoperative:	

	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	
Small, not well supported by belt under ordinary conditions, or healed ventral hernia or post-operative wounds with weakening of abdominal		past 12-month period Nonsymptomatic NOTE (1): Evaluate sequelae, such as cirrhosis	10
wall and indication for a supporting belt Wounds, postoperative, healed, no disability, belt not indicated	20 0	or malignancy of the liver, under an appro- priate diagnostic code, but do not use the same signs and symptoms as the basis for	
7340 Hernia, femoral. Rate as for inguinal hernia. 7342 Visceroptosis, symptomatic, marked	10	evaluation under DC 7354 and under a diag- nostic code for sequelae. (See § 4.14.). NOTE (2): For purposes of evaluating conditions	
343 Malignant neoplasms of the digestive system, exclusive of skin growths	100	under diagnostic code 7345, "incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest	
NOTE: A rating of 100 percent shall continue be- yond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other thera- peutic procedure. Six months after discontinu- ance of such treatment, the appropriate dis-		and treatment by a physician. NOTE (3): Hepatitis B infection must be confirmed by serologic testing in order to evaluate it under diagnostic code 7345. 7346 Hernia hiatal:	
ability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examina- tion shall be subject to the provisions of		Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations pro-	
§ 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals. 344 Benign neoplasms, exclusive of skin growths:		ductive of severe impairment of health Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain,	60
Evaluate under an appropriate diagnostic code, depending on the predominant disability or the		productive of considerable impairment of health	30
specific residuals after treatment. 345 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):		percent evaluation of less severity	10
Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)	100	and severe malnutrition With frequent attacks of abdominal pain, loss of normal body weight and other findings show-	100
Daily fatigue, malaise, and anorexia, with sub- stantial weight loss (or other indication of mal- nutrition), and hepatomegaly, or, incapacitating		ing continuing pancreatic insufficiency be- tween acute attacks	60
episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) hav-		mission between attacks	30
ing a total duration of at least six weeks during the past 12-month period, but not occurring constantly	60	vere abdominal pain in the past year	10
Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegally, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia,		NOTE 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent.	
arthralgia, and right upper quadrant pain) hav- ing a total duration of at least four weeks, but less than six weeks, during the past 12-month	40	7348 Vagotomy with pyloroplasty or gastro- enterostomy: Followed by demonstrably confirmative post- operative complications of stricture or con-	
period	40	tinuing gastric retention	4(
pacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) hav- ing a total duration of at least two weeks. but		rhea	30 20
less than four weeks, during the past 12-month period	20	imum 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

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)

Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly

Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period

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

Nonsymptomatic ...

NOTE (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).

NOTE (2): 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.

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

[29 FR 6718, May 22, 1964, as amended at 34 FR 5063, Mar. 11, 1969; 40 FR 42540, Sept. 15, 1975; 41 FR 11301, Mar. 18, 1976; 66 FR 29488, May 31, 2001]

THE GENITOURINARY SYSTEM

§ 4.115 Nephritis.

ing

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.

§ 4.115k

	Rat- ing			Rat- ing
Renal dysfunction: Requiring regular dialysis, or precluding more		L	ong-term drug therapy, 1–2 hospitalizations per year and/or requiring intermittent intensive management	10
than sedentary activity from one of the fol- lowing: persistent edema and albuminuria; or, BUN more than 80mg%; or, creatinine more than 8mg%; or, markedly decreased function of kidney or other organ systems, estpecially		[59 F 1994]	FR 2527, Jan. 18, 1994; 59 FR 10676, M	
cardiovascular	100		15b Ratings of the genitouri system—diagnoses.	inary
weakness, anorexia, weight loss, or limitation of exertion	80			Rat- ing
Constant albuminuria with some edema; or, defi- nite decrease in kidney function; or, hyper- tension at least 40 percent disabling under di-			Note: When evaluating any claim involving loss or loss of use of one or	
agnostic code 7101	60		more creative organs, refer to § 3.350 of this chapter to determine whether the veteran may be entitled to special	
or slight edema or hypertension at least 10 percent disabling under diagnostic code 7101 Albumin and casts with history of acute nephritis; or, hypertension non-compensable under diag-	30		monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation;	
nostic code 7101	0		however, there are other conditions in this section which under certain cir- cumstances also establish entitlement to special monthly compensation.	
Continual Urine Leakage, Post Surgical Urinary Diversion, Urinary Incontinence, or Stress In-		7500	Kidney, removal of one: Minimum evaluation	30
continence: Requiring the use of an appliance or the wearing of absorbent materials which must be changed			Or rate as renal dysfunction if there is nephritis, infection, or pathology of the other.	
more than 4 times per day Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day	60 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	40	7502	Nephritis, chronic: Rate as renal dysfunction.	
day Urinary frequency: Daytime voiding interval less than one hour, or;	20	7504	Pyelonephritis, chronic: Rate as renal dysfunction or urinary tract infection, whichever is predomi-	
awakening to void five or more times per night Daytime voiding interval between one and two hours, or; awakening to void three to four	40	7505	nant. Kidney, tuberculosis of: Rate in accordance with §§ 4.88b or	
times per night	20	7507	4.89, whichever is appropriate. Nephrosclerosis, arteriolar:	
hours, or; awakening to void two times per night	10		Rate according to predominant symp- toms as renal dysfunction, hyper- tension or heart disease. If rated	
Urinary retention requiring intermittent or continuous catheterization	30		under the cardiovascular schedule, however, the percentage rating which would otherwise be assigned will be elevated to the next higher evalua-	
stream) with any one or combination of the fol- lowing:		7508	tion. Nephrolithiasis:	
 Post void residuals greater than 150 cc. Uroflowmetry; markedly diminished peak flow rate (less than 10 cc/sec). 			Rate as hydronephrosis, except for re- current stone formation requiring one or more of the following: 1. diet therapy	
3. Recurrent urinary tract infections secondary to obstruction.4. Stricture disease requiring periodic dilata-			2. drug therapy3. invasive or non-invasive proce-	
tion every 2 to 3 months Obstructive symptomatology with or without stric-	10	7509	dures more than two times/year Hydronephrosis: Severe; Rate as renal dysfunction.	30
ture disease requiring dilatation 1 to 2 times per year	0		Frequent attacks of colic with infection (pyonephrosis), kidney function impaired	30
Poor renal function: Rate as renal dysfunction. Recurrent symptomatic infection requiring drain-			Frequent attacks of colic, requiring catheter drainage	20
age/frequent hospitalization (greater than two times/year), and/or requiring continuous intensive management	30		Only an occasional attack of colic, not in- fected and not requiring catheter drainage	10

38 CFR Ch. I (7-1-18 Edition)

		Rat- ing		Rat- ing
7511 7512	Ureterolithiasis: Rate as hydronephrosis, except for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year Ureter, stricture of: Rate as hydronephrosis, except for recurrent stone formation requiring one or more of the following: 1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year Cystitis, chronic, includes interstitial and all logies, infectious and non-infectious: Rate as voiding dysfunction.	30 30	Note—Following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure, the rating of 100 percent shall continue with a mandatory VA examination at the expiration of six months. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. If there has been no local reoccurrence or metastasis, rate on residuals as voiding dysfunction or renal dysfunction, whichever is predominant. 7529 Benign neoplasms of the genitourinary system: Rate as voiding dysfunction or renal dysfunction, whichever is predominant.	ing
	Bladder, calculus in, with symptoms inter- ng with function:		nant. 7530 Chronic renal disease requiring regular dialy-	
	Rate as voiding dysfunction Bladder, fistula of: Rate as voiding dysfunction or urinary tract infection, whichever is predominant. Postoperative, suprapubic cystotomy	100	sis: Rate as renal dysfunction. 7531 Kidney transplant: Following transplant surgery Thereafter: Rate on residuals as renal dysfunction, minimum rating	10
7517 7518	Bladder, injury of: Rate as voiding dysfunction. Urethra, stricture of:		Note—The 100 percent evaluation shall be assigned as of the date of hospital admission for transplant surgery and	
7519	Rate as voiding dysfunction. Urethra, fistual of: Rate as voiding dysfunction.	400	shall continue with a mandatory VA examination one year following hos- pital discharge. Any change in eval- uation based upon that or any subse-	
7520	Multiple urethroperineal fistulae Penis, removal of half or more Or rate as voiding dysfunction.	100 30	quent examination shall be subject to the provisions of §3.105(e) of this chapter.	
20 ¹ 7523	Penis removal of glans	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	2
7524	Testis, removal:. Both—30 ¹ One—0 ¹			
	Note: In cases of the removal of one testis as the result of a service-in-curred 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, underscended, 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.			
	Prostate gland injuries, infections, hyper- hy, postoperative residuals: Rate as voiding dysfunction or urinary tract infection, whichever is predomi-			
	ract infection, whichever is predomi- nant. Malignant neoplasms of the genitourinary sys-	100		

Rating

	Rat ing
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 (antibotics, 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.	

 $^{^{\}rm 1}\mbox{Review}$ for entitlement to special monthly compensation under $\S\,3.350$ of this chapter.

 $[59~\mathrm{FR}~2527,~\mathrm{Jan.}~18,~1994;~59~\mathrm{FR}~14567,~\mathrm{Mar.}~29,~1994,~\mathrm{as}$ amended at $59~\mathrm{FR}~46339,~\mathrm{Sept.}~8,~1994]$

GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

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

	Rating
Note 1: Natural menopause, primary amenorrhea, and pregnancy and child-birth are not disabilities for rating purposes. Chronic residuals of medical or surgical complications of pregnancy may be disabilities for rating purposes. Note 2: When evaluating any claim involving loss or loss of use of one or more creative organs or anatomical loss of one or both breasts, refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, almost any condition in this section might, under certain circumstances, establish entitlement to special monthly compensation. 7610 Vulva or clitoris, disease or injury of (including vulvovaginitis)	

7611 Vagina, disease or injury of. 7612 Cervix, disease or injury of. 7613 Uterus, disease, injury, or adhesions of. 7614 Fallopian tube, disease, injury, or adhesions of (including pelvic inflammatory disease (PID)). 7615 Ovary, disease, injury, or adhesions of. General Rating Formula for Disease, Injury, or Adhesions of Female Reproductive Organs (diagnostic codes 7610 through 7615): Symptoms not controlled by continuous treatment Symptoms that require continuous treatment Note: For the purpose of VA disability evaluation, a disease, injury, or adhesions of the ovaries resulting in ovarian dysfunction affecting the menstrual cycle, such as dysmenorrhea and secondary amenorrhea, shall be rated under diagnostic code 7615 7617 Uterus and both ovaries, removal of, com-	30 10 0
plete: For three months after removal	¹ 100
Thereafter	1 50
For three months after removal Thereafter	¹ 100 ¹ 30
7619 Ovary, removal of: For three months after removal	¹ 100
Thereafter: Complete removal of both ovaries	¹ 30
Removal of one with or without partial removal of the other	10
Note: In cases of the removal of one ovary as the result of a service-connected in- jury or disease, with the absence or non- functioning of a second ovary unrelated to service, an evaluation of 30 percent will be assigned for the service-con-	
nected ovarian loss 7620 Ovaries, atrophy of both, complete	¹ 20
prolapse due to injury, disease, or surgical com- plications of pregnancy	10
Note: Pelvic organ prolapse occurs when a pelvic organ such as bladder, urethra, uterus, vagina, small bowel, or rectum drops (prolapse) from its normal place in the abdomen. Conditions associated with pelvic organ prolapse include: uterine or vaginal vault prolapse, cystocele, urethrocele, rectocele, enterocele, or any combination thereof. Evaluate pelvic organ prolapse under DC 7621. Evaluate separately any genitourinary, digestive, or skin symptoms under the appropriate diagnostic code(s) and combine all evaluations with the 10 percent evaluation under DC 7621 Fistula, rectovaginal:	
Vaginal fecal leakage at least once a day requiring wearing of pad	100
wearing of pad Vaginal fecal leakage one to three times	60
per week requiring wearing of pad Vaginal fecal leakage less than once a week	30 10
Without leakage	0
Multiple urethrovaginal fistulae	100

38 CFR Ch. I (7-1-18 Edition)

	Rating		Rating
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than four times per day	60 40	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 Pelvic pain or heavy or irregular bleeding not controlled by treatment Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control	50 30 10
7626 Breast, surgery of:		Note: Diagnosis of endometriosis must be	
Following radical mastectomy: Both One Following modified radical mastectomy: Both One Following simple mastectomy or wide local excision with significant alteration of size or form: Both One Following wide local excision without significant alteration of size or form: Both One Following wide local excision without significant alteration of size or form: Both or one Note: For VA purposes: (1) Radical mastectomy means removal of the entire breast, underlying pectoral muscles, and regional lymph nodes up to the coracoclavicular ligament. (2) Modified radical mastectomy means removal of the entire breast and axillary lymph nodes (in continuity with the breast). Pectoral muscles are left intact. (3) Simple (or total) mastectomy means removal of all of the	180 150 160 140 150 130	substantiated by laparoscopy. 7630 Malignant neoplasms of the breast Note: A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. Bate chronic residuals according to impairment of function due to scars, lymphedema, or disfigurement (e.g., limitation of arm, shoulder, and wrist motion, or loss of grip strength, or loss of sensation, or residuals from harvesting of muscles for reconstructive purposes), and/or under diagnostic code 7626 7631 Benign neoplasms of the breast and other injuries of the breast. Rate chronic residuals according to impairment of function due to scars, lymphedema, or disfigurement (e.g., limitation of arm, shoulder, and wrist motion, or loss of grip strength, or loss of sensation, or residuals from harvesting of muscles for reconstructive purposes), and/or under diagnostic code 7626	100
breast tissue, nipple, and a small portion of the overlying skin, but lymph nodes and muscles are left intact (4) Wide local excision (including		7632 Female sexual arousal disorder (FSAD) 1 Review for entitlement to special monthly compeunder § 3.350 of this chapter.	10 ensation
partial mastectomy, lumpectomy, tylectomy, segmentectomy, and quadrantectomy) means removal of a portion of the breast tissue. 7627 Malignant neoplasms of gynecological sys-		(Authority: 38 U.S.C. 1155) [60 FR 19855, Apr. 21, 1995, as amended FR 6874, Feb. 14, 2002; 67 FR 37695, Ma 2002; 83 FR 15071, Apr. 9, 2018]	
tem	100	THE HEMIC AND LYMPHATIC SYSTE	MS

Note: A rating of 100 percent shall continue beyond the cessation of any surgical, radiation, antineoplastic chemo-therapy 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 evalua-tion based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter. Rate chronic residuals to include scars, lymphedema, disfigurement, and/or other impairment of function under the appro-

priate diagnostic code(s) within the ap-propriate body system 7628 Benign neoplasms of gynecological system. Rate chronic residuals to include scars, lymphedema, disfigurement, and/or other impairment of function under the appropriate diagnostic

code(s) within the appropriate body system

§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 restHemoglobin 7gm/100ml or less, with findings such as dyspnea on mild exertion, cardiomegaly, tachycardia (100 to 120	100
beats per minute) or syncope (three epi- sodes in the last six months)	70
ness of breath	30

100

100

60

30

10

	Rating
Hemoglobin 10gm/100ml or less with find- ings such as weakness, easy fatigability	
or headaches	10
Hemoglobin 10gm/100ml or less, asymp-	
tomatic	0
NOTE: Evaluate complications of pernicious anemia, s	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 100 six weeks . Requiring transfusion of platelets or red cells at least once every three months, or; infections recurring at least once every three months .. 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 Requiring continuous medication for control

60

30

10

100

100

40

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 . 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 Requiring phlebotomy Stable, with or without continuous medica-

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 7706 Splenectomy 20

NOTE: Rate complications such as systemic infections with encapsulated bacteria separately.

		Rating
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.

7710 Adenitis, tuberculous, active or inactive. Rate under §§ 4.88c or 4.89 of this part, whichever is appropriate. 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 cri-ses with continuing impairment of health 30 Asymptomatic, established case in remission, but with identifiable organ impair-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 $\S 3.321(b)(1)$ of this chapter.

7715 Non-Hodgkin's lymphoma:

With active disease or during a treatment phase .

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 dtermined 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 Requiring transfusion of platelets or red cells at least once every three months, or; infections recurring at least once every three months

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

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.

		Rating
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, 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 22 2000

before October 23, 2008.				
	Rat- ing			
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			
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 ei- ther 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	00			
or three characteristics of disfigurement With one characteristic of disfigurement Note (1):The 8 characteristics of disfigurement, for purposes of evaluation under §4.118, are: Scar 5 or more inches (13 or more cm.) in length. Scar at least one-quarter inch (0.6 cm.)	30 10			
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 ex ceeding six square inches (39 sq. cm.). Note (2): Rate tissue loss of the auricle under DC 6207 (loss of auricle) and anatomical loss of the eye under DC 6061 (anatomical loss of both eyes) or DC 6063 (anatomical loss of one eye), as appropriate. Note (3): Take into consideration unretouched color photographs when evaluating under these criteria. Note (4): Separately evaluate disabling effects other than disfigurement that are associated with individual scar(s) of the head, face, or neck, such as pain, instability, and residuals of associated muscle or nerve injury, under the appropriate diagnostic code(s) and apply § 4.25 to combine the evaluation(s) with the evaluation assigned under this diagnostic code. Note (5): The characteristic(s) of disfigurement may be caused by one scar or by multiple scars; the characteristic(s) required to assign a particular evaluation need not be caused by a single scar in order to assign that evaluation. 7801 Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck, that are deep and nonlinear: Area or areas of 144 square inches (929 sq. cm.) or greater 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

Area or areas of at least 6 square inches (39 sq. cm.) but less than 12 square inches (77 sq. cm.)

20

inches (465 sq. cm.) ..

38 CFR Ch. I (7-1-18 Edition)

458

	 t- g		Rat- ing
Note (1): A deep scar is one associated	Note	e (1): An unstable scar is one where, for	
with underlying soft tissue damage. Note (2): If multiple qualifying scars are		y reason, there is frequent loss of cov- ng of skin over the scar.	
present, or if a single qualifying scar af-		(2): If one or more scars are both un-	
fects more than one extremity, or a single qualifying scar affects one or more ex-		able and painful, add 10 percent to the aluation that is based on the total num-	
tremities and either the anterior portion or		r of unstable or painful scars	
posterior portion of the trunk, or both, or a		(3): Scars evaluated under diagnostic	
single qualifying scar affects both the an-		des 7800, 7801, 7802, or 7805 may	
terior portion and the posterior portion of the trunk, assign a separate evaluation for		so receive an evaluation under this di- nostic code, when applicable	
each affected extremity based on the total		other (including linear scars) and other	
area of the qualifying scars that affect that		cars evaluated under diagnostic codes	
extremity, assign a separate evaluation based on the total area of the qualifying		, 7802, and 7804:	
scars that affect the anterior portion of the		uate any disabling effect(s) not consided in a rating provided under diagnostic	
trunk, and assign a separate evaluation		des 7800–04 under an appropriate di-	
based on the total area of the qualifying		nostic code	
scars that affect the posterior portion of the trunk. The midaxillary line on each	7806 Derma	titis or eczema.	
side separates the anterior and posterior		e than 40 percent of the entire body or	
portions of the trunk. Combine the sepa-		ore than 40 percent of exposed areas ected, or; constant or near-constant	
rate evaluations under § 4.25. Qualifying		stemic therapy such as corticosteroids	
scars are scars that are nonlinear, deep, and are not located on the head, face, or	or	other immunosuppressive drugs re-	
neck.		ired during the past 12-month period	6
02 Burn scar(s) or scar(s) due to other causes,		40 percent of the entire body or 20 to percent of exposed areas affected, or;	
not of the head, face, or neck, that are superficial		stemic therapy such as corticosteroids	
and nonlinear: Area or areas of 144 square inches (929 sq.		other immunosuppressive drugs re-	
cm.) or greater		ired for a total duration of six weeks or	
Note (1): A superficial scar is one not asso-	mc	ore, but not constantly, during the past -month period	
ciated with underlying soft tissue damage		ast 5 percent, but less than 20 percent,	`
Note (2): If multiple qualifying scars are	of	the entire body, or at least 5 percent,	
present, or if a single qualifying scar affects more than one extremity, or a single		t less than 20 percent, of exposed	
qualifying scar affects one or more ex-		eas affected, or; intermittent systemic erapy such as corticosteroids or other	
tremities and either the anterior portion or		munosuppressive drugs required for a	
posterior portion of the trunk, or both, or a single qualifying scar affects both the an-		al duration of less than six weeks dur-	
terior portion and the posterior portion of		the past 12-month period	1
the trunk, assign a separate evaluation for		than 5 percent of the entire body or strain 5 percent of exposed areas af-	
each affected extremity based on the total		eted, and; no more than topical therapy	
area of the qualifying scars that affect that extremity, assign a separate evaluation		quired during the past 12-month period	
based on the total area of the qualifying		ate as disfigurement of the head, face,	
scars that affect the anterior portion of the		neck (DC 7800) or scars (DC's 7801, 02, 7803, 7804, or 7805), depending	
trunk, and assign a separate evaluation based on the total area of the qualifying		on the predominant disability.	
scars that affect the posterior portion of	7807 Americ	,	
the trunk. The midaxillary line on each	•	leous, espundia):	
side separates the anterior and posterior		as disfigurement of the head, face, or ck (DC 7800), scars (DC's 7801, 7802,	
portions of the trunk. Combine the sepa- rate evaluations under §4.25. Qualifying		03, 7804, or 7805), or dermatitis (DC	
scars are scars that are nonlinear, super-		06), depending upon the predominant	
ficial, and are not located on the head,		sability.	
face, or neck.		Evaluate non-cutaneous (visceral) shmaniasis under DC 6301 (visceral)	
04 Scar(s), unstable or painful:. Five or more scars that are unstable or		shmaniasis).	
painful		orld leishmaniasis (cutaneous, Oriental	
Three or four scars that are unstable or	sore):		
painful		as disfigurement of the head, face, or	
One or two scars that are unstable or pain-	70	ck (DC 7800), scars (DC's, 7801, 7802, 03, 7804, or 7805), or dermatitis (DC	
ful	78	06), depending upon the predominant sability.	
	leis	Evaluate non-cutaneous (visceral) shmaniasis under DC 6301 (visceral shmaniasis).	
		d lupus erythematosus or subacute cu-	
		ous erythematosus:	1

§4.118

	Rat- ing		Rat- ing
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. 7811 Tuberculosis luposa (lupus vulgaris), active or inactive: Rate under §§ 4.88c or 4.89, whichever is appropriate. 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): Rate as disfigurement of the head, face, or		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
neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or dermatitis (DC 7806), depending upon the predominant disability. 7815 Bullous disorders (including pemphigus vulgaris, pemphigus foliaceous, bullous pemphigoid, dermatitis herpetiformis, epidermolysis bullosa acquisita, benign chronic familial pemphigus (Hailey-Hailey), and porphyria cutanea tarda):		pon the predominant disability. 7817 Exfoliative dermatitis (erythroderma): 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	
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		light) treatments, or electron beam therapy required during the past 12-month period	100
or other immunosuppressive drugs required during the past 12-month period 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	60	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, but not constantly, during the past 12-month period	30	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,	ou.
ing the past 12-month period	0	during the past 12-month period	30
upon the predominant disability. 7816 Psoriasis: 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		month period	10
or other immunosuppressive drugs required during the past 12-month period 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	60	nant melanoma): Rate as disfigurement of the head, face, or neck (DC 7800), scars (DC's 7801, 7802, 7803, 7804, or 7805), or impairment of function.	
more, but not constantly, during the past 12-month period	30		

	Rat- ing		Rat- ing
Note: If a skin malignancy requires therapy		More than 40 percent of the entire body or	
that is comparable to that used for sys-		more than 40 percent of exposed areas	
temic malignancies, i.e., systemic chemo-		affected, and; constant or near-constant	
therapy, X-ray therapy more extensive		systemic medications or intensive light	
than to the skin, or surgery more exten-		therapy required during the past 12-month	00
sive than wide local excision, a 100-per- cent evaluation will be assigned from the		period	60
date of onset of treatment, and will con-		40 percent of exposed areas affected, or;	
tinue, with a mandatory VA examination		systemic therapy or intensive light therapy	
six months following the completion of		required for a total duration of six weeks	
such antineoplastic treatment, and any		or more, but not constantly, during the	
change in evaluation based upon that or		past 12-month period	30
any subsequent examination will be sub-		At least 5 percent, but less than 20 percent,	
ject to the provisions of §3.105(e) of this chapter. If there has been no local recur-		of the entire body, or at least 5 percent, but less than 20 percent, of exposed	
rence or metastasis, evaluation will then		areas affected, or; systemic therapy or in-	
be made on residuals. If treatment is con-		tensive light therapy required for a total	
fined to the skin, the provisions for a 100-		duration of less than six weeks during the	
percent evaluation do not apply.		past 12-month period	10
819 Benign skin neoplasms:		Less than 5 percent of the entire body or	
Rate as disfigurement of the head, face, or		exposed areas affected, and; no more	
neck (DC 7800), scars (DC's 7801, 7802,		than topical therapy required during the	
7803, 7804, or 7805), or impairment of		past 12-month period	0
function.		Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DC's 7801,	
820 Infections of the skin not listed elsewhere (including bacterial, fungal, viral, treponemal and		7802, 7803, 7804, or 7805), depending	
parasitic diseases):		upon the predominant disability.	
Rate as disfigurement of the head, face, or		7823 Vitiligo:	
neck (DC 7800), scars (DC's 7801, 7802,		With exposed areas affected	10
7803, 7804, or 7805), or dermatitis (DC		With no exposed areas affected	0
7806), depending upon the predominant		7824 Diseases of keratinization (including icthyoses,	
disability.		Darier's disease, and palmoplantar keratoderma):	
821 Cutaneous manifestations of collagen-vas-		With either generalized cutaneous involve-	
cular diseases not listed elsewhere (including		ment or systemic manifestations, and; constant or near-constant systemic medi-	
scleroderma, calcinosis cutis, and dermato-		cation, such as immunosuppressive	
myositis): More than 40 percent of the entire body or		retinoids, required during the past 12-	
more than 40 percent of the entire body of		month period	60
affected, or; constant or near-constant		With either generalized cutaneous involve-	
systemic therapy such as corticosteroids		ment or systemic manifestations, and;	
or other immunosuppressive drugs re-		intermittent systemic medication, such as	
quired during the past 12-month period	60	immunosuppressive retinoids, required for a total duration of six weeks or more, but	
20 to 40 percent of the entire body or 20 to		not constantly, during the past 12-month	
40 percent of exposed areas affected, or;		period	30
systemic therapy such as corticosteroids or other immunosuppressive drugs re-		With localized or episodic cutaneous in-	
quired for a total duration of six weeks or		volvement and intermittent systemic medi-	
more, but not constantly, during the past		cation, such as immunosuppressive	
12-month period	30	retinoids, required for a total duration of	
At least 5 percent, but less than 20 percent,		less than six weeks during the past 12-	10
of the entire body, or at least 5 percent,		month period No more than topical therapy required dur-	10
but less than 20 percent, of exposed		ing the past 12-month period	0
areas affected, or; intermittent systemic		7825 Urticaria:	
therapy such as corticosteroids or other immunosuppressive drugs required for a		Recurrent debilitating episodes occurring at	
total duration of less than six weeks dur-		least four times during the past 12-month	
ing the past 12-month period	10	period despite continuous immuno-	
Less than 5 percent of the entire body or		suppressive therapy	60
exposed areas affected, and; no more		Recurrent debilitating episodes occurring at	
than topical therapy required during the		least four times during the past 12-month	
past 12-month period	0	period, and; requiring intermittent systemic immunosuppressive therapy for	
Or rate as disfigurement of the head, face,		control	30
or neck (DC 7800) or scars (DC's 7801,		Recurrent episodes occurring at least four	
7802, 7803, 7804, or 7805), depending		times during the past 12-month period,	
		and; responding to treatment with antihis-	
upon the predominant disability.		tamines or sympathomimetics	10
822 Papulosquamous disorders not listed else-			
822 Papulosquamous disorders not listed elsewhere (including lichen planus, large or small		7826 Vasculitis, primary cutaneous:	
822 Papulosquamous disorders not listed else-		Recurrent debilitating episodes occurring at	
822 Papulosquamous disorders not listed else- where (including lichen planus, large or small plaque parapsoriasis, pityriasis lichenoides et			

§4.119

		Rat-		Rat-
		ing		ing
	Recurrent debilitating episodes occurring at		7833 Malignant melanoma:	
	least four times during the past 12-month period, and; requiring intermittent sys-		Rate as scars (DC's 7801, 7802, 7803, 7804, or 7805), disfigurement of the head,	
	temic immunosuppressive therapy for		face, or neck (DC 7800), or impairment of	
	control	30	function (under the appropriate body sys-	
	Recurrent episodes occurring one to three		tem).	
	times during the past 12-month period,		Note: If a skin malignancy requires therapy	
	and; requiring intermittent systemic im-	10	that is comparable to that used for sys-	
	munosuppressive therapy for control Or rate as disfigurement of the head, face,	10	temic malignancies, <i>i.e.</i> , systemic chemo-	
	or neck (DC 7800) or scars (DC's 7801,		therapy, X-ray therapy more extensive than to the skin, or surgery more exten-	
	7802, 7803, 7804, or 7805), depending		sive than wide local excision, a 100-per-	
	upon the predominant disability.		cent evaluation will be assigned from the	
	Erythema multiforme; Toxic epidermal		date of onset of treatment, and will con-	
nec	rolysis:		tinue, with a mandatory VA examination	
	Recurrent debilitating episodes occurring at least four times during the past 12-month		six months following the completion of	
	period despite ongoing immuno-		such antineoplastic treatment, and any change in evaluation based upon that or	
	suppressive therapy	60	any subsequent examination will be sub-	
	Recurrent episodes occurring at least four		ject to the provisions of § 3.105(e). If there	
	times during the past 12-month period,		has been no local recurrence or metas-	
	and; requiring intermittent systemic im-	20	tasis, evaluation will then be made on re-	
	munosuppressive therapy Recurrent episodes occurring during the	30	siduals. If treatment is confined to the	
	past 12-month period that respond to		skin, the provisions for a 100-percent	
	treatment with antihistamines or		evaluation do not apply.	
	sympathomimetics, or; one to three epi-			
	sodes occurring during the past 12-month		(Authority: 38 U.S.C. 1155)	
	period requiring intermittent systemic im-		·	
	munosuppressive therapy Or rate as disfigurement of the head, face,	10	[67 FR 49596, July 31, 2002; 67 FR 58448, 5	
	or neck (DC 7800) or scars (DC's 7801,		Sept. 16, 2002; 73 FR 54710, Oct. 23, 2008; 7	7 FR
	7802, 7803, 7804, or 7805), depending		2910, Jan. 20, 2012]	
	upon the predominant disability.			
7828	Acne:		THE ENDOCRINE SYSTEM	
	Deep acne (deep inflamed nodules and pus-			
	filled cysts) affecting 40 percent or more	30	§ 4.119 Schedule of ratings—endoc	rine
		30	§4.119 Schedule of ratings—endoc system.	rine
	filled cysts) affecting 40 percent or more of the face and neck Deep acne (deep inflamed nodules and pus- filled cysts) affecting less than 40 percent	30		
	filled cysts) affecting 40 percent or more of the face and neck			Rat-
	filled cysts) affecting 40 percent or more of the face and neck. Deep acne (deep inflamed nodules and pusfilled cysts) affecting less than 40 percent of the face and neck, or; deep acne other than on the face and neck	30 10		
	filled cysts) affecting 40 percent or more of the face and neck. Deep acne (deep inflamed nodules and pusfilled cysts) affecting less than 40 percent of the face and neck, or; deep acne other than on the face and neck Superficial acne (comedones, papules,	10		Rat-
	filled cysts) affecting 40 percent or more of the face and neck		system.	Rat-
	filled cysts) affecting 40 percent or more of the face and neck. Deep acne (deep inflamed nodules and pusfilled cysts) affecting less than 40 percent of the face and neck, or; deep acne other than on the face and neck Superficial acne (comedones, papules,	10	system. 7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat-
	filled cysts) affecting 40 percent or more of the face and neck	10	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
	filled cysts) affecting 40 percent or more of the face and neck	10	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis Thereafter, rate residuals of disease or complications of medical treatment within the appropriate diagnostic code(s) within the appropriate	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10	system. 7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10 0	system. 7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10	system. 7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7829	filled cysts) affecting 40 percent or more of the face and neck	10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
	filled cysts) affecting 40 percent or more of the face and neck	10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7830	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7830	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7830	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7830 7831	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7830 7831	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing
7830 7831	filled cysts) affecting 40 percent or more of the face and neck	10 0 30 10 0	7900 Hyperthyroidism, including, but not limited to, Graves' disease: For six months after initial diagnosis	Rat- ing

	Rat- ing		Rat- ing
Note (1): Evaluate symptoms due to pressure on adjacent organs (such as the trachea, larynx, or esophagus) under the appropriate diagnostic code(s) within the appropriate body system. Note (2): If disfigurement of the neck is present due to thyroid disease or enlargement, separately evaluate under DC 7800 (burn scar(s) of the head, face, or neck, scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck).		Note (4): Following surgery or other treatment, evaluate chronic residuals, such as nephrolithiasis (kidney stones), decreased renal function, fractures, vision problems, and cardio-vascular complications, under the appropriate diagnostic codes. 7905 Hypoparathyroidism: For three months after initial diagnosis	
7903 Hypothyroidism: Hypothyroidism manifesting as myxedema (cold intolerance, muscular weakness, cardiovascular involvement (including, but not limited to hypo-		creased renal function, and congestive heart failure under the appropriate diagnostic codes. 7906 Thyroiditis:	
tension, bradycardia, and pericardial effusion), and mental disturbance (including, but not lim- ited to dementia, slowing of thought and de- pression)) Note (1): This evaluation shall continue for six	100	With normal thyroid function (euthyroid)	
months beyond the date that an examining physician has determined crisis stabilization. Thereafter, the residual effects of hypothyroidism shall be rated under the appropriate diagnostic code(s) within the appropriate body system(s) (e.g., eye, digestive, and mental disorders).		7907 Cushing's syndrome: As active, progressive disease, including areas of osteoporosis, hypertension, and proximal upper and lower extremity muscle wasting that results in inability to rise from squatting position, climb stairs, rise from a deep chair without assist-	
Hypothyroidism without myxedema	30	ance, or raise arms Proximal upper or lower extremity muscle wasting that results in inability to rise from squatting position, climb stairs, rise from a deep chair with-	100
the most appropriate diagnostic code(s) under the appropriate body system (e.g., eye, diges- tive, mental disorders).		out assistance, or raise arms	60
Note (3): If eye involvement, such as exophthalmos, corneal ulcer, blurred vision, or diplopia, is also present due to thyroid disease, also separately evaluate under the appropriate diagnostic code(s) in § 4.79, Schedule of Ratings—Eye (such as diplopia (DC 6090) or impairment of central visual acuity (DCs 6061–6066)).		ance, and vascular fragility Note: The evaluations specifically indicated under this diagnostic code shall continue for six months following initial diagnosis. After six months, rate on residuals under the appropriate diagnostic code(s) within the appropriate body system(s). 7908 Acromegaly:	
7904 Hyperparathyroidism: For six months from date of discharge following surgery	100	Evidence of increased intracranial pressure (such as visual field defect), arthropathy, glucose intolerance, and either hypertension or cardiomegaly	100
Note (1): After six months, rate on residuals under the appropriate diagnostic code(s) within the appropriate body system(s) based on a VA ex-		Arthropathy, glucose intolerance, and hyper- tension	60
amination. Hypercalcemia (indicated by at least one of the		Enlargement of acral parts or overgrowth of long bones	30
following: Total Ca greater than 12 mg/dL (3- 3.5 mmol/L), lonized Ca greater than 5.6 mg/dL (2-2.5 mmol/L), creatinine clearance less than 60 mL/min, bone mineral density T-score less than 2.5 SD (below mean) at any site or pre- vious fragility fracture)	60	7909 Diabetes insipidus: For three months after initial diagnosis Note: Thereafter, if diabetes insipidus has subsided, rate residuals under the appropriate diagnostic code(s) within the appropriate body system.	30
Note (2): Where surgical intervention is indicated, this evaluation shall continue until the day of surgery, at which time the provisions pertaining to a 100-percent evaluation shall apply.		With persistent polyuria or requiring continuous hormonal therapy	10
Note (3): Where surgical intervention is not indicated, this evaluation shall continue for six		Four or more crises during the past year Three crises during the past year, or; five or more	60
months after pharmacologic treatment begins. After six months, rate on residuals under the appropriate diagnostic code(s) within the appropriate body system(s) based on a VA examination.		episodes during the past year One or two crises during the past year, or; two to four episodes during the past year, or; weak- ness and fatigability, or; corticosteroid therapy	
Symptoms such as fatigue, anorexia, nausea, or constipation that occur despite surgery; or in individuals who are not candidates for surgery but require continuous medication for control Asymptomatic	10	required for control	20

ing

Note (1): An Addisonian "crisis" consists of the rapid onset of peripheral vascular collapse (with acute hypotension and shock), with findings that may include: anorexia; nausea; vomiting; dehydration; profound weakness; pain in abdomen, legs, and back; fever; apathy, and depressed mentation with possible progression to coma, renal shutdown, and death.

Note (2): An Addisonian "episode," for VA purposes, is a less acute and less severe event than an Addisonian crisis and may consist of anorexia, nausea, vomiting, diarrhea, dehydration, weakness, malaise, orthostatic hypotension, or hypoglycemia, but no peripheral vascular collapse.

Note (3): Tuberculous Addison's disease will be evaluated as active or inactive tuberculosis. If inactive, these evaluations are not to be combined with the graduated ratings of 50 percent or 30 percent for non-pulmonary tuberculosis specified under §4.88b. Assign the higher rating

7912 Polyglandular syndrome (multiple endocrine neoplasia, autoimmune polyglandular syndrome):

Evaluate according to major manifestations to include, but not limited to, Type I diabetes mellitus, hyperthyroidism, hypothyroidism, hypoparathyroidism, or Addison's disease.

7913 Diabetes mellitus:

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

Requiring one or more daily injection of insulin, restricted diet, and regulation of activities

Requiring one or more daily injection of insulin and restricted diet, or; oral hypoglycemic agent and restricted diet

Manageable by restricted diet only ...

Note (1): Evaluate compensable complications of diabetes separately unless they are part of the criteria used to support a 100-percent evaluation. Noncompensable complications are considered part of the diabetic process under DC 7913.

Note (2): When diabetes mellitus has been conclusively diagnosed, do not request a glucose tolerance test solely for rating purposes.

7914 Neoplasm, malignant, any specified part of the endocrine system

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.

38 CFR Ch. I (7-1-18 Edition)

7915 Neoplasm, benign, any specified part of the endocrine system:

Rate as residuals of endocrine dysfunction.

7916 Hyperpituitarism (prolactin secreting pituitary dysfunction):

Note: Evaluate as malignant or benign neoplasm, as appropriate.

7917 Hyperaldosteronism (benign or malignant):

Note: Evaluate as malignant or benign neoplasm, as appropriate.

7918 Pheochromocytoma (benign or malignant):

Note: Evaluate as malignant or benign neoplasm as appropriate.

7919 C-cell hyperplasia of the thyroid:

If antineoplastic therapy is required, evaluate as a malignant neoplasm under DC 7914. If a prophylactic thyroidectomy is performed (based upon genetic testing) and antineoplastic therapy is not required, evaluate as hypothyroidism under DC 7903.

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

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.

464

60

40

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

he had signed an agreement to pay an additional sum of money in the trade. The seizure manifestations of psychomotor epilepsy vary from patient to patient and in the same patient from seizure to seizure.

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

§4.123 Neuritis, cranial or peripheral.

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

§4.124 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

§4.124a

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

	Rat- ing
8000 Encephalitis, epidemic, chronic:	
As active febrile disease	100
Rate residuals, minimum	10
Brain, new growth of:	
8002 Malignant	100
NOTE: The rating in code 8002 will be continued	
for 2 years following cessation of surgical,	
chemotherapeutic or other treatment modality.	
At this point, if the residuals have stabilized, the rating will be made on neurological residu-	
als 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	100
8010 Myelitis:	10
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, pa-	
ralysis, visual impairment or psychotic involve-	
ment, 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	100
Spinal cord, new growths of:.	10
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 residu-	
als according to symptomatology.	
Minimum rating	30
8022 Benign, minimum rating	60

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

	Rat- ing
Rate residuals, minimum	10
3023 Progressive muscular atrophy:	
Minimum rating	30
3024 Syringomyelia:	
Minimum rating	30
8025 Myasthenia gravis:	30
Minimum rating NOTE: It is required for the minimum ratings for	ان
residuals under diagnostic codes 8000–8025,	
that there be ascertainable residuals. Deter-	
minations as to the presence of residuals not	
capable of objective verification, i.e., head-	
aches, dizziness, fatigability, must be approached on the basis of the diagnosis re-	
corded; 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	
disease. It is of exceptional importance that	
when ratings in excess of the prescribed min- imum ratings are assigned, the diagnostic	
codes utilized as bases of evaluation be cited,	
in addition to the codes identifying the diag-	
noses.	
Residuals of traumatic brain injury (TBI):	
There are three main areas of dysfunction	
that may result from TBI and have pro- found effects on functioning: cognitive	
(which is common in varying degrees	
after TBI), emotional/behavioral, and	
physical. Each of these areas of dysfunc-	
tion may require evaluation	
Cognitive impairment is defined as de- creased memory, concentration, attention,	
and executive functions of the brain. Ex-	
ecutive functions are goal setting, speed	
of information processing, planning, orga-	
nizing, prioritizing, self-monitoring, prob-	
lem solving, judgment, decision making, spontaneity, and flexibility in changing ac-	
tions when they are not productive. Not all	
of these brain functions may be affected	
in a given individual with cognitive impair-	
ment, and some functions may be af- fected more severely than others. In a	
given individual, symptoms may fluctuate	
in severity from day to day. Evaluate cog-	
nitive impairment under the table titled "Evaluation of Cognitive Impairment and	
"Evaluation of Cognitive Impairment and	
Other Residuals of TBI Not Otherwise Classified.".	
Subjective symptoms may be the only resid-	
ual of TBI or may be associated with cog-	
ual of TBI or may be associated with cog- nitive impairment or other areas of dys-	
function. 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, sep-	
arately evaluate any residual with a dis-	
arately evaluate any residual with a dis- tinct diagnosis that may be evaluated under another diagnostic code, such as	
migraine headache or Meniere's disease,	
even if that diagnosis is based on subjec-	
even in that diagnosis is based on subject	
tive symptoms, rather than under the	

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

3131EM—Continued		3131EM—Continued	
	Rat- ing		Rat- ing
Evaluate emotional/behavioral dysfunction under § 4.130 (Schedule of ratings—men-		Evaluation of Cognitive Impairment and Subjective Symptoms	
tal disorders) when there is a diagnosis of		The Arbita Miles of Committee of Committee Com	

valuate emotional/benavioral dystunction 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.".

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.

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.

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. 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

ORGANIC DISEASES OF THE CENTRAL NERVOUS

Note (1): There may be an overlap of manifestations of conditions evaluated under the table titled "Evaluation Of Cognitive Impairment And Other Residuals Of TBI Not Otherwise Classified" with manifestations of a comorbid mental or neurologic or other physical disorder that can be separately evaluated under another diagnostic code. In such cases, do not assign more than one evaluation based on the same manifestations. If the manifestations of two or more conditions cannot be clearly separated, assign a single evaluation under whichever set of diagnostic criteria allows the better assessment of overall impaired functioning due to both conditions. However, if the manifestations are clearly separatele, assign a separate evaluation for each condition.

Note (2): Symptoms listed as examples at certain evaluation levels in the table are only examples and are not symptoms that must be present in order to assign a particular evaluation.

Note (3): "Instrumental activities of daily living" refers to activities other than selfcare 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.

Note (4): The terms "mild," "moderate," and "severe" TBI, which may appear in medical records, refer to a classification of TBI made at, or close to, the time of injury rather than to the current level of functioning. This classification does not affect the rating assigned under diagnostic code 8045.

38 CFR Ch. I (7-1-18 Edition)

§4.124a

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM—Continued

	Rat- ing
Note (5): A veteran whose residuals of TBI are rated under a version of §4.124a, diagnostic code 8045, in effect before October 23, 2008 may request review under diagnostic code 8045, irrespective of whether his or her disability has worsened since the last review. VA will review that veteran's disability rating to determine whether the veteran may be entitled to a higher disability rating under diagnostic code 8045. A request for review pursuant to this note will be treated as a claim for an increased rating for purposes of determining the effective date of an increased rating awarded as a result of such review; however, in no case will the award be effective before October 23, 2008. For the purposes of determining the effective date of an increased rating awarded as a result of such review. VA will apply 38 CFR	
3.114, if applicable 3.046 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 diagnossi of cerebral arteriosclerosis	
is substantiated by the entire clinical picture and not solely on findings of retinal arterio- sclerosis.	

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 im- pair- ment	Criteria
Memory, attention, con- centration, executive functions.	0	No complaints of impairment of memory, attention, concentration, or executive functions.

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 im- pair- ment	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
	2	evidence on testing. 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 im- pairment of memory, attention, concentra- tion, or executive func- tions resulting in mod- erate functional impair- ment.
	Total	Objective evidence on testing of severe im- pairment of memory, attention, concentra- tion, or executive func- tions resulting in se- vere functional impair- ment.
Judgment	0	Normal. 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
	2	reasonable decision. Moderately impaired judgment. For complex or unfamiliar decisions, usually unable to iden- tify, understand, and weigh the alternatives, understand the con- sequences of choices, and make a reason- able decision, although has little difficulty with simple decisions.

§4.124a

Department of Veterans Affairs

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

			OLAGGII ILD OGIII	· · · · · ·	
Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of im- pair- ment	Criteria	Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of im- pair- ment	Criteria
	Total	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. 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	Motor activity (with intact motor and sensory system).	0 1 2 3 Total 0 1	Motor activity normal. Motor activity normal most of the time, but mildly slowed at time due to apraxia (inabi ity to perform previously learned moto activities, despite normal motor function). Motor activity mildly decreased or with moderate slowing due to apraxia. Motor activity moderate decreased due to apraxia. Motor activity severely decreased due to apraxia. Normal. Mildly impaired. Occasionally gets lost in the familiar surrounding has difficulty reading
Social interaction	0	or activities. Social interaction is routinely appropriate. Social interaction is oc-			maps or following di- rections. Is able to us assistive devices suc as GPS (global posi- tioning system).
	2	casionally inappro- priate. Social interaction is fre-		2	Moderately impaired. Usually gets lost in u
	3	quently inappropriate. Social interaction is inap- propriate most or all of			familiar surroundings has difficulty reading maps, following direc tions, and judging di
Orientation	0	the time. Always oriented to person, time, place, and situation.			tance. Has difficulty using assistive device such as GPS (globa positioning system).
	2	Occasionally disoriented to one of the four as- pects (person, time, place, situation) of ori- entation. Occasionally disoriented		3	Moderately severely im paired. Gets lost eve in familiar sur- roundings, unable to use assistive device: such as GPS (globa
	3	to two of the four as- pects (person, time, place, situation) of ori- entation or often dis- oriented to one aspect of orientation. Often disoriented to two or more of the four as-		Total	positioning system). Severely impaired. Ma be unable to touch of name own body part when asked by the e aminer, identify the r ative position in spac of two different ob-
	Total	pects (person, time, place, situation) of ori- entation. Consistently disoriented			jects, or find the way from one room to an other in a familiar er ronment.
		to two or more of the four aspects (person, time, place, situation) of orientation.			

38 CFR Ch. I (7-1-18 Edition)

§4.124a

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 im- pair- ment	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.

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 im- pair- ment	Criteria
Neurobehavioral effects	0	One or more neurobehavioral ef- fects that do not inter- fere with workplace interaction or social interaction. Examples of neurobehavioral ef- fects are: Irritability, impulsivity, unpredict- ability, lack of motiva- tion, verbal aggres- sion, physical aggres- sion, belligerence, ap- athy, lack of empathy, moodiness, lack of co- operation, inflexibility, and impaired aware- ness of disability. Any of these effects may range from slight to severe, although verbal and physical aggression are likely te have a more serious impact on workplace interaction and social interaction than some of the other effects.
	1	One or more neurobehavioral ef- fects that occasionally interfere with work- place interaction, so- cial interaction, or both but do not preclude them.
	2	One or more neurobehavioral ef- fects that frequently interfere with work- place interaction, so- cial interaction, or both but do not preclude them.
	3	One or more neurobehavioral ef- fects that interfere with or preclude workplace interaction, social inter action, or both on mos days or that occasion- ally require supervisior for safety of self or others.
Communication	0	Able to communicate by spoken and written language (expressive communication), and to comprehend spoker and written language.

§4.124a

Department of Veterans Affairs

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

OLASSIFIED—COITIII Idea			
Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of im- pair- ment	Criteria	
	2	Comprehension or expression, or both, of either spoken language or written language is only occasionally impaired. Can communicate complex ideas. Inability to communicate either by spoken language, written language, or both, more than occasionally but less than half of the time, or to com-	
	3	prehend spoken language, written language, written language, or both, more than occasionally but less than half of the time. Can generally communicate complex ideas. 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 communication beginned.	
	Total	nicate basic needs. Complete inability to communicate either by spoken language, writ- ten language, or both, or to comprehend spo- ken language, written language, or both. Un- able to communicate basic needs.	
Consciousness	Total	Persistently altered state of consciousness, such as vegetative state, minimally responsive state, coma.	

MISCELLANEOUS DISEASES

	Rat- ing
8100 Migraine: With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability	50

MISCELLANEOUS DISEASES—Continued

	Rat ing
With characteristic prostrating attacks occurring on an average once a month over last several	
months	3
With characteristic prostrating attacks averaging	
one in 2 months over last several months	1
With less frequent attacks	
8103 Tic, convulsive:	
Severe	3
Moderate	1
Mild	
NOTE: Depending upon frequency, severity, muscle groups involved.	
8104 Paramyoclonus multiplex (convulsive state,	
myoclonic type):	
Rate as tic; convulsive; severe cases	(
8105 Chorea, Sydenham's:	
Pronounced, progressive grave types	10
Severe	8
Moderately severe	:
Moderate	(
Mild	
NOTE: Consider rheumatic etiology and com-	
plications.	
8106 Chorea, Huntington's.	
Rate as Sydenham's chorea. This, though a fa-	
milial 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 sen-	
sory manifestation or motor loss.	
8305 Neuritis.	
8405 Neuralgia.	
NOTE: Tic douloureux may be rated in accord-	
ance with severity, up to complete paralysis.	
Seventh (facial) cranial nerve	
8207 Paralysis of:	30
Complete Incomplete, severe	20
Incomplete, severe	10
Note: Dependent upon relative loss of innerva-	10
tion of facial muscles.	
8307 Neuritis	
8407 Neuralgia.	
Ninth (glossopharyngeal) cranial nerve.	
8209 Paralysis of:	
Complete	30
Incomplete, severe	20
Incomplete, moderate	10

38 CFR Ch. I (7-1-18 Edition)

Rating

Major Minor

§4.124a

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.	10
8310 Neuritis.	
8410 Neuralgia.	
Eleventh (spinal accessory, external branch) cra- nial 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	Rat	Rating	
Scriedule of fathigs	Major	Minor	
The term "incomplete paralysis," with this and other peripheral nerve injuries, indicates a degree of lost or impaired function substantially less than the type picture for complete paralysis given with each nerve, whether due to varied level of the nerve lesion or to partial regeneration. When the involvement is wholly sensory, the rating should be for the mild, or at most, the moderate degree. The ratings for the peripheral nerves are for unilateral involvement; when bilateral, combine with application of the bilateral factor.			
Upper radicular group (fifth and sixth cervicals)			
8510 Paralysis of: Complete; all shoulder and elbow movements lost or severely affected, hand and wrist movements not affected	70 50 40	60 40 30	
Mild	20	20	

DISEASES OF THE PERIPHERAL NERVES—Continued

Schedule of ratings

8610	Neuritis.		
8710	Neuralgia.		
	Middle radicular group		
8511	Paralysis of:		
	omplete; adduction, abduction and		
	rotation of arm, flexion of elbow, and		
	extension of wrist lost or severely af-		
	fected	70	60
Ir	complete:		
	Severe Moderate	50 40	40 30
	Mild	20	20
8611	Neuritis.	20	20
8711	Neuralgia.		
0, 11	· ·		
0540	Lower radicular group		
8512	Paralysis of:		
C	omplete; all intrinsic muscles of hand, and some or all of flexors of		
	wrist and fingers, paralyzed (sub-		
	stantial loss of use of hand)	70	60
In	complete:		
	Severe	50	40
	Moderate	40	30
	Mild	20	20
8612	Neuritis.		
8712	Neuralgia.		
	All radicular groups		
8513	Paralysis of:		
	omplete	90	80
Ir	complete:	70	00
	Severe Moderate	70	60 30
	Moderate		30
		40	20
8613	Mild	20	20
8613 8713	Mild Neuritis.		20
8713	Mild Neuritis. Neuralgia.		20
8713 The	Mild Neuritis. Neuralgia. musculospiral nerve (radial nerve)		20
8713 The 8514	Mild Neuritis. Neuralgia. musculospiral nerve (radial nerve) Paralysis of:		20
8713 The 8514	Mild Neuritis. Neuralgia. musculospiral nerve (radial nerve) Paralysis of: omplete; drop of hand and fingers,		20
8713 The 8514	Mild Neuritis. Neuralgia. musculospiral nerve (radial nerve) Paralysis of:		20
8713 The 8514	Mild	20	
8713 The 8514 C	Mild		20
8713 The 8514 C	Mild	20	
8713 The 8514 C	Mild	20	60

Department of Veterans Affairs

DISEASES OF THE PERIPHERAL NERVES-Continued

Schodula of ratings	Rating	
Schedule of ratings	Major	Minor
8614 Neuritis. 8714 Neuralgia.		
NOTE: Lesions involving only "dissocia communis digitorum" and "paralysis I sor communis digitorum," will not e erate rating under code 8514.	tion of e below the xceed the	xtensor exten- e mod-
The median nerve		
8515 Paralysis of: Complete; the hand inclined to the ulnar side, the index and middle fingers more extended than normally, considerable atrophy of the muscles of the thenar eminence, the thumb in the plane of the hand (ape hand); pronation incomplete and defective, absence of flexion of index finger and feeble flexion of middle finger, cannot make a fist, index and middle fingers remain extended; cannot flex distal phalanx of thumb, defective opposition and abduction of the thumb, at right angles to palm; flexion of wrist weakened; pain with		
trophic disturbances	70	60
Severe	50 30 10	40 20 10
The ulnar nerve		
8516 Paralysis of: Complete; the "griffin claw" deformity, due to flexor contraction of ring and little fingers, atrophy very marked in dorsal interspace and thenar and hypothenar eminences; loss of ex- tension of ring and little fingers can- not spread the fingers (or reverse), cannot adduct the thumb; flexion of		
wrist weakenedIncomplete:	60	50
Severe	40 30 10	30 20 10
Musculocutaneous nerve		
8517 Paralysis of: Complete; weakness but not loss of flexion of elbow and supination of forearm	30	20
Incomplete: Severe	20	20
Moderate	10 0	10 0
Circumflex nerve 8518 Paralysis of:		
Complete; abduction of arm is impossible, outward rotation is weakened; muscles supplied are deltoid and teres minor	50	40

DISEASES OF THE PERIPHERAL NERVES-Continued

Continued			
	Ra	Rating	
Schedule of ratings	Major	Minor	
Incomplete: Severe	30 10 0	10	
Long thoracic nerve 8519 Paralysis of:			
Complete; inability to raise arm above shoulder level, winged scapula deformity	30		
Severe	20 10	10	
Mild Note: Not to be combined with lost moti der level.	0 on abov		
8619 Neuritis. 8719 Neuralgia.			
NOTE: Combined nerve injuries should erence to the major involvement, or if tent, consider radicular group ratings.			
		Rating	
Sciatic nerve			
8520 Paralysis of: Complete; the foot dangles and do no active movement possible muscles below the knee, flexic knee weakened or (very rarely) Incomplete: Severe, with marked muscular rophy Moderately severe Moderate Mild 8620 Neuritis. 8720 Neuralgia.	e of on of lost	80 60 40 20 10	
External popliteal nerve (commo peroneal)	n		
8521 Paralysis of: Complete; foot drop and slight of first phalanges of all toes, care dorsiflex the foot, extension (diflexion) of proximal phalange toes lost; abduction of foot adduction weakened; anesticovers entire dorsum of foot	annot orsal s of lost, nesia		
toes Incomplete:		40	
Severe		30	

§4.124a

38 CFR Ch. I (7-1-18 Edition)

	Rating		Rating
8621 Neuritis.		8626 Neuritis.	
8721 Neuralgia.		8726 Neuralgia.	
Musculocutaneous nerve (superficial		Internal saphenous nerve	
peroneal)		8527 Paralysis of:	
8522 Paralysis of:		Severe to complete	10
Complete; eversion of foot weakened	30	Mild to moderate	(
Incomplete:		8627 Neuritis.	
Severe		8727 Neuralgia.	
Moderate	_	Obturator nerve	
Mild 8622 Neuritis.	. 0	8528 Paralysis of:	
8722 Neuralgia.		Severe to complete	10
•		Mild or moderate	C
Anterior tibial nerve (deep peroneal)		8628 Neuritis.	
8523 Paralysis of:		8728 Neuralgia.	
Complete; dorsal flexion of foot lost Incomplete:	. 30	External cutaneous nerve of thigh	
Severe	. 20	8529 Paralysis of: Severe to complete	10
Moderate		Mild or moderate	(
Mild	. 0	8629 Neuritis.	
8623 Neuritis.		8729 Neuralgia.	
8723 Neuralgia.		Ilio-inguinal nerve	
Internal popliteal nerve (tibial)		_	
8524 Paralysis of:		8530 Paralysis of: Severe to complete	10
Complete; plantar flexion lost, frank		Mild or moderate	(
adduction of foot impossible, flexion and separation of toes abolished; no		8630 Neuritis.	`
muscle in sole can move; in lesions		8730 Neuralgia.	
of the nerve high in popliteal fossa,	,	8540 Soft-tissue sarcoma (of neurogenic	
plantar flexion of foot is lost	. 40	origin)	100
Incomplete:	00	NOTE: The 100 percent rating will be con	
Severe Moderate		for 6 months following the cessation of gical, X-ray, antineoplastic chemothera	
Mild	1	other therapeutic procedure. At this po	
8624 Neuritis.		there has been no local recurrence or r	
8724 Neuralgia.		tases, the rating will be made on residu	als.
Posterior tibial nerve		THE EPILEPSIES	
8525 Paralysis of:			
Complete; paralysis of all muscles of sole of foot, frequently with painful	I		Rat- ing
paralysis of a causalgic nature; toes cannot be flexed: adduction is weak-		A thorough study of all material in §§ 4.121 and	
ened; plantar flexion is impaired		4.122 of the preface and under the ratings for	
Incomplete:		epilepsy is necessary prior to any rating ac- tion.	
Severe	. 20	8910 Epilepsy, grand mal.	
Moderate		Rate under the general rating formula for major	
Mild	. 10	seizures. 8911 Epilepsy, petit mal.	
8625 Neuritis. 8725 Neuralgia.		оэтт срперзу, реш шаг.	
Anterior crural nerve (femoral)			
8526 Paralysis of:			
Complete; paralysis of quadriceps extensor muscles			
Incomplete:			
Severe	. 30		
Moderate			
Mild	. 10		

THE EPILEPSIES—Continued

	Rat- ing
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
10 minor seizures weekly Averaging at least 1 major seizure in 4	80
months over the last year; or 9–10 minor seizures per week	60
or 2 in the last year; or averaging at least 5 to 8 minor seizures weekly	40
months	20
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.	10

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 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 diagnostic ropersychotic 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 psychroneurotic disorder will be rated under the appropriate diagnostic code. The personality disorder will be rated as a diágnostic code. The personality disorder will be rated as a dementia (e.g., diagnostic code 9304 or 9326). Epilepsy and Unemployability: (1) Rating specialists must bear in mind that the epileptic, although his or her seizures are controlled, may find employment and rehabilitation difficult of attainment due to employer reluctance to the hiring of the

(2) Where a case is encountered with a definite history of unemployment, full and complete development should be un-dertaken 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

(a) The assent of the challful should his be obtained by 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

100

80

60

40

20

10

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. 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,

§4.126

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 https://www.archives.gov/federal_register/code_of_federal_regulations/ ibr publications.html.

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

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

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

§ 4.126 Evaluation of disability from mental disorders.

- (a) When evaluating a mental disorder, the rating agency shall consider the frequency, severity, and duration of psychiatric symptoms, the length of remissions, and the veteran's capacity for adjustment during periods of remission. The rating agency shall assign an evaluation based on all the evidence of record that bears on occupational and social impairment rather than solely on the examiner's assessment of the level of disability at the moment of the examination.
- (b) When evaluating the level of disability from a mental disorder, the rating agency will consider the extent of social impairment, but shall not assign an evaluation solely on the basis of social impairment.
- (c) Neurocognitive disorders shall be evaluated under the general rating formula for mental disorders; neurologic deficits or other impairments stemming from the same etiology (e.g., a head injury) shall be evaluated separately and combined with the evaluation for neurocognitive disorders (see §4.25).
- (d) When a single disability has been diagnosed both as a physical condition and as a mental disorder, the rating agency shall evaluate it using a diag-

nostic code which represents the dominant (more disabling) aspect of the condition (see § 4.14).

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

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

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

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

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

[79 FR 45100, Aug. 4, 2014]

§ 4.128 Convalescence ratings following extended hospitalization.

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

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

 $[61~{\rm FR}~52700,\,{\rm Oct.}~8,\,1996]$

§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

Department of Veterans Affairs

following the veteran's discharge to determine whether a change in evaluation is warranted.

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

§ 4.130 Schedule of ratings—Mental disorders.

The nomenclature employed in this portion of the rating schedule is based upon the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (see § 4.125 for availability information). Rating agencies must be thoroughly familiar with this manual to properly implement the directives in § 4.125 through § 4.129 and to apply the general rating formula for mental disorders in § 4.130. The schedule for rating for mental disorders is set forth as follows:

- 9201 Schizophrenia 9202 [Removed] 9203 [Removed] 9204 [Removed] 9205 [Removed] 9208 Delusional disorder 9210 Other specified and unspecified schizophrenia spectrum and other psychotic disorders 9211 Schizoaffective disorder Delirium
- 9300 Delirium 9301 Major or mild neurocognitive disorder due to HIV or other infections

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

GENERAL RATING FORMULA FOR MENTAL DISORDERS

	Rating
Total occupational and social impairment, due to such symptoms as: gross impairment in thought processes or communication; persistent delusions or hallucinations; grossly inappropriate behavior; persistent danger of hurting self or others; intermittent inability to perform activities of daily living (including maintenance of minimal personal hygiene); disorientation to time or place; memory loss for names of close relatives, own occupation, or own name. Occupational and social impairment, with deficiencies in most areas, such as work, school, family relations, judgment, thinking, or mood, due to such symptoms as: suicidal ideation; obsessional rituals which interfere with routine activities; speech intermittently illogical, obscure, or irrelevant; near-continuous panic or depression affecting the ability to function independently, appropriately and effectively; impaired impulse control (such as unprovoked irritability with periods of violence); spatial disorientation; neglect of personal appearance and hygiene; difficulty in	100
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).	
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

Not involving temporomandibular

articulation.

9903 Mandible, nonunion of, confirmed by diagnostic imaging studies:

Not replaceable by prosthesis

Replaceable by prosthesis

Rat-ing

20

10

§4.149

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 vomitting 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.

[79 FR 45100, Aug. 4, 2014]
DENTAL AND ORAL CONDITION

lS

§4.149 [Reserved]

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

84 150 Schedule of ratings_dental and

§ 4.150 Schedule of ratings—denta oral conditions.	l and	9904	Severe, with false motion	30 10
	Rat- ing	3304	Displacement, causing severe anterior or posterior open bite	20
Note (1): For VA compensation purposes, diagnostic imaging studies include, but are not limited to, con-			Displacement, causing moderate anterior or posterior open bite	10
ventional radiography (X-ray), computed tomog- raphy (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), radionuclide bone scanning, or ultrasonography		9905	terior open bite	0
Note (2): Separately evaluate loss of vocal articula- tion, loss of smell, loss of taste, neurological im- pairment, respiratory dysfunction, and other impair-			0 to 10 millimeters (mm) of max- imum unassisted vertical open- ing.	
ments under the appropriate diagnostic code and combine under §4.25 for each separately rated condition			With dietary restrictions to all mechanically altered foods	50
9900 Maxilla or mandible, chronic osteomyelitis, osteonecrosis or osteoradionecrosis of:			Without dietary restrictions to mechanically altered foods	40
Rate as osteomyelitis, chronic under diagnostic code 5000 9901 Mandible, loss of, complete, between angles	100		11 to 20 mm of maximum unassisted vertical opening.	40
9902 Mandible, loss of, including ramus, unilaterally or bilaterally:	100		With dietary restrictions to all mechanically altered	40
Loss of one-half or more,. Involving temporomandibular articulation.			foodsWithout dietary restrictions to mechanically altered	40
Not replaceable by prosthesis Replaceable by prosthesis	70 50		foods	30
Not involving temporomandibular articulation.			With dietary restrictions to full liquid and pureed	
Not replaceable by prosthesis	40 30		foods With dietary restrictions to soft and semi-solid	40
Involving temporomandibular articu- lation. Not replaceable by prosthesis	70		foods	30
Replaceable by prosthesis	1		foods	20

Department of Veterans Affairs

Pt. 4, App. A

	Τ		
	Rat- ing		Rat- ing
30 to 34 mm of maximum unas-		Where the loss of masticatory surface can	
sisted vertical opening.		be restored by suitable prosthesis	(
With dietary restrictions to		NOTE—These ratings apply only to bone	
full liquid and pureed		loss through trauma or disease such as	
foods		osteomyelitis, and not to the loss of the	
With dietary restrictions to		alveolar process as a result of periodontal	
soft and semi-solid	1	disease, since such loss is not considered	
foods		disabling.	
Without dietary restrictions		9914 Maxilla, loss of more than half:	
to mechanically altered		Not replaceable by prosthesis	10
foods	10	Replaceable by prosthesis	5
Lateral excursion range of motion:	4.0	9915 Maxilla, loss of half or less:	
0 to 4 mm		Loss of 25 to 50 percent:	
Note (1): Ratings for limited interincisal movement		Not replaceable by prosthesis	4
shall not be combined with ratings for limited lat-		Replaceable by prosthesis	3
eral excursion. Note (2): For VA compensation purposes, the normal		Loss of less than 25 percent:	J
maximum unassisted range of vertical jaw opening		Not replaceable by prosthesis	2
is from 35 to 50 mm.		Replaceable by prosthesis	_
Note (3): For VA compensation purposes, mechani-		9916 Maxilla, malunion or nonunion of:	
cally altered foods are defined as altered by blend-			
ing, chopping, grinding or mashing so that they are		Nonunion,	
easy to chew and swallow. There are four levels of		With false motion	3
mechanically altered foods: full liquid, puree, soft,		Without false motion	1
and semisolid foods. To warrant elevation based		Malunion,	
on mechanically altered foods, the use of texture-		With displacement, causing severe	
modified diets must be recorded or verified by a		anterior or posterior open bite	3
physician.		With displacement, causing mod-	
9908 Condyloid process, loss of, one or both sides	30	erate anterior or posterior open	
9909 Coronoid process, loss of:		bite	1
Bilateral	20	With displacement, causing mild	
Unilateral	10	anterior or posterior open bite	
9911 Hard palate, loss of:		Note: For VA compensation purposes, the severity of	
Loss of half or more, not replaceable by		maxillary nonunion is dependent upon the degree	
prosthesis		of abnormal mobility of maxilla fragments following	
Loss of less than half, not replaceable by		treatment (i.e., presence or absence of false mo-	
prosthesis		tion), and maxillary nonunion must be confirmed by	
Loss of half or more, replaceable by pros-		diagnostic imaging studies.	
thesis		9917 Neoplasm, hard and soft tissue, benign:	
Loss of less than half, replaceable by pros-		Rate as loss of supporting structures (bone	
thesis		or teeth) and/or functional impairment due	
9913 Teeth, loss of, due to loss of substance of body of maxilla or mandible without loss of con-		to scarring.	
tinuity:		9918 Neoplasm, hard and soft tissue, malignant	10
Where the lost masticatory surface cannot		Note: A rating of 100 percent shall continue beyond	
be restored by suitable prosthesis:		the cessation of any surgical, radiation,	
Loss of all teeth	40	antineoplastic chemotherapy or other therapeutic	
Loss of all upper teeth		procedure. Six months after discontinuance of	
Loss of all lower teeth		such treatment, the appropriate disability rating	
All upper and lower posterior teeth		shall be determined by mandatory VA examination.	
missing		Any change in evaluation based upon that or any	
All upper and lower anterior teeth		subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has	
missing		been no local recurrence or metastasis, rate on re-	
All upper anterior teeth missing		siduals such as loss of supporting structures (bone	
All lower anterior teeth missing	1	or teeth) and/or functional impairment due to scar-	
All upper and lower teeth on one		ring.	
side missing	10	illig.	

 $[59~{\rm FR}~2530,\,{\rm Jan.}~18,\,1994,\,{\rm as}~{\rm amended}~{\rm at}~82~{\rm FR}~36083,\,{\rm Aug.}~3,\,2017]$

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

Sec.	Diagnostic code No.	
4.71a	5001 5002 5003 5012	Evaluation February 1, 1962. Evaluation March 11, 1969. Evaluation March 1, 1963. Added July 6, 1950. Criterion March 10, 1976. Criterion March 1, 1963.

Sec.	Diagnostic code No.	
	5025	Added May 7, 1996.
	5051	Added September 22, 1978. Note July 16, 2015.
	5052	Added September 22, 1978. Note July 16, 2015.
	5053	Added September 22, 1978. Note July 16, 2015. Added September 22, 1978. Note July 16, 2015.
	5054 5055	Added September 22, 1978. Note July 16, 2015. Added September 22, 1978. Note July 16, 2015.
	5056	Added September 22, 1978. Note July 16, 2015.
	5100-5103	Removed March 10, 1976.
	5104	Criterion March 10, 1976.
	5105	Criterion March 10, 1976.
	5164 5166	Evaluation June 9, 1952. Criterion September 22, 1978.
	5172	
	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 5216	Criterion September 22, 1978. 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 5225	Criterion August 26, 2002. 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. Replaces 5285–5295 September 26, 2003.
	5235–5243 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 t 5235–5243 September 26, 2003.
	5294	Evaluation March 10, 1976; revised and moved to 5235–5243 September 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 5325	Added February 1, 1962. 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.
4.77		Revised May 13, 2018.
4.78		Revised May 13, 2018.
4.79		Introduction criterion May 13, 2018; Revised General Rating Formula for Diseases of the Eye NOTE revised May 13, 2018.
	6000	Criterion May 13, 2018.
	6001	Criterion May 13, 2018.
	6002 6006	Criterion May 13, 2018. Title May 13, 2018. Criterion May 13, 2018.
	6007	Criterion May 13, 2018.
	6008	Criterion May 13, 2018.
	6009	Criterion May 13, 2018.
	6011	Evaluation May 13, 2018.
	6012	
	6013 6014	Evaluation May 13, 2018. Title May 13, 2018.
	6015	Title May 13, 2018.
	6017	Evaluation May 13, 2018.
	6018	Evaluation May 13, 2018. Evaluation May 13, 2018. Evaluation.

Sec.	Diagnostic code No.	
	6026	Evaluation May 13, 2018.
	6027	Evaluation May 13, 2018.
	6034	Evaluation May 13, 2018.
	6035	Evaluation May 13, 2018.
	6036 6040	Evaluation May 13, 2018. Added May 13, 2018.
	6042	Added May 13, 2018.
	6046	Added May 13, 2018.
	6091	Evaluation May 13, 2018.
4.84a		Table V criterion July 1, 1994.
	6010 6019	Criterion March 11, 1969.
	6029	Criterion September 22, 1978. 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 6071	Criterion March 10, 1976. 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
4.87a	6200-6260	6200–6260 revised and re-designated § 4.87 June 10, 1999. Moved to § 4.87 June 10, 1999.
4.07a	6275–6276	Moved to \$4.87 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.
	6286	Removed December 17, 1987.
	6291	Criterion March 10, 1976; removed December 17, 1987.
4 07h	6297	Criterion March 10, 1976; removed December 17, 1987.
4.87b 4.88a		Removed June 10, 1999. March 11, 1969; re-designated § 4.88b November 29, 1994; § 4.88a added to
4.004	•••••	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 6306	Criterion March 1, 1989; evaluation August 30, 1996. 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 6318	Criterion August 30, 1996. 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.
	6054	
4.88c	6354	Added November 29, 1994; criterion August 30, 1996. Re-designated from § 4.88b November 29, 1994.
		Re-designated from § 4.88b November 29, 1994.
4.89		
4.89		Re-designated from § 4.88b November 29, 1994. Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969.
4.88c	6502 6504 6510–6514	Re-designated from §4.88b November 29, 1994. Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969. Criterion October 7, 1996. Criterion October 7, 1996. Criterion October 7, 1996.
4.89	6502 6504 6510–6514 6515	Re-designated from § 4.88b November 29, 1994. Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969. Criterion October 7, 1996. Criterion October 7, 1996. Criterion October 7, 1996. Criterion March 11, 1969.
4.89	6502 6504 6510–6514 6515 6516	Re-designated from §4.88b November 29, 1994. Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969. Criterion October 7, 1996. Criterion October 7, 1996. Criterion March 11, 1969. Criterion October 7, 1996.
4.89	6502 6504 6510–6514 6515 6516 6517	Re-designated from §4.88b November 29, 1994. Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969. Criterion October 7, 1996. Criterion October 7, 1996. Criterion October 7, 1996. Criterion March 11, 1969. Criterion October 7, 1996. Removed October 7, 1996.
4.89	6502 6504 6510–6514 6515 6516	Re-designated from §4.88b November 29, 1994. Ratings for nonpulmonary TB December 1, 1949; criterion March 11, 1969. Criterion October 7, 1996. Criterion October 7, 1996. Criterion March 11, 1969. Criterion October 7, 1996.

Sec.	Diagnostic code No.	
	6521	Added October 7, 1996.
	6522	Added October 7, 1996.
	6523 6524	Added October 7, 1996. Added October 7, 1996.
	6600	Evaluation September 9, 1975; criterion October 7, 1996.
	6601	Criterion October 7, 1996.
	6602 6603	Criterion September 9, 1975; criterion October 7, 1996. Added September 9, 1975; criterion October 7, 1996.
	6604	Added October 7, 1996.
	6701	Evaluation October 7, 1996.
	6702 6703	Evaluation October 7, 1996. 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 6724	Criterion July 6, 1950; criterion September 22, 1978. 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 6732	Evaluation September 22, 1978; criterion October 7, 1996. 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 6814	Removed October 7, 1996. Criterion March 10, 1976; removed October 7, 1996.
	6815	Removed October 7, 1996.
	6816	Removed October 7, 1996.
	6817	Evaluation October 7, 1996.
	6818 6819	Removed October 7, 1996. Criterion March 10, 1976; criterion October 7, 1996.
	6821	Evaluation August 23, 1948.
	6822-6847	Added October 7, 1996.
4.104	7000	Evaluation July 6, 1950; evaluation September 22, 1978; evaluation January 12, 1998.
	7001	Evaluation January 12, 1998.
	7002 7003	Evaluation January 12, 1998. Evaluation January 12, 1998.
	7004	Criterion September 22, 1978; evaluation January 12, 1998.
	7005	Evaluation September 9, 1975; evaluation September 22, 1978; evaluation January 12, 1998.
	7006	Evaluation January 12, 1998.
	7007 7008	Evaluation September 22, 1978; evaluation January 12, 1998. Evaluation January 12, 1998; criterion December 10, 2017.
	7010	Evaluation January 12, 1998.
	7011	Evaluation January 12, 1998.
	7013	Removed January 12, 1998.
	7014 7015	Removed January 12, 1998. Evaluation September 9, 1975; criterion January 12, 1998.
	7016	Added September 9, 1975; evaluation January 12, 1998.
	7017	Added September 22, 1978; evaluation January 12, 1998.
	7018	Added January 12, 1998.
	7019 7020	Added January 12, 1998. Added January 12, 1998.
	7100	Evaluation July 6, 1950.
	7101	Criterion September 1, 1960; criterion September 9, 1975; criterion January 12, 1998.
	7110	Evaluation September 9, 1975; evaluation January 12, 1998.
	7111 7112	Criterion September 9, 1975; evaluation January 12, 1998. Evaluation January 12, 1998.
	7112	Evaluation January 12, 1998.
	7114	Added June 9, 1952; evaluation January 12, 1998.
	7115	Added June 9, 1952; evaluation January 12, 1998.
	7116 7117	Added June 9, 1952; evaluation March 10, 1976; removed January 12, 1998. Added June 9, 1952; evaluation January 12, 1998.
	7117	Criterion January 12, 1998.
	7119	Evaluation January 12, 1998.
	7120	Note following July 6, 1950; evaluation January 12, 1998.
	7121	Criterion July 6, 1950; evaluation March 10, 1976; evaluation January 12, 1998.
	7122	Last sentence of Note following July 6, 1950; evaluation January 12, 1998; cri-

Sec.	Diagnostic code No.	
4.114	7123	Added October 15, 1991; criterion January 12, 1998.
4.114	7304	Introduction paragraph revised March 10, 1976. Evaluation November 1, 1962.
	7305	Evaluation November 1, 1962.
	7308	Evaluation April 8, 1959.
	7311 7312	Criterion July 2, 2001. Evaluation March 10, 1976; evaluation July 2, 2001.
	7313	Evaluation March 10, 1976; removed July 2, 2001.
	7319	Evaluation November 1, 1962.
	7321 7328	Evaluation July 6, 1950; criterion March 10, 1976. Evaluation November 1, 1962.
	7329	Evaluation November 1, 1962.
	7330	Evaluation November 1, 1962.
	7331 7332	Criterion March 11, 1969. Evaluation November 1, 1962.
	7334	Evaluation July 6, 1950; evaluation November 1, 1962.
	7339	Criterion March 10, 1976.
	7341 7343	Removed March 10, 1976.
	7343	Criterion March 10, 1976; criterion July 2, 2001. Criterion July 2, 2001.
	7345	Evaluation August 23, 1948; evaluation February 17, 1955; evaluation July 2, 2001.
	7346	Evaluation February 1, 1962.
	7347 7348	Added September 9, 1975. Added March 10, 1976.
	7351	Added July 2, 2001.
	7354	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	Note July 6, 1950; evaluation February 17, 1994, criterion September 8, 1994.
	7501	Evaluation February 17, 1994.
	7502	Evaluation February 17, 1994.
	7503 7504	Removed February 17, 1994. Criterion February 17, 1994.
	7505	Criterion March 11, 1969; evaluation February 17, 1994.
	7507	Criterion February 17, 1994.
	7508 7509	Evaluation February 17, 1994. Criterion February 17, 1994.
	7510	Evaluation February 17, 1994.
	7511	Evaluation February 17, 1994.
	7512 7513	Evaluation February 17, 1994.
	7514	Removed February 17, 1994. Criterion March 11, 1969; removed February 17, 1994.
	7515	Criterion February 17, 1994.
	7516	Criterion February 17, 1994.
	7517 7518	Criterion February 17, 1994. Evaluation February 17, 1994.
	7519	Evaluation March 10, 1976; evaluation February 17, 1994.
	7520	Criterion February 17, 1994.
	7521 7522	Criterion February 17, 1994.
	7523	Criterion September 8, 1994. 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 7527	Removed February 17, 1994. Criterion February 17, 1994.
	7528	Criterion March 10, 1976; criterion February 17, 1994.
	7529	Criterion February 17, 1994.
	7530 7531	Added September 9, 1975; evaluation February 17, 1994. 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-gyne- cological conditions and disorders of the breasts" May 22, 1995.
	7610 7611	Criterion May 22, 1995; title May 13, 2018. Criterion May 22, 1995.
	7612	Criterion May 22, 1995.
	7613	Criterion May 22, 1995.
	7614 7615	Criterion May 22, 1995.
	7615 7617	Criterion May 22, 1995; note May 13, 2018. Criterion May 22, 1995.
	7618	Criterion May 22, 1995.
	7619	Criterion May 22, 1995; note May 13, 2018.
	7620	Criterion May 22, 1995.

Sec.	Diagnostic code No.	
	7621	Criterion May 22, 1995; evaluation May 13, 2018.
	7622	Removed May 13, 2018.
	7623	Removed May 13, 2018.
	7624 7625	Criterion August 9, 1976; evaluation May 22, 1995. Criterion August 9, 1976; evaluation May 22, 1995.
	7626	Criterion May 22, 1995; criterion March 18, 2002.
	7627	Criterion March 10, 1976; criterion May 22, 1995; title, note May 13, 2018.
	7628	Added May 22, 1995; title, criterion May 13, 2018.
	7629	Added May 22, 1995.
	7630	Added May 13, 2018.
	7631 7632	Added May 13, 2018. Added May 13, 2018.
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 7706	Evaluation October 23, 1995. 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 7714	Removed October 23, 1995. Added September 9, 1975; criterion October 23, 1995.
	7715	Added October 26, 1990.
	7716	Added October 23, 1995.
	7717	Added March 9, 2012.
l.118	7800	Evaluation August 30, 2002; criterion October 23, 2008.
	7801 7802	Criterion July 6, 1950; criterion August 30, 2002; criterion October 23, 2008.
	7002	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 Oc
		tober 23, 2008.
	7805	Criterion October 23, 2008.
	7806	Criterion September 9, 1975; evaluation August 30, 2002.
	7807 7808	Criterion August 30, 2002.
	7809	Criterion August 30, 2002. 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 7816	Evaluation August 30, 2002.
	7816 7817	Evaluation August 30, 2002. Evaluation August 30, 2002.
	7818	Criterion August 30, 2002.
	7819	Criterion August 30, 2002.
	7820-7833	Added August 30, 2002.
l.119	7900	Criterion August 13, 1981; evaluation June 9, 1996; title December 10, 2017
		evaluation December 10, 2017; criterion December 10, 2017; note December
	7901	10, 2017. Criterion August 13, 1981; evaluation June 9, 1996; title December 10, 2017
	7901	evaluation December 10, 2017; criterion December 10, 2017; note December
		10, 2017.
	7902	Evaluation August 13, 1981; criterion June 9, 1996; title December 10, 2017
		evaluation December 10, 2017; criterion December 10, 2017; note December
		10, 2017.
	7903	Criterion August 13, 1981; evaluation June 9, 1996; evaluation December 10
	7904	2017; criterion December 10, 2017; note December 10, 2017.
	7904	Criterion August 13, 1981; evaluation June 9, 1996; evaluation December 10, 2017; criterion December 10, 2017; note <i>December 10, 2017</i> .
	7905	Evaluation; August 13, 1981; evaluation June 9, 1996; evaluation December 10
	7 3 0 3	2017; criterion December 10, 2017.
	7906	Added December 10, 2017.
	7907	Evaluation; August 13, 1981; evaluation June 9, 1996; criterion December 10
		2017; note December 10, 2017.
	7908	Criterion August 13, 1981; criterion June 9, 1996; criterion December 10, 2017.
İ	=	
	7909	Evaluation August 13, 1981; criterion June 9, 1996; evaluation June 9, 1996; criterion December 10, 2017; evaluation December 10, 2017; note December 10

Sec.	Diagnostic code No.	
	7910 7911	Removed June 9, 1996. Evaluation March 11, 1969; evaluation August 13, 1981; criterion June 9, 1996; title December 10, 2017; note <i>December 10, 2017</i> .
	7912 7913	Title December 10, 2017; criterion <i>December 10, 2017.</i> Criterion September 9, 1975; criterion August 13, 1981; criterion June 6, 1996;
		evaluation June 9, 1996; criterion December 10, 2017; note <i>December 10, 2017.</i>
	7914 7915	Criterion March 10, 1976; criterion August 13, 1981; criterion June 9, 1996. Criterion June 9, 1996; criterion <i>December 10, 2017</i> .
	7916 7917 7918	Added June 9, 1996; note <i>December 10, 2017.</i> Added June 9, 1996; note <i>December 10, 2017.</i> Added June 9, 1996; note <i>December 10, 2017.</i>
	7919	Added June 9, 1996; evaluation June 9, 1996; criterion December 10, 2017; note December 10, 2017.
4.124a	8002 8021	Criterion September 22, 1978. Criterion September 22, 1978; criterion October 1, 1961; criterion March 10,
	8045	1976; criterion March 1, 1989. Criterion and evaluation October 23, 2008.
	8046 8100	Added October 1, 1961; criterion March 10, 1976; criterion March 1, 1989. Evaluation June 9, 1953.
	8540	Added October 15, 1991.
	8910	Added October 1, 1961.
	8911 8912	Added October 1, 1961; evaluation September 9, 1975. Added October 1, 1961.
	8913	Added October 1, 1961.
	8914	Added October 1, 1961; criterion September 9, 1975; criterion March 10, 1976.
4.125—4.132	8910–8914	Evaluations September 9, 1975. All Diagnostic Codes under Mental Disorders October 1, 1961; except as to eval-
		uation for Diagnostic Codes 9500 through 9511 September 9, 1975.
4.130		Re-designated from § 4.132 November 7, 1996.
	9200 9201	Removed February 3, 1988. 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 9205	Criterion February 3, 1988; removed August 4, 2014. Criterion February 3, 1988; criterion November 7, 1996; Removed August 4, 2014.
	9206	Criterion February 3, 1988; removed November 7, 1996.
	9207 9208	Criterion February 3, 1988; removed November 7, 1996. 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 9300	Added November 7, 1996. 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 9304	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996. Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996;
	9305	Title August 4, 2014. Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996;
	9306	Title August 4, 2014. Criterion March 10, 1976; criterion February 3, 1988; removed November 7,
	9307	1996. 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 9311	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 9314	Added March 10, 1976; removed February 3, 1988. Added March 10, 1976; removed February 3, 1988.

Sec.	Diagnostic code No.	
	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 9416	Added November 7, 1996; Title August 4, 2014. 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 9433	Added November 7, 1996. 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 9506	Added March 10, 1976; criterion February 3, 1988. 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.
4.100	9521	Added November 7, 1996.
4.132 4.150	9900	Re-designated as § 4.130 November 7, 1996. Criterion September 22, 1978; criterion February 17, 1994; title September 10, 2017.
	9901	Criterion February 17, 1994.
	9902	Criterion February 17, 1994; evaluation September 10, 2017; title September 10, 2017.
	9903	Criterion February 17, 1994; evaluation September 10, 2017; title September 10, 2017.
	9904	Criterion September 10, 2017.
	9905	Criterion September 22, 1978; evaluation February 17, 1994; evaluation September 10, 2017; title September 10, 2017.
	9906 9907	Removed September 10, 2017. Removed September 10, 2017.
	9910	Removed September 10, 2017. Removed February 17, 1994.
	9911	Criterion and title September 10, 2017.
	9912	Removed September 10, 2017.
	9913	Criterion February 17, 1994.
	9914	Added February 17, 1994.
	9915	Added February 17, 1994.
	9916	Added February 17, 1994; criterion September 10, 2017.
	9917	Added September 10, 2017.
	9918	Added September 10, 2017.

Department of Veterans Affairs

Pt. 4, App. B

[72 FR 12983, Mar. 20, 2007; 72 FR 16728, Apr. 5, 2007, as amended at 73 FR 54708, 54711, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008; 77 FR 6467, Feb. 8, 2012; 79 FR 45101, Aug. 4, 2014; 80 FR 42042, July 16, 2015; 82 FR 36084, Aug. 3, 2017; 82 FR 50806, Nov. 2, 2017; 83 FR 15072, Apr. 9, 2018; 83 FR 15322, Apr. 10, 2018]

APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES

	THE MILECUL OCKELETAL CVETEM
	THE MUSCULOSKELETAL SYSTEM Acute, Subacute, or Chronic Diseases
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.
T	Prosthetic Implants
5051	Shoulder replacement (prosthesis).
5052	Elbow replacement (prosthesis).
5053	Wrist replacement (prosthesis).
5054	Hip replacement (prosthesis).
5055	Knee replacement (prosthesis).
5056	Ankle replacement (prosthesis).
	Combination of Disabilities
5104	Anatomical loss of one hand and loss of use of one foot.
5105	Anatomical loss of one foot and loss of use of one hand.
5106	Anatomical loss of both hands.
5107	Anatomical loss of both feet.
5107	Anatomical loss of one hand and one foot.
5108	Loss of use of both hands.
5110	Loss of use of both feet.
5111	Loss of use of one hand and one foot.
	Amputations: Upper Extremity
Arm amputation of:	
5120	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.
5125	Hand, loss of use of.
0.20	- I latte, 1000 of 400 of.
	Multiple Finger Amputations

Diagnostic Code No.				
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 5146	Thumb and little.			
5147	Index and long. Index and ring.			
5148	Index and firig.			
5149	Long and ring.			
5150	Long and little.			
5151	Ring and little.			
Single finger:				
5152	Thumb.			
5153	Index finger.			
5154	Long finger.			
5155	Ring finger.			
5156	Little finger.			
	Amputations: Lower Extremity			
Thigh amputation of:				
5160	Disarticulation.			
5161	Upper third.			
5162	Middle or lower thirds.			
Leg amputation of:				
Leg amputation of: 5163	With defective stump.			
Leg amputation of: 51635164	With defective stump. Not improvable by prosthesis controlled by natural knee action.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss.			
5163 5164 5165 5165 5166 5167 5170 5171	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head.			
5163 5164 5165 5165 5166 5167 5170 5171	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement.			
5163 5164 5165 5166 5167 5170 5171 5172 5173	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment.			
5163	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203 5205 5206 5207	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, limitation of extension.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203 5205 5206 5206 5207 5208	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, limitation of extension. Forearm, flexion limited.			
5163 5164 5165 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203 5205 5207 5206 5207 5208 5209	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, limitation of extension. Forearm, flexion limited. Elbow, other impairment.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201 5201 5202 5203 5205 5206 5207 5208 5209 5210	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, limitation of extension. Forearm, limitation of extension. Forearm, limitation of extension. Forearm, limitation of extension. Forearm, limitation of mitted. Elbow, other impairment. Radius and ulna, nonunion.			
5163 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203 5208 5208 5209 5210	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, limitation of extension. Forearm, flexion limited. Elbow, other impairment. Radius and ulna, nonunion. Ulna, impairment.			
5163 5164 5164 5165 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203 5203 5205 5206 5207 5208 5209 5210 5210 5211 5211	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, flexion limited. Elbow, other impairment. Radius and ulna, nonunion. Ulna, impairment. Radius, impairment. Radius, impairment.			
5163 5164 5164 5165 5166 5167 5170 5171 5172 5173 5200 5201 5202 5203 5205 5206 5206 5206 5207 5208 5209 5210 5210	Not improvable by prosthesis controlled by natural knee action. At a lower level, permitting prosthesis. Forefoot, proximal to metatarsal bones. Foot, loss of use of. Toes, all, without metatarsal loss. Toe, great. Toes, other than great, with removal of metatarsal head. Toes, three or more, without metatarsal involvement. Shoulder and Arm Scapulohumeral articulation, ankylosis. Arm, limitation of motion. Humerus, other impairment. Clavicle or scapula, impairment. Elbow and Forearm Elbow, ankylosis. Forearm, limitation of flexion. Forearm, limitation of extension. Forearm, flexion limited. Elbow, other impairment. Radius and ulna, nonunion. Ulna, impairment.			

Diagnostic Code No.				
Wrist				
5214	Wrist, ankylosis.			
5215	Wrist, limitation of motion.			
	Limitation of Motion			
Multiple Digits: Unfavorable Anky	vlosis:			
5216	Five digits of one hand.			
5217 5218	Four digits of one hand. 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 5223	Three digits of one hand. Two digits of one hand.			
	Two digits of one flatia.			
Ankylosis of Individual Digits: 5224	Thumb.			
5225	Index finger.			
5226	Long finger.			
5227	Ring or little finger.			
Limitation of Motion of Individual				
5228 5229	Thumb. Index or long finger.			
5230	Ring or little finger.			
0200				
	Spine			
5235	Vertebral fracture or dislocation.			
5236 5237	Sacroiliac injury and weakness. Lumbosacral or cervical strain.			
5238	Spinal stenosis.			
5239	Spondylolisthesis or segmental instability.			
5240	Ankylosing spondylitis.			
5241	Spinal fusion.			
5242 5243	Degenerative arthritis. Intervertebral disc syndrome.			
0240	,			
	Hip and Thigh			
5250	Hip, ankylosis.			
5251 5252	Thigh, limitation of extension. Thigh, limitation of flexion.			
5253	Thigh, impairment.			
5254	Hip, flail joint.			
5255	Femur, impairment.			
	Knee and Leg			
5256	Knee, ankylosis.			
5257	Knee, other impairment.			
5258	Cartilage, semilunar, dislocated.			
5259	Cartilage, semilunar, removal.			
5260 5261	Leg, limitation of flexion.			
5261 5262	Leg, limitation of extension. Tibia and fibula, impairment.			
5263	Genu recurvatum.			
	Ankle			
5070				
5270 5271	Ankle, ankylosis.			
5271	Ankle, limited motion. Subastragalar or tarsal joint, ankylosis.			
5273	Os calcis or astragalus, malunion.			
5274	Astragalectomy.			
	Shortening of the Lower Extremity			
5275	Bones, of the lower extremity			
	i ·			

The Foot				
Flatfoot, acquired.				
Weak foot, bilateral.				
Claw foot (pes cavus), acquired.				
Metatarsalgia, anterior (Morton's disease).				
Hallux valgus.				
Tarsal or metatarsal bones. Foot injuries, other.				
The Skull				
Loss of part of.				
The Ribs				
Removal of.				
The Coccyx				
Removal of.				
MUSCLE INJURIES Shoulder Girdle and Arm				
Group I Function: Upward rotation of scapula.				
Group III Function: Elevation and abduction of arm.				
Group IV Function: Stabilization of shoulder.				
Group V Function: Elbow supination.				
Group VI Function: Extension of elbow.				
Forearm and Hand				
Group VII Function: Flexion of wrist and fingers.				
Group VIII Function: Extension of wrist, fingers, thumb.				
Group IX Function: Forearm muscles.				
Foot and Leg				
Group X Function: Movement of forefoot and toes.				
Group XI Function: Propulsion of foot.				
Group XII Function: Dorsiflexion.				
Pelvic Girdle and Thigh				
Group XIII Function: Extension of hip and flexion of knee.				
Group XVI Function: Flexion of hip.				
Group XVII Function: Extension of hip.				
Group XVIII Function: Outward rotation of thigh.				
Torso and Neck				
Group XIX Function: Abdominal wall and lower thorax.				
Group XXI Function: Respiration.				
Group XXIII Function: Movements of head.				
Miscellaneous				
Diaphragm, rupture.				
Muscle injury, facial muscles.				
Muscle hernia.				
Muscle hernia.				
Muscle hernia. Muscle, neoplasm of, malignant.				
Muscle hernia. Muscle, neoplasm of, malignant. Muscle, neoplasm of, benign.				

6001	Diagnostic Code No.	
0001.		Keratopathy.
6002 .		Scleritis.
6003.		Iritis.
		Cyclitis.
6005 .		Choroiditis.
6006 .		Retinopathy or maculopathy not otherwise specified.
		Intraocular hemorrhage.
6008 .		Detachment of retina.
		Unhealed eye injury.
		Tuberculosis of eye.
		Retinal scars, atrophy, or irregularities.
		Angle-closure glaucoma.
		Open-angle glaucoma.
		Malignant neoplasms of the eye, orbit, and adnexa (excluding skin).
		Benign neoplasms of the eye, orbit, and adnexa (excluding skin).
		Nystagmus, central.
		Conjunctivitis, trachomatous, chronic.
		Conjunctivitis, other, chronic.
		Ptosis unilateral or bilateral.
6020 .		Ectropion.
		Entropion.
		Lagophthalmos.
		Eyebrows, loss.
		Eyelashes, loss.
		Disorders of the lacrimal apparatus (epiphora, dacrocystitis, etc.).
		Optic neuropathy.
		Cataract.
		Cataract, senile, and others.
		Aphakia.
		Accommodation, paralysis.
		Dacryocystitis.
		Eyelids, loss of portion.
		Lens, crystalline, dislocation.
		Pterygium.
		Keratoconus.
		Status post corneal transplant.
		Diabetic retinopathy.
6042 .		Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-ons
0040		macular degeneration, rod and/or cone dystrophy).
6046 .		Post-chiasmal disorders.
6046 .		
		Post-chiasmal disorders. Impairment of Central Visual Acuity
6061 .		Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes.
6061 .		Post-chiasmal disorders. Impairment of Central Visual Acuity
6061 . 6062 .		Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes.
6061 . 6062 . Anator		Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception.
6061 . 6062 . Anator 6063 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes.
6061 . 6062 . Anator 6063 . 6064 . 6064 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60).
6061 . 6062 . Anator 6063 . 6064 . 6064 .	nical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6064 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6064 . 6065 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6065 . 6065 . 6065 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6065 . 6065 . 6065 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/31).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6065 . 6065 . 6066 . Blindne	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/70 (6/21). Other eye 20/50 (6/15). Other eye 20/40 (6/12). Ception:
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6065 . 6065 . 6066 . Blindne 6067 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/31). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . Blindne 6067 . 6068 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/31). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . Blindne 6067 . 6068 . 6068 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 10/200 (6/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/10 (6/21). Other eye 20/50 (6/15). Other eye 20/40 (6/12). Ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . 6066 . 6066 . 6066 . 6068 . 6068 . 6068 . 6068 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/31). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . Blindne 6067 . 6068 . 6068 . 6069 . 6069 .	nical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/10 (6/15). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . Blindne 6068 . 6068 . 6069 . 6069 . 6069 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 10/200 (6/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/10 (6/21). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 15/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/21).
6061 . 6062	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/10 (6/31). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/50 (6/15).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . Blindne 6067 . 6068 . 6068 . 6069 . 6069 . 6069 . 6069 . 6069 . 6069 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 10/200 (6/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/10 (6/21). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 15/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/21).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6066 . 6065 . 6066 . 6066 . 6068 . 6068 . 6069 . 6069 . 6069 . 6070 .	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/10 (6/31). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/50 (6/15).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6066 . 6067 . 6068 . 6068 . 6069 . 6069 . 6069 . 6069 . 6070 . Vision	mical loss of 1 eye:	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/10 (6/31). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/60). Other eye 20/100 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/50 (6/15).
6061 . 6062 . Anator 6063 . 6066 . 6066 . 6065 . 6066 . 6066 . 6068 . 6068 . 6069 . 6069 . 6070 . Vision 6071 .	ess in 1 eye, only light per	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/31). Other eye 20/50 (6/15). Other eye 20/40 (6/12). Ception: Other eye 5/200 (1.5/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/100 (6/31). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/40 (6/12).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6064 . 6065 . 6065 . 6065 . 6066 . Blindni 6068 . 6068 . 6069 . 6069 . 6069 . 6070 . 7070 . 6071 . 6072 . 6071 . 6072 .	mical loss of 1 eye: ess in 1 eye, only light per in 1 eye 5/200 (1.5/60):	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/170 (6/21). Other eye 20/50 (6/15). Other eye 20/40 (6/12). ception: Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/30). Other eye 20/200 (6/60). Other eye 20/200 (6/60). Other eye 20/200 (6/61). Other eye 20/70 (6/21). Other eye 20/50 (6/15). Other eye 20/40 (6/12).
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6065 . 6065 . 6066 . Blindne 6066 . 6066 . 6066 . 6066 . 6069 . 6069 . 6069 . 6070 .	ess in 1 eye, only light per	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/10 (6/21). Other eye 20/50 (6/15). Other eye 20/40 (6/12). Ception: Other eye 5/200 (1.5/60). Other eye 15/200 (4.5/60). Other eye 15/200 (4.5/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/100 (6/21). Other eye 20/100 (6/21). Other eye 20/100 (6/21). Other eye 20/100 (6/21). Other eye 20/40 (6/12).
6061 . 6062 . Anator 6063 . 6064 . 6065 . 6065 . 6065 . 6065 . 6065 . 6065 . 6065 . 6067 . 6068 . 6069 . 6070 . 6072 . 6072 . 6072 . 6072 . 6072 . 6072 .	ess in 1 eye, only light per	Impairment of Central Visual Acuity
6061 . 6062 . Anator 6063 . 6064 . 6064 . 6064 . 6065 . 6065 . 6065 . 6066 . Blindnin 6067 . 6068 . 6069 . 6069 . 6069 . 6072 . 6072 . 6072 . 6072 . 6073 . 6073 . 6073	mical loss of 1 eye: ess in 1 eye, only light per in 1 eye 5/200 (1.5/60):	Post-chiasmal disorders. Impairment of Central Visual Acuity Anatomical loss both eyes. Blindness, both eyes, only light perception. Other eye 5/200 (1.5/60). Other eye 10/200 (3/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/100 (6/30). Other eye 20/10 (6/15). Other eye 20/50 (6/15). Other eye 20/40 (6/12). Ception: Other eye 15/200 (4.5/60). Other eye 15/200 (4.5/60). Other eye 20/200 (6/60). Other eye 20/100 (6/30). Other eye 20/200 (6/50). Other eye 20/200 (6/50). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 20/50 (6/15). Other eye 10/200 (3/60). Other eye 10/200 (3/60). Other eye 10/200 (3/60). Other eye 15/200 (1.5/60). Other eye 15/200 (4.5/60). Other eye 15/200 (4.5/60). Other eye 15/200 (4.5/60). Other eye 15/200 (4.5/60).

38 CFR Ch. I (7-1-18 Edition)

Diagnostic Code No.	
6074	Other eye 20/40 (6/12).
Vision in 1 ava 10/200 (2/60):	
Vision in 1 eye 10/200 (3/60): 6075	Other eye 10/200 (3/60).
6075	Other eye 15/200 (4.5/60).
6075	Other eye 20/200 (6/60).
6076	Other eye 20/100 (6/30).
6076	Other eye 20/70 (6/21).
6076	Other eye 20/50 (6/15).
6077	Other eye 20/40 (6/12).
Vision in 1 eye 15/200 (4.5/60):	
6075	Other eye 15/200 (4.5/60).
6075	Other eye 20/200 (6/60).
6076	Other eye 20/100 (6/30).
6076	Other eye 20/70 (6/21).
6076	Other eye 20/50 (6/15).
6077	Other eye 20/40 (6/12).
Vision in 1 eye 20/200 (6/60):	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
6075	Other eye 20/200 (6/60).
6076	Other eye 20/100 (6/30).
6076	Other eye 20/70 (6/21).
6076 6077	Other eye 20/50 (6/15).
	Other eye 20/40 (6/12).
Vision in 1 eye 20/100 (6/30):	Others are 00/400 (0/00)
6078 6078	Other eye 20/100 (6/30).
	Other eye 20/70 (6/21).
6078 6079	Other eye 20/50 (6/15).
6079	Other eye 20/40 (6/12).
Vision in 1 eye 20/70 (6/21):	
6078	Other eye 20/70 (6/21).
6078	Other eye 20/50 (6/15).
6079	Other eye 20/40 (6/12).
Vision in 1 eye 20/50 (6/15):	
6078	Other eye 20/50 (6/15).
6079	Other eye 20/40 (6/12).
Impairment of Field Vision:	
6080	Field vision, impairment.
6081	Scotoma.
Impairment of Muscle Function:	
6090	Diplopia.
6091	Symblepharon.
6092	Diplopia, limited muscle function.
	THE EAR
6200	
6201	Chronic suppurative otitis media. 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.
	OTHER SENSE ORGANS
6275	Smell, complete loss.
6276	Taste, complete loss.
INFECTIOU	S DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES
6300	Cholera, Asiatic.
6301	Visceral Leishmaniasis.
6302	Leprosy (Hansen's Disease).
6304	Malaria.

Diagnostic Code No.	
	
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).
0004	Official Faligue Syndrome (OFS).
	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.
0324	Granuonatous minus.
	Trachea and Bronchi
	T
6600	Bronchitis, chronic.
6601	Bronchiectasis.
6602	Asthma, bronchial.
6603	Emphysema, pulmonary.
6604	Chronic obstructive pulmonary disease.
	oo.no obolitativo painionary alcoado.
	Lungs and Pleura Tuberculosis
	sis (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.
	macaro, acranochioni unopocinou.
Ratings for Pulmonary Tuberculo	sis Initially Evaluated After August 19, 1968:
6730	Chronic, active.
6731	Chronic, inactive.
6732	Pleurisy, active or inactive.
	Thousay, active of mactive.
	Nontuberculous Diseases
6817	Pulmonary Vascular Disease.
6819	Neoplasms, malignant.
6820	Neoplasms, benign.
-	
	Bacterial Infections of the Lung
0000	A altra annual a
6822	Actinomycosis.
6823 6824	Nocardiosis.
	Chronic lung abscess.

Diagnostic Code No.	
	Interstitial Lung Disease
825	Fibrosis of lung, diffuse interstitial.
826	Desquamative interstitial pneumonitis.
827	Pulmonary alveolar proteinosis.
828	Eosinophilic granuloma.
829	Drug-induced, pneumonitis & fibrosis.
830 831	Radiation-induced, pneumonitis & fibrosis.
832	Hypersensitivity pneumonitis. Pneumoconiosis.
833	Asbestosis.
	Mycotic Lung Disease
834	Histoplasmosis.
835 836	Coccidioidomycosis.
837	Blastomycosis.
838	Cryptococcosis. Aspergillosis.
839	Mucormycosis.
000	· · · · · · · · · · · · · · · · · · ·
	Restrictive Lung Disease
8840	Diaphragm paralysis or paresis.
841 842	Spinal cord injury with respiratory insufficiency. Kyphoscoliosis, pectus excavatum/carinatum.
843	Traumatic chest wall defect.
8844	Post-surgical residual.
845	Pleural effusion or fibrosis.
846	Sarcoidosis.
847	Sleep Apnea Syndromes.
	THE CARDIOVASCULAR SYSTEM Diseases of the Heart
000	Valvular heart disease.
7001	Endocarditis.
002	Pericarditis.
7003	Pericardial adhesions.
7004	Syphilitic heart disease.
7005	Arteriosclerotic heart disease.
7006	Myocardial infarction.
007	Hypertensive heart disease.
008	Hyperthyroid heart disease.
010	Supraventricular arrhythmias.
011	Ventricular arrhythmias.
7015	Atrioventricular block.
'016' '017	Heart valve replacement.
017	Coronary bypass surgery. Implantable cardiac pacemakers.
7019	Cardiac transplantation.
020	Cardiomyopathy.
	Diseases of the Arteries and Veins
'101	Hypertensive vascular disease.
110	Aortic aneurysm.
111	Aneurysm, large artery.
112	Aneurysm, small artery.
113	Arteriovenous fistula, traumatic.
114	Arteriosclerosis obliterans.
115	Thrombo-angiitis obliterans (Buerger's Disease).
117	Raynaud's syndrome.
119	Angioneurotic edema. Erythromelalgia.
120	Varicose veins.
120	Post-phlebitic syndrome.
121	Cold injury residuals.
7123	Soft tissue sarcoma.
	THE DIGESTIVE SYSTEM
200	Mouth, injuries.
201	Lips, injuries.

	Diagnostic Code No.	
7203		Esophagus, stricture.
		Esophagus, spasm.
		Esophagus, diverticulum.
		Peritoneum, adhesions.
		Ulcer, gastric.
		Ulcer, duodenal.
		Ulcer, marginal.
		Gastritis, hypertrophic.
		Postgastrectomy syndromes.
		Stomach, stenosis.
		Stomach, injury of, residuals.
		Liver, injury of, residuals.
		Liver, cirrhosis.
		Cholecystitis, chronic.
7315		Cholelithiasis, chronic.
		Cholangitis, chronic.
7317		Gall bladder, injury.
7318		Gall bladder, removal.
		Colon, irritable syndrome.
7321		Amebiasis.
		Dysentery, bacillary.
		Colitis, ulcerative.
		Distomiasis, intestinal or hepatic.
		Enteritis, chronic.
		Enterocolitis, chronic.
		Diverticulitis.
		Intestine, small, resection.
		Intestine, large, resection.
		Intestine, fistula.
		Peritonitis.
		Rectum & anus, impairment.
		Rectum & anus, stricture.
		Rectum, prolapse.
		Ano. fistula in.
		Hemorrhoids.
		Pruritus ani.
		Hernia, inguinal.
		Hernia, ventral, postoperative.
		Hernia, femoral.
		Visceroptosis.
		Neoplasms, malignant.
		Neoplasms, benign.
		Liver disease, chronic, without cirrhosis.
		Hernia, hiatal.
		Pancreatitis.
		Vagotomy.
		Liver transplant.
		Hepatitis C.
, 554		Tiopanio O.
		THE GENITOURINARY SYSTEM
		
		Kidney, removal.
		Kidney, abscess.
		Nephritis, chronic.
		Pyelonephritis, chronic.
		Kidney, tuberculosis.
7507		Nephrosclerosis, arteriolar.
		Nephrolithiasis.
7509		Hydronephrosis.
7510		Ureterolithiasis.
7511		Ureter, stricture.
7512		Cystitis, chronic.
		Bladder, calculus.
		Bladder, fistula.
		Bladder, injury.
		Urethra, stricture.
7518		Urethra, fistula.
7518 7519		
7518 7519 7520		Penis, removal of half or more.
7518 7519 7520 7521		Penis, removal of half or more. Penis, removal of glans.
7518 7519 7520 7521 7522		Penis, removal of half or more. Penis, removal of glans. Penis, deformity, with loss of erectile power.
7518 7519 7520 7521 7522 7523		Penis, removal of half or more. Penis, removal of glans. Penis, deformity, with loss of erectile power. Testis, atrophy, complete.
7518 7519 7520 7521 7522 7523 7524		Penis, removal of half or more. Penis, removal of glans. Penis, deformity, with loss of erectile power.

	Diagnostic Code No.	
7529		Malignant neoplasms.
		Benign neoplasms.
		Renal disease, chronic.
		Kidney transplant.
		Renal tubular disorders.
		Kidneys, cystic diseases.
		Atherosclerotic renal disease.
7535		Toxic nephropathy.
		Glomerulonephritis.
7537		Interstitial nephritis.
7538		Papillary necrosis.
7539		Renal amyloid disease.
7540		Disseminated intravascular coagulation.
7541		Renal involvement in systemic diseases.
7542		Neurogenic bladder.
	GYN	ECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST
7610		Vulva or clitoris, disease or injury of (including vulvovaginitis).
		Vagina, disease or injury.
		Cervix, disease or injury.
		Uterus, disease or injury.
7614		Fallopian tube, disease or injury.
7615		Ovary, disease or injury.
		Uterus and both ovaries, removal.
		Uterus, removal.
		Ovary, removal.
		Ovaries, atrophy of both.
7621		Complete or incomplete pelvic organ prolapse due to injury or disease or surgical complications of pregnancy.
7624		Fistula, rectovaginal.
		Fistula, urethrovaginal.
		Breast, surgery.
		Malignant neoplasms of gynecological system.
		Benign neoplasms of gynecological system.
		Endometriosis.
		Malignant neoplasms of the breast.
		Benign neoplasms of the breast and other injuries of the breast. Female sexual arousal disorder (FSAD).
7002		<u> </u>
		THE HEMIC AND LYMPHATIC SYSTEMS
		Anemia.
		Agranulocytosis, acute.
		Leukemia.
		Polycythemia vera.
		Thrombocytopenia.
		Splenectomy.
		Spleen, injury of, healed.
		Hodgkin's disease. Adenitis, tuberculous.
		Sickle cell anemia.
		Non-Hodgkin's lymphoma.
		Aplastic anemia.
		AL amyloidosis (primary amyloidosis).
		THE SKIN
7000		
		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.
		Scars, other.
		Dermatitis or eczema.
7807		Leishmaniasis, American (New World).
		Leishmaniasis, Old World.
		Lupus erythematosus, discoid.
		Tuberculosis luposa (lupus vulgaris).
		Dermatophytosis.
		Bullous disorders.
/୪16		Psoriasis.

Diagnostic Code No.	
-	Forte-Ration demonstra
7817 7818	Exfoliative dermatitis.
7819	Malignant skin neoplasms.
7820	Benign skin neoplasms. Infections of the skin.
7821	Cutaneous manifestations of collagen-vascular diseases.
7822	Papulosquamous disorders.
7823	Vitiligo.
7824	Keratinization, diseases.
7825	Urticaria.
7826	Vasculitis, primary cutaneous.
7827	Erythema multiforme.
7828	Acne.
7829	Chloracne.
7830 7831	Scarring alopecia.
7832	Alopecia areata. Hyperhidrosis.
7833	Malignant melanoma.
7.000	
	THE ENDOCRINE SYSTEM
7900	Hyperthyroidism, including, but not limited to, Graves' disease.
7901	Thyroid enlargement, toxic.
7902	Thyroid enlargement, nontoxic.
7903	Hypothyroidism.
7904	Hyperparathyroidism.
7905 7906	Hypoparathyroidism. Thyroiditis.
7907	Cushing's syndrome.
7908	Acromegaly.
7909	Diabetes insipidus.
7911	Addison's disease (adrenocortical insufficiency).
7912	Polyglandular syndrome (multiple endocrine neoplasia, autoimmune polyglandular syndrome).
7913	Diabetes mellitus.
7914	Malignant neoplasm.
7915	Benign neoplasm.
7916 7917	Hyperpituitarism.
7917	Hyperaldosteronism. Pheochromocytoma.
7919	C-cell hyperplasia, thyroid.
N	EUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS
	Organic Diseases of the Central Nervous System
8000	Encephalitis, epidemic, chronic.
-	Brain, New Growth of
8002	Malignant.
8003	Benign.
8004	Paralysis agitans.
8005	Bulbar palsy.
8007 8008	Brain, vessels, embolism. 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.
8020	Meningitis, cerebrospinal, epidemic. Brain, abscess.
	Spinal Cord, New Growths
8021	Malignant.
8022	Benign.
8023	Progressive muscular atrophy.
8024	Syringomyelia.
8025	Myasthenia gravis.
8045	Residuals of traumatic brain injury (TBI).
8046	Cerebral arteriosclerosis.

	Diagnostic Code No.	
		Miscellaneous Diseases
3100		Migraine
		Tic, convulsive.
		Paramyoclonus multiplex.
		Chorea, Sydenham's.
		Chorea, Huntington's.
		Athetosis, acquired.
108		Narcolepsy.
		The Cranial Nerves
		Fifth (trigeminal), paralysis.
		Seventh (facial), paralysis.
		Ninth (glossopharyngeal), paralysis.
		Tenth (pneumogastric, vagus), paralysis.
		Eleventh (spinal accessory, external branch), paralysis. Twelfth (hypoglossal), paralysis.
		Neuritis, fifth cranial nerve.
		Neuritis, seventh cranial nerve.
		Neuritis, ninth cranial nerve.
		Neuritis, tenth cranial nerve.
		Neuritis, eleventh cranial nerve.
		Neuritis, twelfth cranial nerve.
		Neuralgia, fifth cranial nerve.
		Neuralgia, seventh cranial nerve.
		Neuralgia, ninth cranial nerve.
		Neuralgia, tenth cranial nerve.
		Neuralgia, eleventh cranial nerve.
3412		Neuralgia, twelfth cranial nerve.
		Peripheral Nerves
3510		Upper radicular group, paralysis.
		Middle radicular group, paralysis.
		Lower radicular group, paralysis.
		All radicular groups, paralysis.
		Musculospiral nerve (radial), paralysis.
		Median nerve, paralysis.
		Ulnar nerve, paralysis. Musculocutaneous nerve, paralysis.
		Circumflex nerve, paralysis.
		Long thoracic nerve, paralysis.
		Sciatic nerve, paralysis.
		External popliteal nerve (common peroneal), paralysis.
3522		Musculocutaneous nerve (superficial peroneal), paralysis.
3523		Anterior tibial nerve (deep peroneal), paralysis.
		Internal popliteal nerve (tibial), paralysis.
		Posterior tibial nerve, paralysis.
		Anterior crural nerve (femoral), paralysis.
		Internal saphenous nerve, paralysis.
		Obturator nerve, paralysis.
		External cutaneous nerve of thigh, paralysis.
		Ilio-inguinal nerve, paralysis.
		Soft-tissue sarcoma (Neurogenic origin). Neuritis, upper radicular group.
		Neuritis, middle radicular group.
		Neuritis, Indule radicular group.
		Neuritis, all radicular group.
		Neuritis, musculospiral (radial) nerve.
		Neuritis, median nerve.
		Neuritis, ulnar nerve.
		Neuritis, musculocutaneous nerve.
8616		
3616 3617 3618		Neuritis, circumflex nerve.
3616 3617 3618 3619		Neuritis, circumflex nerve. Neuritis, long thoracic nerve.
3616 3617 3618 3619 3620		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve.
3616 3617 3618 3619 3620 3621		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve. Neuritis, external popliteal (common peroneal) nerve.
8616 8617 8618 8619 8620 8621 8622		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve. Neuritis, external popliteal (common peroneal) nerve. Neuritis, musculocutaneous (superficial peroneal) nerve.
8616 8617 8618 8619 8620 8621 8622 8623		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve. Neuritis, external popliteal (common peroneal) nerve. Neuritis, musculocutaneous (superficial peroneal) nerve. Neuritis, anterior tibial (deep peroneal) nerve.
3616 3617 3618 3619 3620 3621 3622 3623 3624		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve. Neuritis, external popliteal (common peroneal) nerve. Neuritis, musculocutaneous (superficial peroneal) nerve. Neuritis, anterior tibial (deep peroneal) nerve. Neuritis, anterior politeal (tibial) nerve.
3616 3617 3618 3619 3620 3621 3622 3623 3624 3625		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve. Neuritis, external popliteal (common peroneal) nerve. Neuritis, musculocutaneous (superficial peroneal) nerve. Neuritis, anterior tibial (deep peroneal) nerve. Neuritis, internal popliteal (tibial) nerve. Neuritis, posterior tibial nerve.
3616 3617 3618 3619 3620 3621 3622 3623 3624 3625 3626		Neuritis, circumflex nerve. Neuritis, long thoracic nerve. Neuritis, sciatic nerve. Neuritis, external popliteal (common peroneal) nerve. Neuritis, musculocutaneous (superficial peroneal) nerve. Neuritis, anterior tibial (deep peroneal) nerve. Neuritis, anterior politeal (tibial) nerve.

Diagnostic Code	No.
8629	
8630	
8710 8711	
8712	1
8713	
8714	
8715	Neuralgia, median nerve.
8716	
8717	
8718	
8719 8720	
8721	
8722	
8723	
8724	
8725	
8726	
8727	
8728 8729	
8730	
	Trouting a, the rigation retro.
	The Epilepsies
8910	
8911	
8912	
8913 8914	
0914	Fsycholiotol.
	Mental Disorders
9201	Schizophrenia.
9208	
9210	
9211	
9300	
9304	
9305	
9310	
9312	
9326	Major or mild neurocognitive disorder due to another medical condition or substance/medical tion-induced major or mild neurocognitive disorder.
9400	
9403	
9404	
9410	
9411	
9413	
9416	
9417	
9421	
9422	The same of the same of
9423	Unspecified somatic symptom and related disorder.
9424	
9425	
9431	
9432	Bipolar disorder.
9433	
9435	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
9440	
9520	
9521	
	DENTAL AND ORAL CONDITIONS
9900	
9901	Mandible, loss of, complete.
9902	Mandible loss of, including ramus, unilaterally or bilaterally.

Diagnostic Code No.	
9903 9904 9905 9908 9911 9913 9914 9915 9916 9917	Mandible, nonunion of, confirmed by diagnostic imaging studies. Mandible, malunion. Temporomandibular disorder (TMD). Condyloid process. Cornonid process. Hard palate, loss of. Teeth, loss of. Maxilla, loss of more than half. Maxilla, loss of half or less. Maxilla, malunion or nonunion of. Neoplasm, hard and soft tissue, benign. Neoplasm, hard and soft tissue, malignant.

 $[72\ FR\ 12990,\ Mar.\ 20,\ 2007,\ as\ amended\ at\ 73\ FR\ 54708,\ 54711,\ Sept.\ 23,\ 2008;\ 74\ FR\ 18467,\ Apr.\ 23,\ 2009;\ 77\ FR\ 6467,\ Feb.\ 8,\ 2012;\ 79\ FR\ 45102,\ Aug.\ 4,\ 2014;\ 82\ FR\ 36085,\ Aug.\ 3,\ 2017;\ 82\ FR\ 50807,\ Nov.\ 2,\ 2017;\ 83\ FR\ 15073,\ Apr.\ 9,\ 2018;\ 83\ FR\ 15323,\ Apr.\ 10,\ 2018]$

Appendix C to Part 4—Alphabetical Index of Disabilities

	Diagnostic code No.
Abscess:	
Brain	802
Kidney	750
Lung	682
Acne	782
Acromegaly	790
Actinomycosis	68
	79
Addison's disease	
Agranulocytosis	77
AL amyloidosis	77
Alopecia areata	78
Amebiasis	73:
Amputation: Arm:	
Disarticulation	51:
Above insertion of deltoid	51:
Below insertion of deltoid	51
Digits, five of one hand	51
Digits, four of one hand:	
Thumb, index, long and ring	51
Thumb, index, long and little	51
Thumb, index, ring and little	51
Thumb, long, ring and little	51
Index, long, ring and little	51
	31
Digits, three of one hand:	
Thumb, index and long	51
Thumb, index and ring	51
Thumb, index and little	51
Thumb, long and ring	51
Thumb, long and little	51
Thumb, ring and little	51
Index, long and ring	51
Index, long and little	51
Index, ring and little	51
Long, ring and little	51
ligits, two of one hand:	0.
Thumb and index	51
Thumb and long	51
Thumb and ring	51
Thumb and little	51
Index and long	51
Index and ring	51
Index and little	51
Long and ring	51
Long and little	51
Ring and little	51
ingle finger:	
Thumb	51
Index finger	51
Long finger	51

Department of Veterans Affairs

		Diagnostic code No.
L	ittle finger	51:
orearm:		
	bove insertion of pronator teres	51:
	elow insertion of pronator teres	51:
₋eg:	lith defeative at year	F4.
	Vith defective stump	51 51
	lot improvable by prosthesis controlled by natural knee action	51
	orefoot, proximal to metatarsal bones	51
	oes, all, without metatarsal loss	51
	oe, great	51
Т	oes, other than great, with removal of metatarsal head	51
	oes, three or more, without metatarsal involvement	51
high:		
	Disarticulation	51
	pper third	51
	fiddle or lower thirds	51 80
	Il loss of:	00
	oth eyes	60
	with visual acuity of other eye:	
	5/200 (1.5/60)	60
	10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60)	60
	20/100 (6/30); 20/70 (6/21); 20/50 (6/15)	60
	20/40 (6/12)	60
	oth feet	51
	oth hands	51
	One hand and one foot	51
	One foot and loss of use of one hand	51
	One hand and loss of use of one foot	51 77
neurysm		//
	ortic	7
	arge artery	7
	mall artery	71
	otic edema	71
Ankylosis:		
	ınkle	52
Digits, indi		-
	ThumbIndex finger	52 52
	Long finger	52
	Ring or little finger	52
Е	lbow	52
	land	
avorable		
F	ive digits of one hand	52
	our digits of one hand	52
	hree digits of one hand	52
	wo digits of one hand	52
Jnfavorab		-
	ive digits of one hand	52 52
	our digits of one hand	52
	wo digits of one hand	52
		52
		52
	meral articulation	52
Subastrag	alar or tarsal joint	52
Vrist		52
	g spondylitis	52
		60
	organic	65
	nemia	77
Arrhythmia		7/
	Supraventricular	70 70
	/entricularerosis obliterans	70
	erotic heart disease	7(
	ous fistula	7
		,
Arthritis:		
rthritis:	Degenerative (hypertrophic or osteoarthritis)	5

	Diagnos code No
Gonorrheal	į
Other types	ŧ
Pneumococcic Pneumococcic	
Rheumatoid (atrophic)	
Streptococcic	
Syphilitic	ŧ
Typhoid	ŧ
sbestosis	6
spergillosis	6
sthma, bronchial	6
stragalectomy	
therosclerotic renal disease	7
thetosis	8
trioventricular block	7
vitaminosis	6
artonellosis	6
eriberi	6
ladder:	
Calculus in	7
Fistula in	7
Injury of	7
Neurogenic	7
lastomycosis	6
Ilindness: see also Vision and Anatomical Loss	
Both eyes, only light perception	6
One eye, only light perception and other eye:	
5/200 (1.5/60)	6
10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60)	6
20/100 (6/30); 20/70 (6/21); 20/50 (6/15)	6
20/40 (6/12)	6
ones:	
Caisson disease	
New growths, benign	į
New growths, malignant	
Shortening of the lower extremity	
Brain:	
Abscess	8
Breast surgery	-
Bronchiectasis	
Bronchitis	è
Brucellosis	Č
Buerger's disease	-
Sulbar palsy	
Bullous disorders	-
dursitis	į
	_
Pacemakers, implantable	
Transplantation	
Cardiomyopathy	
C-cell hyperplasia, thyroid	7
Cataract:	
Senile and others	(
Traumatic	(
Cerebral arteriosclerosis	8
Cervical strain	Ę
Cervix disease or injury	7
Chorea:	8
horea: Huntington's	8
horea: Huntington's Sydenham's	7
horea: Huntington's Sydenham's	
horea: Huntington's Sydenham's hloracne	7
horea: Huntington's Sydenham's chloracne cholangitis, chronic	
horea: Huntington's Sydenham's horacne holangitis, chronic cholecystitis, chronic	- - - -
horea: Huntington's Sydenham's hloracne holangitis, chronic holecystitis, chronic holelithiasis, chronic	7
horea: Huntington's Sydenham's chloracne holangitis, chronic cholecystitis, chronic choleithiasis, chronic cholera, Asiatic	-
horea: Huntington's Sydenham's hloracne holangitis, chronic holecystitis, chronic holeithiasis, chronic holera, Asiatic horoiditis	
thorea: Huntington's Sydenham's Inloracne Holangitis, chronic Holecystitis, chronic Holecystitis, chronic Holedithiasis, chronic Holeithiasis, chronic Holeria, Asiatic Horoiditis Horoiditis Horoic Fatigue Syndrome (CFS)	-
Chorea: Huntington's Sydenham's Chloracne Cholangitis, chronic Choledithiasis, chronic Cholera, Asiatic Choroic Fatigue Syndrome (CFS) Chronic Inglabscess	
Huntington's Sydenham's Chloracne Cholangitis, chronic Cholesystitis, chronic Cholesystitis, chronic Choleithiasis, chronic Cholera, Asiatic Choroiditis Chronic Fatigue Syndrome (CFS) Chronic Iung abscess Chronic obstructive pulmonary disease	
Huntington's Sydenham's Sydenham's Shoracne Sholangitis, chronic Sholelithiasis, chronic Sholelithiasis, chronic Shoroic Harris Static Shoroic Fatigue Syndrome (CFS) Shronic Iung abscess Shronic batructive pulmonary disease	66
Chorea: Huntington's Sydenham's Chloracne Cholangitis, chronic Cholelithiasis, chronic Cholelithiasis, chronic Cholelithiasis, chronic Choroiditis Chronic Fatigue Syndrome (CFS) Chronic lung abscess Chronic obstructive pulmonary disease Cocidioldomycosis Cold injury residuals	66
thorea: Huntington's Sydenham's Infloracne Holangitis, chronic Holecystitis, chronic Holecystitis, chronic Holecystitis, chronic Holeria Asiatic Horoiditis Horoiditis Horoic Fatigue Syndrome (CFS) Horoic lung abscess Horoic obstructive pulmonary disease occidioidomycosis	

Department of Veterans Affairs

Trachomatous Other coronary bypass surgery yriptococcosis ushing's syndrome ushing's sequentalis ushes: Institute Melititus Melititus Melititus Inspiritus Melititus Inspiritus Melititus Inspiritus Inspiritu		Diagnostic code No.
Other Oronary bypass surgery vyptococcosis using's syndrome utaneous manifestations of collagen-vascular diseases vysitis, chronic services and syndrome utaneous manifestations of collagen-vascular diseases yotitis yastilis, chronic services and syndrome utaneous manifestations of collagen-vascular diseases yotitis yastilis, chronic services and syndrome ematophytosis sequentarie intestitial pneumonitis siabetes: Insipidus Melitus siaphragm: Paralysis or paresis Rupture plopia plopia siaphragm: Paralysis or paresis Rupture plopia, limited muscle function, eye seases Addison's Burger's Chronic obstructive pulmonary disease Hodglin's Lupresy (Hansen's) Lyme Morton's Lyme Morton's Parasitic disease or neck sisfourement of, head, face or neck sistocated: Carliage, semilurar Lens, crystalline seseminated intravascular coagulation stocmasis, instant or hepatic yesentery, bacilary cropion mbolism, brain mphysema, pulmonary necephalitis, epidemic, chronic indocarditis i	Conjunctivitis:	
oronary bypass surgery yrytotococcosis ushing's syndrome ushing's syndrome ushing's syndrome ushing's syndrome ushing's syndrome ushing's syndrome ushing syndrome ushing's sy	Trachomatous	60
subing's syndrome utaneous manifestations of collagen-vascular diseases yestiles, chronic according to the syndrome utaneous manifestations of collagen-vascular diseases yestiles, chronic according to the syndrome utaneous manifestations of collagen-vascular diseases yestiles, chronic according to the syndrome utaneous manifestations according to the syndrome utaneous according to the syndrome utan		60
ushing's syndrome valuanous manifestations of collagen-vascular diseases yolitis valuanous manifestations of collagen-vascular diseases yolitis valuations		70
utaneous manifestations of collagen-vascular diseases yotitis	Cryptococcosis	68
yolitis corrections acryocystilis committed for eccema carryocystilis corrections acryocystilis acryocystilis corrections acryocystilis acryocystili		79
ystitis, chronic acryocystitis emaititis or eczema emmatophytosis esquanative interstitial pneumonitis iabetes: Insipidus Mellitus Mellitu		78
acryocystilis emailties or eczema ematitis or eczema ematitis or eczema ematitis or eczema ematitis preumonitis esequanative interstital pneumonitis esequanative interstital energia esequanative interstital energia esequanative interstital esequanative intersti		60
ematistic or eczema ematophytosis esquamative interstitial pneumonitis iabetes: Insipidus Melitus Melitus iaphragm: Paralysis or paresis Rupture ipiopia piopia, limited muscle function, eye issease: Addison's Buerger's Chronic obstructive pulmonary disease Hodgikin's Leprosy (Hansen's) Lyme Morton's Lyme Morton's Parasitic Parasitic Sifgurement of, head, face or neck issicocated: Cartilage, semilunar Lens, crystalline Lens, crystalline Sisseminated intravascular coagulation isstemiated intravascular coagulation isstemiated intravascular coagulation isstemiated intravascular coagulation isstemiated intravascular coagulation issteminated intravascular coagulation isstemiated intravascular coagulation isstemia		75 60
ematophylosis sacumative interstitial pneumonitis sabetes: Insipidus Melitus saphragm: Paralysis or paresis Riupture Paralysis or paresis Riupture Polipoja Piopoja Piopoja Piopoja Piopoja Addison's Buerger's Addison's Buerger's Chronic obstructive pulmonary disease Hodgkin's Leprosy (Hansen's) Lyme Morton's Parasitic Sifigurement of, head, face or neck sislocated: Cartilage, semilunar Lens, crystalline Isseminated intravasoular coagulation sistemiasis, intestinal or hepatic verticulitis yesnetrey, bacillary tcropion mbolism, brain mbolism (chronic interocolitis, chronic interorics Intervicis Intervic		78
sequemative interstitial pneumonitis abotets: Insipidus Mellitus Aphragm: Paralysis or paresis Rupture plopia Englisher Addison's Buerger's Chronic obstructive pulmonary disease Hodgikin's Leprosy (Hansen's) Lyme Morton's Leprosy (Hansen's) Lyme Parastitic Sigurement of, head, face or neck slocated: Cartilage, semilunar Lens, crystalline Seseminated intravascular coagulation stormass, intestinal or hepatic verticulitis Sesteminated intravascular coagulation stormass, intestinal or hepatic verticulitis Sesteminated intravascular coagulation stormass, intestinal or hepatic verticulitis Disnophalic, epidemic, chronic docardisis docardisis docardisis docardisis Diencephalic granuloma of lung Jackson and focal motor or sensory Petit mal Psychomotor Jophona Janesia disorder (FSAD) Joresticulum Spasm Spasm Spasm Siricture Collative dermatitis Jolicalium filtis interstitial Englasing Relapsing		78
Inspidus Mellitus aphragm: Paralysis or paresis Rupture plopia plopia, limited muscle function, eye sease: Addison's Buerger's Chronic obstructive pulmonary disease Hodgkin's Leprosy (Hansen's) Lyrne Morton's Parasitic sfigurement of, head, face or neck sistocated: Cardiage, semilunar Lens, crystalline seseminated intravascular coagulation stomasis, intestinal or hepatic verticulitis yenthery, baciliary titopion Tubipsema, pulmonary cephallis, epidemic, chronic docarditis, epidemic, chronic docarditis, chronic todocarditis, epidemic, oftronic motiocarditis, epidemic, oftronic motiocarditis, epidemic, oftronic motiocarditis undocarditis sincephallic Turpoin Turpo		6
Mellitus		7:
Paralysis or paresis Rupture plopia		7
Rupture plopia imilited muscle function, eye sease: Addison's Buerger's Chronic obstructive pulmonary disease Hodgkin's Leprosy (Hansen's) Lyme Morton's Parasitic Cartiage, semilunar Lens, crystalline Seseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis venticulitis ventery, bacillary ttropion hobilism, brain hobilism, brain hobilism, brain hobilism, brain venticulitis vent		
plopia		6
joipia, limited muscle function, eye sease: Addison's Buregre's Chronic obstructive pulmonary disease Hodgkin's Leprosy (Hansen's) Lyme Morton's Parasitic Cartiage, semilunar Lens, crystalline Seeminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis yentery, bacillary tropion mbolism, brain mphysema, pulmonary neophalitis, epidemic, chronic ndocarditis ndometriosis Iterrise, ohronic Iterrocolitis, chronic Iterrocolitis Iterrise, ohronic Iterrocolitis I		5
sease: Addison's Buerger's Chronic obstructive pulmonary disease Hodgkin's Leprosy (Hansen's) Lyme Morton's Parasitic Sifgurement of, head, face or neck slocated: Cartilage, semilunar Lens, crystalline seminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sementy, bacillary Iropion		6
Buerger's Chronic obstructive pulmonary disease Hodgkin's Leprosy (Hansen's) Lyme Morton's Parasitic Sifgurement of, head, face or neck stocated: Cartilage, semilunar Lens, crystalline sseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis yentery, bacillary tropion mbolism, brain mbolism, br		
Chronic obstructive pulmonary disease Chronic obstructive Chronic obstruct		7
Hodgkin's Leprosy (Hansen's) Lyme Morton's Parastite Sfigurement of, head, face or neck slocated: Cartilage, semilunar Lens, crystalline Seminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis verticulitis verticulitis verticulitis seniery, bacillary tropion holism, brain holism, brain holism, brain ticropion sindeprinatis, epidemic, chronic docarditis docarditis interitis, chronic terrocolitis, chronic terrocolitis, chronic tropion sindiymo-orchitis hillepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor Petit mal Psychomotor Psychomotor Stricture floliative dermatitis lilopian tube male sexual arousal disorder (FSAD) were Prevere Relapsing Rheumatic promyalgia stulia in ano		7
Leprosy (Hansen's)		6
Lyme Morton's Morton's Parasitic Sifigurement of, head, face or neck siccated: Cartilage, semilunar Lens, crystalline sseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sentery, bacillary ttropion mbolism, brain mphysema, pulmonary tecphalitis, epidemic, chronic docarditis adometriosis tierritis, chronic tierropion sinophilic granuloma of lung sididymo-orchitis Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor Psychomotor Spassm S		7
Morton's Parasitic sfigurement of, head, face or neck slocated: Cartilage, semilunar Lens, crystalline Seminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis verticulitis verticulitis ventery, bacillary ttropion biolism, brain mphysema, pulmonary cephalitis, epidemic, chronic adocarditis dometriosis teterocolitis, chronic teterocolitis, chronic teterocolitis, chronic dididymo-orchitis oliepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor Spassm Stricture		6
Parasitic sfigurement of, head, face or neck slocated: Cartilage, semilunar Lens, crystalline sseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sentery, bacillary tropion holism, brain holism,		
sfigurement of, head, face or neck slocated: Cartilage, semilunar Lens, crystalline Seminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sentery, bacillary ttopion hobism, brain nphysema, pulmonary cephallits, epidemic, chronic docarditis dometriosis teteriosis teteriosis, chronic sterocolitis, chron		5
Slocated: Cartilage, semilunar Lens, crystalline Seseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sentery, bacillary tropion Mobilism, brain Mobilism, brai		
Cartilage, semilunar Lens, crystalline sseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis resentery, bacillary tropion bolism, brain nphysema, pulmonary cephalitis, epidemic, chronic docarditis dometriosis tetroicolitis, chronic tetrocolitis, chronic tetrocolitis, chronic tetropion sinophilig granuloma of lung ididymo-orchitis illepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor iphora ythema multiforme ythema multiforme ythema multiforme ythema multiforme ythema multiforme ythema multiforme ythema success and succ		'
Lens, crystalline seseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sesnetry, bacillary storpion stomiasis, intestinal or hepatic verticulitis sesnetry, bacillary storpion sholism, brain sphysema, pulmonary coephalitis, epidemic, chronic docarditis docarditis storpion storpinalis, epidemic, chronic steritis, chronic steritis, chronic steritis, chronic steritis, chronic sterocolitis, chronic sterocolitis		5
sseminated intravascular coagulation stomiasis, intestinal or hepatic verticulitis sentery, bacillary tropion nbolism, brain nphysema, pulmonary cephalitis, epidemic, chronic docarditis adometriosis nteritis, chronic terocolitis, chronic terocolitis, chronic terocolitis, chronic teropion sinophilic granuloma of lung biolidymo-orchitis bilepsies: Diencephalitic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor Petit mal Psychomotor Siphora ythema multiforme ythromelalgia sophagus: Diverticulum Spasm Stricture cfoliative dematitis ullopian tube smale sexual arousal disorder (FSAD) were: Relapsing Rheumatic promyalgia stula in ano		
stomiasis, intestinal or hepatic verticulitis vsentery, bacillary vsentery, bacillary sentery, bacillary sentery, bacillary stropion mbolism, brain mphysema, pulmonary cephalitis, epidemic, chronic docarditis ndometriosis steritis, chronic sterit		7
verticulitis senetry, bacillary stropion spolism, brain nphysema, pulmonary cephalitis, epidemic, chronic ddocarditis adometriosis steritis, chronic stropion sinophilic granuloma of lung sididymo-orchitis illepiasis: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor sythema multiforme ythromelalgia cophagus: Diverticulum Spasm Stricture Spasm Stricture foliative dermatitis stula in ano		7
ysentery, bacillary ctropion		7
stropion mbolism, brain mbolism, brain mbolism, brain mbolism, brain mphysema, pulmonary moephalitis, epidemic, chronic modocarditis metricis modocarditis metricis modocarditis metricis modometriosis metricis, chronic metropion modocarditis, chronic metropion modocarditis, chronic metropion modocarditis		7
nbolism, brain physema, pulmonary cephalitis, epidemic, chronic docarditis dometriosis leteritis, chronic sterocolitis, chronic terocolitis, chronic sterocolitis, chronic stero		6
nphysema, pulmonary icephalitis, epidemic, chronic docarditis dometriosis tetritis, chronic tetritis, chronic tetrocolitis, chronic stropion sinophilic granuloma of lung dididymo-orchitis dilepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor siphora ythema multiforme ythema multiforme ythema multiforme Spasm Spasm Stricture foliative dermatitis lilopian texeu lilopian texeu lingia sexual arousal disorder (FSAD) viver: Relapsing Rheumatic oromyalgia stula in ano		8
cephalitis, epidemic, chronic docarditis docarditis dometriosis steritis, chronic terocolitis, chronic stropion ssinophilic granuloma of lung sididymo-orchitis sillepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor spiphora ythema multiforme ythromelalgia sophagus: Diverticulum Spasm Spricture foliative dermatitis sunder sexual arousal disorder (FSAD) stude in Relapsing Rheumatic Relapsing Rheumatic Gronditis Stidus interstitial Grand mal Spasm Spricture Relapsing Rheumatic Grand mal Spasm Stricture Spasm Stricture Spasm Stricture Spasm Spricture Spasm Spricture Spasm Spricture Spasm Spricture Spasm Spasm Spricture Spasm Spricture Spasm Spricture Spasm Spricture Spasm Spricture Spasm Spasm Spricture Spasm Spricture Spasm Spasm Spricture Spasm Spasm Spricture Spasm Spasm Spasm Spricture Spasm		6
indocarditis indoc		8
Idemetriosis		7
territis, chronic terrocolitis, chronic terrocolitis, chronic terrocolitis, chronic tropion sinophilic granuloma of lung dididymo-orchitis dilepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor dilepsies di		7
terocolitis, chronic ttropion sinophilic granuloma of lung ididymo-orchitis illepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor iphora ythema multiforme ythromelalgia ophagus: Diverticulum Spasm Stricture foliative dermatitis Illopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic Grand mal Gra		7
tropion sisnophilic granuloma of lung dididymo-orchitis dilepsies: Diencephalic Grand mal Grand material disorder (FSAD) ver: Relapsing Rheumatic Grand siddymo-orchitis different diffe		7
ididymo-orchitis illepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor iphora ythema multiforme ythromelalgia ophagus: Diverticulum Spasm Stricture foliative dermatitis Illopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic roronyalgia stula in ano		6
ididymo-orchitis illepsies: Diencephalic Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor iphora ythema multiforme ythromelalgia ophagus: Diverticulum Spasm Stricture foliative dermatitis Illopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic roronyalgia stula in ano		6
Diencephalic		7
Grand mal Jacksonian and focal motor or sensory Petit mal Psychomotor Spychomotor Spychoma ultiforme Sphromelalgia Ophagus: Diverticulum Spasm Stricture Str	illepsies:	
Jacksonian and focal motor or sensory Petit mal		8
Petit mal Psychomotor Psychomo		8
Psychomotor		8
iphora ythema multiforme ythromelalgia ophagus: Diverticulum Spasm Stricture Sliciture Sloliative dermatitis Ilopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic Grossis of lung, diffuse interstitial oromyalgia stula in ano		8
ythema multiforme ythromelalgia ophagus: Diverticulum Spasm Stricture foliative dermatitis Ilopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic orosis of lung, diffuse interstitial promyalgia stula in ano		8
ythromelalgia ophagus: Diverticulum Spasm Stricture Stricture stollative dermatitis Illopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic romyalgia stula in ano		6
ophagus: Diverticulum Spasm Stricture foliative dermatitis llopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic orosis of lung, diffuse interstitial oromyalgia stula in ano		7
Diverticulum Spasm Stricture foliative dermatitis Ilopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic orosis of lung, diffuse interstitial promyalgia stula in ano		7
Spasm Stricture Stricture foliative dermatitis flopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic forosis of lung, diffuse interstitial foromyalgia tula in ano		-
Stricture foliative dermatitis lopian tube		
foliative dermatitis Tilding tube		
Ilopian tube male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic orosis of lung, diffuse interstitial oromyalgia stula in ano		
male sexual arousal disorder (FSAD) ver: Relapsing Rheumatic crosis of lung, diffuse interstitial cromyalgia stula in ano		
ver: Relapsing 6 Rheumatic 6 Prosis of lung, diffuse interstitial 7 Promyalgia 5 Pr		
Rheumatic (c) prosis of lung, diffuse interstitial (c) promyalgia (c) stula in ano (c)		7
Rheumatic (Coronic of Ling, diffuse interstitial (Coronyalgia (Coronya	Relapsing	6
brosis of lung, diffuse interstitial bromyalgia stula in ano		6
bromyalgia stula in ano		6
stula in ano		5
		7
		1

Urethrovaginal latfoot, acquired	£ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £ £
latfoot, acquired lastritis, hypertrophic lenur recurvatum laucoma: Congestive or inflammatory Simple, primary, noncongestive lomerulonephritis lout lastritis, hypertrophic lenur recursive lastritis lastri	6 6 6 7 7 7 8 8 8 6 6 6 6 6 6 6 6 6 6 6
lenu recurvatum laucoma: Congestive or inflammatory Simple, primary, noncongestive slomerulonephritis out	6 6 6 7 7 7 8 8 8 6 6 6 6 6 6 6 6 6 6 6
laucoma: Congestive or inflammatory Simple, primary, noncongestive Illomerulonephritis out raves' disease allux: Rigidus Valgus ammer toe eart valve replacement ematomyelia emorrhage: Brain Intra-ocular emorrhoids epatitis C ernia: Femoral Hiatal Inguinal Muscle Ventral	6 6 7 7 8 8
Congestive or inflammatory Simple, primary, noncongestive lomerulonephritis out raves' disease alllux: Rigidus Valgus ammer toe eart valve replacement ematomyelia emorrhage: Brain Intra-ocular emorrhoids epatitis C ernia: Femoral Hiatal Inguinal Muscle Ventral	5 5 5 7 8
Simple, primary, noncongestive lomerulonephritis out raves' disease alllux: Rigidus Valgus ammer toe eart valve replacement ematomyelia emorrhage: Brain Intra-ocular emorrhoids epatitis C ernia: Femoral Hiatal Inguinal Muscle Ventral	5 5 5 7 8
Iomerulonephritis	5 5 5 5 8 8
out	5 5 5 7 8
raves' disease allux: Rigidus Valgus ammer toe eart valve replacement ematomyelia emorrhage: Brain Intra-ocular emorrhoids epatitis C ernia: Femoral Hiatal Inguinal Muscle Ventral	5 5 7 8
Allux: Rigidus Valgus ammer toe sart valve replacement ematomyelia emorrhage: Brain Intra-ocular emorrhoids epartitis C emria: Femoral Hiatal Inguinal Muscle Ventral	; ; ; ;
Rigidus Valgus	£ 7 8
Valgus	£ 7 8
art valve replacement matomyelia matomyelia morrhage: Brain Intra-ocular morrhoids spatitis C rrnia: Femoral Hiatal Inguinal Muscle Ventral	8 8 6
ematomyelia ematomyelia emorrhage: Brain Intra-ocular emorrhoids epatitis C emia: Femoral Hiatal Inguinal Muscle Ventral	8 8 6
emorrhage: Brain Intra-ocular emorrhoids epatitis C emia: Femoral Hiatal Inguinal Muscle Ventral	8
Brain Intra-ocular	6
Intra-ocular morrholds patitis C mria: Femoral Hiatal Inguinal Muscle Ventral	6
morrhoids patitis C rrnia: Femoral Hiatal Inguinal Muscle Ventral	
patitis C	
mia: Femoral Hiatal Inguinal Muscle Ventral	7
Femoral Hiatal Inguinal Muscle Ventral	7
Hiatal Inguinal Muscle Ventral	
Inguinal	7
Muscle Ventral	7
Ventral	7
	5
	7
Degenerative arthritis	5
Flail joint	6
toplasmosis/-Related Illness	6
dgkin's disease	7
drarthrosis, intermittent	
dronephrosis	7
peraldosteronism	7
perhidrosis	
perparathyroidism	,
perpituitarism	- 7
persensitivity	6
pertensive:	
Heart disease	7
Vascular disease	7
perthyroid heart disease	7
perthyroidism	7
poparathyroidism	7
pothyroidism	7
pairment of:	
Humerus	5
Clavicle or scapula	5
Elbow	5
Thigh	5
Femur	5
Knee, other	5
Field vision	6
Tibia and fibula Rectum & anus	5
Ulna	
olantable cardiac pacemakers	7
ections of the skin	
Iry:	,
Bladder	7
Breast Breast	· · · · · · · · · · · · · · · · · · ·
Eye, unhealed	
Foot	È
Gall bladder	7
Lips	7
Liver, residuals	7
Mouth	,
iscle:	- 1
Facial	,
Group I Function: Upward rotation of scapula	

	Diagnosti code No
Group III Function: Elevation and abduction of arm	5
Group IV Function: Stabilization of shoulder	5
Group V Function: Elbow supination	5
Group VI Function: Extension of elbow	5
Group VII Function: Flexion of wrist and fingers	5
Group VIII Function: Extension of wrist, fingers, thumb	5
Group IX Function: Forearm muscles	5
Group X Function: Movement of forefoot and toes	5
Group XI Function: Propulsion of foot	5
Group XII Function: Dorsiflexion	5
Group XIII Function: Extension of hip and flexion of knee	5
Group XIV Function: Extension of knee	5
Group XV Function: Adduction of hip	5
Group XVI Function: Flexion of hip	5
Group XVII Function: Extension of hip	5
Group XVIII Function: Outward rotation of thigh	5
Group XIX Function: Abdominal wall and lower thorax	5
Group XX Function: Postural support of body	5
Group XXI Function: Respiration	5
Group XXII Function: Rotary and forward movements, head	5
Group XXIII Function: Movements of head	5
arynx	6
croiliac	5
Spinal cord	6
Stomach, residuals of	7
is	6
erstitial nephritis	7
ervertebral disc syndrome	5
estine, fistula of	7
table colon syndrome	7
ratinization, diseases of	7
	-
ratitis	6
ratoconus	6
dney:	_
Abscess	7
Cystic diseases	7
Removal	7
Transplant	7
Tuberculosis	7
phoscoliosis, pectus excavatum / carinatum	6
gophthalmos	6
ryngectomy	6
ryngitis:	
Tuberculous	6
Chronic	6
rynx, stenosis of	6
shmaniasis:	
American (New World)	7
Old World `	7
prosy (Hansen's Disease)	6
ukemia	7
nitation of extension:	•
Forearm	5
Leg	5
Radius	5
Supination and pronation	5
	5
Thighnitation of extension and flexion:	3
	-
Forearm	5
nitation of flexion:	_
Forearm	5
Leg	5
Thigh	5
nitation of motion:	
Ankle	5
Arm	5
	5
Index or long finger	5
	9
Ring or little finger	
Ring or little finger Temporomandibular	
Ring or little finger	5
Ring or little finger	

	Diagno: code N
Transplant	
Cirrhosis	
ss of:	
Auricle	
Condyloid process	
Coronoid process	
Eyelrehee	
Eyelashes	
Palate, hard	
ndible:	
Including ramus, unilaterally or bilaterally	
xilla:	
More than half	
Less than half	
se, part of, or scars	
ıll, part of	
ell, sense of	
ste, sense of	
eth, loss of	
ngue, loss of whole or part	
ss of use of:	
Both feet	
Foot	
Hand	
One hand and one foot	
mbosacral strain	
pus:	
Erythematosus	
Erythematosus, discoid	
me disease	
mphatic filariasis	
alaria	
alignant melanoma	
alunion:	
Mandible	
Os calcis or astragalus	
axilla, malunion or nonunion	
Maxilla or mandible, chronic osteomyelitis, osteonecrosis, or osteoradionecrosis of	
elioidosis	
eniere's syndrome	
eningitis, cerebrospinal, epidemic	
ental disorders:	
Anorexia nervosa	
Bipolar disorder	
Bulimia nervosa	
Conversion disorder (functional neurological symptom disorder).	
Cyclothymic disorder (unctional hedrological symptom disorder).	
Delirium	
Delusional disorder	
Depersonalization/derealization disorder	
Dissociative amnesia; dissociative identity disorder	
Generalized anxiety disorder	
Illness anxiety disorder	
Major depressive disorder	
Major or mild neurocognitive disorder due to Alzheimer's disease	
Major or mild neurocognitive disorder due to another medical condition or substance/medication-in-	
duced major or mild neurocognitive disorder	
Major or mild neurocognitive disorder due to HIV or other infections	
Major or mild neurocognitive disorder due to traumatic brain injury	
Major or mild vascular neurocognitive disorder	
Obsessive compulsive disorder	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders Other specified anxiety disorder	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders Other specified anxiety disorder Other specified somatic symptom and related disorder	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders Other specified anxiety disorder Other specified somatic symptom and related disorder Panic disorder and/or agoraphobia	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders Other specified anxiety disorder Other specified somatic symptom and related disorder Panic disorder and/or agoraphobia Persistent depressive disorder (dysthymia)	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders Other specified anxiety disorder Other specified somatic symptom and related disorder Panic disorder and/or agoraphobia Persistent depressive disorder (dysthymia) Posttraumatic stress disorder	
Other specified and unspecified schizophrenia spectrum and other psychotic disorders Other specified anxiety disorder Other specified somatic symptom and related disorder Panic disorder and/or agoraphobia Persistent depressive disorder (dysthymia)	

		Diagnos code N
Specific ph	obia; social anxiety disorder (social phobia)	!
	I somatic symptom and related disorder	
	anxiety disorder	
	depressive disorder	
	I neurocognitive disorder	
Metatarsalgia	•	
Migraine		
Morton's disease		
Mucormycosis		(
Multiple sclerosis		
Myasthenia gravis .		
Myelitis		
	1	
Narcolepsy		
Neoplasms:		
Benign:		
Br	east	
	gestive system	
	r	
	docrine	
	enitourinary	
	necological	
Ha	ard and soft tissue	
	uscle	
Re	espiratory	
Sk	in	
Malignant:		
Br	east	
Di	gestive system	
Ea	ır	
Er	ndocrine	
Ge	enitourinary	
Gy	necological	
Ha	ard and soft tissue	
Mı	uscle	
Re	espiratory	
Sk	in	
Nephritis, chronic		
Nephrosclerosis, art	eriolar	
Veuralgia:		
Cranial Ner		
	th (trigeminal)	
	eventh (facial)	
	nth (glossopharyngeal)	
	enth (pneumogastric, vagus)	
Ele	eventh (spinal accessory, external branch)	
	velfth (hypoglossal)	
Peripheral		
	pper radicular group	
	ddle radicular group	
	wer radicular group	
All	radicular groups	
	usculospiral (radial)	
	edian	
UI	nar	
	usculocutaneous	
Ci	rcumflex	
Lo	ng thoracic	
Sc	iatic	
Ex	tternal popliteal (common peroneal)	
	usculocutaneous (superficial peroneal)	
	nterior tibial (deep peroneal)	
Mı	ernal popliteal (tibial)	
Mı Ar		
Mı Ar Int	sterior tibial	
Mı Ar Int Po	osterior tibial	
Mı Ar Int Po Ar	nterior crural (femoral)	
Mı Ar Int Po Ar Int	ıterior crural (femoral)ernal saphenous	
Mi Ar Int Pc Ar Int Ot	nterior crural (femoral)ernal saphenous	
Mi Ar Int Pc Ar Int Ot Ex	ıterior crural (femoral)ernal saphenous	

	Diagnost code No
Cranial nerves	
Fifth (trigeminal)	8
Seventh (facial)	8
Ninth (glossopharyngeal)	8
Tenth (pneumogastric, vagus)	8
Eleventh (spinal accessory, external branch)	8
Twelfth (hypoglossal)	8
Peripheral Nerves	
Upper radicular group	ε
Middle radicular group	8
Lower radicular group	8
All radicular groups	8
Musculospiral (radial)	3
Median Ulnar	8
Musculocutaneous	8
Circumflex	8
Long thoracic	8
Sciatic	8
External popliteal (common peroneal)	8
Musculocutaneous (superficial peroneal)	8
Anterior tibial (deep peroneal)	8
Internal popliteal (tibial)	3
Posterior tibial	3
Internal saphenous	8
Obturator	8
External cutaneous nerve of thigh	ě
Ilio-inguinal	8
Neurogenic bladder	7
New growths:	
Benign	_
Bones	5
Brain	8
Eye, orbit, and adnexa	6
Malignant	`
Bones	5
Brain	8
Eye, orbit, and adnexa	ϵ
Spinal cord	8
Nocardiosis	6
Non-Hodgkin's lymphoma	7
Vonunion: Mandible, confirmed by diagnostic imaging studies	g
Radius and ulna	5
lystagmus, central	6
Steitis deformans	5
Osteomalacia	5
Osteomyelitis	5
Osteoporosis, with joint manifestations	5
Otitis media:	
Externa	(
Nonsuppurative	(
Otosclerosis	
Dyaries, atrophy of both	-
Ovary:	
Disease or injury	
Removal	
Palsy, bulbar	8
Pancreatitis	
Papillary necrosis	
Papulosquamous disorders	7
Paralysis:	,
Accommodation	6
Agitaris	
Cranial nerves	
Fifth (trigeminal)	8
	ě
Seventh (facial)	

		Diagnos code N
	Tenth (pneumogastric, vagus)	
	Eleventh (spinal accessory, external branch)	
	Twelfth (hypoglossal)	1
Peripher	al Nerves:	
	Upper radicular group	8
	Middle radicular group	8
	Lower radicular group	
	All radicular groups	
	Musculospiral (radial)	8
	Ulnar	
	Musculocutaneous	
	Circumflex	ì
	Long thoracic	
	Sciatic	
	External popliteal (common peroneal)	
	Musculocutaneous (superficial peroneal)	1
	Anterior tibial nerve (deep peroneal)	1
	Internal popliteal (tibial)	
	Posterior tibial nerve	
	Anterior crural nerve (femoral)	1
	Internal saphenous	1
	Obturator	1
	External cutaneous nerve of thigh	
	llio-inguinal	
	nultiplex	
•		(
enis Doformit	y, with loss of erectile power	
		-
	l of glans	-
	ions	-
	010	-
	ılar disorders	ì
	sions	-
		-
es cavus (Claw	foot) acquired	
heochromocyton	ma ·	
	na	-
	IId	
lagueleural effusion o	r fibrosis	(
lagueleural effusion o luriglandular syn	r fibrosis	(
lagueleural effusion o luriglandular syn neumoconiosis	r fibrosis	(
lagueleural effusion o luriglandular syn neumoconiosis neumonitis & fib	r fibrosis	-
lagueleural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind	r fibrosis	
lagueleural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior	r fibrosis idrome rosis: uced h-induced	
lagueleural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior oliomyelitis, ante	r fibrosis idrome irosis: uced in-induced erior	
lagueleural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior oliomyelitis, ante olycythemia vera	r fibrosis	(
lague	r fibrosis drome rosis: uced n-induced prior a a drome	6
lague	r fibrosis drome rosis: uced n-induced arior a drome drome borders	
lague	r fibrosis idrome rosis: uced -n-induced erior a drome idrome sorders syndromes	
lague leural effusion o leural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior oliomyelitis, ante lotycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy : ost-phlebitic syn	r fibrosis idrome irosis: uced n-induced arior a a idrome irorders syndromes drome idrome	
lague leural effusion o leural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior Oliomyelitis, ante olycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy i ost-phlebitic syn ost-surgical resio	r fibrosis drome rosis: uced n-induced rior a drome orders syndromes drome dual	
lague	r fibrosis idrome rosis: uced -n-induced erior a drome dorome dorome dorome doual and	
lague leural effusion o leural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior oliomyelitis, ante lolycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy ost-phlebitic syn ost-surgical resis rogressive musc rostate gland	r fibrosis idrome rosis: uced n-induced rior a a drome orders syndromes drome dual cutar atrophy	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior oliomyelitis, ante olycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy ost-phlebitic syn ost-surgical resi rogressive musc rostate gland rosthetic Implant	r fibrosis idrome rosis: uced n-induced rior a a drome orders syndromes drome dual cutar atrophy	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior bliomyelitis, ante blyglandular syn ost-chiasmal dis ostgastrectomy s ost-phlebitic syn ost-surgical resi rogressive musc rosthetic Implant Ankle rej	r fibrosis drome rosis: uced n-induced rior a drome orders syndromes drome dual ular atrophy ts:	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior bliomyelitis, ante blycythemia vere blyglandular syn ost-chiasmal dis ostgastrectomy o ost-phlebitic syn ost-surgical resi orgressive musc oostate gland rosthetic Implant Ankle rej Elbow re	r fibrosis drome rosis: uced n-induced arior a drome orders syndromes drome dual cular atrophy ts: placement	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiation oliomyelitis, ante olycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy ost-phlebitic syn ost-surgical resic ogressive musc rostate gland rosthetic Implant Ankle rej Elbow re Hip repla	r fibrosis idrome rrosis: uced n-induced rrior a a idrome	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior bliomyelitis, ante obycythemia vera obyglandular syn ost-chiasmal dis ostgastrectomy o set-phlebitic syn ost-surgical resi rogressive musc rostate gland rosthetic Implant Ankle rej Elbow re Hip repla Knee rep	r fibrosis idrome rosis: uced n-induced rior a idrome orders syndromes idrome dual ular atrophy ts: placement placement placement pidrome pidrome placement placement placement placement pidrome prosis: placement placement placement placement placement placement prosis: prosis	
lague leural effusion o leural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior loliomyelitis, ante lolycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy e ost-phlebitic syn ost-surgical resi rogressive musc rostate gland rosthetic Implant Ankle rej Elbow re Hip repla Knee rep Shoulder	r fibrosis Indrome Incress: In	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiation oliomyelitis, ante olycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy : ost-phlebitic syn ost-surgical resio corstate gland rosthetic Implant Ankle rej Elbow re Hip repla Knee rep Shoulder Wrist rep	r fibrosis idrome rrosis: uced n-induced rrior a a idrome	
ague eural effusion o uriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior Oliomyelitis, ante olycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy: ost-phlebitic syn ost-surgical resi rogressive musc rostate gland rosthetic Implani Ankle rej Elbow re Hip repla Knee reg Shouldet Wrist rep soriasis	r fibrosis idrome rosis: uced n-induced rior a idrome a idrome orders syndromes idrome dual cular atrophy ts: placement placement coement colacement replacement placement colacement replacement colacement co	
lague leural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior Dioliomyelitis, ante teolycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy e ost-phlebitic syn ost-surgical resi rogressive musc rostate gland rosthetic Implant Ankle rej Elbow re Hip repla Knee rep Shoulder Wrist rep soriasis	r fibrosis Idrome Irrosis: Idr	
lague	r fibrosis Indrome Irosis: Uced In-induced In-induced Irosis Identify Indiana Indiana Indrome Indiana Indiana Indrome Indiana Indiana Indrome Indiana	
lague	r fibrosis Indrome Irosis: Uced In-induced In-induced Irosis Identify Indiana Indiana Indrome Indiana Indiana Indrome Indiana Indiana Indrome Indiana	
lague	r fibrosis Idrome Irrosis: Idr	
lague	r fibrosis Indrome Irosis: Uuced In-induced In-induced Irosis Idrome Irosis: Iuced In-induced Irosis Idrome Irosis Idrome Irosis Idrome Irosis	
lague leural effusion o leural effusion o leural effusion o luriglandular syn neumoconiosis neumonitis & fib Drug-ind Radiatior oliomyelitis, ante olycythemia vera olyglandular syn ost-chiasmal dis ostgastrectomy ost-phlebitic syn ost-surgical resir rogressive musc rostate gland rosthetic Implant Ankle rej Elbow re Hip repla Knee reg Shoulder Wrist rep soriasis terygium tosis ulmonary: Alveolar Vascular ruritus ani	r fibrosis idrome rosis: uced n-induced rior a a drome orders syndromes drome dual cular atrophy ts: placement placement acement placement replacement placement proteinosis	

Rectum & anus, stricture Prolapse Removal: Cartilage, semilunar Coccyx Gall bladder Kidney Penis glans Penis half or more Ribs	
Removal: Cartilage, semilunar Coccyx Gall bladder Kidney Penis glans Penis half or more	733
Cartilage, semilunar Coccyx Gall bladder Kidney Penis glans Penis half or more	733
Coccyx Gall bladder Kidney Penis glans Penis half or more	525
Gall bladder Kidney Penis glans Penis half or more	529
Penis glansPenis half or more	731
Penis half or more	750
	752
BIDS	752
Testis	529 752
Ovary	761
Uterus Uterus	761
Uterus and both ovaries	761
Renal:	
Amyloid disease	753
Disease, chronic	753 754
Involvement in systemic diseases Tubular disorders	754
Retina detachment of	600
Retinal dystrophy (including retinitis pigmentosa, wet or dry macular degeneration, early-onset macular degen-	
eration, rod and/or cone dystrophy)	604
Retinopathy, diabetic	604
Retinopathy or maculopathy not otherwise specified	600
Rhinitis:	0=1
Allergic or vasomotor	652 652
Granulomatous	652
Resection of intestine:	002
Large	732
Small	732
Sarcoidosis	684
Scarring alopeciaScars:	783
Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other distigurement of the head, face, or neck	780 780
linear	780
Other	780
Retina	601
Unstable or painful	780
Sinusitis:	
EthmoidFrontal	651 651
	651
	651
Maxillary Pansinusitis	651
Maxillary — — — — — — — — — — — — — — — — — — —	
Pansinusitis	684
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma:	684
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected	684 532
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin	684 532 854
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin	684 532 854 712
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion	532 854 712 524
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis	684 532 854
Pansinusitis Sphenoid Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed	532 854 712 524 523
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy	684 532 854 712 524 523 770
Pansinusitis Sphenoid Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Splenestomy S	532 854 712 524 523 770 770 523 730
Pansinusitis Sphenoid Sphenoid Sieep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon	532 854 712 524 523 770 770 523 730
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Spleenctomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes:	532 854 712 524 523 770 770 523 730
Pansinusitis Sphenoid Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes: Chronic Fatigue Syndrome (CFS)	684 532 854 712 524 523 770 770 523 730 609
Pansinusitis Sphenoid Sileep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenetomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's	684 532 854 712 522 770 777 523 730 608
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's	684 532 854 712 524 523 770 770 523 730 609 635 790 620
Pansinusitis Sphenoid Sphenoid Sileep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's Raynaud's	684 854 711 522 523 777 720 523 730 605 635 799 620 711
Pansinusitis Sphenoid Sieep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenetomy Spendylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's Raynaud's Sleep Apnea	684 532 855 711 524 525 770 777 522 730 608 633 799 622 711
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's Raynaud's Sleep Apnea	684 532 854 7712 522 523 7777 777 523 730 605 635 799 620 7711 684 502
Pansinusitis Sphenoid Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's Raynaud's Sleep Apnea Synovitis Syphilis	684 532 854 712 524 525 770 770 523 730 605 635 790 620 711 684 502
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Spleen, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's Raynaud's Sleep Apnea Synovitis Syphilis Syphilis Cerebrospinal	684 532 854 712 524 525 770 770 523 730 605 620 711 684 502 631
Pansinusitis Sphenoid Sleep Apnea Syndrome Soft tissue sarcoma: Muscle, fat, or fibrous connected Neurogenic origin Vascular origin Spinal fusion Spinal stenosis Splene, injury of, healed Splenectomy Spondylolisthesis or segmental instability, spine Stomach, stenosis of Symblepharon Syndromes: Chronic Fatigue Syndrome (CFS) Cushing's Meniere's Raynaud's Sleep Apnea Syphilis:	532 854 712 524 523 770 770 523

Department of Veterans Affairs

	Diagnosti code No.
abes dorsalis	80
arsal or metatarsal bones	52
enosynovitis	50
estis:	-
Atrophy, complete	75
Removal	7!
hrombocytopenia	77
hrombosis, brain	80
hyroid gland:	
Nontoxic thyroid enlargement	79
Toxic thyroid enlargement	79
hyroiditis	79
ic, convulsive	8
innitus, recurrent	6
oxic nephropathy	7
raumatic brain injury residuals	8
raumatic chest wall defect	6
	0
uberculosis:	_
Adenitis	7
Bones and joints	5
Eye	6
Kidney	7
Luposa (lupus vulgaris)	7
Miliary	6
Pleurisy, active or inactive	6
	0
Pulmonary:	_
Active, far advanced	6
Active, moderately advanced	6
Active, minimal	6
Active, advancement unspecified	6
Active, chronic	6
Inactive, chronic	6
Inactive, far advanced	6
Inactive, moderately advanced	6
Inactive, minimal	6
Inactive, advancement unspecified	6
uberculosis luposa (lupus vulgaris)	7
ympanic membrane	6
ýphus, scrub	6
licer:	•
Duodenal	7
	7
Gastric	
Marginal	7
Jreter, stricture of	7
Jreterolithiasis	7
Jrethra.	
Fistula	7
Stricture	7
Irticaria	7
Iterus:	
And both ovaries, removal	7
Disease or injury	7
Prolapse	7
Removal	7
Jveitis	6
/agina, disease or injury	7
/agotomy	7
/alvular heart disease	7
/aricose veins	7
/asculitis, primary cutaneous	7
/ertebral fracture or dislocation	5
/isceral Leishmaniasis	6
/isceroptosis	7
risceroptosis	,
One eye 5/200 (1.5/60), with visual acuity of other eye:	
5/200 (1.5/60)	6
10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60)	6
20/100 (6/30); 20/70 (6/21); 20/50 (6/15)	6
	6
	0
20/40 (6/12)	
One eye 10/200 (3/60), with visual acuity of other eye:	_
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)	6
One eye 10/200 (3/60), with visual acuity of other eye:	6 6 6

Pt. 6

	Diagnostic code No.
One eye 15/200 (4.5/60), with visual acuity of other eye:	
15/200 (4.5/60) or 20/200 (6/60)	607
20/100 (6/30); 20/70 (6/21); 20/50 (6/15)	607
20/40 (6/12)	607
One eye 20/200 (6/60), with visual acuity of other eye:	
20/200 (6/60)	6075
20/100 (6/30); 20/70 (6/21); 20/50 (6/15)	6076
20/40 (6/12)	607
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
/itiligo	7823
/ulva or clitoris, disease or injury of	7610
Weak foot	527

[72 FR 13003, Mar. 20, 2007, as amended at 73 FR 54708, 54712, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008; 74 FR 18467, Apr. 23, 2009; 77 FR 6467, Feb. 8, 2012; 79 FR 45103, Aug. 4, 2014; 82 FR 36085, Aug. 3, 2017; 82 FR 50807, Nov. 2, 2017; 83 FR 15073, Apr. 9, 2018; 83 FR 15323, Apr. 10, 2018]

PART 5 [RESERVED]

PART 6—UNITED STATES GOVERNMENT LIFE INSURANCE

AGE

Sec.

6.1 Misstatement of age.

PREMIUMS

6.2 Premium rate.

POLICIES

6.3 Incontestability of United States Government life insurance.

BENEFICIARY OF UNITED STATES GOVERNMENT LIFE INSURANCE

- 6.4 Proof of age, relationship and marriage.
- 6.5 Conditional designation of beneficiary.
- 6.6 Change of beneficiary.
- 6.7 Claims of creditors, taxation.

OPTIONAL SETTLEMENT

- 6.8 Selection, revocation and election.
- 6.9 Election of optional settlement by beneficiary.
- 6.10 Options.

DIVIDENDS

- 6.11 How dividends are paid.
- 6.12 Special dividends.

LOANS

6.13 Policy loans.

CASH VALUE

- 6.14 Cash value; other than special endowment at age 96 plan policy.
- 6.15 Cash value; special endowment at age 96 plan policy.
- 6.16 Payment of cash value in monthly installments.

INDEBTEDNESS

6.17 Collection of any indebtedness.

TOTAL PERMANENT DISABILITY BENEFITS

6.18 Other disabilities deemed to be total and permanent.

DEATH BENEFITS

- 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.