§4.119

38 CFR Ch. I (7-1-04 Edition)

	Rat- ing	Rat ing
7833 Malignant melanoma:	Tachycardia, which may be intermittent, and trem-	
Rate as scars (DC's 7801, 7802, 7803,	or, or; continuous medication required for con-	
7804, or 7805), disfigurement of the head,	trol	1
face, or neck (DC 7800), or impairment of	NOTE (1): If disease of the heart is the predomi-	
function (under the appropriate body sys-	nant finding, evaluate as hyperthyroid heart dis-	
tem).	ease (DC 7008) if doing so would result in a	
Note: If a skin malignancy requires therapy	higher evaluation than using the criteria above. NOTE (2): If ophthalmopathy is the sole finding,	
that is comparable to that used for sys- temic malignancies, i.e., systemic chemo-	evaluate as field vision, impairment of (DC	
therapy, X-ray therapy more extensive	6080); diplopia (DC 6090); or impairment of	
than to the skin, or surgery more exten-	central visual acuity (DC 6061-6079).	
sive than wide local excision, a 100-per-	7902 Thyroid gland, nontoxic adenoma of	
cent evaluation will be assigned from the	With disfigurement of the head or neck	2
date of onset of treatment, and will con-	Without disfigurement of the head or neck	
tinue, with a mandatory VA examination six months following the completion of	NOTE: If there are symptoms due to pressure on adjacent organs such as the trachea, larynx, or	
such antineoplastic treatment, and any	esophagus, evaluate under the diagnostic code	
change in evaluation based upon that or	for disability of that organ, if doing so would re-	
any subsequent examination will be sub-	sult in a higher evaluation than using this diag-	
ject to the provisions of §3.105(e). If there	nostic code.	
has been no local recurrence or metas-	7903 Hypothyroidism	
tasis, evaluation will then be made on re- siduals. If treatment is confined to the	Cold intolerance, muscular weakness, cardio- vascular involvement, mental disturbance (de-	
skin, the provisions for a 100-percent	mentia, slowing of thought, depression),	
evaluation do not apply.	bradycardia (less than 60 beats per minute),	
	and sleepiness	10
	Muscular weakness, mental disturbance, and	
(Authority: 38 U.S.C. 1155)	weight gain	6
[67 FR 49596, July 31, 2002; 67 FR 58448, 5	58449, Fatigability, constipation, and mental sluggishness Fatigability, or; continuous medication required for	3
Sept. 16, 2002]	control	1
	7904 Hyperparathyroidism	'
THE ENDOCRINE SYSTEM	Generalized decalcification of bones, kidney	
	stones, gastrointestinal symptoms (nausea,	
\$4.119 Schedule of ratings—endoo	vomiting, anorexia, constipation, weight loss, or	10
§4.119 Schedule of ratings—endoc system.	vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness	
	crine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness	6
	crine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Gastrointestinal symptoms and weakness Gastrointestinal symptoms and weakness Rat- Notre - Following surreyry or treatment evaluate as	6
	Perine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Gastrointestinal symptoms and weakness Gastrointestinal symptoms and weakness Rating NoTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re-	10 6 1
	Perine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Gastrointestinal symptoms and weakness Continuous medication required for control Rat- ing NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction.	6
system.	Perine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Rat- ing Continuous medication required for control NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction. 7905 Hypoparathyroidism	6
system. 7900 Hyperthyroidism Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular	Rating vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Gastrointestinal symptoms and weakness Gastrointestinal symptoms and weakness Rating Continuous medication required for control NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular residuals or as endocrine dysfunction. 7905 Hypoparathyroidism Marked neuromuscular excitability (such as con-	6
system. 7900 Hyperthyroidism Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic	Perine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Rat- ing Continuous medication required for control NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction. 7905 Hypoparathyroidism Marked neuromuscular spasms (letany), or laryn-	6
7900 Hyperthyroidism Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or	Perine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Rat- ing Continuous medication required for control NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction. 7905 Hypoparathyroidism Marked neuromuscular spasms (letany), or laryn- geal stridor) plus either cataract or evidence of increased intracranial pressure (such as	6
system. 7900 Hyperthyroidism Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or astrointestinal symptoms	Perine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Rat- ing Continuous medication required for control NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction. 7905 Hypoparathyroidism Marked neuromuscular excitability (such as con- vulsions, muscular spasms (tetany), or laryn- geal stridor) plus either cataract or evidence of increased intracranial pressure (such as papilledema)	6
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 system. 7900 Hyperthyroidism Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or astrointestinal symptoms Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure Tachycardia, tremor, and increased pulse pressure or blood pressure Tachycardia, tremor, and increased pulse pressure or blood pressure Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control	Prine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Rat- ing Gastrointestinal symptoms and weakness NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction. 7905 Hypoparathyroidism Marked neuromuscular excitability (such as con- vulsions, muscular spasms (tetany), or laryn- geal stridor) plus either cataract or evidence of increased intracranial pressure (such as papilledema) 60 Marked neuromuscular excitability, or; paresthesias (of arms, legs, or circumoral area) plus either cataract or evidence of increased intracranial pressure 30 Continuous medication required for control 7907 Cushing's syndrome 10 As active, progressive disease including loss of muscle strength, areas of osteoporosis, hyper- tension, weakness, and enlargement of pituitary or adrenal gland 10 Loss of muscle strength and enlargement of pituitary or adrenal gland 10 With striae, obesity, moon face, glucose intoler- ance, and vascular fragility 10 Watte repropriate diagnostic code. 208 Acromegaly 209 Evidence of increased intracranial pressure (such	6
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 system. 7900 Hyperthyroidism Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or astrointestinal symptoms Emotional instability, tachycardia, fatigability, and increased pulse pressure or blood pressure Tachycardia, tremor, and increased pulse pressure or blood pressure Tachycardia, tremor, and increased pulse pressure or blood pressure Tachycardia, which may be intermittent, and tremor, or; continuous medication required for control NOTE (1): If disease of the heart is the predominant finding, evaluate as hyperthyroid heart disease (DC 7008) if doing so would result in a higher evaluation than using the criteria above. NOTE (2): If ophthalmopathy is the sole finding, evaluate as field vision, impairment of (DC 6080); diplopia (DC 6090); or impairment of central visual acuity (DC 6061–6079). 7901 Thyroid gland, toxic adenoma of Thyroid enlargement, tachycardia (more than 100 beats per minute), eye involvement, muscular weakness, loss of weight, and sympathetic nervous system, cardiovascular, or gastro-intestinal symptoms	Prine vomiting, anorexia, constipation, weight loss, or peptic ulcer), and weakness Rat- ing Gastrointestinal symptoms and weakness NOTE: Following surgery or treatment, evaluate as digestive, skeletal, renal, or cardiovascular re- siduals or as endocrine dysfunction. 7905 Hypoparathyroidism Marked neuromuscular excitability (such as con- vulsions, muscular spasms (tetany), or laryn- geal stridor) plus either cataract or evidence of increased intracranial pressure (such as papilledema) 60 Marked neuromuscular excitability, or; paresthesias (of arms, legs, or circumoral area) plus either cataract or evidence of increased intracranial pressure 30 Continuous medication required for control 7907 Cushing's syndrome 10 As active, progressive disease including loss of muscle strength, areas of osteoporosis, hyper- tension, weakness, and enlargement of pituitary or adrenal gland 10 Loss of muscle strength and enlargement of pitui- tary or adrenal gland 10 With striae, obesity, moon face, glucose intoler- ance, and vascular fragility 10 NOTE: With recovery or cortrol, evaluate as re- siduals of adreneal insufficiency or cardio- vascular, psychiatric, skin, or skeletal complica- tions under appropriate diagnostic code. 100 Stience of increased intracranial pressure (such as visual field defect), arthropathy, glucose in- tolerance, and either hypertension or cardio- megaly <td>е 1 1 с 1 с 1 с е с е</td>	е 1 1 с 1 с 1 с е с е

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Department of Veterans Affairs

	Rat- ing	
Enlargement of acral parts or overgrowth of long		Note
bones, and enlarged sella turcica	30	dia cri
7909 Diabetes insipidus Polyuria with near-continuous thirst, and more		tio
than two documented episodes of dehydration		sid
requiring parenteral hydration in the past year	100	no Note
Polyuria with near-continuous thirst, and one or two documented episodes of dehydration re-		clu
quiring parenteral hydration in the past year	60	tol
Polyuria with near-continuous thirst, and one or		7914 Ne endocri
more episodes of dehydration in the past year	40	NOTE
not requiring parenteral hydration Polyuria with near-continuous thirst	20	уо
7911 Addison's disease (Adrenal Cortical		an pe
Hypofunction)		an
Four or more crises during the past year	60	ab
Three crises during the past year, or; five or more	40	VA ba
episodes during the past year One or two crises during the past year, or; two to	40	tio
four episodes during the past year, or; weak-		§ 3
ness and fatigability, or; corticosteroid therapy		loc als
required for control NOTE (1): An Addisonian "crisis" consists of the	20	7915 Ne
rapid onset of peripheral vascular collapse (with		docrine
acute hypotension and shock), with findings		function
that may include: anorexia; nausea; vomiting;		7916 Hy dysfund
dehydration; profound weakness; pain in abdo- men, legs, and back; fever; apathy, and de-		7917 Hy
pressed mentation with possible progression to		7918 Pł
coma, renal shutdown, and death.		Note 79
NOTE (2): An Addisonian "episode," for VA pur- poses, is a less acute and less severe event		pro
than an Addisonian crisis and may consist of		7919 C-
anorexia, nausea, vomiting, diarrhea, dehydra-		Note yo
tion, weakness, malaise, orthostatic hypo-		an
tension, or hypoglycemia, but no peripheral vascular collapse.		pe
NOTE (3): Tuberculous Addison's disease will be		an ab
evaluated as active or inactive tuberculosis. If		VA
inactive, these evaluations are not to be com-		ba
bined with the graduated ratings of 50 percent or 30 percent for non-pulmonary tuberculosis		tio § 3
specified under §4.88b. Assign the higher rat-		loc
ing. 7912 Pluriglandular syndrome		als
7912 Pluriglandular syndrome Evaluate according to major manifestations.		
7913 Diabetes mellitus		[61 FR
Requiring more than one daily injection of insulin,		
restricted diet, and regulation of activities		N
(avoidance of strenuous occupational and rec- reational activities) with episodes of		
ketoacidosis or hypoglycemic reactions requir-		§4.120
ing at least three hospitalizations per year or		_
weekly visits to a diabetic care provider, plus ei- ther progressive loss of weight and strength or		Disa
complications that would be compensable if		to be 1
separately evaluated	100	ment
Requiring insulin, restricted diet, and regulation of		tion.
activities with episodes of ketoacidosis or hypo- glycemic reactions requiring one or two hos-		manif
pitalizations per year or twice a month visits to		loss o
a diabetic care provider, plus complications that		speech
would not be compensable if separately evalu- ated	60	sion, o
Requiring insulin, restricted diet, and regulation of		ceral
activities	40	skull,
Requiring insulin and restricted diet, or; oral hypo-		condit
alvcemic agent and restricted diet	20	refer

glycemic agent and restricted diet

Manageable by restricted diet only

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	Rat- ing
 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 diagnostic code 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 residuation. 	100
 als. 7915 Neoplasm, benign, any specified part of the endocrine system rate as residuals of endocrine dysfunction. 7916 Hyperpituitarism (prolactin secreting pituitary dysfunction) 7917 Hyperaldosteronism (benign or malignant) 7918 Pheochromocytoma (benign or malignant) NOTE: Evaluate diagnostic codes 7916, 7917, and 7918 as malignant or benign neoplasm as appropriate. 7919 C-cell hyperplasia of the thyroid NOTE: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals. 	100

[61 FR 20446, May 7, 1996]

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

§ 4.120 Evaluations by comparison.

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

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