### The Cardiovascular System

#### § 4.100 Application of the evaluation criteria for diagnostic codes 7000–7007, 7011, and 7015–7020.

(a) Whether or not cardiac hypertrophy or dilatation (documented by electrocardiogram, echocardiogram, or X-ray) is present and whether or not there is a need for continuous medication must be ascertained in all cases.

(b) Even if the requirement for a 10% (based on the need for continuous medication) or 30% (based on the presence of cardiac hypertrophy or dilatation) evaluation is met, METs testing is required in all cases except:

1. When there is a medical contraindication.
2. When the left ventricular ejection fraction has been measured and is 50% or less.
3. When chronic congestive heart failure is present or there has been more than one episode of congestive heart failure within the past year.
4. When a 100% evaluation can be assigned on another basis.

(c) If left ventricular ejection fraction (LVEF) testing is not of record, evaluate based on the alternative criteria unless the examiner states that the LVEF test is needed in a particular case because the available medical information does not sufficiently reflect the severity of the veteran’s cardiovascular disability.

#### § 4.104 Schedule of ratings—cardiovascular system.

**DISEASES OF THE HEART**

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

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

### DISEASES OF THE HEART—Continued

#### 7001 Endocarditis:

For three months following cessation of
therapy for active infection with cardiac
involvement.

Thereafter, with endocarditis (documented
by findings on physical examination and
either echocardiogram, Doppler echocar-
diogram, or cardiac catheterization) re-
sulting in:

- 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
  of greater than 3 METs but not greater
  than 5 METs results in dyspnea, fatigue,
  angina, dizziness, or syncope, or;
  evidence of cardiac hypertrophy or dilata-
  tion on electrocardiogram, echocardio-
  gram, or X-ray.

#### 7002 Pericarditis:

For three months following cessation of
therapy for active infection with cardiac
involvement.

Thereafter, with documented pericarditis re-
sulting in:

- 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
  of greater than 3 METs but not greater
  than 5 METs results in dyspnea, fatigue,
  angina, dizziness, or syncope, or;
  evidence of cardiac hypertrophy or dilata-
  tion on electrocardiogram, echocardio-
  gram, or X-ray.

#### 7003 Pericardial adhesions:

<table>
<thead>
<tr>
<th>Workload of greater than 5 METs but not greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>100</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>60</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>30</td>
</tr>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>10</td>
</tr>
<tr>
<td>Continuous medication required</td>
<td>10</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>100</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>30</td>
</tr>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>10</td>
</tr>
<tr>
<td>Continuous medication required</td>
<td>10</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>60</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>30</td>
</tr>
</tbody>
</table>

### NOTE:

Evaluate syphilitic aortic aneurysms under DC 7110 (aortic aneurysm).

#### 7004 Syphilitic 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
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.

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-
tion on electrocardiogram, echocardi-
ogram, or X-ray.

Workload of greater than 7 METs but not
greater than 10 METs results in dyspnea,
fatigue, angina, dizziness, or syncope, or;
continuous medication required.

#### 7005 Arteriosclerotic heart disease (Coronary artery disease):

With documented coronary artery disease
resulting in:

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
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.

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-
tion on electrocardiogram, echocardi-
ogram, or X-ray.
## DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rating</th>
<th>Condition</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>10</td>
<td>Paroxysmal atrial fibrillation or other supra-ventricular tachycardia, with more than four episodes per year documented by ECG or Holter monitor</td>
<td>30</td>
</tr>
<tr>
<td><strong>Note:</strong> If nonservice-connected arteriosclerotic heart disease is superimposed on service-connected valvular or other non-arteriosclerotic heart disease, request a medical opinion as to which condition is causing the current signs and symptoms.</td>
<td></td>
<td>Permanent atrial fibrillation (tome atrial fibrillation), or; one to four episodes per year of paroxysmal atrial fibrillation or other supraventricular tachycardia documented by ECG or Holter monitor</td>
<td>10</td>
</tr>
<tr>
<td>7006 Myocardial infarction: During and for three months following myocardial infarction, documented by laboratory tests.</td>
<td></td>
<td>7011 Ventricular arrhythmias (sustained): For indefinite period from date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia, or; for indefinite period from date of hospital admission for ventricular aneurysmectomy, or; with an automatic implantable Cardioverter-Defibrillator (AICD) in place</td>
<td>100</td>
</tr>
<tr>
<td>With history of documented myocardial infarction, resulting in: Chronic congestive heart failure, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>60</td>
<td>Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>100</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>100</td>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>60</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 3 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>10</td>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>60</td>
</tr>
<tr>
<td>Hypertensive heart disease: Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>100</td>
<td>Hypertensive heart disease: Chronic congestive heart failure, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>100</td>
</tr>
<tr>
<td>More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>100</td>
<td>Permanent atrial fibrillation (tome atrial fibrillation), or; one to four episodes per year of paroxysmal atrial fibrillation or other supraventricular tachycardia documented by ECG or Holter monitor</td>
<td>10</td>
</tr>
<tr>
<td>Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>10</td>
<td>7015 Atrialventricular block: Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</td>
<td>60</td>
</tr>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent</td>
<td>10</td>
<td>Workload of greater than 5 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>100</td>
</tr>
<tr>
<td>7007 Hypertensive heart disease: Include as part of the overall evaluation for hyperthyroidism under DC 7900. However, when atrial fibrillation is present, hyperthyroidism may be evaluated either under DC 7900 or under DC 7010 (supraventricular arrhythmia), whichever results in a higher evaluation.</td>
<td>423</td>
<td>Workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray</td>
<td>30</td>
</tr>
</tbody>
</table>
### DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication or a pacemaker required</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required</td>
<td>10</td>
</tr>
<tr>
<td>Implantable cardiac pacemakers:</td>
<td>10</td>
</tr>
</tbody>
</table>

**NOTE:** Unusual cases of arrhythmia such as atrioventricular block associated with a supraventricular arrhythmia or pathological bradycardia should be submitted to the Director, Compensation and Pension Service. Simple delayed P-R conduction time, in the absence of other evidence of cardiac disease, is not a disability.

7016 Heart valve replacement (prosthesis):

For indefinite period following date of hospital admission for valve replacement.

Thereafter:

Chronic congestive heart failure, or: workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.

More than one episode of acute congestive heart failure in the past year, or: workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.

Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray.

Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required.

**NOTE:** A rating of 100 percent shall be assigned as of the date of hospital admission for valve replacement. Six months following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

7017 Coronary bypass surgery:

For three months following hospital admission for surgery.

Thereafter:

Chronic congestive heart failure, or: workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.

More than one episode of acute congestive heart failure in the past year, or: workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.

Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray.

Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required.

**NOTE:** A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac transplantation.

Thereafter:

Chronic congestive heart failure, or: workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.

More than one episode of acute congestive heart failure in the past year, or: workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.

Minimum.

**NOTE:** A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac transplantation. One year following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

7018 Hypertensive vascular disease (hypertension and isolated systolic hypertension):

Diastolic pressure predominantly 120 or more.

Minimum.

7019 Cardiac transplantation:

For an indefinite period from date of hospital admission for cardiac transplantation.

Thereafter:

Chronic congestive heart failure, or: workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.

More than one episode of acute congestive heart failure in the past year, or: workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.

Minimum.

**NOTE:** A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac transplantation. One year following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

7020 Cardiomyopathy:

Chronic congestive heart failure, or: workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent.

More than one episode of acute congestive heart failure in the past year, or: workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent.

Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or X-ray.

Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required.

**NOTE:** A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac transplantation. One year following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

7021 Hypertensive vascular disease (hypertension and isolated systolic hypertension): Diastolic pressure predominantly 130 or more.

Minimum.

7022 Cardiomyopathy: Diastolic pressure predominantly 120 or more.

Minimum.
NOTE (1): Hypertension or isolated systolic hypertension must be confirmed by readings taken two or more times on at least three different days. For purposes of this section, the term hypertension means that the diastolic blood pressure is predominantly 90mm. or greater, and isolated systolic hypertension means that the systolic blood pressure is predominantly 160mm. or greater with a diastolic blood pressure of less than 90mm.

NOTE (2): Evaluate hypertension due to aortic insufficiency or hyperthyroidism, which is usually the isolated systolic type, as part of the condition causing it rather than by a separate evaluation.

NOTE (3): Evaluate hypertension separately from hypertensive heart disease and other types of heart disease.

7110 Aortic aneurysm:
- If five centimeters or larger in diameter, or; if symptomatic, or; for indefinite period from date of hospital admission for surgical correction (including any type of graft insertion) ...................................................

Precluding exertion ..............................................

Evaluate residuals of surgical correction according 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 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.

7111 Aneurysm, any large artery:
- If symptomatic, or; for indefinite period from date of hospital admission for surgical correction ...................................................

Following surgery:
- Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less ................................................

Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; persistent coldness of the extremity, one or more deep ischemic ulcers, or ankle/brachial index of 0.5 or less ................................................

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 ................................................

Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less ................................................

NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

NOTE (2): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under §4.25), using the bilateral factor, if applicable.

NOTE (3): A rating of 100 percent shall be assigned as of the date of hospital admission for surgical correction. Six months following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.

7112 Aneurysm, any small artery:
- Asymptomatic ................................................

NOTE: If symptomatic, evaluate according to body system affected. Following surgery, evaluate residuals under the body system affected.

7113 Arteriovenous fistula, traumatic:
- With high output heart failure .................................. 100

Without heart failure but with enlarged heart, wide pulse pressure, and tachycardia .... 60

Without cardiac involvement but with edema, stasis dermatitis, and either ulceration or cellulitis:
- Lower extremity ........................................ 50
- Upper extremity ....................................... 40

With edema or stasis dermatitis:
- Lower extremity ........................................ 30
- Upper extremity ....................................... 20

7114 Atherosclerosis obliterans:
- Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less ................................................

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 ................................................

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 ................................................

Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less ................................................

NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

NOTE (2): Evaluate residuals of aortic and large arterial bypass surgery or arterial graft as arteriosclerosis obliterans.

NOTE (3): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under §4.25), using the bilateral factor (§4.26), if applicable.

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 ................................................

7115 Thrombo-angiitis obliterans (Buerger’s Disease):
- Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less ................................................

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 ................................................
### DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>20</td>
</tr>
<tr>
<td>Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less</td>
<td>40</td>
</tr>
</tbody>
</table>

**Note:** For purposes of this section, characteristic attacks 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.

### DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raynaud's syndrome: With two or more digital ulcers plus automutilation of one or more digits and history of characteristic attacks</td>
<td>20</td>
</tr>
<tr>
<td>Characteristic attacks occurring one to three times a week</td>
<td>40</td>
</tr>
<tr>
<td>Characteristic attacks occurring four to six times a week</td>
<td>60</td>
</tr>
<tr>
<td>Characteristic attacks occurring one to seven days or longer and occurring five to eight times a year</td>
<td>80</td>
</tr>
<tr>
<td>Attacks without laryngeal involvement lasting one to seven days and occurring five to eight times a year, or; attacks with laryngeal involvement of any duration occurring more than twice a year</td>
<td>100</td>
</tr>
</tbody>
</table>

**Note:** For purposes of this section, characteristic attacks consist of sequential color changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upsets. These evaluations are for the disease as a whole, regardless of the number of extremities involved or whether the nose and ears are involved.

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angioneurotic edema: Attacks without laryngeal involvement lasting one to seven days and occurring five to eight times a year, or; attacks with laryngeal involvement of any duration occurring more than twice a year</td>
<td>100</td>
</tr>
<tr>
<td>Attacks without laryngeal involvement lasting one to seven days and occurring five to eight times a year, or; attacks with laryngeal involvement of any duration occurring more than twice a year</td>
<td>120</td>
</tr>
</tbody>
</table>

**Note:** These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable.

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-phlebitic syndrome of any etiology: With the following findings attributed to venous disease: Massive board-like edema with constant pain at rest</td>
<td>100</td>
</tr>
<tr>
<td>Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and persistent ulceration</td>
<td>60</td>
</tr>
<tr>
<td>Persistent edema and stasis pigmentation or eczema, with or without intermittent ulceration</td>
<td>40</td>
</tr>
<tr>
<td>Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema</td>
<td>20</td>
</tr>
<tr>
<td>Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery</td>
<td>10</td>
</tr>
<tr>
<td>Asymptomatic palpable or visible varicose veins</td>
<td>0</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Disease Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cold injury residuals:</td>
<td>100</td>
</tr>
</tbody>
</table>

**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.
DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Rat-</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>With the following in affected parts:</td>
<td></td>
</tr>
<tr>
<td>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 (osteoarthritis, subarticular punched out lesions, or osteoarthritis)</td>
<td>30</td>
</tr>
<tr>
<td>Arthralgia or other pain, numbness, or cold sensitivity plus tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, or X-ray abnormalities (osteoarthritis, subarticular punched out lesions, or osteoarthritis)</td>
<td>20</td>
</tr>
<tr>
<td>Arthralgia or other pain, numbness, or cold sensitivity</td>
<td>10</td>
</tr>
</tbody>
</table>

NOTE (1): Separately evaluate amputations of fingers or toes, and complications such as squamous cell carcinoma at the site of a cold injury scar or peripheral neuropathy, under other diagnostic codes. Separately evaluate other disabilities that have been diagnosed as the residual effects of cold injury, such as Raynaud’s phenomenon, muscle atrophy, etc., unless they are used to support an evaluation under diagnostic code 7122.

NOTE (2): Evaluate each affected part (e.g., hand, foot, ear, nose) separately and combine the ratings in accordance with §§ 4.25 and 4.26.

7123 Soft tissue sarcoma (of vascular origin) .......... 100

NOTE: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.

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

§ 4.113 Coexisting abdominal conditions.

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

§ 4.114 Schedule of ratings—digestive system.

Ratings under diagnostic codes 7301 to 7320, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined