Department of Veterans Affairs

Vaginal fecal leakage one to three times per week requiring wearing of pad	30
Vaginal fecal leakage less than once a week	10
Without leakage 7625 Fistula, urethrovaginal:	0
Multiple urethrovaginal fistulae	100
Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than four times	
per day Requiring the wearing of absorbent mate- rials which must be changed two to four	60
times per day Requiring the wearing of absorbent mate-	40
rials which must be changed less than two times per day	20
7626 Breast, surgery of: Following radical mastectomy:	
Both	¹ 80
One Following modified radical mastectomy:	150
Both One	¹ 60 ¹ 40
Following simple mastectomy or wide local excision with significant alteration of size or form:	-40
Both	¹ 50
One Following wide local excision without sig-	¹ 30
nificant alteration of size or form:	
Both or one	0
Note: For VA purposes: (1) Radical mastectomy means	
removal of the entire breast, un- derlying 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 breast tissue, nipple, and a small portion of the overlying skin, but lymph nodes and mus- cles are left intact.	
(4) <i>Wide local excision</i> (including partial mastectomy,	
Jumpectomy, tylectomy, segmentectomy, and quadrantectomy) means re- moval of a portion of the breast	
tissue	
7627 Malignant neoplasms of gynecological sys- tem or breast	100

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	Rating
 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. 7628 Benign neoplasms of the gynecological system or breast. Rate according to impairment in function of the urinary or gynecological systems, or skin 	
7629 Endometriosis:	
Lesions involving bowel or bladder con- firmed by laparoscopy, pelvic pain or heavy or irregular bleeding not controlled by treatment, and bowel or bladder	
symptoms	50
Pelvic pain or heavy or irregular bleeding not controlled by treatment	3
Pelvic pain or heavy or irregular bleeding requiring continuous treatment for control Note: Diagnosis of endometriosis must be substantiated by laparoscopy.	10

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

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

THE HEMIC AND LYMPHATIC SYSTEMS

§4.117 Schedule of ratings—hemic and lymphatic systems.

	Rating
7700 Anemia, hypochromic-microcytic and megaloblastic, such as iron-deficiency and per- nicious anemia:	
Hemoglobin 5gm/100ml or less, with find- ings such as high output congestive heart failure or dyspnea at rest Hemoglobin 7gm/100ml or less, with find- ings 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) Hemoglobin 8gm/100ml or less, with find-	70
ings such as weakness, easy fatigability, headaches, lightheadedness, or short- ness of breath Hemoglobin 10gm/100ml or less with find-	30
ings such as weakness, easy fatigability or headaches Hemoglobin 10gm/100ml or less, asymp- tomatic	10
NOTE: Evaluate complications of pernicious anemia, a dementia or peripheral neuropathy, separately.	
7702 Agranulocytosis, acute: Requiring bone marrow transplant, or; re- quiring transfusion of platelets or red cells at least once every six weeks, or; infections recurring at least once every six weeks	100

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	Rating
Requiring transfusion of platelets or red cells at least once every three months, or; infections recurring at least once	
every three months 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	60 30 10
NOTE: The 100 percent rating for bone marrow tra- shall be assigned as of the date of hospital admiss shall continue with a mandatory VA examinal months following hospital discharge. Any change uation based upon that or any subsequent exar shall be subject to the provisions of §3.105(e) chapter.	ansplant sion and tion six in eval- mination
 2703 Leukemia: With active disease or during a treatment phase	100
NOTE: The 100 percent rating shall continue beyond sation of any surgical, radiation, antineoplastic therapy or other therapeutic procedures. Six mont discontinuance of such treatment, the appropriate of rating shall be determined by mandatory VA exan Any change in evaluation based upon that or any quent examination shall be subject to the provis §3.105(e) of this chapter. If there has been no recon- rate on residuals.	chemo- hs after disability nination. subse- sions of
 Polycythemia vera: During periods of treatment with myelosuppressants and for three months following cessation of myelosuppressant therapy	100 40 10
NOTE: Rate complications such as hypertension, gour or thrombotic disease separately.	t, stroke
7705 Thrombocytopenia, primary, idiopathic or im- mune: Platelet count of less than 20,000, with ac- tive blooding requiring treatment with	
tive bleeding, requiring treatment with medication and transfusions Platelet count between 20,000 and 70,000,	100
not requiring treatment, without bleeding Stable platelet count between 70,000 and 100,000, without bleeding	70 30
Stable platelet count of 100,000 or more, without bleeding	0
7706 Splenectomy NOTE: Rate complications such as systemic infection	l 20 ons with
encapsulated bacteria separately. 7707 Spleen, injury of, healed. Rate for any residuals.	

	Rate for any residuals.	
7709	Hodgkin's disease:	
	With active disease or during a treatment	
	nhase	

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.

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		Rating
7710	Adenitis, tuberculous, active or inactive. Rate under §§ 4.88c or 4.89 of this part, whichever is appropriate.	
7714	Sickle cell anemia: With repeated painful crises, occurring in skin, joints, bones or any major organs caused by hemolysis and sickling of red blood cells, with anemia, thrombosis and	
	infarction, with symptoms precluding even light manual labor	100
	light manual labor	60
	Following repeated hemolytic sickling cri- ses with continuing impairment of health Asymptomatic, established case in remis- sion, but with identifiable organ impair-	30
	ment	10
tribi Cas the	Sickle cell trait alone, without a history of diru- ttable pathological findings, is not a ratable d ses of symptomatic sickle cell trait will be forwa Director, Compensation and Pension Service, eration under §3.321(b)(1) of this chapter.	isability. Irded to
7715	Non-Hodgkin's lymphoma: With active disease or during a treatment phase	100
sati thei disc ratii Any que §3.	The 100 percent rating shall continue beyond to on of any surgical, radiation, antineoplastic rapy or other therapeutic procedures. Six mont continuance of such treatment, the appropriate or g shall be dtermined by mandatory VA exam r change in evaluation based upon that or any nt examination shall be subject to the provis 105(e) of this chapter. If there has been no loca ce or metastasis, rate on residuals.	chemo- hs after lisability nination. subse- sions of

7716 Aplastic anemia:

Requiring bone marrow transplant, or; re- quiring transfusion of platelets or red	
cells at least once every six weeks, or;	
infections recurring at least once every six weeks	100
	100
Requiring transfusion of platelets or red	
cells at least once every three months,	
or; infections recurring at least once	
every three months	60
Requiring transfusion of platelets or red	
cells at least once per year but less than	
once every three months, or; infections	
recurring at least once per year but less	
than once every three months	30
,	
Requiring continuous medication for control	10
NOTE: The 100 percent rating for hope marrow tra	nenlant

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.

[60 FR 49227, Sept. 22, 1995]

THE SKIN

§4.118 Schedule of ratings—skin.

A veteran who VA rated under diagnostic codes 7800, 7801, 7802, 7803, 7804, or 7805 before October 23, 2008 can request review under diagnostic codes

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