medication) or 30% (based on the presence of cardiac hypertrophy or dilatation) evaluation is met, METs testing is required in all cases except:

(1) When there is a medical contraindication.

(2) When the left ventricular ejection fraction has been measured and is 50% or less.

(3) When chronic congestive heart failure is present or there has been more than one episode of congestive heart failure within the past year.

(4) When a 100% evaluation can be assigned on another basis.

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

[71 FR 52460, Sept. 6, 2006]

§§ 4.101–4.103 [Reserved]

§ 4.104 Schedule of ratings—cardiovascular system.

DISEASES OF THE HEART—Continued

<table>
<thead>
<tr>
<th>Rating</th>
<th>DISEASES OF THE HEART</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<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>30</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 echocardiogram, or x-ray</td>
<td></td>
</tr>
<tr>
<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></td>
</tr>
</tbody>
</table>

Endocarditis:
- For three months following cessation of therapy for active infection with cardiac involvement ............................................. 100
- Thereafter, with endocarditis (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in:
  - Chronic congestive heart failure, or; workload of greater than 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent ........................................... 100
  - More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent ........................................... 60
- Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; evidence of cardiac hypertrophy or dilatation on electrocardiogram, echocardiogram, or x-ray ........................................... 30
- Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; continuous medication required ........................................... 10

Pericarditis:
- For three months following cessation of therapy for active infection with cardiac involvement ............................................. 100
- Thereafter, with documented pericarditis resulting in:
  - Chronic congestive heart failure, or; workload of greater than 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of less than 30 percent ........................................... 100
  - More than one episode of acute congestive heart failure in the past year, or; workload of greater than 3 METs but not greater than 5 METs results in dyspnea, fatigue, angina, dizziness, or syncope; or; left ventricular dysfunction with an ejection fraction of 30 to 50 percent ........................................... 60