(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.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Diseases of the Nose and Throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>6502</td>
<td>Septum, nasal, deviation of:</td>
</tr>
<tr>
<td></td>
<td>Traumatic only,</td>
</tr>
<tr>
<td></td>
<td>With 50-percent obstruction of the nasal passage on both sides or complete obstruction on one side</td>
</tr>
<tr>
<td>6504</td>
<td>Nose, loss of part of, or scars:</td>
</tr>
<tr>
<td></td>
<td>Exposing both nasal passages</td>
</tr>
<tr>
<td></td>
<td>Loss of part of one ala, or other obvious disfigurement</td>
</tr>
</tbody>
</table>

Note: Or evaluate as DC 7800, scars, disfiguring, head, face, or neck.

6510 Sinusitis, pansinusitis, chronic.

6511 Sinusitis, ethmoid, chronic.

6512 Sinusitis, frontal, chronic.

6513 Sinusitis, maxillary, chronic.

6514 Sinusitis, sphenoid, chronic.

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 ........................................... 50

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 ........................................ 30

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 ........................................ 10

Detected by X-ray only ........................................ 0

Note: An incapacitating episode of sinusitis means one that requires bed rest and treatment by a physician.

6515 Laryngitis, tuberculous, active or inactive. Rate under §§ 4.88c or 4.89, whichever is appropriate.

6516 Laryngitis, chronic:

| Hoarseness, with thickening or nodules of cords, polyps, submucous infiltration, or pre-malignant changes on biopsy | 30 |
| Hoarseness, with inflammation of cords or mucous membrane | 10 |

6518 Laryngeotomy, total. Rate the residuals of partial laryngeotomy as laryngitis (DC 6516), aphonia (DC 6519), or stenosis of larynx (DC 6520).

<table>
<thead>
<tr>
<th>Aphonia, complete organic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant inability to communicate by speech</td>
</tr>
<tr>
<td>Constant inability to speak above a whisper</td>
</tr>
</tbody>
</table>
4.97

DISEASES OF THE TRACHEA AND BRONCHI

Rating

**Note:** Evaluate incomplete aphony as laryngitis, chronic (DC 6516).

6520 Larynx, stenosis of, including residuals of laryngeal trauma (unilateral or bilateral):

- FEV-1 of 40- to 55-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction, or; permanent tracheostomy ............................................ 100
- FEV-1 of 40- to 55-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction ............................................ 60
- FEV-1 of 56- to 70-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction ............................................ 30
- FEV-1 of 71- to 80-percent predicted, with Flow-Volume Loop compatible with upper airway obstruction ............................................ 10

**Note:** Or evaluate as aphony (DC 6519).

6521 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 ............................................ 10

6522 Allergic or vasomotor rhinitis:

- With polyps ............................................................................................................... 50
- Without polyps, but with greater than 50-percent obstruction of nasal passage on both sides or complete obstruction on one side ............................................ 10

6523 Bacterial rhinitis:

- Rhinoscleroma ........................................................................................................ 50
- With permanent hypertrophy of turbulents and with greater than 50-percent obstruction of nasal passage on both sides or complete obstruction on one side ............................................ 10

6524 Granulomatous rhinitis:

- Wegener’s granulomatosis, lethal midline granuloma ............................................ 100
- Other types of granulomatous infection .................................................................... 20

**Note:** Or rate according to pulmonary impairment as for chronic bronchitis (DC 6600).

6600 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 ............................................ 100
- 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 ............................................ 10
- 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 ............................................ 30
- 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 ............................................ 10

**Note:** Or rate according to pulmonary impairment as for chronic bronchitis (DC 6600).

6601 Bronchiectasis:

- With incapacitating episodes of infection of at least six weeks total duration per year ........................................................................... 100
- 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 anoxia, weight loss, and frank hemoptysis and requiring antibiotic usage almost continuously ............................................ 60
- With incapacitating episodes of infection of two to four weeks total duration per year, or; daily productive cough with sputum that is at times purulent or blood-tinged and that requires prolonged (lasting four to six weeks) antibiotic usage more than twice a year ........................................................................... 30
- Intermittent productive cough with acute infection requiring a course of antibiotics at least twice a year ........................................................................... 10
- Or rate according to pulmonary impairment as for chronic bronchitis (DC 6600).

**Note:** An incapacitating episode is one that requires bedrest and treatment by a physician.

6602 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 ............................................ 100
- 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 ............................................ 60
- FEV-1 of 56- to 70-percent predicted, or; FEV-1/FVC of 56 to 70 percent, or; daily inhalational or oral bronchodilator therapy, or; inhalational anti-inflammatory medication ............................................ 30
- FEV-1 of 71- to 80-percent predicted, or; FEV-1/FVC of 71 to 80 percent, or; intermittent inhalational or oral bronchodilator therapy ............................................ 10

**Note:** In the absence of clinical findings of asthma at time of examination, a verified history of asthmatic attacks must be of record.

6603 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 ............................................ 100
- 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) ............................................ 60
§ 4.97 38 CFR Ch. I (7–1–11 Edition)

DISEASES OF THE LUNGS AND PLEURA—TUBERCULOSIS
Ratings for Pulmonary Tuberculosis Entitled on August 19, 1968

6701 Tuberculosis, pulmonary, chronic, far advanced, active ................................................................. 100
6702 Tuberculosis, pulmonary, chronic, moderately advanced, active ......................................................... 100
6703 Tuberculosis, pulmonary, chronic, minimal, active ................................................................................. 100
6704 Tuberculosis, pulmonary, chronic, active, advancement unspecified .................................................. 100
6705 Tuberculosis, pulmonary, chronic, active, advancement unspecified, following moderately advanced lesions, provided there is continued disability, emphysema, dyspnea on exertion, impairment of health, etc. .......................................................... 20
6706 Tuberculosis, pulmonary, chronic, active, advancement unspecified, therefor for four years, or in any event, to six years after date of inactivity ............................................................... 50
6707 Tuberculosis, pulmonary, chronic, active, advancement unspecified, thereafter, for five years, or to eleven years after date of inactivity ................................................................. 30
6708 Tuberculosis, pulmonary, chronic, active, advancement unspecified, following far advanced lesions diagnosed at any time while the disease process was active, minimum .................. 30
6709 Tuberculosis, pulmonary, chronic, active, advancement unspecified, otherwise ................................... 20
6710 Tuberculosis, pulmonary, chronic, inactive ........................................................................................................ 10

Note (1): The 100-percent rating under codes 6701 through 6724 is not subject to a requirement of precedent hospital treatment. It will be reduced to 50 percent for failure to submit to examination or to follow prescribed treatment upon report to that effect from the medical authorities. When a veteran is placed on the 100-percent rating for inactive tuberculosis, the medical authorities will be appropriately notified of the fact, and of the necessity, as given in footnote 1 to 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 Veterans Service Center in the event of failure to submit to examination or to follow treatment.

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:
§ 4.97  Rating

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 ................................................................. 100

Chronic pulmonary thromboembolism requiring anticoagulant therapy, or; following inferior vena cava surgery without evidence of pulmonary hypertension or right ventricular dysfunction ................................. 60

Symptomatic, following resolution of acute pulmonary embolism ................................................................. 30

Asymptomatic, following resolution of pulmonary thromboembolism .......................................................... 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

**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.

6820 Neoplasms, benign, any specified part of respiratory system. Evaluate using an appropriate respiratory analogy.

Bacterial Infections of the Lung

6822 Actinomycosis.

6823 Nocardiosis.

6824 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 Diffuse interstitial fibrosis (interstitial pneumonitis, fibrosing alveolitis).

6826 Desquamative interstitial pneumonitis.

6827 Pulmonary alveolar proteinosis.

6828 Eosinophilic granuloma of lung.

6829 Drug-induced pulmonary pneumonitis and fibrosis.

6830 Radiation-induced pulmonary pneumonitis and fibrosis.

6831 Hypersensitivity pneumonitis (extrinsic allergic alveolitis).

6832 Pneumococcosis (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 cardiopulmonary limitation, or; cor pulmonale or pulmonary hypertension, or; requires outpatient oxygen therapy ................................. 100

FVC of 50- to 64-percent predicted, or; DLCO (SB) of 40- to 55-percent predicted, or; maximum exercise capacity of 15 to 20 ml/kg/min oxygen consumption with cardiopulmonary limitation ................................. 60

FVC of 65- to 74-percent predicted, or; DLCO (SB) of 56- to 65-percent predicted ................................. 30

FVC of 75- to 80-percent predicted, or; DLCO (SB) of 66- to 80-percent predicted ................................. 10

Mycotic Lung Disease

6834 Histoplasmosis of lung.

6835 Coccidioidomycosis.

6836 Blastomycosis.

6837 Cryptococcosis.

6838 Aspergillosis.

6839 Mucormycosis.

General Rating Formula for Mycotic Lung Disease (diagnostic codes 6834 through 6839):

Chronic pulmonary mycosis requiring suppressive therapy with no more than minimal symptoms such as occasional minor hemoptysis or productive cough ................................................................. 100

Chronic pulmonary mycosis with minimal symptoms such as occasional minor hemoptysis or productive cough ................................................................. 50

Healed and inactive mycotic lesions, asymptomatic .............................................................................. 0
§ 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...