Department of Veterans Affairs

Roman numeral. Each ear will be evaluated separately.

(Authority: 38 U.S.C. 1155)

[64 FR 25209, May 11, 1999]

§4.87 Schedule of ratings—ear.

DISEASES OF THE EAR

	Rat- ing
6200 Chronic suppurative otitis media, mastoiditis, or cholesteatoma (or any combination): During suppuration, or with aural polyps NOTE: Evaluate hearing impairment, and com- plications such as labyrinthitis, tinnitus, facial nerve paralysis, or bone loss of skull, sepa- rately.	10
6201 Chronic nonsuppurative otitis media with effu- sion (serous otitis media): Rate hearing impairment 6202 Otosclerosis: Rate hearing impairment	
6204 Peripheral vestibular disorders: Dizziness and occasional staggering Occasional dizziness NOTE: Objective findings supporting the diag- nosis of vestibular disequilibrium are required before a compensable evaluation can be as- signed under this code. Hearing impairment or suppuration shall be separately rated and combined.	30 10
6205 Meniere's syndrome (endolymphatic hydrops): Hearing impairment with attacks of vertigo and cerebellar gait occurring more than once weekly, with or without tinnitus Hearing impairment with attacks of vertigo and	100
cerebellar gait occurring from one to four times a month, with or without tinnitus	60
 Hearing impairment with vertigo less than once a month, with or without tinnitus NOTE: Evaluate Meniere's syndrome either under these criteria or by separately evaluating vertigo (as a peripheral vestibular disorder), hearing impairment, and tinnitus, whichever method results in a higher overall evaluation. But do not combine an evaluation for hearing impairment, tinnitus, or vertigo with an evaluation under diagnostic code 6205. 	30
6207 Loss of auricle:	
Complete loss of both Complete loss of one	50 30
Deformity of one, with loss of one-third or more	30
of the substance 6208 Malignant neoplasm of the ear (other than	10
skin only) NOTE: A rating of 100 percent shall continue be- yond the cessation of any surgical, radiation treatment, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appro- priate disability rating shall be determined by mandatory VA examination. Any change in evaluation based on 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 re- siduals.	100

6209 Benign neoplasms of the ear (other than skin only):

Rate on impairment of function.

6210 Chronic otitis externa:

§4.88a

Rating Swelling, dry and scaly or serous discharge, and itching requiring frequent and prolonged treat-10 ment Tympanic membrane, perforation of Tinnitus, recurrent 6211 0 6260 10 NOTE (1): A separate evaluation for tinnitus may be combined with an evaluation under diagnostic codes 6100, 6200, 6204, or other diagnostic code, except when tinnitus supports an evaluation under one of those diagnostic codes NOTE (2): Assign only a single evaluation for recurrent tinnitus, whether the sound is perceived in one ear, both ears, or in the head. NOTE (3): Do not evaluate objective tinnitus (in which the sound is audible to other people and has a definable cause that may or may

DISEASES OF THE EAR-Continued

(Authority: 38 U.S.C. 1155)

tion causing it.

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not be pathologic) under this diagnostic code, but evaluate it as part of any underlying condi-

§4.87a Schedule of ratings—other sense organs.

	Rat- ing
6275 Sense of smell, complete loss 6276 Sense of taste, complete loss NOTE: Evaluation will be assigned under diag- nostic codes 6275 or 6276 only if there is an anatomical or pathological basis for the condi- tion.	10 10

(Authority: 38 U.S.C. 1155) [64 FR 25210, May 11, 1999]

INFECTIOUS DISEASES, IMMUNE DIS-ORDERS AND NUTRITIONAL DEFI-CIENCIES

§4.88 [Reserved]

§4.88a Chronic fatigue syndrome.

(a) For VA purposes, the diagnosis of chronic fatigue syndrome requires:

(1) new onset of debilitating fatigue severe enough to reduce daily activity to less than 50 percent of the usual level for at least six months; and

(2) the exclusion, by history, physical examination, and laboratory tests, of all other clinical conditions that may produce similar symptoms; and

(3) six or more of the following:

(i) acute onset of the condition,

(ii) low grade fever,

(iii) nonexudative pharyngitis,