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Title 38, Part 4

Schedule for Rating Disabilities

Veterans Benefits Administration

Supplement No. 63

Covering period of *Federal Register* issues
through February 1, 2021

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GENERAL INSTRUCTIONS

Custom Federal Regulations Service™

Supplemental Materials for *Book C*

Code of Federal Regulations

Title 38, Part 4

Schedule for Rating Disabilities

Veterans Benefits Administration

Supplement No. 63

5 February 2021

Covering the period of Federal Register issues
through February 1, 2021

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FILING INSTRUCTIONS

**Book C, Supplement No. 63
February 5, 2021**

<i>Remove these old pages</i>	<i>Add these new pages</i>	<i>Section(s) Affected</i>
Do not file this supplement until you confirm that all prior supplements have been filed		
4.71a-1 to 4.71a-10	4.71a-1 to 4.71a-10	§4.71a
4.71a-19 to 4.71a-30	4.71a-19 to 4.71a-30	§4.71a
4.72-1 to 4.73-1	4.72-1 to 4.73-1	§4.73
4.73-8 to 4.73-9	4.73-8 to 4.73-9	§4.73
App. A-1 to App. A-14	App. A-1 to App. A-14	Appendix A
App. B-1 to App. B-8	App. B-1 to App. B-8	Appendix B
App. B-21 to App. B-22	App. B-21 to App. B-22	Appendix B
App. C-1 to App. C-20	App. C-1 to App. C-20	Appendix C

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HIGHLIGHTS

Book C, Supplement No. 63 February 5, 2021

Supplement Highlights references: Where substantive changes are made in the text of regulations, the paragraphs of *Highlights* sections are cited at the end of the relevant section of text. Thus, if you are reading §3.263, you will see a note at the end of that section which reads: “Supplement *Highlights* references—6(2).” This means that paragraph 2 of the *Highlights* section in Supplement No. 6 contains information about the changes made in §3.263. By keeping and filing the *Highlights* sections, you will have a reference source explaining all substantive changes in the text of the regulations.

Supplement frequency: This Book C (*Schedule for Rating Disabilities*) was originally supplemented four times a year, in February, May, August, and November. Beginning 1 August 1995, supplements will be issued *every month* during which a final rule addition or modification is made to the parts of Title 38 covered by this book. Supplements will be numbered consecutively as issued.

Modifications in this supplement include the following:

1. On 30 November 2020, the VA published a final rule effective 7 February 2021, to amend the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (“VASRD” or “rating schedule”) by revising the portion of the rating schedule that addresses the **musculoskeletal system**. The purpose of this revision is to ensure that this portion of the rating schedule uses current medical terminology and provides detailed and updated criteria for the evaluation of musculoskeletal disabilities. Changes:

- In §4.71a, revised diagnostic codes for 5001, 5002, 5003, 5009-5015, 5018, 5020, 5022, 5023, 5024, 5054, 5055, 5120, 5160, 5170, 5201, 5202, 5242, 5243, 5255, 5257, 5262, and 5271; removed diagnostic codes for 5053 and 5056; added diagnostic codes for 5042, 5244, and 5285.
- In §4.73, revised introductory Notes; added diagnostic codes for 5330 and 5331.
- In Appendix A, revise diagnostic codes for 5001, 5002, 5003, 5012, 5024, 5051, 5052, 5053, 5054, 5055, 5056, 5243, 5255, and 5257; removed the diagnostic code 5235-5243’ added in numerical order diagnostic codes 5009, 5010, 5011, 5013, 5014, 5015, 5018, 5020, 5022, 5023, 5120, 5160, 5170, 5201, 5202, 5235, 5236, 5237, 5238, 5239, 5240, 5241, 5242, 5244, 5262, 5271, and 5285.
- In Appendix A, added an introduction note and diagnostic codes 5330 and 5331.
- In Appendix B, revised diagnostic codes 5002, 5003, 5009, 5010, 5011, 5012, 5013, 5014, 5015, 5018, 5020, 5022, 5023, 5024, 5054, 5055, 5120, 5160, 5170, and 5242; added diagnostic codes 5244, 5285, 5330, and 5331.

- In Appendix C, revised the entries for *Amputation, Arthritis, Bones, Hip, Osteomalacia, Osteoporosis, with joint manifestations, Paralysis, Prosthetic implants, and Tenosynovitis*.
- In Appendix C, added entries for *Arthropathy, compartment syndrome, decompression illness, heterotopic ossification, Plantar fasciitis, Rhabdomyolysis, residuals of, and Spine: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome*.
- In Appendix C, removed entries for *Hydrarthrosis, intermittent, Myositis ossificans, Periostitis, Synovitis*.



[Reseved]

§4.71a Schedule of ratings—musculoskeletal system.

ACUTE, SUBACUTE, OR CHRONIC DISEASES

Rating

5000 Osteomyelitis, acute, subacute, or chronic:

Of the pelvis, vertebrae, or extending into major joints, or with multiple localization or with long history of intractability and debility, anemia, amyloid liver changes, or other continuous constitutional symptoms	100
Frequent episodes, with constitutional symptoms	60
With definite involucrum or sequestrum, with or without discharging sinus	30
With discharging sinus or other evidence of active infection within the past 5 years	20
Inactive, following repeated episodes, without evidence of active infection in past 5 years	10

Note (1): A rating of 10 percent, as an exception to the amputation rule, is to be assigned in any case of active osteomyelitis where the amputation rating for the affected part is no percent. This 10 percent rating and the other partial ratings of 30 percent or less are to be combined with ratings for ankylosis, limited motion, nonunion or malunion, shortening, etc., subject, of course, to the amputation rule. The 60 percent rating, as it is based on constitutional symptoms, is not subject to the amputation rule. A rating for osteomyelitis will not be applied following cure by removal or radical resection of the affected bone.

Note (2): The 20 percent rating on the basis of activity within the past 5 years is not assignable following the initial infection of active osteomyelitis with no subsequent reactivation. The prerequisite for this historical rating is an established recurrent osteomyelitis. To qualify for the 10 percent rating, 2 or more episodes following the initial infection are required. This 20 percent rating or the 10 percent rating, when applicable, will be assigned once only to cover disability at all sites of previously active infection with a future ending date in the case of the 20 percent rating.

5001 Bones and joints, tuberculosis of, active or inactive:

Active.....	100
Inactive: See §§ 4.88c and 4.89	

5002 Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process:

With constitutional manifestations associated with active joint involvement, totally incapacitating.....	100
Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods	60
Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year	40
One or two exacerbations a year in a well-established diagnosis.....	20

Note (1): Examples of conditions rated using this diagnostic code include, but are not limited to, rheumatoid arthritis, psoriatic arthritis, and spondyloarthropathies.

Note (2): For chronic residuals, rate under diagnostic code 5003.

Note (3): The ratings for the active process will not be combined with the residual ratings for limitation of motion, ankylosis, or diagnostic code 5003. Instead, assign the higher evaluation.

5003 Degenerative arthritis, other than post-traumatic:

Degenerative arthritis established by X-ray findings will be rated on the basis of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved (DC 5200 etc.). When however, the limitation of motion of the specific joint or joints involved is noncompensable under the appropriate diagnostic codes, a rating of 10 pct is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5003. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below

With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups with occasional incapacitating exacerbations	20
With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups	10

Note (1): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be combined with ratings based on limitation of motion.

Note (2): The 20 pct and 10 pct ratings based on X-ray findings, above, will not be utilized in rating conditions listed under diagnostic codes 5013 to 5024, inclusive.

5004 Arthritis, gonorrheal.

5005 Arthritis, pneumococcic.

5006 Arthritis, typhoid.

5007 Arthritis, syphilitic.

5008 Arthritis, streptococcic.

5009 Other specified forms of arthropathy (excluding gout).

Note (1): Other specified forms of arthropathy include, but are not limited to, Charcot neuropathic, hypertrophic, crystalline, and other autoimmune arthropathies.

Note (2): With the types of arthritis, diagnostic codes 5004 through 5009, rate the acute phase under diagnostic code 5002; rate any chronic residuals under diagnostic code 5003.

5010 Post-traumatic arthritis: Rate as limitation of motion, dislocation, or other specified instability under the affected joint. If there are 2 or more joints affected, each rating shall be combined in accordance with §4.25.

5011 Decompression illness: Rate manifestations under the appropriate diagnostic code within the affected body system, such as arthritis for musculoskeletal residuals; auditory system for vestibular residuals; respiratory system for pulmonary barotrauma residuals; and neurologic system for cerebrovascular accident residuals.

5012 Bones, neoplasm, malignant, primary or secondary100

Note: The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other prescribed therapeutic procedure. If there has been no local recurrence or metastases, rate based on residuals.

5013 Osteoporosis, residuals of.

5014 Osteomalacia, residuals of.

5015 Bones, neoplasm, benign.

5016 Osteitis deformans.

5017 Gout.

5018 [Removed]

5019 Bursitis.

5020 [Removed]

5021 Myositis.

5022 [Removed]

5023 Heterotopic ossification.

5024 Tenosynovitis, tendinitis, tendinosis or tendinopathy.

Note to DCs 5013 through 5024: Evaluate the diseases under diagnostic codes 5013 through 5024 as degenerative arthritis, based on limitation of motion of affected parts.

5025 Fibromyalgia (fibrositis, primary fibromyalgia syndrome)

With widespread musculoskeletal pain and tender points, with or without associated fatigue, sleep disturbance, stiffness, paresthesias, headache, irritable bowel symptoms, depression, anxiety, or Raynaud’s-like symptoms:

That are constant, or nearly so, and refractory to therapy40

That are episodic, with exacerbations often precipitated by environmental or emotional stress or by overexertion, but that are present more than one-third of the time20

That require continuous medication for control10

Note: Widespread pain means pain in both the left and right sides of the body, that is both above and below the waist, and that affects both the axial skeleton (i.e., cervical spine, anterior chest, thoracic spine, or low back) and the extremities.

PROSTHETIC IMPLANTS AND RESURFACING

Note (1): When an evaluation is assigned for joint resurfacing or the prosthetic replacement of a joint under diagnostic codes 5051-5056, an additional rating under §4.71a may not also be assigned for that joint, unless otherwise directed.

Note (2): Only evaluate a revision procedure in the same manner as the original procedure under diagnostic codes 5051-5056 if all the original components are replaced.

Note (3): The term “prosthetic replacement” in diagnostic codes 5051- 5053 and 5055-5056 means a total replacement of the named joint. However, in DC 5054, “prosthetic replacement” means a total replacement of the head of the femur or of the acetabulum.

Note (4): The 100 percent rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under §4.30 following hospital discharge.

Note (5): The 100 percent rating for 4 months following implantation of prosthesis or resurfacing under DCs 5054 and 5055 will commence after initial grant of the 1-month total rating assigned under §4.30 following hospital discharge.

Note (6): Special monthly compensation is assignable during the 100 percent rating period the earliest date permanent use of crutches is established.

Rating
Major Minor

5051 Shoulder replacement (prosthesis).

Prosthetic replacement of the shoulder joint:	
For 1 year following implantation of prosthesis	100.....100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity.....	60.....50
With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic codes 5200 and 5203.	
Minimum rating.....	30.....20

5052 Elbow replacement (prosthesis).

Prosthetic replacement of the elbow joint:	
For 1 year following implantation of prosthesis	100.....100
With chronic residuals consisting of severe painful motion or weakness in the affected extremity.....	50.....40
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5205 through 5208.	
Minimum evaluation.....	30.....20

5053 Wrist replacement (prosthesis).

Prosthetic replacement of wrist joint:	
For 1 year following implantation of prosthesis	100.....100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity.....	40.....30

With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214.
 Minimum rating.....20.....20

5054 Hip, resurfacing or replacement (prosthesis):

For 4 months following implantation of prosthesis or resurfacing.....100
 Prosthetic replacement of the head of the femur or of the acetabulum:
 Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches 90¹
 Markedly severe residual weakness, pain or limitation of motion following implantation of prosthesis70
 Moderately severe residuals of weakness, pain or limitation of motion50
 Minimum evaluation, total replacement only30

Note: At the conclusion of the 100 percent evaluation period, evaluate resurfacing under diagnostic codes 5250 through 5255; there is no minimum evaluation for resurfacing.

5055 Knee, resurfacing or replacement (prosthesis):

For 4 months following implantation of prosthesis or resurfacing.....100
 Prosthetic replacement of knee joint:
 With chronic residuals consisting of severe painful motion or weakness in the affected extremity60
 With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5256, 5261, or 5262.
 Minimum evaluation, total replacement only30

Note: At the conclusion of the 100 percent evaluation period, evaluate resurfacing under diagnostic codes 5256 through 5262; there is no minimum evaluation for resurfacing.

5056 Ankle replacement (prosthesis).

Prosthetic replacement of ankle joint:
 For 1 year following implantation of prosthesis100
 With chronic residuals consisting of severe painful motion or weakness.....40
 With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to 5270 or 5271.
 Minimum rating.....20

COMBINATIONS OF DISABILITIES

5104 Anatomical loss of one hand and loss of use of one foot..... 100¹
5105 Anatomical loss of one foot and loss of use of one hand 100¹
5106 Anatomical loss of both hands 100¹
5107 Anatomical loss of both feet 100¹
5108 Anatomical loss of one hand and one foot 100¹

5109	Loss of use of both hands.....	100 ¹
5110	Loss of use of both feet	100 ¹
5111	Loss of use of one hand and one foot	100 ¹

¹Also entitled to special monthly compensation.

AMPUTATIONS: UPPER EXTREMITY

		Rating	
		<i>Major</i>	<i>Minor</i>
Arm, amputation of:			
5120	Complete amputation, upper extremity:		
	Forequarter amputation (involving complete removal of the humerus along with any portion of the scapula, clavicle, and/or ribs).....	100 ¹	100 ¹
	Disarticulation (involving complete removal of the humerus only).....	90 ¹	90 ¹
5121	Above insertion of deltoid	90 ¹	80 ¹
5122	Below insertion of deltoid	80 ¹	70 ¹
Forearm, amputation of:			
5123	Above insertion of pronator teres	80 ¹	70 ¹
5124	Below insertion of pronator teres.....	70 ¹	60 ¹
5125	Hand, loss of use of.....	70 ¹	60 ¹

MULTIPLE FINGER AMPUTATIONS

5126	Five digits of one hand, amputation	70 ¹	60 ¹
Four digits of one hand, amputation of:			
5127	Thumb, index, long and ring.....	70 ¹	60 ¹
5128	Thumb, index, long and little.....	70 ¹	60 ¹
5129	Thumb, index, ring and little.....	70 ¹	60 ¹
5130	Thumb, long, ring and little	70 ¹	60 ¹
5131	Index, long, ring and little.....	60.....	50

Three digits of one hand, amputation of:

5132	Thumb, index and long	60.....	50
5133	Thumb, index and ring.....	60.....	50
5134	Thumb, index and little.....	60.....	50
5135	Thumb, long and ring.....	60.....	50
5136	Thumb, long and little.....	60.....	50
5137	Thumb, ring and little	60.....	50
5138	Index, long and ring	50.....	40
5139	Index, long and little	50.....	40
5140	Index, ring and little.....	50.....	40
5141	Long, ring and little.....	40.....	30

Two digits of one hand, amputation of:

5142	Thumb and index	50.....	40
5143	Thumb and long	50.....	40
5144	Thumb and ring.....	50.....	40
5145	Thumb and little.....	50.....	40
5146	Index and long.....	40.....	30
5147	Index and ring	40.....	30
5148	Index and little	40.....	30
5149	Long and ring.....	30.....	20
5150	Long and little.....	30.....	20
5151	Ring and little.....	30.....	20

(a) The ratings for multiple finger amputations apply to amputations at the proximal interphalangeal joints or through proximal phalanges.

(b) Amputation through long phalanges will be rated as prescribed for unfavorable ankylosis of the fingers.

(c) Amputations at distal joints, or through distal phalanges, other than negligible losses, will be rated as prescribed for favorable ankylosis of the fingers.

(d) Amputation or resection of metacarpal bones (more than one-half the bone lost) in multiple fingers injuries will require a rating of 10 percent added to (not combined with) the ratings, multiple finger amputations, subject to the amputation rule applied to the forearm.

(e) Combinations of finger amputations at various levels, or finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade of disability; i.e., amputation, unfavorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades of disability, select the higher of the two grades.

(f) Loss of use of the hand will be held to exist when no effective function remains other than that which would be equally well served by an amputation stump with a suitable prosthetic appliance.

SINGLE FINGER AMPUTATIONS

5152	Thumb, amputation of:		
	With metacarpal resection.....	40.....	30
	At metacarpophalangeal joint or through proximal phalanx	30.....	20
	At distal joint or through distal phalanx	20.....	20
5153	Index finger, amputation of		
	With metacarpal resection (more than one-half the bone lost)	30.....	20
5153	Index finger, amputation of (cont.)		
	Without metacarpal resection, at proximal interphalangeal joint		
	or proximal thereto	20.....	20
	Through long phalanx or at distal joint.....	10.....	10
5154	Long finger, amputation of:		
	With metacarpal resection (more than one-half the bone lost)	20.....	20
	Without metacarpal resection, at proximal interphalangeal joint		
	or proximal thereto	10.....	10
5155	Ring finger, amputation of:		
	With metacarpal resection (more than one-half the bone lost)	20.....	20
	Without metacarpal resection, at proximal interphalangeal joint		
	or proximal thereto	10.....	10
5156	Little finger, amputation of:		
	With metacarpal resection (more than one-half the bone lost)	20.....	20
	Without metacarpal resection, at proximal interphalangeal joint		
	or proximal thereto	10.....	10

Note: The single finger amputation ratings are the only applicable ratings for amputations of whole or part of single fingers.

¹Entitled to special monthly compensation.

AMPUTATIONS: LOWER EXTREMITY

Thigh, amputation of:

- 5160** Complete amputation, lower extremity:
 Trans-pelvic amputation (involving complete removal of the femur and intrinsic pelvic musculature along with any portion of the pelvic bones) 100²
 Disarticulation (involving complete removal of the femur and intrinsic pelvic musculature only)..... 90²

Note: Separately evaluate residuals involving other body systems (e.g., bowel impairment, bladder impairment) under the appropriate diagnostic code

- 5161** Upper third, one-third of the distance from perineum to knee joint measured from perineum 80²
- 5162** Middle or lower thirds 60²

Leg, amputation of:

- 5163** With defective stump, thigh, amputation recommended 60²
- 5164** Amputation not improvable by prosthesis controlled by natural knee action 60²
- 5165** At a lower level, permitting prosthesis 40²
- 5166** Forefoot, amputation proximal to metatarsal bones (more than one-half of metatarsal loss)..... 40²
- 5167** Foot, loss of use of 40²
- 5170** Toes, all, amputation of, without metatarsal loss 30 or transmetatarsal, amputation of, with up to half of metatarsal loss.....30
- 5171** Toe, great, amputation of:
 With removal of metatarsal head30
 Without metatarsal involvement.....10
- 5172** Toes, other than great, amputation of, with removal of metatarsal head:
 One or two.....20
 Without metatarsal involvement.....0
- 5173** Toes, three or four, amputation of, without metatarsal involvement:
 Including great toe20
 Not including great toe.....10

²Also entitled to special monthly compensation.

THE SHOULDER AND ARM

Rating
Major Minor

5200	Scapulohumeral articulation, ankylosis of:		
	Note: The scapula and humerus move as one piece.		
	Unfavorable, abduction limited to 25° from side.....	50.....	40
	Intermediate between favorable and unfavorable.....	40.....	30
	Favorable, abduction to 60°, can reach mouth and head	30.....	20
5201	Arm, limitation of motion of:		
	Flexion and/or abduction limited to 25° from side	40.....	30
	Midway between side and shoulder level (flexion and/or abduction limited to 45°).....	30.....	20
	At shoulder level (flexion and/or abduction limited to 90°)	20.....	20
5202	Humerus, other impairment of:		
	Loss of head of (flail shoulder).....	80.....	70
	Nonunion of (false flail joint)	60.....	50
	Fibrous union of.....	50.....	40
	Recurrent dislocation of at scapulohumeral joint.		
	With frequent episodes and guarding of all arm movements	30.....	20
	With infrequent episodes, and guarding of movement only at shoulder level (flexion and/or abduction limited to 90°)	20.....	20
	Malunion of:		
	Marked deformity	30.....	20
	Moderate deformity	20.....	20
5203	Clavicle or scapula, impairment of:		
	Dislocation of.....	20.....	20
	Nonunion of:		
	With loose movement	20.....	20
	Without loose movement	10.....	10
	Malunion of.....	10.....	10
	Or rate on impairment of function of contiguous joint.		

normal combined range of motion of the cervical spine is 340 degrees and of the thoracolumbar spine is 240 degrees. The normal ranges of motion for each component of spinal motion provided in this note are the maximum that can be used for calculation of the combined range of motion.

Note (3): In exceptional cases, an examiner may state that because of age, body habitus, neurologic disease, or other factors not the result of disease or injury of the spine, the range of motion of the spine in a particular individual should be considered normal for that individual, even though it does not conform to the normal range of motion stated in Note (2). Provided that the examiner supplies an explanation, the examiner's assessment that the range of motion is normal for that individual will be accepted.

Note (4): Round each range of motion measurement to the nearest five degrees.

Note (5): For VA compensation purposes, unfavorable ankylosis is a condition in which the entire cervical spine, the entire thoracolumbar spine, or the entire spine is fixed in flexion or extension, and the ankylosis results in one or more of the following: difficulty walking because of a limited line of vision; restricted opening of the mouth and chewing; breathing limited to diaphragmatic respiration; gastrointestinal symptoms due to pressure of the costal margin on the abdomen; dyspnea or dysphagia; atlantoaxial or cervical subluxation or dislocation; or neurologic symptoms due to nerve root stretching. Fixation of a spinal segment in neutral position (zero degrees) always represents favorable ankylosis.

Note (6): Separately evaluate disability of the thoracolumbar and cervical spine segments, except when there is unfavorable ankylosis of both segments, which will be rated as a single disability.

5235 Vertebral fracture or dislocation

5236 Sacroiliac injury and weakness

5237 Lumbosacral or cervical strain

5238 Spinal stenosis

5239 Spondylolisthesis or segmental instability

5240 Ankylosing spondylitis

5241 Spinal fusion

5242 Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either DC 5003 or 5010)

5243 Intervertebral disc syndrome: Assign this diagnostic code only when there is disc herniation with compression and/or irritation of the adjacent nerve root; assign diagnostic code 5242 for all other disc diagnoses.

5244 Traumatic paralysis, complete:

Paraplegia: Rate under diagnostic code 5110

Quadriplegia: Rate separately under diagnostic codes 5109 and 5110 and combine evaluations in accordance with §4.25.

Note: If traumatic paralysis does not cause loss of use of both hands or both feet, it is incomplete paralysis. Evaluate residuals of incomplete traumatic paralysis under the appropriate diagnostic code (e.g., §4.124a, Diseases of the Peripheral Nerves).

Evaluate intervertebral disc syndrome (preoperatively or postoperatively) either under the General Rating Formula for Diseases and Injuries of the Spine or under the Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes, whichever method results in the higher evaluation when all disabilities are combined under §4.25.

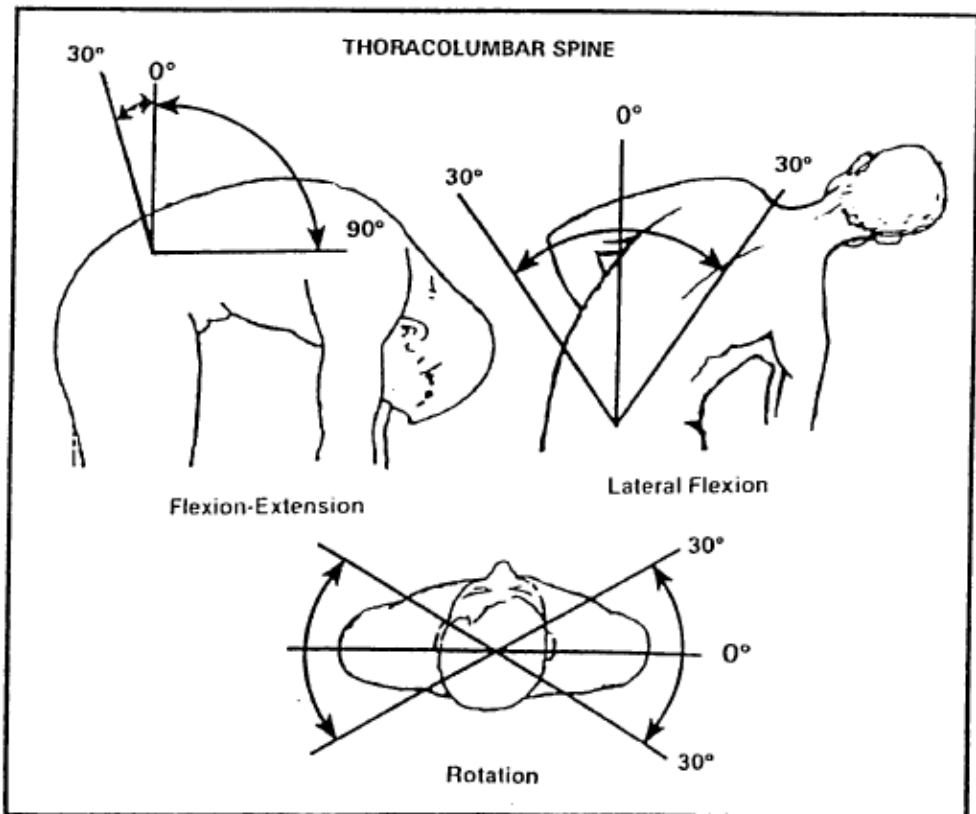
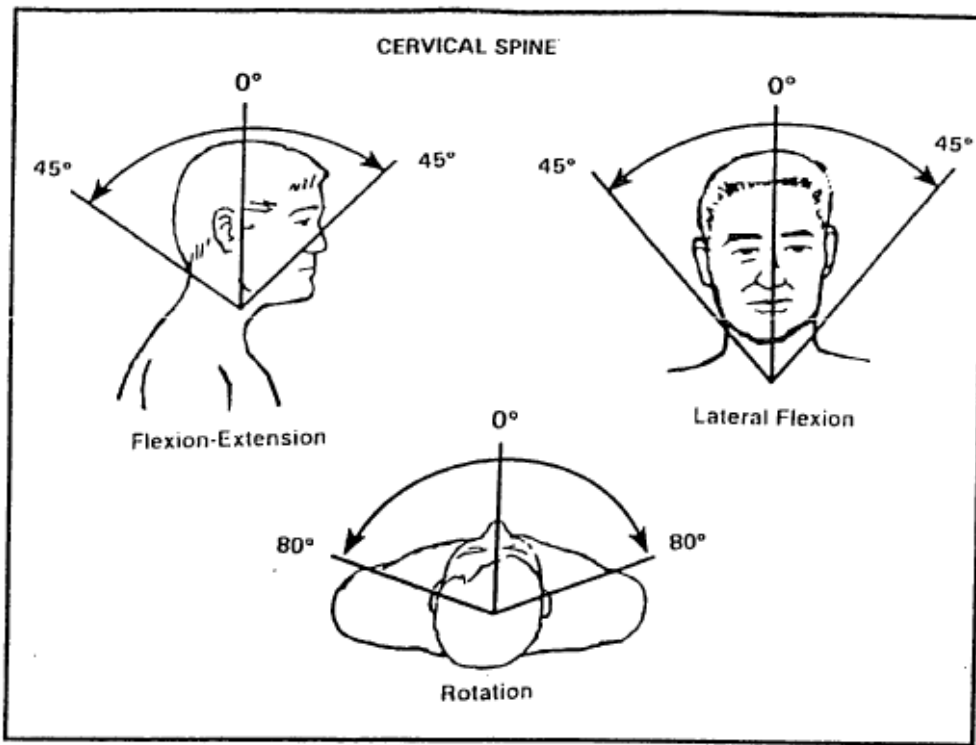
Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes

With incapacitating episodes having a total duration of at least 6 weeks during the past 12 months	60
With incapacitating episodes having a total duration of at least 4 weeks but less than 6 weeks during the past 12 months	40
With incapacitating episodes having a total duration of at least 2 weeks but less than 4 weeks during the past 12 months	20
With incapacitating episodes having a total duration of at least one week but less than 2 weeks during the past 12 months	10

Note (1): For purposes of evaluations under diagnostic code 5243, an incapacitating episode is a period of acute signs and symptoms due to intervertebral disc syndrome that requires bed rest prescribed by a physician and treatment by a physician.

Note (2): If intervertebral disc syndrome is present in more than one spinal segment, provided that the effects in each spinal segment are clearly distinct, evaluate each segment on the basis of incapacitating episodes or under the General Rating Formula for Diseases and Injuries of the Spine, whichever method results in a higher evaluation for that segment.

Plate V – Range of Motion of Cervical and Thoracolumbar Spine



THE HIP AND THIGH

	Rating
5250 Hip, ankylosis of:	
Unfavorable, extremely unfavorable ankylosis, the foot not reaching ground, crutches necessitated	90 ³
Intermediate	70
Favorable in flexion at an angle between 20° and 40° and slight adduction or abduction	60
5251 Thigh, limitation of extension of:	
Extension limited to 5°	10
5252 Thigh, limitation of flexion of:	
Flexion limited to 10°	40
Flexion limited to 20°	30
Flexion limited to 30°	20
Flexion limited to 45°	10
5253 Thigh, impairment of:	
Limitation of abduction of, motion lost beyond 10°	20
Limitation of adduction of, cannot cross legs	10
Limitation of rotation of, cannot toe-out more than 15°, affected leg	10
5254 Hip, flail joint.....	80
5255 Femur, impairment of:	
Fracture of shaft or anatomical neck of:	
With nonunion, with loose motion (spiral or oblique fracture)	80
With nonunion, without loose motion, weightbearing preserved with aid of brace.	60
Fracture of surgical neck of, with false joint	60
Malunion of:	
Evaluate under diagnostic codes 5256, 5257, 5260, or 5261 for the knee, or 5250-5254 for the hip, whichever results in the highest evaluation.	

³Entitled to special monthly compensation.

THE KNEE AND LEG

	Rating
5256 Knee, ankylosis of:	
Extremely unfavorable, in flexion at an angle of 45° or more	60
In flexion between 20° and 45°	50
In flexion between 10° and 20°	40
Favorable angle in full extension, or in slight flexion between 0° and 10°	30
5257 Knee, other impairment of:	
<i>Recurrent subluxation or instability:</i>	
Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes both an assistive device (e.g., cane(s), crutch(es), walker) and bracing for ambulation	30
One of the following:	
(a) Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability, and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation.	
(b) Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes either an assistive device (e.g., cane(s), crutch(es), walker) or bracing for ambulation	20
Sprain, incomplete ligament tear, or complete ligament tear (repaired, unrepaired, or failed repair) causing persistent instability, without a prescription from a medical provider for an assistive device (e.g., cane(s), crutch(es), walker) or bracing for ambulation	10
<i>Patellar instability:</i>	
A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription by a medical provider for a brace and either a cane or a walker	30
A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription by a medical provider for one of the following: A brace, cane, or walker	20
A diagnosed condition involving the patellofemoral complex with recurrent instability (with or without history of surgical repair) that does not require a prescription from a medical provider for a brace, cane, or walker ...	10
Note (1): For patellar instability, the patellofemoral complex consists of the quadriceps tendon, the patella, and the patellar tendon.	
Note (2): A surgical procedure that does not involve repair of one or more patellofemoral components that contribute to the underlying instability shall not qualify as surgical repair for patellar instability (including, but not limited to, arthroscopy to remove loose bodies and joint aspiration).	
5258 Cartilage, semilunar, dislocated, with frequent episodes of “locking,” pain, and effusion into the joint	20
5259 Cartilage, semilunar, removal of, symptomatic	10
5260 Leg, limitation of flexion of:	

	Flexion limited to 15°	30
	Flexion limited to 30°	20
	Flexion limited to 45°	10
	Flexion limited to 60°	0
5261	Leg, limitation of extension of:	
	Extension limited to 45°	50
	Extension limited to 30°	40
	Extension limited to 20°	30
	Extension limited to 15°	20
	Extension limited to 10°	10
	Extension limited to 5°	0
5262	Tibia and fibula, impairment of:	
	Nonunion of, with loose motion, requiring brace	40
	Malunion of:	
	Evaluate under diagnostic codes 5256, 5257, 5260, or 5261 for the knee, or 5270 or 5271 for the ankle, whichever results in the highest evaluation	
	Medial tibial stress syndrome (MTSS), or shin splints:	
	Requiring treatment for no less than 12 consecutive months, and unresponsive to surgery and either shoe orthotics or other conservative treatment, both lower extremities	30
	Requiring treatment for no less than 12 consecutive months, and unresponsive to surgery and either shoe orthotics or other conservative treatment, one lower extremity	20
	Requiring treatment for no less than 12 consecutive months, and unresponsive to either shoe orthotics or other conservative treatment, one or both lower extremities	10
	Treatment less than 12 consecutive months, one or both lower extremities	0
5263	Genu recurvatum (acquired, traumatic, with weakness and insecurity in weight-bearing objectively demonstrated)	10

THE ANKLE

	Rating
5270 Ankle, ankylosis of:	
In plantar flexion at more than 40°, or in dorsiflexion at more than 10° or with abduction, adduction, inversion or eversion deformity	40
In plantar flexion, between 30° and 40°, or in dorsiflexion, between 0° and 10°	30
In plantar flexion, less than 30°	20
5271 Ankle, limited motion of:	
Marked (less than 5 degrees dorsiflexion or less than 10 degrees plantar flexion)..	20
Moderate (less than 15 degrees dorsiflexion or less than 30 degrees plantar flexion)	10
5272 Subastragalar or tarsal joint, ankylosis of:	
In poor weight-bearing position	20
In good weight-bearing position	10
5273 Os calcis or astragalus, malunion of:	
Marked deformity	20
Moderate deformity	10
5274 Astragalectomy	20

SHORTENING OF THE LOWER EXTREMITY

	Rating
5275 Bones, of the lower extremity, shortening of:	
Over 4 inches (10.2 cms.)	60 ³
3-1/2 to 4 inches (8.9 cms. to 10.2 cms.)	50 ³
3 to 3-1/2 inches (7.6 cms. to 8.9 cms.)	40
2-1/2 to 3 inches (6.4 cms. to 7.6 cms.)	30
2 to 2-1/2 inches (5.1 cms. to 6.4 cms.)	20
1-1/4 to 2 inches (3.2 cms. to 5.1 cms.)	10

Note: Measure both lower extremities from anterior superior spine of the ilium to the internal malleolus of the tibia. Not to be combined with other ratings for fracture or faulty union in the same extremity.

³Also entitled to special monthly compensation.

THE FOOT

Rating

5276 Flatfoot, acquired:

Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo achillis on manipulation, not improved by orthopedic shoes or appliances:

- Bilateral.....50
- Unilateral30

Severe; objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities:

- Bilateral.....30
- Unilateral.....20

Moderate; weight-bearing line over or medial to great toe, inward bowing of the tendo achillis, pain on manipulation and use of the feet, bilateral or unilateral

-10

Mild: symptoms relieved by built-up shoe or arch support

-0

5277 Weak Foot, bilateral:

A symptomatic condition secondary to many constitutional conditions, characterized by atrophy of the musculature, disturbed circulation, and weakness:

- Rate the underlying condition, minimum rating10

5278 Claw foot (pes cavus), acquired:

Marked contraction of plantar fascia with dropped forefoot, all toes hammer toes, very painful callosities, marked varus deformity:

- Bilateral.....50
- Unilateral.....30

All toes tending to dorsiflexion, limitation of dorsiflexion at ankle to right angle, shortened plantar fascia, and marked tenderness under metatarsal heads:

- Bilateral.....30
- Unilateral.....20

Great toe dorsiflexed, some limitation of dorsiflexion at ankle, definite tenderness under metatarsal heads:

- Bilateral.....10
- Unilateral.....10

Slight.....0

5279 Metatarsalgia, anterior (Morton’s disease), unilateral, or bilateral.....10

5280 Hallux valgus, unilateral:

- Operated with resection of metatarsal head10
- Severe, if equivalent to amputation of great toe10

5281 Hallux rigidus, unilateral, severe:

Rate as hallux valgus, severe.

Note: Not to be combined with claw foot ratings.

5282 Hammer toe:

- All toes, unilateral without claw foot.....10
- Single toes.....0

5283 Tarsal, or metatarsal bones, malunion of, or nonunion of:

- Severe.....30
- Moderately severe20
- Moderate10

Note: With actual loss of use of the foot, rate 40 percent.

5284 Foot injuries, other:

- Severe.....30
- Moderately severe.....20
- Moderate10

Note: With actual loss of use of the foot, rate 40 percent.

5285 Plantar fasciitis:

- No relief from both non-surgical and surgical treatment, bilateral.....30
- No relief from both non-surgical and surgical treatment, unilateral.....20
- Otherwise, unilateral or bilateral.....10

Note (1): With actual loss of use of the foot, rate 40 percent.

Note (2): If a veteran has been recommended for surgical intervention, but is not a surgical candidate, evaluate under the 20 percent or 30 percent criteria, whichever is applicable.

THE SKULL

	Rating
5296 Skull, loss of part of, both inner and outer tables:	
With brain hernia	80
Without brain hernia:	
Area larger than size of a 50-cent piece or 1.140 in ² (7.355 cm ²)	50
Area intermediate	30
Area smaller than the size of a 25-cent piece or 0.716 in ² (4.619 cm ²)	10

Note: Rate separately for intracranial complications.

THE RIBS

	Rating
5297 Ribs, removal of:	
More than six	50
Five or six	40
Three or four	30
Two 20	
One or resection of two or more ribs without regeneration	10

Note (1): The rating for rib resection or removal is not to be applied with ratings for purulent pleurisy, lobectomy, pneumonectomy or injuries of pleural cavity.

Note (2): However, rib resection will be considered as rib removal in thoracoplasty performed for collapse therapy or to accomplish obliteration of space and will be combined with the rating for lung collapse, or with the rating for lobectomy, pneumonectomy or the graduated ratings for pulmonary tuberculosis.

THE COCCYX

	Rating
5298 Coccyx, removal of:	
Partial or complete, with painful residuals	10
Without painful residuals	0

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

[29 FR 6718, May 22,1964, as amended at 34 FR 5062, Mar. 11, 1969; 40 FR 42536, Sept. 15, 1975; 41 FR 11294, Mar. 18, 1976; 43 FR 45350, Oct. 2, 1978; 51 FR 6411, Feb. 24, 1986; 61 FR 20439, May 7, 1996; 64 FR 32410, June 17, 1999; 67 FR 48785, July 26, 2002; 67 FR 54349, Aug. 22, 2002; 68 FR 51456, Aug. 27, 2003; 69 FR 32450, June 10, 2004; 80 FR 42041, July 16, 2015; 85 FR 76460, Nov. 30, 2020; 85 FR 85523, Dec. 29, 2020]

Supplement *Highlights* references: 16(1), 26(2), 30(1), 31(1), 33(1), 35(1), 55(1), 63(1).

TABLE II
RATINGS FOR MULTIPLE LOSSES OF EXTREMITIES WITH DICTATOR’S RATING CODE AND
38 CFR CITATION

Impairment of other extremity

Impairment of one extremity	Anatomical loss or loss of use below elbow	Anatomical loss or loss of use below knee	Anatomical loss or loss of use above elbow (preventing use of prosthesis)	Anatomical loss or loss of use above knee (preventing use of prosthesis)	Anatomical loss near shoulder (preventing use of prosthesis)	Anatomical loss near hip (preventing use of prosthesis)
Anatomical loss or loss of use below elbow	M Codes M-1 a, b, or c, 38 CFR 3.350(c)(1)(i)	L Codes L-1 d, e, f, or g, 38 CFR 3.350(b)	M 1/2 Code M-5, 38 CFR 3.350(f)(1)(x)	L 1/2 Code L-2 c, 38 CFR 3.350(f)(1)(vi)	N Code N-3, 38 CFR 3.350(f)(1)(xi)	M Code M-3 c, 38 CFR 3.350(f)(1)(viii)
Anatomical loss or loss of use below knee	3.350(b)	L Codes L-1 a, b, or c, 38 CFR 3.350 (1)(iii)	L 1/2 Code L-2 b, 38 CFR 3.350(f)(1)(i)	L 1/2 Code L-2 a, 38 CFR 3.350(f)(1)(iv)	M Code M-3 b, 38 CFR 3.350(f) (1)(ii)	M Code M-3 a, 38 CFR 3.350(f)
Anatomical loss or loss of use above elbow (preventing use of prosthesis)			N Code N-1, 38 CFR 3.350(d)(1)	M Code M-2 a, 38 CFR 3.350(c) (1)(iii)	N 1/2 Code N-4 38 CFR 3.350(f) (1)(ix)	M 1/2 Code M-4 c, 38 CFR 3.350(f) (1)(xi)
Anatomical loss or loss of use above knee (preventing use of prosthesis)				M Code M-2 a, 38 CFR 3.350(c) (1)(ii)	M 1/2 Code M-4 b, 38 CFR 3.350(f) (1)(vii)	M 1/2 Code M-4 a, 38 CFR 3.350(f) (1)(v)
Anatomical loss near shoulder (preventing use of prosthesis)					O Code O-1, 38 CFR 3.350(e) (1)(i)	N Code N-2 b, 38 CFR 3.350(d) (3)
Anatomical loss near hip (preventing use of prosthesis)						N Code N-2 a, 38 CFR 3.350(d) (2)

Note: Need for aid attendance or permanently bedridden qualifies for subpar. L. Code L-1 h, i (38 CFR 3.350(b)). Paraplegia with loss of use of both lower extremities and loss of anal and bladder sphincter control qualifies for subpar. O. Code O-2 (38 CFR 3.350(e)(2)). Where there are additional disabilities rated 50% or 100%, or anatomical or loss of use of a third extremity see 38 CFR 3.350(f)(3), (4), or (5). (Authority: 38 U.S.C. 1115)

§ 4.72 [Reserved]

§4.73 Schedule of Ratings—Muscle Injuries.

Note (1): When evaluating any claim involving muscle injuries resulting in loss of use of any extremity or loss of use of both buttocks (diagnostic code 5317, Muscle Group XVII), refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation.

Note (2): Ratings of slight, moderate, moderately severe, or severe for diagnostic codes 5301 through 5323 will be determined based upon the criteria contained in §4.56.

THE SHOULDER GIRDLE AND ARM

		Rating	
		<i>Domi-</i>	<i>domi-</i>
		<i>nant</i>	<i>nant</i>
5301	Group I. <i>Function:</i> Upward rotation of scapula; elevation of arm above shoulder level. Extrinsic muscles of shoulder girdle: (1) Trapezius; (2) levator scapulae; (3) serratus magnus.		
	Severe	40	30
	Moderately Severe	30	20
	Moderate	10	10
	Slight	0	0
5302	Group II. <i>Function:</i> Depression of arm from vertical overhead to hanging at side (1, 2); downward rotation of scapula (3, 4); 1 and 2 act with Group III in forward and backward swing of arm. Extrinsic muscles of shoulder girdle: (1) Pectoralis major II (costosternal); (2) latissimus dorsi and teres major (teres major, although technically an intrinsic muscle, is included with latissimus dorsi); (3) pectoralis minor; (4) rhomboid.		
	Severe	40	30
	Moderately Severe	30	20
	Moderate	20	20
	Slight	0	0
5303	Group III. <i>Function:</i> Elevation and abduction of arm to level of shoulder; act with 1 and 2 of Group II in forward and backward swing of arm. Intrinsic muscles of shoulder girdle: (1) Pectoralis major I (clavicular); (2) deltoid.		
	Severe	40	30
	Moderately Severe	30	20
	Moderate	20	20
	Slight	0	0

Rating

5323 Group XXIII. *Function:* Movements of the head; fixation of shoulder movements. Muscles of the side and back of the neck: Suboccipital; lateral vertebral and anterior vertebral muscles.

Severe	30
Moderately Severe	20
Moderate	10
Slight	0

MISCELLANEOUS

Rating

- 5324 Diaphragm, rupture of, with herniation. Rate under diagnostic code 7346.
- 5325 Muscle injury, facial muscles. Evaluate functional impairment as seventh (facial) cranial nerve neuropathy (diagnostic code 8207), disfiguring scar (diagnostic code 7800), etc. Minimum, if interfering to any extent with mastication—10
- 5326 Muscle hernia, extensive. Without other injury to the muscle—10.
- 5327 Muscle, neoplasm of, malignant (excluding soft tissue sarcoma)—100.

Note: A rating of 100 percent shall continue beyond the cessation of any surgery, radiation treatment, 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 residual impairment of function.

- 5328 Muscle, neoplasm of, benign, postoperative. Rate on impairment of function, i.e., limitation of motion, or scars, diagnostic code 7805, etc.
- 5329 Sarcoma, soft tissue (of muscle, fat, or fibrous connective tissue)—100.

Note: A rating of 100 percent shall continue beyond the cessation of any surgery, radiation treatment, 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 residual impairment of function.

- 5330 Rhabdomyolysis, residuals of:
Rate each affected muscle group separately and combine in accordance with §4.25.
- Note:** Separately evaluate any chronic renal complications within the appropriate body system.

- 5331 Compartment syndrome:
Rate each affected muscle group separately and combine in accordance with §4.25.

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

[29 FR 6718, May 22, 1964, as amended at 41 FR 11296, Mar. 18, 1976; 43 FR 45352, Oct. 2, 1978; 56 FR 51653, Oct. 15, 1991; 62 FR 30239, June 3, 1997; 85 FR 76464, Nov. 30, 2020]

Supplement *Highlights* references: 20(1), 63(1).

Next Section is 4.75

Appendix A to Part 4 — Table of Amendments and Effective Dates Since 1946

<i>Sec.</i>	<i>Diagnostic code No.</i>	
4.71a	5000	Evaluation February 1, 1962.
	5001	Evaluation March 11, 1969; criterion February 7, 2021.
	5002	Evaluation March 1, 1963; title, criteria, note February 7, 2021.
	5003	Added July 6, 1950; title February 7, 2021.
	5009	Title, evaluation, note February 7, 2021.
	5010	Title, criteria February 7, 2021.
	5011	Title, criteria February 7, 2021.
	5012	Criterion March 10, 1976; title, note February 7, 2021.
	5013	Title February 7, 2021.
	5014	Title February 7, 2021.
	5015	Title February 7, 2021.
	5018	Removed February 7, 2021.
	5020	Removed November 30, 2020.
	5022	Removed February 7, 2021.
	5023	Title February 7, 2021.
	5024	Criterion March 1, 1963; title, criteria February 7, 2021.
	5025	Added May 7, 1996.
	5051	Added September 22, 1978; note February 7, 2021.
	5052	Added September 22, 1978; note February 7, 2021.
	5053	Added September 22, 1978; note February 7, 2021.
	5054	Added September 22, 1978; title, criterion, and note February 7, 2021.
	5055	Added September 22, 1978; title, criterion, and note February 7, 2021.
	5056	Added September 22, 1978; note February 7, 2021.
	5100-5103	Removed March 10, 1976.
	5104	Criterion March 10, 1976.
	5105	Criterion March 10, 1976.
	5120	Title, criterion February 7, 2021.
	5160	Title, criterion, note February 7, 2021.
	5164	Evaluation June 9, 1952.
	5166	Criterion September 22, 1978.
	5170	Title February 7, 2021.
	5172	Added July 6, 1950.
	5173	Added June 9, 1952.
	5174	Added September 9, 1975; removed September 22, 1978.
	5201	Criterion February 7, 2021.
	5202	Criterion February 7, 2021.
	5211	Criterion September 22, 1978.
	5212	Criterion September 22, 1978.
	5214	Criterion September 22, 1978.
	5216	Preceding paragraph criterion September 22, 1978.
	5217	Criterion August 26, 2002.
	5218	Criterion August 26, 2002.

5219	Criterion September 22, 1978; criterion August 26, 2002.
5220	Preceding paragraph criterion September 22, 1978; criterion August 26, 2002.
5223	Criterion August 26, 2002.
5224	Criterion August 26, 2002.
5225	Criterion August 26, 2002.
5226	Criterion August 26, 2002.
5227	Criterion September 22, 1978; criterion August 26, 2002.
5228	Added August 26, 2002.
5229	Added August 26, 2002.
5230	Added August 26, 2002.
5235	Replaces 5285-5295 September 26, 2003.
5236	Replaces 5285-5295 September 26, 2003.
5237	Replaces 5285-5295 September 26, 2003.
5238	Replaces 5285-5295 September 26, 2003.
5239	Replaces 5285-5295 September 26, 2003.
5240	Replaces 5285-5295 September 26, 2003.
5241	Replaces 5285-5295 September 26, 2003.
5242	Replaces 5285-5295 September 26, 2003; Title February 7, 2021.
5243	Replaces 5285-5295 September 26, 2003; Criterion September 26, 2003; Title February 7, 2021.
5244	Added February 7, 2021.
5255	Criterion July 6, 1950; criterion February 7, 2021.
5257	Evaluation July 6, 1950; criterion and note February 7, 2021.
5262	Criterion February 7, 2021.
5264	Added September 9, 1975; removed September 22, 1978.
5271	Criterion February 7, 2021.
5275	Criterion March 10, 1976; criterion September 22, 1978.
5285	Added February 7, 2021.
5286-5292	Revised to 5235-5243 September 26, 2003.
5293	Criterion March 10, 1976; criterion September 23, 2002; revised and moved to 5235-5243 September 26, 2003.
5294	Evaluation March 10, 1976; revised and moved to
5235-5243	September 26, 2003.
5295	Evaluation March 10, 1976; revised and moved to
5235-5243	September 26, 2003.
5296	Criterion March 10, 1976.
5297	Criterion August 23, 1948; criterion February 1, 1962.
5298	Added August 23, 1948.
4.73	Introduction Note criterion July 3, 1997; second Note added February 7, 2021.
5317	Criterion September 22, 1978.
5324	Added February 1, 1962.
5325	Criterion July 3, 1997.
5327	Added March 10, 1976; criterion October 15, 1991; criterion July 3, 1997.
5328	Added NOTE March 10, 1976.

	5329	Added NOTE July 3, 1997.
	5330	Added February 7, 2021.
	5331	Added February 7, 2021.
4.77		Revised May 13, 2018
4.78		Revised May 13, 2018
4.79		Introduction criterion May 13, 2018; Revised General Rating Formula for Diseases of the Eye NOTE revised May 13, 2018.
	6000.....	Criterion May 13, 2018.
	6001.....	Criterion May 13, 2018.
	6002.....	Criterion May 13, 2018.
	6006.....	Title May 13, 2018. Criterion May 13, 2018.
	6007.....	Criterion May 13, 2018.
	6008.....	Criterion May 13, 2018.
	6009.....	Criterion May 13, 2018.
	6011.....	Evaluation May 13, 2018.
	6012.....	Evaluation May 13, 2018.
	6013.....	Evaluation May 13, 2018.
	6014.....	Title May 13, 2018.
	6015.....	Title May 13, 2018.
	6017.....	Evaluation May 13, 2018.
	6018.....	Evaluation May 13, 2018.
	6019.....	Evaluation.
	6026.....	Evaluation May 13, 2018.
	6027.....	Evaluation May 13, 2018.
	6034.....	Evaluation May 13, 2018.
	6035.....	Evaluation May 13, 2018.
	6036.....	Evaluation May 13, 2018.
	6040.....	Added May 13, 2018.
	6042.....	Added May 13, 2018.
	6046.....	Added May 13, 2018.
	6091.....	Evaluation May 13, 2018.
4.84a		Table V criterion July 1, 1994.
	6010	Criterion March 11, 1969.
	6019	Criterion September 22, 1978.
	6029	NOTE August 23, 1948; criterion September 22, 1978.
	6035	Added September 9, 1975.
	6050-6062	Removed March 10, 1976.
	6061	Added March 10, 1976.
	6062	Added March 10, 1976.
	6063-6079	Criterion September 22, 1978.
	6064	Criterion March 10, 1976.
	6071	Criterion March 10, 1976.
	6076	Evaluation August 23, 1948.
	6080	Criterion September 22, 1978.
	6081	Criterion March 10, 1976.
	6090	Criterion September 22, 1978; criterion September 12, 1988.

4.84b	6260	Added October 1, 1961; criterion October 1, 1961; evaluation March 10, 1976; removed December 18, 1987; re-designated §4.87a December 18, 1987.
4.87		Tables VI and VII replaced by new Tables VI, VIA, and VII December 18, 1987. 6200-6260 revised and re-designated §4.87 June 10, 1999.
4.87a	6200-6260 6275-6276 6277-6297	Moved to §4.87 June 10, 1999. Moved from §4.87b June 10, 1999. March 23, 1956 removed, December 17, 1987; Table II revised Table V March 10, 1976; Table II revised to Table VII September 22, 1978; text from §4.84b Schedule of ratings-ear re-designated from §4.87 December 17, 1987.
	6286 6291 6297	Removed December 17, 1987. Criterion March 10, 1976; removed December 17, 1987. Criterion March 10, 1976; removed December 17, 1987.
4.87b		Removed June 10, 1999.
4.88a		March 11, 1969; re-designated §4.88b November 29, 1994; §4.88a added to read “Chronic fatigue syndrome”; criterion November 29, 1994.
4.88b		Added March 11, 1969; re- designated §4.88c November 29, 1994; §4.88a re-designated to §4.88b November 29, 1994; General Rating Formula for Infectious Diseases added August 11, 2019.
	6300	Criterion August 30, 1996; title, criterion, and note August 11, 2019.
	6301	Criterion, note August 11, 2019
	6302	Criterion September 22, 1978; criterion August 30, 1996; criterion, note August 11, 2019.
	6304	Evaluation August 30, 1996; criterion, note August 11, 2019.
	6305	Criterion March 1, 1989; evaluation August 30, 1996; title, criterion, note August 11, 2019.
	6306	Evaluation August 30, 1996; criterion, note August 11, 2019.
	6307	Criterion May 13, 2018; criterion, note August 11, 2019.
	6308	Criterion August 30, 1996; criterion, note August 11, 2019.
	6309	Added March 1, 1963; criterion March 1, 1989; criterion August 30, 1996; criterion, note August 11, 2019.
	6310	Criterion, note August 11, 2019.
	6311	Criterion, note August 11, 2019.
	6312	Added August 11, 2019.
	6314	Evaluation March 1, 1989; evaluation August 30, 1996.
	6315	Criterion August 30, 1996.
	6316	Evaluation March 1, 1989; evaluation August 30, 1996;

		critterion, note August 11, 2019.
	6317	Criterion August 30, 1996; title, critterion, note August 11, 2019.
	6318	Added March 1, 1989; critterion August 30, 1996; critterion, note August 11, 2019.
	6319	Added August 30, 1996; critterion, note August 11, 2019.
	6320	Added August 30, 1996; critterion, note August 11, 2019.
	6325	Added August 11, 2019.
	6326	Added August 11, 2019.
	6329	Added August 11, 2019.
	6330	Added August 11, 2019.
	6331	Added August 11, 2019.
	6333	Added August 11, 2019.
	6334	Added August 11, 2019.
	6335	Added August 11, 2019.
	6350	Evaluation March 1, 1963; evaluation March 10, 1976; evaluation August 30, 1996.
	6351	Added March 1, 1989; evaluation March 24, 1992; critterion August 30, 1996; critterion, note August 11, 2019.
	6352	Added March 1, 1989; removed March 24, 1992.
	6353	Added March 1, 1989; removed March 24, 1992.
	6354	Added November 29, 1994; critterion August 30, 1996; title, critterion, note August 11, 2019.
4.88c		Re-designated from §4.88b November 29, 1994.
4.89		Ratings for nonpulmonary TB December 1, 1949; critterion March 11, 1969.
4.97	6502	Criterion October 7, 1996.
	6504	Criterion October 7, 1996.
	6510-6514	Criterion October 7, 1996.
	6515	Criterion March 11, 1969.
	6516	Criterion October 7, 1996.
	6517	Removed October 7, 1996.
	6518	Criterion October 7, 1996.
	6519	Criterion October 7, 1996.
	6520	Criterion October 7, 1996.
	6521	Added October 7, 1996.
	6522	Added October 7, 1996.
	6523	Added October 7, 1996.
	6524	Added October 7, 1996.
	6600	Evaluation September 9, 1975; critterion October 7, 1996.
	6601	Criterion October 7, 1996.
	6602	Criterion September 9, 1975; critterion October 7, 1996.
	6603	Added September 9, 1975; critterion October 7, 1996.
	6604	Added October 7, 1996.
	6701	Evaluation October 7, 1996.
	6702	Evaluation October 7, 1996.
	6703	Evaluation October 7, 1996.

	6704	Subparagraph (1) following December 1, 1949; criterion March 11, 1969; criterion September 22, 1978.
	6705	Removed March 11, 1969.
	6707-6710	Added March 11, 1969; removed September 22, 1978.
	6721	Criterion July 6, 1950; criterion September 22, 1978.
	6724	Second note following December 1, 1949; criterion March 11, 1969; evaluation October 7, 1996.
	6725-6728	Added March 11, 1969; removed September 22, 1978.
	6730	Added September 22, 1978; criterion October 7, 1996.
	6731	Evaluation September 22, 1978; criterion October 7, 1996.
	6732	Criterion March 11, 1969.
	6800	Criterion September 9, 1975; removed October 7, 1996.
	6801	Removed October 7, 1996.
	6802	Criterion September 9, 1975; removed October 7, 1996.
	6810-6813	Removed October 7, 1996.
	6814	Criterion March 10, 1976; removed October 7, 1996.
	6815	Removed October 7, 1996.
	6816	Removed October 7, 1996.
	6817	Evaluation October 7, 1996.
	6818	Removed October 7, 1996.
	6819	Criterion March 10, 1976; criterion October 7, 1996.
	6821	Evaluation August 23, 1948.
	6822-6847	Added October 7, 1996.
4.104	7000	Evaluation July 6, 1950; evaluation September 22, 1978; evaluation January 12, 1998.
	7001	Evaluation January 12, 1998.
	7002	Evaluation January 12, 1998.
	7003	Evaluation January 12, 1998.
	7004	Criterion September 22, 1978; evaluation January 12, 1998.
	7005	Evaluation September 9, 1975; evaluation September 22, 1978; evaluation January 12, 1998.
	7006	Evaluation January 12, 1998.
	7007	Evaluation September 22, 1978; evaluation January 12, 1998.
	7008	Evaluation January 12, 1998.
	7010	Evaluation January 12, 1998.
	7011	Evaluation January 12, 1998.
	7013	Removed January 12, 1998.
	7014	Removed January 12, 1998.
	7015	Evaluation September 9, 1975; criterion January 12, 1998.
	7016	Added September 9, 1975; evaluation January 12, 1998.
	7017	Added September 22, 1978; evaluation January 12, 1998.
	7018	Added January 12, 1998.
	7019	Added January 12, 1998.
	7020	Added January 12, 1998.
	7100	Evaluation July 6, 1950.
	7101	Criterion September 1, 1960; criterion September 9, 1975; criterion January 12, 1998.

7110	Evaluation September 9, 1975; evaluation January 12, 1998.
7111	Criterion September 9, 1975; evaluation January 12, 1998.
7112	Evaluation January 12, 1998.
7113	Evaluation January 12, 1998.
7114	Added June 9, 1952; evaluation January 12, 1998.
7115	Added June 9, 1952; evaluation January 12, 1998.
7116	Added June 9, 1952; evaluation March 10, 1976; removed January 12, 1998.
7117	Added June 9, 1952; evaluation January 12, 1998.
7118	Criterion January 12, 1998.
7119	Evaluation January 12, 1998.
7120	Note following July 6, 1950; evaluation January 12, 1998.
7121	Criterion July 6, 1950; evaluation March 10, 1976; evaluation January 12, 1998.
7122	Last sentence of Note following July 6, 1950; evaluation January 12, 1998; criterion August 13, 1998.
7123	Added October 15, 1991; criterion January 12, 1998.
4.114	Introduction paragraph revised March 10, 1976.
7304	Evaluation November 1, 1962.
7305	Evaluation November 1, 1962.
7308	Evaluation April 8, 1959.
7311	Criterion July 2, 2001.
7312	Evaluation March 10, 1976; evaluation July 2, 2001.
7313	Evaluation March 10, 1976; removed July 2, 2001.
7319	Evaluation November 1, 1962.
7321	Evaluation July 6, 1950; criterion March 10, 1976.
7328	Evaluation November 1, 1962.
7329	Evaluation November 1, 1962.
7330	Evaluation November 1, 1962.
7331	Criterion March 11, 1969.
7332	Evaluation November 1, 1962.
7334	Evaluation July 6, 1950; evaluation November 1, 1962.
7339	Criterion March 10, 1976.
7341	Removed March 10, 1976.
7343	Criterion March 10, 1976; criterion July 2, 2001.
7344	Criterion July 2, 2001.
7345	Evaluation August 23, 1948; evaluation February 17, 1955; evaluation July 2, 2001.
7346	Evaluation February 1, 1962.
7347	Added September 9, 1975.
7348	Added March 10, 1976.
7351	Added July 2, 2001.
7354	Added July 2, 2001.
4.115a	Re-designated and revised as §4.115b; new §4.115a “Ratings of the genitourinary system-dysfunctions” added February 17, 1994.

4.115b	7500	Note July 6, 1950; evaluation February 17, 1994, criterion September 8, 1994.
	7501	Evaluation February 17, 1994.
	7502	Evaluation February 17, 1994.
	7503	Removed February 17, 1994.
	7504	Criterion February 17, 1994.
	7505	Criterion March 11, 1969; evaluation February 17, 1994.
	7507	Criterion February 17, 1994.
	7508	Evaluation February 17, 1994.
	7509	Criterion February 17, 1994.
	7510	Evaluation February 17, 1994.
	7511	Evaluation February 17, 1994.
	7512	Evaluation February 17, 1994.
	7513	Removed February 17, 1994.
	7514	Criterion March 11, 1969; removed February 17, 1994.
	7515	Criterion February 17, 1994.
	7516	Criterion February 17, 1994.
	7517	Criterion February 17, 1994.
	7518	Evaluation February 17, 1994.
	7519	Evaluation March 10, 1976; evaluation February 17, 1994.
	7520	Criterion February 17, 1994.
	7521	Criterion February 17, 1994.
	7522	Criterion September 8, 1994.
	7523	Criterion September 8, 1994.
	7524	Note July 6, 1950; evaluation February 17, 1994; evaluation September 8, 1994.
	7525	Criterion March 11, 1969; evaluation February 17, 1994.
	7526	Removed February 17, 1994.
	7527	Criterion February 17, 1994.
	7528	Criterion March 10, 1976; criterion February 17, 1994.
	7529	Criterion February 17, 1994.
	7530	Added September 9, 1975; evaluation February 17, 1994.
	7531	Added September 9, 1975; criterion February 17, 1994.
	7532-7542	Added February 17, 1994.
4.116		§4.116 removed and §4.116a re-designated §4.116 “Schedule of ratings-gynecological conditions and disorders of the breasts” May 22, 1995.
	7610	Criterion May 22, 1995; title May 13, 2018.
	7611	Criterion May 22, 1995.
	7612	Criterion May 22, 1995.
	7613	Criterion May 22, 1995.
	7614	Criterion May 22, 1995.
	7615	Criterion May 22, 1995; note May 13, 2018.
	7617	Criterion May 22, 1995.
	7618	Criterion May 22, 1995.
	7619	Criterion May 22, 1995; note May 13, 2018.

	7620	Criterion May 22, 1995.
	7621	Criterion May 22, 1995; evaluation May 13, 2018.
	7622	Removed May 13, 2018.
	7623	Removed May 13, 2018.
	7624	Criterion August 9, 1976; evaluation May 22, 1995.
	7625	Criterion August 9, 1976; evaluation May 22, 1995.
	7626	Criterion May 22, 1995; criterion March 18, 2002.
	7627	Criterion March 10, 1976; criterion May 22, 1995; title, note May 13, 2018.
	7628	Added May 22, 1995; title, criterion May 13, 2018.
	7629	Added May 22, 1995.
	7630	Added May 13, 2018.
	7631	Added May 13, 2018.
	7632	Added May 13, 2018.
4.117	7700	Removed December 9, 2018.
	7701	Removed October 23, 1995.
	7702	Evaluation October 23, 1995; title December 9, 2018; evaluation December 9, 2018.
	7703	Evaluation August 23, 1948; criterion October 23, 1995; evaluation December 9, 2018; criterion December 9, 2018.
	7704	Evaluation October 23, 1995; evaluation December 9, 2018.
	7705	Evaluation October 23, 1995; title December 9, 2018; evaluation December 9, 2018; criterion December 9, 2018.
	7706	Evaluation October 23, 1995; note December 9, 2018; criterion October 23, 1995.
	7707	Criterion October 23, 1995.
	7709	Evaluation March 10, 1976; criterion October 23, 1995; title December 9, 2018; criterion December 9, 2018.
	7710	Criterion October 23, 1995; criterion December 9, 2018.
	7711	Criterion October 23, 1995.
	7712	Added December 9, 2018.
	7713	Removed October 23, 1995.
	7714	Added September 9, 1975; criterion October 23, 1995; criterion December 9, 2018.
	7715	Added October 26, 1990; criterion December 9, 2018.
	7716	Added October 23, 1995; evaluation December 9, 2018; criterion December 9, 2018.
	7717	Added March 9, 2012.
	7718	Added December 9, 2018
	7719	Added December 9, 2018
	7720	Added December 9, 2018
	7721	Added December 9, 2018
	7722	Added December 9, 2018
	7723	Added December 9, 2018
	7724	Added December 9, 2018
	7725	Added December 9, 2018

4.118	7800	Evaluation August 30, 2002; criterion October 23, 2008.
	7801	Criterion July 6, 1950; criterion August 30, 2002; criterion October 23, 2008; title, note 1, note 2 August 13, 2018.
	7802	Criterion September 22, 1978; criterion August 30, 2002; criterion October 23, 2008; title, note 1, note 2 August 13, 2018.
	7803	Criterion August 30, 2002; removed October 23, 2008.
	7804	Criterion July 6, 1950; criterion September 22, 1978; criterion and evaluation October 23, 2008.
	7805	Criterion October 23, 2008; title August 13, 2018.
	General Rating Formula for DCs 7806, 7809, 7813-7816, 7820- 7822, and 7824 added August 13, 2018	
	7806	Criterion September 9, 1975; evaluation August 30, 2002; criterion August 13, 2018.
	7807	Criterion August 30, 2002.
	7808	Criterion August 30, 2002.
	7809	Criterion August 30, 2002; title, criterion August 13, 2018.
	7810	Removed August 30, 2002.
	7811	Criterion March 11, 1969; evaluation August 30, 2002.
	7812	Removed August 30, 2002.
	7813	Criterion August 30, 2002; title, criterion August 13, 2018.
	7814	Removed August 30, 2002.
	7815	Evaluation August 30, 2002; criterion, note August 13, 2018.
	7816	Evaluation August 30, 2002; criterion, note August 13, 2018.
	7817	Evaluation August 30, 2002; title, criterion, note August 13, 2018.
	7818	Criterion August 30, 2002.
	7819	Criterion August 30, 2002.
	7820	Added August 30, 2002; criterion August 13, 2018.
	7821	Added August 30, 2002; title, criterion August 13, 2018.
	7822	Added August 30, 2002; title, criterion August 13, 2018.
	7823	Added August 30, 2002; criterion August 13, 2018.
	7824	Added August 30, 2002; criterion August 13, 2018.
	7825	Added August 30, 2002; title, criterion August 13, 2018.
	7826	Added August 30, 2002; criterion August 13, 2018.
	7827	Added August 30, 2002; criterion August 13, 2018.
	7828	Added August 30, 2002; criterion August 13, 2018.
	7829	Added August 30, 2002; criterion August 13, 2018.
	7830	Added August 30, 2002; criterion August 13, 2018.
	7831	Added August 30, 2002; criterion August 13, 2018.
	7832	Added August 30, 2002; criterion August 13, 2018.
	7833	Added August 30, 2002; criterion August 13, 2018
4.119	7900	Criterion August 13, 1981; evaluation June 9, 1996.
	7901	Criterion August 13, 1981; evaluation June 9, 1996.
	7902	Evaluation August 13, 1981; criterion June 9, 1996.
	7903	Criterion August 13, 1981; evaluation June 9, 1996.
	7904	Criterion August 13, 1981; evaluation June 9, 1996.
	7905	Evaluation; August 13, 1981; evaluation June 9, 1996.
	7907	Evaluation August 13, 1981; evaluation June 9, 1996.

	7908	Criterion August 13, 1981; criterion June 9, 1996.
	7909	Evaluation August 13, 1981; criterion June 9, 1996.
	7910	Removed June 9, 1996.
	7911	Evaluation March 11, 1969; evaluation August 13, 1981; criterion June 9, 1996.
	7913	Criterion September 9, 1975; criterion August 13, 1981; criterion June 6, 1996.
	7914	Criterion March 10, 1976; criterion August 13, 1981; criterion
June		9, 1996.
	7916-7919	Added June 9, 1996.
4.124a	8002	Criterion September 22, 1978.
	8021	Criterion September 22, 1978; criterion October 1, 1961; criterion March 10, 1976; criterion March 1, 1989.
	8045	Criterion and evaluation October 23, 2008.
	8046	Added October 1, 1961; criterion March 10, 1976; criterion March 1, 1989.
	8100	Evaluation June 9, 1953.
	8540	Added October 15, 1991.
	8910	Added October 1, 1961.
	8911	Added October 1, 1961; evaluation September 9, 1975.
	8912	Added October 1, 1961.
	8913	Added October 1, 1961.
	8914	Added October 1, 1961; criterion September 9, 1975; criterion March 10, 1976.
	8910-8914	Evaluations September 9, 1975.
4.125–4.132		All Diagnostic Codes under Mental Disorders October 1, 1961; except as to evaluation for Diagnostic Codes 9500 through 9511 September 9, 1975.
4.130		Re-designated from §4.132 November 7, 1996.
	9200	Removed February 3, 1988.
	9201	Criterion February 3, 1988; Title August 4, 2014.
	9202	Criterion February 3, 1988; removed August 4, 2014.
	9203	Criterion February 3, 1988; removed August 4, 2014.
	9204	Criterion February 3, 1988; removed August 4, 2014.
	9205	Criterion February 3, 1988; criterion November 7, 1996; removed August 4, 2014.
	9206	Criterion February 3, 1988; removed November 7, 1996.
	9207	Criterion February 3, 1988; removed November 7, 1996.
	9208	Criterion February 3, 1988; removed November 7, 1996.
	9209	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
	9210	Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014.
	9211	Added November 7, 1996.

9300	Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996.
9301	Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014.
9302	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9303	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9304	Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014.
9305	Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014.
9306	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9307	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9308	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9309	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9310	Criterion March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014.
9311	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9312	Added March 10, 1976; criterion February 3, 1988; criterion November 7, 1996; Title August 4, 2014.
9313	Added March 10, 1976; removed February 3, 1988.
9314	Added March 10, 1976; removed February 3, 1988.
9315	Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9316-9321	Added March 10, 1976; removed February 3, 1988.
9322	Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9323	Added March 10, 1976; removed February 3, 1988.
9324	Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9325	Added March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9326	Added March 10, 1976; removed February 3, 1988; added November 7, 1996; Title August 4, 2014.
9327	Added November 7, 1996; removed August 4, 2014.
9400-9411	Evaluations February 3, 1988.
9400	Criterion March 10, 1976; criterion February 3, 1988.
9401	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9402	Criterion March 10, 1976; criterion February 3, 1988; removed November 7, 1996.
9403	Criterion March 10, 1976; criterion February 3, 1988; criterion

	November 7, 1996; Title August 4, 2014.
9410	Added March 10, 1976; criterion February 3, 1988; Title August 4, 2014.
9411	Added February 3, 1988.
9412	Added November 7, 1996.
9413	Added November 7, 1996; Title August 4, 2014.
9416	Added November 7, 1996; Title August 4, 2014.
9417	Added November 7, 1996; Title August 4, 2014.
9421	Added November 7, 1996; Title August 4, 2014.
9422	Added November 7, 1996; Title August 4, 2014.
9423	Added November 7, 1996; Title August 4, 2014.
9424	Added November 7, 1996; Title August 4, 2014.
9425	Added November 7, 1996; Title August 4, 2014.
9431	Added November 7, 1996.
9432	Added November 7, 1996.
9433	Added November 7, 1996; Title August 4, 2014.
9434	Added November 7, 1996.
9435	Added November 7, 1996; Title August 4, 2014.
9440	Added November 7, 1996.
9500	Criterion March 10, 1976; criterion February 3, 1988.
9501	Criterion March 10, 1976; criterion February 3, 1988.
9502	Criterion March 10, 1976; criterion February 3, 1988.
9503	Removed March 10, 1976.
9504	Criterion September 9, 1975; removed March 10, 1976.
9505	Added March 10, 1976; criterion February 3, 1988.
9506	Added March 10, 1976; criterion February 3, 1988.
9507	Added March 10, 1976; criterion February 3, 1988.
9508	Added March 10, 1976; criterion February 3, 1988.
9509	Added March 10, 1976; criterion February 3, 1988.
9510	Added March 10, 1976; criterion February 3, 1988.
9511	Added March 10, 1976; criterion February 3, 1988.
9520	Added November 7, 1996.
9521	Added November 7, 1996.

4.132 Re-designated as §4.130 November 7, 1996.

4.150	9900	Criterion September 22, 1978; criterion February 17, 1994; title September 10, 2017.
	9901	Criterion February 17, 1994.
	9902	Criterion February 17, 1994; evaluation September 10, 2017; title September 10, 2017.
	9903	Criterion February 17, 1994; evaluation September 10, 2017; title September 10, 2017.
	9904	Criterion September 10, 2017.
	9905	Criterion September 22, 1978; evaluation February 17, 1994; evaluation September 10, 2017; title September 10, 2017.
	9906	Removed September 10, 2017.
	9907	Removed September 10, 2017.
	9910	Removed February 17, 1994.
	9911	Criterion and title September 10, 2017.
	9912	Removed September 10, 2017.
	9913	Criterion February 17, 1994.
	9914	Added February 17, 1994.
	9915	Added February 17, 1994.
	9916	Added February 17, 1994; criterion September 10, 2017.
	9917	Added September 10, 2017.
	9918	Added September 10, 2017.

[29 FR 6718, May 22, 1964, as amended at 34 FR 5064, Mar. 11, 1969; 40 FR 42541, Sept. 15, 1975; 41 FR 11291, Mar. 18, 1976; 41 FR 34258, Aug. 13, 1976; 43 FR 45362, Oct. 2, 1978; 46 FR 43666, Aug. 31, 1981; 52 FR 44122, Nov. 18, 1987; 52 FR 46439, Dec. 7, 1987; 72 FR 12983, Mar. 20, 2007; 72 FR 16728, Apr. 5, 2007; 73 FR 54708, 54711, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008; 77 FR 6467, Feb. 8, 2012; 79 FR 45101, Aug. 4, 2014; 80 FR 42042, July 16, 2015; 82 FR 36084, Aug. 3, 2017; 83 FR 15072, Apr. 9, 2018; 83 FR 15322, Apr. 10, 2018; 83 FR 32600, July 13, 2018; 83 FR 54257, Oct. 29, 2018; 84 FR 28233, June 18, 2019; 85 FR 76464, Nov. 30, 2020]

Supplement Highlights references: 42(1), 45(1,2), 52(1), 54(1), 55(1), 56(1), 58(1,2), 59(1), 61(1), 62(1), 63(1).

End of Appendix A

Appendix B to Part 4 — Numerical Index of Disabilities

Diagnostic Code No.

**THE MUSCULOSKELETAL SYSTEM
Acute, Subacute, or Chronic Diseases**

- 5000..... Osteomyelitis, acute, subacute, or chronic.
- 5001..... Bones and Joints, tuberculosis.
- 5002..... Multi-joint arthritis (except post-traumatic and gout), 2 or more joints,
as an active process.
- 5003..... Degenerative arthritis, other than post-traumatic.
- 5004..... Arthritis, gonorrheal.
- 5005..... Arthritis, pneumococcic.
- 5006..... Arthritis, typhoid.
- 5007..... Arthritis, syphilitic.
- 5008..... Arthritis, streptococcic.
- 5009..... Other specified forms of arthropathy (excluding gout).
- 5010..... Post-traumatic arthritis.
- 5011..... Decompression illness.
- 5012..... Bones, neoplasm, malignant, primary or secondary.
- 5013..... Osteoporosis, residuals of.
- 5014..... Osteomalacia, residuals of.
- 5015..... Bones, neoplasm, benign.
- 5016..... Osteitis deformans.
- 5017..... Gout.
- 5018..... [Removed].
- 5019..... Bursitis.
- 5020..... [Removed].
- 5021..... Myositis.
- 5022..... [Removed].
- 5023..... Heterotopic ossification.
- 5024..... Tenosynovitis, tendinitis, tendinosis or tendinopathy.
- 5025..... Fibromyalgia.

Prosthetic Implants

- 5051..... Shoulder replacement (prosthesis).
- 5052..... Elbow replacement (prosthesis).
- 5053..... Wrist replacement (prosthesis).
- 5054..... Hip, resurfacing or replacement (prosthesis).
- 5055..... Knee, resurfacing or replacement (prosthesis).
- 5056..... Ankle replacement (prosthesis).

Combination of Disabilities

- 5104..... Anatomical loss of one hand and loss of use of one foot.
- 5105..... Anatomical loss of one foot and loss of use of one hand.

- 5106..... Anatomical loss of both hands.
- 5107..... Anatomical loss of both feet.
- 5108..... Anatomical loss of one hand and one foot.
- 5109..... Loss of use of both hands.
- 5110..... Loss of use of both feet.
- 5111..... Loss of use of one hand and one foot.

Amputations: Upper Extremity

Arm amputation of:

- 5120..... Complete amputation, upper extremity.
- 5121..... Above insertion of deltoid.
- 5122..... Below insertion of deltoid.

Forearm amputation of:

- 5123..... Above insertion of pronator teres.
- 5124..... Below insertion of pronator teres.
- 5125..... Hand, loss of use of.

Multiple Finger Amputations

- 5126..... Five digits of one hand.

Four digits of one hand:

- 5127..... Thumb, index, long and ring.
- 5128..... Thumb, index, long and little.
- 5129..... Thumb, index, ring and little.
- 5130..... Thumb, long, ring and little.
- 5131..... Index, long, ring and little.

Three digits of one hand:

- 5132..... Thumb, index and long.
- 5133..... Thumb, index and ring.
- 5134..... Thumb, index and little.
- 5135..... Thumb, long and ring.
- 5136..... Thumb, long and little.
- 5137..... Thumb, ring and little.
- 5138..... Index, long and ring.
- 5139..... Index, long and little.
- 5140..... Index, ring and little.
- 5141..... Long, ring and little.

Two digits of one hand:

- 5142..... Thumb and index.
- 5143..... Thumb and long.
- 5144..... Thumb and ring.
- 5145..... Thumb and little.
- 5146..... Index and long.

- 5147..... Index and ring.
- 5148..... Index and little.
- 5149..... Long and ring.
- 5150..... Long and little.
- 5151..... Ring and little.

Single finger:

- 5152..... Thumb.
- 5153..... Index finger.
- 5154..... Long finger.
- 5155..... Ring finger.
- 5156..... Little finger.

Amputations: Lower Extremity

Thigh amputation of:

- 5160..... Complete amputation, lower extremity.
- 5161..... Upper third.
- 5162..... Middle or lower thirds.

Leg amputation of:

- 5163..... With defective stump.
- 5164..... Not improvable by prosthesis controlled by natural knee action.
- 5165..... At a lower level, permitting prosthesis.
- 5166..... Forefoot, proximal to metatarsal bones.
- 5167..... Foot, loss of use of.
- 5170..... Toes, all, amputation of, without metatarsal loss or transmetatarsal, amputation of, with up to half of metatarsal loss.
- 5171..... Toe, great.
- 5172..... Toes, other than great, with removal of metatarsal head.
- 5173..... Toes, three or more, without metatarsal involvement.

Shoulder and Arm

- 5200..... Scapulohumeral articulation, ankylosis.
- 5201..... Arm, limitation of motion.
- 5202..... Humerus, other impairment.
- 5203..... Clavicle or scapula, impairment.

Elbow and Forearm

- 5205..... Elbow, ankylosis.
- 5206..... Forearm, limitation of flexion.
- 5207..... Forearm, limitation of extension.
- 5208..... Forearm, flexion limited.
- 5209..... Elbow, other impairment.
- 5210..... Radius and ulna, nonunion.
- 5211..... Ulna, impairment.

- 5212..... Radius, impairment.
- 5213..... Supination and pronation, impairment.

Wrist

- 5214..... Wrist, ankylosis.
- 5215..... Wrist, limitation of motion.

Limitation of Motion

Multiple Digits: Unfavorable Ankylosis:

- 5216..... Five digits of one hand.
- 5217..... Four digits of one hand.
- 5218..... Three digits of one hand.
- 5219..... Two digits of one hand.

Multiple Digits: Favorable Ankylosis:

- 5220..... Five digits of one hand.
- 5221..... Four digits of one hand.
- 5222..... Three digits of one hand.
- 5223..... Two digits of one hand.

Ankylosis of Individual Digits:

- 5224..... Thumb.
- 5225..... Index finger.
- 5226..... Long finger.
- 5227..... Ring or little finger.

Limitation of Motion of Individual Digits:

- 5228..... Thumb.
- 5229..... Index or long finger.
- 5230..... Ring or little finger.

Spine

- 5235..... Vertebral fracture or dislocation.
- 5236..... Sacroiliac injury and weakness.
- 5237..... Lumbosacral or cervical strain.
- 5238..... Spinal stenosis.
- 5239..... Spondylolisthesis or segmental instability.
- 5240..... Ankylosing spondylitis.
- 5241..... Spinal fusion.
- 5242..... Degenerative arthritis, degenerative disc disease other than
intervertebral disc syndrome (also, see either DC 5003 or 5010)..
- 5243..... Intervertebral disc syndrome.
- 5244..... Traumatic paralysis, complete.

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- 5250..... Hip, ankylosis.
- 5251..... Thigh, limitation of extension.
- 5252..... Thigh, limitation of flexion.
- 5253..... Thigh, impairment.
- 5254..... Hip, flail joint.
- 5255..... Femur, impairment.

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- 5256..... Knee, ankylosis.
- 5257..... Knee, other impairment.
- 5258..... Cartilage, semilunar, dislocated.
- 5259..... Cartilage, semilunar, removal.
- 5260..... Leg, limitation of flexion.
- 5261..... Leg, limitation of extension.
- 5262..... Tibia and fibula, impairment.
- 5263..... Genu recurvatum.

Ankle

- 5270..... Ankle, ankylosis.
- 5271..... Ankle, limited motion.
- 5272..... Subastragalar or tarsal joint, ankylosis.
- 5273..... Os calcis or astragalus, malunion.
- 5274..... Astraglectomy.

Shortening of the Lower Extremity

- 5275..... Bones, of the lower extremity

The Foot

- 5276..... Flatfoot, acquired.
- 5277..... Weak foot, bilateral.
- 5278..... Claw foot (pes cavus), acquired.
- 5279..... Metatarsalgia, anterior (Morton’s disease).
- 5280..... Hallux valgus.
- 5281..... Hallux rigidus.
- 5282..... Hammer toe.
- 5283..... Tarsal or metatarsal bones.
- 5284..... Foot injuries, other.
- 5285..... Plantar fasciitis.

The Skull

5296..... Loss of part of.

The Ribs

5297..... Removal of.

The Coccyx

5298..... Removal of.

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- 5301..... Group I Function: Upward rotation of scapula.
- 5302..... Group II Function: Depression of arm.
- 5303..... Group III Function: Elevation and abduction of arm.
- 5304..... Group IV Function: Stabilization of shoulder.
- 5305..... Group V Function: Elbow supination.
- 5306..... Group VI Function: Extension of elbow.

Forearm and Hand

- 5307..... Group VII Function: Flexion of wrist and fingers.
- 5308..... Group VIII Function: Extension of wrist, fingers, thumb.
- 5309..... Group IX Function: Forearm muscles.

Foot and Leg

- 5310..... Group X Function: Movement of forefoot and toes.
- 5311..... Group XI Function: Propulsion of foot.
- 5312..... Group XII Function: Dorsiflexion.

Pelvic Girdle and Thigh

- 5313..... Group XIII Function: Extension of hip and flexion of knee.
- 5314..... Group XIV Function: Extension of knee.
- 5315..... Group XV Function: Adduction of hip.
- 5316..... Group XVI Function: Flexion of hip.
- 5317..... Group XVII Function: Extension of hip.
- 5318..... Group XVIII Function: Outward rotation of thigh.

Torso and Neck

- 5319..... Group XIX Function: Abdominal wall and lower thorax.
- 5320..... Group XX Function: Postural support of body.
- 5321..... Group XXI Function: Respiration.
- 5322..... Group XXII Function: Rotary and forward movements, head.
- 5323..... Group XXIII Function: Movements of head.

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5324.....	Diaphragm, rupture.
5325.....	Muscle injury, facial muscles.
5326.....	Muscle hernia.
5327.....	Muscle, neoplasm of, malignant.
5328.....	Muscle, neoplasm of, benign.
5329.....	Sarcoma, soft tissue.
5330.....	Rhabdomyolysis, residuals of.
5331.....	Compartment syndrome.

THE EYE
Diseases of the Eye

6000.....	Choroidopathy, including uveitis, iritis, cyclitis, or choroiditis.
6001.....	Keratopathy.
6002.....	Scleritis.
6003.....	Iritis.
6004.....	Cyclitis.
6005.....	Choroiditis.
6006.....	Retinopathy or maculopathy not otherwise specified.
6007.....	Intraocular hemorrhage.
6008.....	Detachment of retina.
6009.....	Unhealed eye injury.
6010.....	Tuberculosis of eye.
6011.....	Retinal scars, atrophy, or irregularities.
6012.....	Angle-closure glaucoma.
6013.....	Open-angle glaucoma.
6014.....	Malignant neoplasms of the eye, orbit, and adnexa (excluding skin).
6015.....	Benign neoplasms of the eye, orbit, and adnexa (excluding skin).
6016.....	Nystagmus, central.
6017.....	Conjunctivitis, trachomatous, chronic.
6018.....	Conjunctivitis, other, chronic.
6019.....	Ptosis unilateral or bilateral.
6020.....	Ectropion.
6021.....	Entropion.
6022.....	Lagophthalmos.
6023.....	Eyebrows, loss.
6024.....	Eyelashes, loss.
6025.....	Disorders of the lacrimal apparatus (epiphora, dacryocystitis, etc.).
6026.....	Optic neuropathy.
6027.....	Cataract.
6028.....	Cataract, senile, and others.
6029.....	Aphakia.
6030.....	Accommodation, paralysis.
6031.....	Dacryocystitis.
6032.....	Eyelids, loss of portion.

- 6033..... Lens, crystalline, dislocation.
- 6034..... Pterygium.
- 6035..... Keratoconus.
- 6036..... Status post corneal transplant.
- 6040..... Diabetic retinopathy.
- 6042..... Retinal dystrophy (including retinitis pigmentosa, wet or dry
macular degeneration, early-onset macular degeneration, rod
and/or cone dystrophy).
- 6046..... Post-chiasmal disorders.

Impairment of Central Visual Acuity

- 6061..... Anatomical loss both eyes.
- 6062..... Blindness, both eyes, only light perception.

Anatomical loss of 1 eye:

- 6063..... Other eye 5/200 (1.5/60).
- 6064..... Other eye 10/200 (3/60).
- 6064..... Other eye 15/200 (4.5/60).
- 6064..... Other eye 20/200 (6/60).
- 6065..... Other eye 20/100 (6/30).
- 6065..... Other eye 20/70 (6/21).
- 6065..... Other eye 20/50 (6/15).
- 6066..... Other eye 20/40 (6/12).

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- 6067..... Other eye 5/200 (1.5/60).
- 6068..... Other eye 10/200 (3/60).
- 6068..... Other eye 15/200 (4.5/60).
- 6068..... Other eye 20/200 (6/60).
- 6069..... Other eye 20/100 (6/30).
- 6069..... Other eye 20/70 (6/21).
- 6069..... Other eye 20/50 (6/15).
- 6070..... Other eye 20/40 (6/12).

Vision in 1 eye 5/200 (1.5/60):

- 6071..... Other eye 5/200 (1.5/60).
- 6072..... Other eye 10/200 (3/60).
- 6072..... Other eye 15/200 (4.5/60).
- 6072..... Other eye 20/200 (6/60).
- 6073..... Other eye 20/100 (6/30).
- 6073..... Other eye 20/70 (6/21).
- 6073..... Other eye 20/50 (6/15).
- 6074..... Other eye 20/40 (6/12).

Vision in 1 eye 10/200 (3/60):

- 6075..... Other eye 10/200 (3/60).
- 6075..... Other eye 15/200 (4.5/60).

8910.....	Grand mal.
8911.....	Petit mal.
8912.....	Jacksonian and focal motor or sensory.
8913.....	Diencephalic.
8914.....	Psychomotor.

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9201.....	Schizophrenia.
9208.....	Delusional disorder.
9210.....	Other specified and unspecified schizophrenia spectrum and other psychotic disorders.
9211.....	Schizoaffective Disorder.
9300.....	Delirium.
9301.....	Major or mild neurocognitive disorder due to HIV or other infections.
9304.....	Major or mild neurocognitive disorder due to traumatic brain injury.
9305.....	Major or mild vascular neurocognitive disorder.
9310.....	Unspecified neurocognitive disorder.
9312.....	Major or mild neurocognitive disorder due to Alzheimer's disease.
9326.....	Major or mild neurocognitive disorder due to another medical condition or substance/medication-induced major or mild neurocognitive disorder.
9400.....	Generalized anxiety disorder.
9403.....	Specific phobia; social anxiety disorder (social phobia).
9404.....	Obsessive compulsive disorder.
9410.....	Other specified anxiety disorder.
9411.....	Posttraumatic stress disorder.
9412.....	Panic disorder and/or agoraphobia.
9413.....	Unspecified anxiety disorder.
9416.....	Dissociative amnesia; dissociative identity disorder.
9417.....	Depersonalization/derealization disorder.
9421.....	Somatic symptom disorder.
9422.....	Other specified somatic symptom and related disorder.
9423.....	Unspecified somatic symptom and related disorder.
9424.....	Conversion disorder (functional neurological symptom disorder).
9425.....	Illness anxiety disorder.
9431.....	Cyclothymic disorder.
9432.....	Bipolar disorder.
9433.....	Persistent depressive disorder (dysthymia).
9434.....	Major depressive disorder.
9435.....	Unspecified depressive disorder.
9440.....	Chronic adjustment disorder.
9520.....	Anorexia nervosa.
9521.....	Bulimia nervosa.

DENTAL AND ORAL CONDITIONS

- 9900..... Maxilla or mandible, chronic osteomyelitis, osteonecrosis, or osteoradionecrosis of.
- 9901..... Mandible, loss of, complete.
- 9902..... Mandible loss of, including ramus, unilaterally or bilaterally.
- 9903..... Mandible, nonunion of, confirmed by diagnostic imaging studies.
- 9904..... Mandible, malunion.
- 9905..... Temporomandibular disorder (TMD).
- 9908..... Condylod process.
- 9909..... Coronoid process.
- 9911..... Hard palate, loss of.
- 9913..... Teeth, loss of.
- 9914..... Maxilla, loss of more than half.
- 9915..... Maxilla, loss of half or less.
- 9916..... Maxilla, malunion or nonunion of.
- 9917..... Neoplasm, hard and soft tissue, benign.
- 9918..... Neoplasm, hard and soft tissue, malignant.

[29 FR 6718, May 22, 1964, as amended at 34 FR 5064, Mar. 11, 1969; 52 FR 44122, Nov. 18, 1987; 53 FR 24938, July 1, 1988; 59 FR 2528, 2530, Jan. 18, 1994; 72 FR 12990, Mar. 20, 2007; 73 FR 54708, 54711, Sept. 23, 2008; 74 FR 18467, Apr. 23, 2009; 77 FR 6467, Feb. 8, 2012; 79 FR 45102, Aug. 4, 2014; 82 FR 36085, Aug. 3, 2017; 83 FR 15072, Apr. 9, 2018; 83 FR 15322, Apr. 10, 2018, 83 FR 32601, July 13, 2018; 83 FR 54258, Oct. 29, 2018; 84 FR 28234, June 18, 2019; 85 FR 76466, Nov. 30, 2020]

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End of Appendix B

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