section. To obtain such a review, the claimant must request it not later than 60 days after the date VA mails the notice. This 60-day time limit may not be extended. If the claimant fails to request review under this section not later than 60 days after the date VA mails the notice, VA will proceed with the traditional appellate process by issuing a Statement of the Case. A claimant may not have more than one review under this section of the same decision.

- (c) The reviewer may conduct whatever development he or she considers necessary to resolve any disagreements in the Notice of Disagreement, consistent with applicable law. This may include an attempt to obtain additional evidence or the holding of an informal conference with the claimant. Upon the request of the claimant, the reviewer will conduct a hearing under §3.103(c).
- (d) The reviewer may grant a benefit sought in the claim notwithstanding §3.105(b), but, except as provided in paragraph (e) of this section, may not revise the decision in a manner that is less advantageous to the claimant than the decision under review. A review decision made under this section will include a summary of the evidence, a citation to pertinent laws, a discussion of how those laws affect the decision, and a summary of the reasons for the
- (e) Notwithstanding any other provisions of this section, the reviewer may reverse or revise (even if disadvantageous to the claimant) prior decisions of an agency of original jurisdiction (including the decision being reviewed or any prior decision that has become final due to failure to timely appeal) on the grounds of clear and unmistakable error (see § 3.105(a)).
- (f) Review under this section does not limit the appeal rights of a claimant. Unless a claimant withdraws his or her Notice of Disagreement as a result of this review process, VA will proceed with the traditional appellate process by issuing a Statement of the Case.

(g) This section applies to all claims in which a Notice of Disagreement is filed on or after June 1, 2001.

(Authority: 38 U.S.C. 5109A and 7105(d))

[66 FR 21874, May 2, 2001, as amended at 67 FR 46868, July 17, 2002]

## PART 4—SCHEDULE FOR RATING DISABILITIES

# Subpart A—General Policy in Rating

# Sec.

- 4 1 Essentials of evaluative rating.
- 4.2Interpretation of examination reports.
- 4.3 Resolution of reasonable doubt
- Evaluation of evidence.
- Higher of two evaluations. 47
- Congenital or developmental defects. 4.9
- 4.10 Functional impairment.
- Effect of change of diagnosis.
- 4.14 Avoidance of pyramiding.
- Total disability ratings.
- 4.16 Total disability ratings for compensation based on unemployability of the individual.
- 4.17 Total disability ratings for pension based on unemployability and age of the individual.
- 4.17a Misconduct etiology.
- 4.18 Unemployability.
- Age in service-connected claims.
- Analogous ratings.
- Application of rating schedule.
- Rating of disabilities aggravated by active service.
- 4.23 Attitude of rating officers.
- 4.24 Correspondence.
- Combined ratings table.
- 4.26 Bilateral factor.
- Use of diagnostic code numbers.
- 4.28 Prestabilization rating from date of discharge from service.
- 4.29 Ratings for service-connected disabilities requiring hospital treatment or observation.
- 4.30 Convalescent ratings.
- 4.31 Zero percent evaluations.

# Subpart B—Disability Ratings

THE MUSCULOSKELETAL SYSTEM

- 4.40 Functional loss.
- History of injury. 4.41
- 4.42 Complete medical examination of injury cases. 4.43 Osteomyelitis.
- The bones. 4.44
- 4 45 The joints.
- 4.46 Accurate measurement.
- 4.47-4.54 [Reserved]
- 4.55 Principles of combined ratings for muscle injuries.
- 4.56 Evaluation of muscle disabilities.

## 38 CFR Ch. I (7-1-04 Edition)

# Pt. 4

- 4.57 Static foot deformities
- 4.58 Arthritis due to strain.
- 4.59 Painful motion.
- 4.60 [Reserved]
- 4.61 Examination.
- 4.62 Circulatory disturbances.
- 4.63 Loss of use of hand or foot.
- 4.64 Loss of use of both buttocks.
- 4.65 [Reserved]
- 4.66 Sacroiliac joint.
- 4.67 Pelvic bones.
- 4.68 Amputation rule.
- 4.69 Dominant hand.
- 4.70 Inadequate examinations.
- 4.71 Measurement of ankylosis and joint motion.
- 4.71a Schedule of ratings—musculoskeletal system.
- 4.72 [Reserved]
- 4.73 Schedule of ratings—muscle injuries.

#### THE ORGANS OF SPECIAL SENSE

- 4.75 Examination of visual acuity.
- 4.76 Examination of field vision.
- 4.76a Computation of average concentric contraction of visual fields.
- 4.77 Examination of muscle function.
- 4.78 Computing aggravation.
- 4.79 Loss of use of one eye, having only light perception.
- 4.80 Rating of one eye.
- 4.81-4.82 [Reserved]
- 4.83 Ratings at scheduled steps and distances.
- 4.83a Impairment of central visual acuity.
- 4.84 Differences between distant and near visual acuity.
- 4.84a Schedule of ratings—eye.

#### IMPAIRMENT OF AUDITORY ACUITY

- 4.85 Evaluation of hearing impairment.4.86 Exceptional patterns of hearing impair-
- ment.
  4.87 Schedule of ratings—ear.
  4.87a Schedule of ratings other sense or
- 4.87a Schedule of ratings—other sense organs.

# INFECTIOUS DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES

- 4.88 [Reserved]
- 4.88a Chronic fatigue syndrome.
- 4.88b Schedule of ratings—infectious diseases, immune disorders and nutritional deficiencies.
- 4.88c Ratings for inactive nonpulmonary tuberculosis initially entitled after August 19 1968
- 4.89 Ratings for inactive nonpulmonary tuberculosis in effect on August 19, 1968.

# THE RESPIRATORY SYSTEM

- 4.97 Schedule of ratings—respiratory system.

#### THE CARDIOVASCULAR SYSTEM

- 4.100-4.103 [Reserved]
- 4.104 Schedule of ratings—cardiovascular system.

#### THE DIGESTIVE SYSTEM

- 4.110 Ulcers.
- 4.111 Postgastrectomy syndromes.
- 4.112 Weight loss.
- 4.113 Coexisting abdominal conditions.
- 4.114 Schedule of ratings—digestive system.

#### THE GENITOURINARY SYSTEM

- 4.115 Nephritis.
- 4.115a Ratings of the genitourinary system—dysfunctions.
- 4.115b Ratings of the genitourinary system—diagnoses.

# GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

4.116 Schedule of ratings—gynecological conditions and disorders of the breast.

#### THE HEMIC AND LYMPHATIC SYSTEMS

4.117 Schedule of ratings—hemic and lymphatic systems.

# THE SKIN

4.118 Schedule of ratings—skin.

# THE ENDOCRINE SYSTEM

4.119 Schedule of ratings—endocrine system.

# NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

- 4.120 Evaluations by comparison.
- 4.121 Identification of epilepsy.
- 4.122 Psychomotor epilepsy.
- 4.123 Neuritis, cranial or peripheral.
- 4.124 Neuralgia, cranial or peripheral.
- 4.124a Schedule of ratings—neurological conditions and convulsive disorders.

# MENTAL DISORDERS

- 4.125 Diagnosis of mental disorders.
- 4.126 Evaluation of disability from mental disorders.
- 4.127 Mental retardation and personality disorders.
- 4.128 Convalescence ratings following extended hospitalization.
- 4.129 Mental disorders due to traumatic stress.
- 4.130 Schedule of ratings-mental disorders.

## DENTAL AND ORAL CONDITIONS

- 4.149 [Reserved]
- 4.150 Schedule of ratings—dental and oral conditions.
- APPENDIX A TO PART 4—TABLE OF AMEND-MENTS AND EFFECTIVE DATES SINCE 1946

APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES

APPENDIX C TO PART 4—ALPHABETICAL INDEX OF DISABILITIES

AUTHORITY: 38 U.S.C. 1155, unless otherwise noted.

SOURCE: 29 FR 6718, May 22, 1964, unless otherwise noted.

# Subpart A—General Policy in Rating

### § 4.1 Essentials of evaluative rating.

This rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades of disability. For the application of this schedule, accurate and fully descriptive medical examinations are required, with emphasis upon the limitation of activity imposed by the disabling condition. Over a period of many years, a veteran's disability claim may require reratings in accordance with changes in laws, medical knowledge and his or her physical or mental condition. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its history.

[41 FR 11292, Mar. 18, 1976]

# § 4.2 Interpretation of examination reports.

Different examiners, at different times, will not describe the same disability in the same language. Features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described. It is the responsibility of the rating specialist to interpret reports of examination in the light of the whole recorded history, reconciling the var-

ious reports into a consistent picture so that the current rating may accurately reflect the elements of disability present. Each disability must be considered from the point of view of the veteran working or seeking work. If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail, it is incumbent upon the rating board to return the report as inadequate for evaluation purposes.

[41 FR 11292, Mar. 18, 1976]

#### §4.3 Resolution of reasonable doubt.

It is the defined and consistently applied policy of the Department of Veterans Affairs to administer the law under a broad interpretation, consistent, however, with the facts shown in every case. When after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding the degree of disability such doubt will be resolved in favor of the claimant. See §3.102 of this chapter.

[40 FR 42535, Sept. 15, 1975]

#### § 4.6 Evaluation of evidence.

The element of the weight to be accorded the character of the veteran's service is but one factor entering into the considerations of the rating boards in arriving at determinations of the evaluation of disability. Every element in any way affecting the probative value to be assigned to the evidence in each individual claim must be thoroughly and conscientiously studied by each member of the rating board in the light of the established policies of the Department of Veterans Affairs to the end that decisions will be equitable and just as contemplated by the requirements of the law.

# § 4.7 Higher of two evaluations.

Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned.