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Title 38, Part 4

Schedule for Rating Disabilities

Veterans Benefits Administration

Supplement No. 46

Covering period of *Federal Register* issues
through December 2, 2008

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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. 46

5 December 2008

Covering the period of Federal Register issues
through December 2, 2008

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December 5, 2008**

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C-11 to C-12	C-11 to C-12	Contents of Book C
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4.124a-4 to 4.124-5	4.124a-4 to 4.124-5	Correction
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App. A-11 to App. A-12	App. A-11 to App. A-12	Correction
App. C-19 to App. C-20	App. C-19 to App. C-20	Correction

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HIGHLIGHTS

Book C, Supplement No. 46 December 5, 2008

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 10 November 2008, the VA published a final rule, effective 10 December 2008, to update the portion of the *Schedule for Rating Disabilities* that addresses disabilities of the eye in order to ensure that the *Schedule* uses current medical terminology, provides unambiguous criteria for evaluating disabilities, and incorporates pertinent medical advances. Changes:

- Revised §§4.75–4.79; removed and reserved §§4.80, 4.83, and 4.84; and removed §§4.83a and 4.84a.

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Hyperparathyroidism.....	7904.....	4.119
Hyperpituitarism (prolactin secreting pituitary dysfunction).....	7916.....	4.119
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Laryngitis:		
Chronic.....	6516.....	4.97
Tuberculous, active or inactive.....	6515.....	4.97
Larynx, stenosis of, including residuals.....	6520.....	4.97
Nose, loss of part of, or scars.....	6504.....	4.97
Pharynx, injuries to.....	6521.....	4.97
Rhinitis:		
Allergic.....	6522.....	4.97
Bacterial.....	6523.....	4.97
Granulomatous.....	6524.....	4.97
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Minimal, active	6703.....	4.97
Minimal, inactive	6723.....	4.97
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Moderately advanced, inactive.....	6722.....	4.97
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Active.....	6730.....	4.97
Inactive.....	6731.....	4.97

Diseases of the Nose and Throat

Allergic or vasomotor rhinitis.....	6522.....	4.97
Aphonia, complete organic	6519.....	4.97
Bacterial rhinitis.....	6523.....	4.97
Granulomatous rhinitis.....	6524.....	4.97
Laryngectomy, total.....	6518.....	4.97
Laryngitis:		
Chronic.....	6516.....	4.97
Tuberculous, active or inactive	6515.....	4.97
Larynx, stenosis of, including residuals	6520.....	4.97
Nose, loss of part of, or scars	6504.....	4.97
Pharynx, injuries to	6521.....	4.97
Rhinitis:		
Allergic.....	6522.....	4.97
Bacterial	6523.....	4.97
Granulomatous	6524.....	4.97
Vasomotor.....	6522.....	4.97
Septum, nasal, deviation of.....	6502.....	4.97
Sinusitis:		
Ethmoid, chronic.....	6511.....	4.97
Frontal, chronic	6512.....	4.97
Maxillary, chronic.....	6513.....	4.97
Pansinusitis, chronic	6510.....	4.97
Sphenoid, chronic.....	6514.....	4.97

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Pulmonary disease, obstructive, chronic.....	6604.....	4.97

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Hypersensitivity pneumonitis (extrinsic allergic alveolitis)	6831.....	4.97
Pneumoconiosis (silicosis, anthracosis, etc.)	6832.....	4.97
Pulmonary alveolar proteinosis.....	6827.....	4.97
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Aspergillosis.....	6838.....	4.97
Blastomycosis	6836.....	4.97
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Diaphragm paralysis or paresis	6840.....	4.97
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Post-surgical residual (lobectomy, pneumonectomy, etc.)	6844.....	4.97
Sarcoidosis	6846.....	4.97
Sleep apnea syndromes	6847.....	4.97
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Granulomatous.....	6524.....	4.97
Vasomotor.....	6522.....	4.97
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Scars:		
Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement of the head, face, or neck	7800.....	4.118
Burn scar(s) or scars(s) due to other causes, not of the head, face, or neck, that are deep and nonlinear	7801.....	4.118
Burn scar(s) or scars(s) due to other causes, not of the head, face, or neck, that are superficial and nonlinear	7802.....	4.118
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Maxillary, chronic	6513.....	4.97
Pansinusitis, chronic	6510.....	4.97
Sphenoid, chronic.....	6514.....	4.97

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Benign	7819.....	4.118
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Papulosquamous disorders (not listed elsewhere)	7822.....	4.118
Psoriasis	7816.....	4.118
Scars:		
Burn scar(s) of the head, face, or neck; scar(s) of the head, face, or neck due to other causes; or other disfigurement		
of the head, face, or neck	7800.....	4.118
Burn scar(s) or scars(s) due to other causes, not of the head, face, or neck, that are deep and nonlinear	7801.....	4.118
Burn scar(s) or scars(s) due to other causes, not of the head, face, or neck, that are superficial and nonlinear	7802.....	4.118
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Allergic or vasomotor rhinitis.....	6522..... 4.97
Aphonia, complete organic.....	6519..... 4.97
Bacterial rhinitis.....	6523..... 4.97
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Laryngectomy, total.....	6518..... 4.97
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Larynx, stenosis of, including residuals.....	6520..... 4.97
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§4.75 General considerations for evaluating visual impairment.

(a) *Visual impairment.* The evaluation of visual impairment is based on impairment of visual acuity (excluding developmental errors of refraction), visual field, and muscle function.

(b) *Examination for visual impairment.* The examination must be conducted by a licensed optometrist or by a licensed ophthalmologist. The examiner must identify the disease, injury, or other pathologic process responsible for any visual impairment found. Examinations of visual fields or muscle function will be conducted only when there is a medical indication of disease or injury that may be associated with visual field defect or impaired muscle function. Unless medically contraindicated, the fundus must be examined with the claimant’s pupils dilated.

(c) *Service-connected visual impairment of only one eye.* Subject to the provisions of 38 CFR 3.383(a), if visual impairment of only one eye is service-connected, the visual acuity of the other eye will be considered to be 20/40 for purposes of evaluating the service-connected visual impairment.

(d) *Maximum evaluation for visual impairment of one eye.* The evaluation for visual impairment of one eye must not exceed 30 percent unless there is anatomical loss of the eye. Combine the evaluation for visual impairment of one eye with evaluations for other disabilities of the same eye that are not based on visual impairment (e.g., disfigurement under diagnostic code 7800).

(e) *Anatomical loss of one eye with inability to wear a prosthesis.* When the claimant has anatomical loss of one eye and is unable to wear a prosthesis, increase the evaluation for visual acuity under diagnostic code 6063 by 10 percent, but the maximum evaluation for visual impairment of both eyes must not exceed 100 percent. A 10-percent increase under this paragraph precludes an evaluation under diagnostic code 7800 based on gross distortion or asymmetry of the eye but not an evaluation under diagnostic code 7800 based on other characteristics of disfigurement.

(f) *Special monthly compensation.* When evaluating visual impairment, refer to 38 CFR 3.350 to determine whether the claimant may be entitled to special monthly compensation. Footnotes in the schedule indicate levels of visual impairment that potentially establish entitlement to special monthly compensation; however, other levels of visual impairment combined with disabilities of other body systems may also establish entitlement. (Authority: 38 U.S.C. 1114 and 1155)

[40 FR 42537, Sept. 15, 1975, as amended at 73 FR 66549, Nov. 10, 2008]

Supplement *Highlights* reference: 46(1)

§4.76 Visual acuity.

(a) *Examination of visual acuity.* Examination of visual acuity must include the central *uncorrected* and *corrected* visual acuity for *distance and near* vision using Snellen's test type or its equivalent.

(b) *Evaluation of visual acuity.*

(1) Evaluate central visual acuity on the basis of corrected distance vision with central fixation, even if a central scotoma is present. However, when the lens required to correct distance vision in the poorer eye differs by more than three diopters from the lens required to correct distance vision in the better eye (and the difference is not due to congenital or developmental refractive error), and either the poorer eye or both eyes are service connected, evaluate the visual acuity of the poorer eye using either its uncorrected or corrected visual acuity, whichever results in better combined visual acuity.

(2) Provided that he or she customarily wears contact lenses, evaluate the visual acuity of any individual affected by a corneal disorder that results in severe irregular astigmatism that can be improved more by contact lenses than by eyeglass lenses, as corrected by contact lenses.

(3) In any case where the examiner reports that there is a difference equal to two or more scheduled steps between near and distance corrected vision, with the near vision being worse, the examination report must include at least two recordings of near and distance corrected vision and an explanation of the reason for the difference. In these cases, evaluate based on corrected distance vision adjusted to one step poorer than measured.

(4) To evaluate the impairment of visual acuity where a claimant has a reported visual acuity that is between two sequentially listed visual acuities, use the visual acuity which permits the higher evaluation. (Authority: 38 U.S.C. 1155)

[43 FR 45352, Oct. 2, 1978, as amended at 73 FR 66549, Nov. 10, 2008]

Supplement *Highlights* reference: 46(1)

Next Section is §4.76a

§4.76a Computation of average concentric contraction of visual fields.

TABLE III—NORMAL VISUAL FIELD EXTENT AT 8 PRINCIPAL MERIDIANS

<i>Meridian</i>	<i>Normal degrees</i>
Temporally	85
Down temporally.....	85
Down.....	65
Down nasally.....	50
Nasally.....	60
Up nasally.....	55
Up.....	45
Up temporally.....	55
Total	500

Figure 1 [next page]

Example of computation of concentric contraction under the schedule with abnormal findings taken from Figure 1.

<i>Loss</i>	<i>Degrees</i>
Temporally	55
Down temporally.....	55
Down.....	45
Down nasally.....	30
Nasally.....	40
Up nasally.....	35
Up.....	25
Up temporally.....	35
Total	320

Remaining field 500° minus $320^{\circ} = 180^{\circ}$. $180^{\circ} \div 8 = 22.5^{\circ}$ average concentric contraction.

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

[43 FR 45352, Oct. 2, 1978, as amended at 73 FR 66549, Nov. 10, 2008]

Supplement *Highlights* reference: 46(1)

Next Section is §4.77

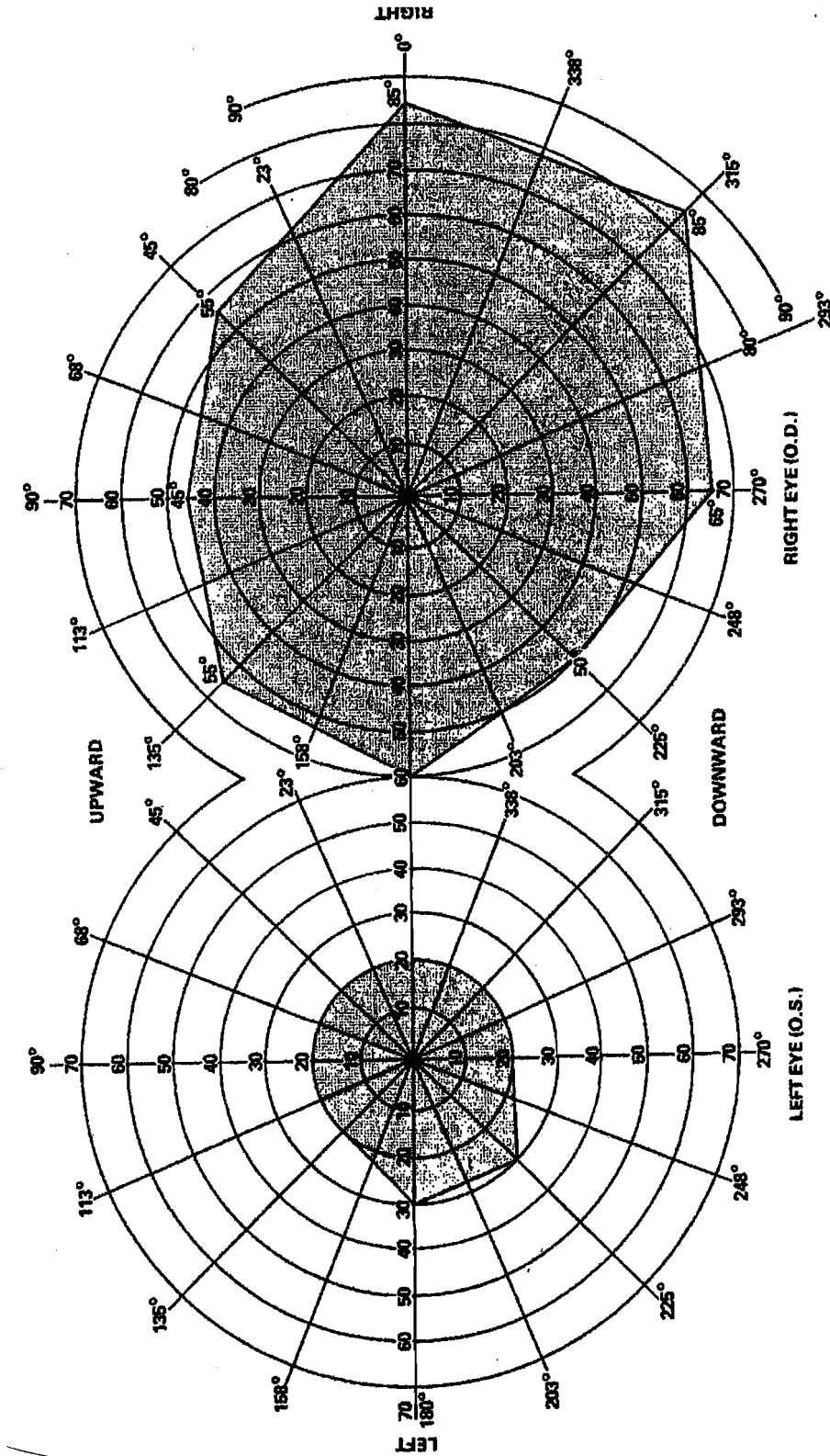


Figure 1. Chart of visual field showing normal field right eye and abnormal contraction visual field left eye.

§4.77 Visual fields.

(a) *Examination of visual fields.* Examiners must use either Goldmann kinetic perimetry or automated perimetry using Humphrey Model 750, Octopus Model 101, or later versions of these perimetric devices with simulated kinetic Goldmann testing capability. For phakic (normal) individuals, as well as for pseudophakic or aphakic individuals who are well adapted to intraocular lens implant or contact lens correction, visual field examinations must be conducted using a standard target size and luminance, which is Goldmann's equivalent III/4e. For aphakic individuals not well adapted to contact lens correction or pseudophakic individuals not well adapted to intraocular lens implant, visual field examinations must be conducted using Goldmann's equivalent IV/4e. In all cases, the results must be recorded on a standard Goldmann chart (see Figure 1), and the Goldmann chart must be included with the examination report. The examiner must chart at least 16 meridians 22-1/2 degrees apart for each eye and indicate the Goldmann equivalent used. See Table III for the normal extent (in degrees) of the visual fields at the 8 principal meridians (45 degrees apart). When the examiner indicates that additional testing is necessary to evaluate visual fields, the additional testing must be conducted using either a tangent screen or a 30-degree threshold visual field with the Goldmann III stimulus size. The examination report must then include the tracing of either the tangent screen or of the 30-degree threshold visual field with the Goldmann III stimulus size.

(b) *Evaluation of visual fields.* Determine the average concentric contraction of the visual field of each eye by measuring the remaining visual field (in degrees) at each of eight principal meridians 45 degrees apart, adding them, and dividing the sum by eight.

(c) *Combination of visual field defect and decreased visual acuity.* To determine the evaluation for visual impairment when both decreased visual acuity and visual field defect are present in one or both eyes and are service connected, separately evaluate the visual acuity and visual field defect (expressed as a level of visual acuity), and combine them under the provisions of §4.25. (Authority: 38 U.S.C. 1155)

Figure 2 [next page]

[53 FR 30262, Aug. 11, 1988, as amended at 73 FR 66549, Nov. 10, 2008]

Supplement *Highlights* reference: 46(1)

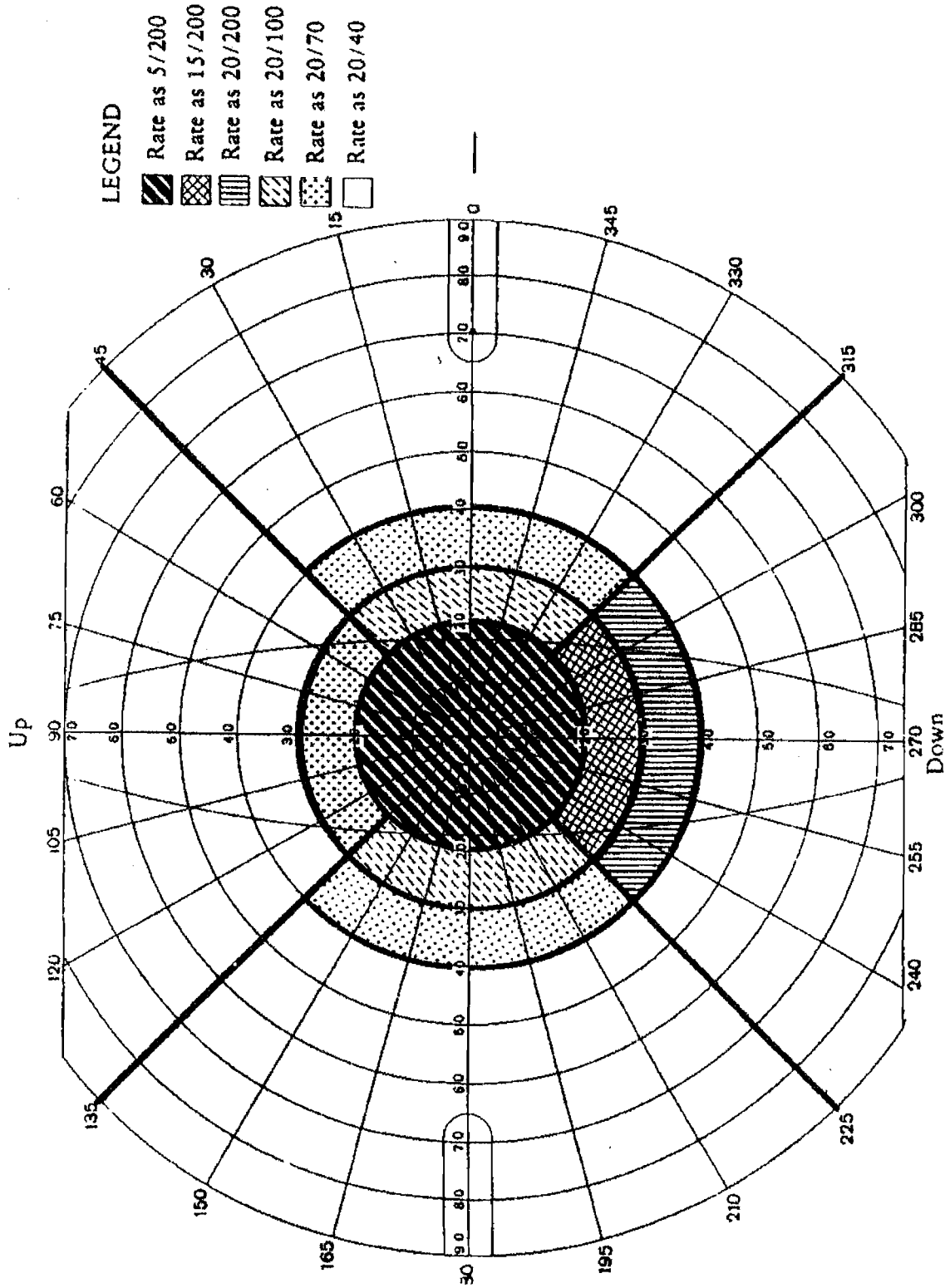


Figure 2. Goldmann Perimeter Chart

§4.78 Muscle function.

(a) *Examination of muscle function.* The examiner must use a Goldmann perimeter chart that identifies the four major quadrants (upward, downward, left and right lateral) and the central field (20 degrees or less) (see Figure 2). The examiner must chart the areas of diplopia and include the plotted chart with the examination report.

(b) *Evaluation of muscle function.*

(1) An evaluation for diplopia will be assigned to only one eye. When a claimant has both diplopia and decreased visual acuity or visual field defect, assign a level of corrected visual acuity for the poorer eye (or the affected eye, if disability of only one eye is service-connected) that is: one step poorer than it would otherwise warrant if the evaluation for diplopia under diagnostic code 6090 is 20/70 or 20/100; two steps poorer if the evaluation under diagnostic code 6090 is 20/200 or 15/200; or three steps poorer if the evaluation under diagnostic code 6090 is 5/200. This adjusted level of corrected visual acuity, however, must not exceed a level of 5/200. Use the adjusted visual acuity for the poorer eye (or the affected eye, if disability of only one eye is service-connected), and the corrected visual acuity for the better eye (or visual acuity of 20/40 for the other eye, if only one eye is service-connected) to determine the percentage evaluation for visual impairment under diagnostic codes 6065 through 6066.

(2) When diplopia extends beyond more than one quadrant or range of degrees, evaluate diplopia based on the quadrant and degree range that provides the highest evaluation.

(3) When diplopia exists in two separate areas of the same eye, increase the equivalent visual acuity under diagnostic code 6090 to the next poorer level of visual acuity, not to exceed 5/200. (Authority: 38 U.S.C. 1155)

[29 FR 6718, May 22, 1964, as amended at 43 FR 45354, Oct. 2, 1978; 73 FR 66550, Nov. 10, 2008]

Supplement *Highlights* reference: 46(1)

§4.79 Schedule of ratings—eye.

DISEASES OF THE EYE

	Rating
6000 Choroidopathy, including uveitis, iritis, cyclitis, and choroiditis.	
6001 Keratopathy.	
6002 Scleritis.	
6006 Retinopathy or maculopathy.	
6007 Intraocular hemorrhage.	
6008 Detachment of retina.	
6009 Unhealed eye injury.	

GENERAL RATING FORMULA FOR DIAGNOSTIC CODES 6000 THROUGH 6009

Evaluate on the basis of either visual impairment due to the particular condition or on incapacitating episodes, whichever results in a higher evaluation.

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 1 week, but less than 2 weeks, during the past 12 months	10

Note: For VA purposes, an incapacitating episode is a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other healthcare provider.

6010 Tuberculosis of eye:
 Active 100
 Inactive: Evaluate under § 4.88c or § 4.89 of this part, whichever is appropriate.

6011 Retinal scars, atrophy, or irregularities:
 Localized scars, atrophy, or irregularities of the retina, unilateral or bilateral, that are centrally located and that result in an irregular, duplicated, enlarged, or diminished image..... 10
 Alternatively, evaluate based on visual impairment due to retinal scars, atrophy, or irregularities, if this would result in a higher evaluation.

6012 Angle-closure glaucoma:
 Evaluate on the basis of either visual impairment due to angle-closure glaucoma or incapacitating episodes, whichever results in a higher evaluation.

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
Minimum evaluation if continuous medication is required	10

Note: For VA purposes, an incapacitating episode is a period of acute symptoms severe enough to require prescribed bed rest and treatment by a physician or other healthcare provider.

6013 Open-angle glaucoma:

Evaluate based on visual impairment due to open-angle glaucoma.	
Minimum evaluation if continuous medication is required	10

6014 Malignant neoplasms (eyeball only):

Malignant neoplasm of the eyeball that requires therapy that is comparable to that used for systemic malignancies, i.e., systemic chemotherapy, X-ray therapy more extensive than to the area of the eye, or surgery more extensive than enucleation	100
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Note: Continue the 100-percent rating beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating will be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination will be subject to the provisions of §3.105(e) of this chapter. If there has been no local recurrence or metastasis, evaluate based on residuals.

Malignant neoplasm of the eyeball that does not require therapy comparable to that for systemic malignancies:

Separately evaluate visual impairment and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.

6015 Benign neoplasms (of eyeball and adnexa):

Separately evaluate visual impairment and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.

6016 Nystagmus, central..... 10

6017 Trachomatous conjunctivitis:

Active: Evaluate based on visual impairment, minimum..... 30

Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800).

6018 Chronic conjunctivitis (nontrachomatous):

Active (with objective findings, such as red, thick conjunctivae, mucous secretion, etc.)..... 10

Inactive: Evaluate based on residuals, such as visual impairment and disfigurement (diagnostic code 7800).

6019 Ptosis, unilateral or bilateral:

Evaluate based on visual impairment or, in the absence of visual impairment, on disfigurement (diagnostic code 7800).

6020 Ectropion:

Bilateral	20
Unilateral	10

6021 Entropion:

Bilateral	20
Unilateral	10

6022 Lagophthalmos:

Bilateral	20
Unilateral	10

6023 Loss of eyebrows, complete, unilateral or bilateral..... 10

6024 Loss of eyelashes, complete, unilateral or bilateral..... 10

6025 Disorders of the lacrimal apparatus (epiphora, dacryocystitis, etc.):

Bilateral	20
Unilateral	10

6026 Optic neuropathy:

Evaluate based on visual impairment.

6027 Cataract of any type:

Preoperative:

Evaluate based on visual impairment.

Postoperative:

If a replacement lens is present (pseudophakia), evaluate based on visual impairment. If there is no replacement lens, evaluate based on aphakia.

6029 Aphakia or dislocation of crystalline lens:

Evaluate based on visual impairment, and elevate the resulting level of visual impairment one step.

Minimum (unilateral or bilateral.....)	30
--	----

6030 Paralysis of accommodation (due to neuropathy of the Oculomotor Nerve (cranial nerve III)) 20

6032 Loss of eyelids, partial or complete:

Separately evaluate both visual impairment due to eyelid loss and nonvisual impairment, e.g., disfigurement (diagnostic code 7800), and combine the evaluations.

6034 Pterygium:

Evaluate based on visual impairment, disfigurement (diagnostic code 7800), conjunctivitis (diagnostic code 6018), etc., depending on the particular findings.

6035 Keratoconus:

Evaluate based on impairment of visual acuity.

6036 Status post corneal transplant:

Evaluate based on visual impairment.

Minimum, if there is pain, photophobia, and glare sensitivity..... 10

6037 Pinguecula:

Evaluate based on disfigurement (diagnostic code 7800).

IMPAIRMENT OF CENTRAL VISUAL ACUITY

6061 Anatomical loss of both eyes¹ 100

6062 No more than light perception in both eyes¹ 100

6063 Anatomical loss of one eye:¹

In the other eye 5/200 (1.5/60)..... 100

In the other eye 10/200 (3/60)..... 90

In the other eye 15/200 (4.5/60)..... 80

In the other eye 20/200 (6/60)..... 70

In the other eye 20/100 (6/30)..... 60

In the other eye 20/70 (6/21)..... 60

In the other eye 20/50 (6/15)..... 50

In the other eye 20/40 (6/12)..... 40

6064 No more than light perception in one eye:¹

In the other eye 5/200 (1.5/60)..... 100

In the other eye 10/200 (3/60)..... 90

In the other eye 15/200 (4.5/60)..... 80

In the other eye 20/200 (6/60)..... 70

In the other eye 20/100 (6/30)..... 60

In the other eye 20/70 (6/21)..... 50

In the other eye 20/50 (6/15)..... 40

In the other eye 20/40 (6/12)..... 30

6065 Vision in one eye 5/200 (1.5/60):

In the other eye 5/200 (1.5/60)..... ¹100

In the other eye 10/200 (3/60).....	90
In the other eye 15/200 (4.5/60).....	80
In the other eye 20/200 (6/60).....	70
In the other eye 20/100 (6/30).....	60
In the other eye 20/70 (6/21).....	50
In the other eye 20/50 (6/15).....	40
In the other eye 20/40 (6/12).....	30

6066 Visual acuity in one eye 10/200 (3/60) or better:

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

In the other eye 10/200 (3/60).....	90
In the other eye 15/200 (4.5/60).....	80
In the other eye 20/200 (6/60).....	70
In the other eye 20/100 (6/30).....	60
In the other eye 20/70 (6/21).....	50
In the other eye 20/50 (6/15).....	40
In the other eye 20/40 (6/12).....	30

Vision in one eye 15/200 (4.5/60):

In the other eye 15/200 (4.5/60).....	80
In the other eye 20/200 (6/60).....	70
In the other eye 20/100 (6/30).....	60
In the other eye 20/70 (6/21).....	40
In the other eye 20/50 (6/15).....	30
In the other eye 20/40 (6/12).....	20

Vision in one eye 20/200 (6/60):

In the other eye 20/200 (6/60).....	70
In the other eye 20/100 (6/30).....	60
In the other eye 20/70 (6/21).....	40
In the other eye 20/50 (6/15).....	30
In the other eye 20/40 (6/12).....	20

Vision in one eye 20/100 (6/30):

In the other eye 20/100 (6/30).....	50
In the other eye 20/70 (6/21).....	30
In the other eye 20/50 (6/15).....	20
In the other eye 20/40 (6/12).....	10

Vision in one eye 20/70 (6/21):

In the other eye 20/70 (6/21).....	30
In the other eye 20/50 (6/15).....	20
In the other eye 20/40 (6/12).....	10

Vision in one eye 20/50 (6/15):

In the other eye 20/50 (6/15).....	10
In the other eye 20/40 (6/12).....	10

Vision in one eye 20/40 (6/12):

In the other eye 20/40 (6/12).....	0
------------------------------------	---

¹Review for entitlement to special monthly compensation under 38 CFR 3.350.

RATINGS FOR IMPAIRMENT OF VISUAL FIELDS

6080 Visual field defects:	
Homonymous hemianopsia.....	30
Loss of temporal half of visual field:	
Bilateral.....	30
Unilateral.....	10
Or evaluate each affected eye as 20/70 (6/21).	
Loss of nasal half of visual field:	
Bilateral.....	10
Unilateral.....	10
Or evaluate each affected eye as 20/50 (6/15).	
Loss of inferior half of visual field:	
Bilateral.....	30
Unilateral.....	10
Or evaluate each affected eye as 20/70 (6/21).	
Loss of superior half of visual field:	
Bilateral.....	10
Unilateral.....	10
Or evaluate each affected eye as 20/50 (6/15).	
Concentric contraction of visual field:	
With remaining field of 5 degrees: ¹	
Bilateral.....	100
Unilateral.....	30
Or evaluate each affected eye as 5/200 (1.5/60).	
With remaining field of 6 to 15 degrees:	
Bilateral.....	70
Unilateral.....	20
Or evaluate each affected eye as 20/200 (6/60).	
With remaining field of 16 to 30 degrees:	
Bilateral.....	50
Unilateral.....	10
Or evaluate each affected eye as 20/100 (6/30).	
With remaining field of 31 to 45 degrees:	
Bilateral.....	30
Unilateral.....	10
Or evaluate each affected eye as 20/70 (6/21).	
With remaining field of 46 to 60 degrees:	
Bilateral.....	10
Unilateral.....	10
Or evaluate each affected eye as 20/50 (6/15).	

6081 Scotoma, unilateral:

Minimum, with scotoma affecting at least one-quarter of the visual field

(quadrantanopsia) or with centrally located scotoma of any size 10
Alternatively, evaluate based on visual impairment due to scotoma, if that would result in a higher evaluation.

¹Review for entitlement to special monthly compensation under 38 CFR 3.350.

RATINGS FOR IMPAIRMENT OF MUSCLE FUNCTION

Degree of diplopia	Equivalent visual acuity
6090 Diplopia (double vision):	
(a) Central 20 degrees	5/200 (1.5/60)
(b) 21 degrees to 30 degrees	
(1) Down	15/200 (4.5/60)
(2) Lateral.....	20/100 (6/30)
(3) Up	20/70 (6/21)
(c) 31 degrees to 40 degrees	
(1) Down	20/200 (6/60)
(2) Lateral.....	20/70 (6/21)
(3) Up	20/40 (6/12)

Note: In accordance with 38 CFR 4.31, diplopia that is occasional or that is correctable with spectacles is evaluated at 0 percent.

6091 Symblepharon:

Evaluate based on visual impairment, lagophthalmos (diagnostic code 6022), disfigurement (diagnostic code 7800), etc., depending on the particular findings.

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

[43 FR 45354, Oct. 2, 1978, as amended at 73 FR 66550, Nov. 10, 2008]

Supplement *Highlights* reference: 46(1)

§4.80 [Reserved]

§4.81 [Reserved]

§4.82 [Reserved]

§4.83 [Reserved]

§4.84 [Reserved]

aphasia and related disorders, and dysarthria; neurogenic bladder; neurogenic bowel; cranial nerve dysfunctions; autonomic nerve dysfunctions; and endocrine dysfunctions.

The preceding list of types of physical dysfunction does not encompass all possible residuals of TBI. For residuals not listed here that are reported on an examination, evaluate under the most appropriate diagnostic code. Evaluate each condition separately, as long as the same signs and symptoms are not used to support more than one evaluation, and combine under §4.25 the evaluations for each separately rated condition. The evaluation assigned based on the “Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified” table will be considered the evaluation for a single condition for purposes of combining with other disability evaluations.

Consider the need for special monthly compensation for such problems as loss of use of an extremity, certain sensory impairments, erectile dysfunction, the need for aid and attendance (including for protection from hazards or dangers incident to the daily environment due to cognitive impairment), being housebound, etc.

Evaluation of Cognitive Impairment and Subjective Symptoms

The table titled “Evaluation of Cognitive Impairment and Other Residuals of TBI Not Otherwise Classified” contains 10 important facets of TBI related to cognitive impairment and subjective symptoms. It provides criteria for levels of impairment for each facet, as appropriate, ranging from 0 to 3, and a 5th level, the highest level of impairment, labeled “total.” However, not every facet has every level of severity. The Consciousness facet, for example, does not provide for an impairment level other than “total,” since any level of impaired consciousness would be totally disabling. Assign a 100-percent evaluation if “total” is the level of evaluation for one or more facets. If no facet is evaluated as “total,” assign the overall percentage evaluation based on the level of the highest facet as follows: 0 = 0 percent; 1 = 10 percent; 2 = 40 percent; and 3 = 70 percent. For example, assign a 70 percent evaluation if 3 is the highest level of evaluation for any facet.

Note (1): There may be an overlap of manifestations of conditions evaluated under the table titled “Evaluation Of Cognitive Impairment And Other Residuals Of TBI Not Otherwise Classified” with manifestations of a comorbid mental or neurologic or other physical disorder that can be separately evaluated under another diagnostic code. In such cases, do not assign more than one evaluation based on the same manifestations. If the manifestations of two or more conditions cannot be clearly separated, assign a single evaluation under whichever set of diagnostic criteria allows the better assessment of overall impaired functioning due to both conditions. However, if the manifestations are clearly separable, assign a separate evaluation for each condition.

Note (2): Symptoms listed as examples at certain evaluation levels in the table are only examples and are not symptoms that must be present in order to assign a particular evaluation.

Note (3): “Instrumental activities of daily living” refers to activities other than self-care that are needed for independent living, such as meal preparation, doing housework and other chores, shopping, traveling, doing laundry, being responsible for one’s own medications, and using a telephone. These activities are distinguished from “Activities of daily living,” which refers to basic self-care and includes bathing or showering, dressing, eating, getting in or out of bed or a chair, and using the toilet.

Note (4): The terms “mild,” “moderate,” and “severe” TBI, which may appear in medical records, refer to a classification of TBI made at, or close to, the time of injury rather than to the current level of functioning. This classification does not affect the rating assigned under diagnostic code 8045.

Note (5): A veteran whose residuals of TBI are rated under a version of § 4.124a, diagnostic code 8045, in effect before October 23, 2008 may request review under diagnostic code 8045, irrespective of whether his or her disability has worsened since the last review. VA will review that veteran’s disability rating to determine whether the veteran may be entitled to a higher disability rating under diagnostic code 8045. A request for review pursuant to this note will be treated as a claim for an increased rating for purposes of determining the effective date of an increased rating awarded as a result of such review; however, in no case will the award be effective before October 23, 2008. For the purposes of determining the effective date of an increased rating awarded as a result of such review, VA will apply 38 CFR 3.114, if applicable.

8046 Cerebral arteriosclerosis:

Purely neurological disabilities, such as hemiplegia, cranial nerve paralysis, etc., due to cerebral arteriosclerosis will be rated under the diagnostic codes dealing with such specific disabilities, with citation of a hyphenated diagnostic code (e.g., 8046-8207).

Purely subjective complaints such as headache, dizziness, tinnitus, insomnia and irritability, recognized as symptomatic of a properly diagnosed cerebral arteriosclerosis, will be rated 10 percent and no more under diagnostic code 9305. This 10 percent rating will not be combined with any other rating for a disability due to cerebral or generalized arteriosclerosis. Ratings in excess of 10 percent for cerebral arteriosclerosis under diagnostic code 9305 are not assignable in the absence of a diagnosis of multi-infarct dementia with cerebral arteriosclerosis.

Note: The ratings under code 8046 apply only when the diagnosis of cerebral arteriosclerosis is substantiated by the entire clinical picture and not solely on findings of retinal arteriosclerosis.

EVALUATION OF COGNITIVE IMPAIRMENT AND OTHER RESIDUALS OF TBI NOT OTHERWISE CLASSIFIED

Facets of cognitive impairment and other residuals of TBI not otherwise classified	Level of impairment	Criteria
Memory, attention, concentration, executive functions.	0	No complaints of impairment of memory, attention, concentration, or executive functions.
	1	A complaint of mild loss of memory (such as having difficult following a conversation, recalling recent conversations, remembering names of new acquaintances, or finding words, or often misplacing

unemployability is due to epilepsy and jurisdiction is not vested in that body by reason of schedular evaluations, the case should be submitted to the Director, Compensation and Pension Service.

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

[29 FR 6718, May 22, 1964, as amended at 40 FR 42540, Sept. 15, 1975; 41 FR 11302, Mar. 18, 1976; 43 FR 45362, Oct. 2, 1978; 54 FR 4282, Jan. 30, 1989; 54 FR 49755, Dec. 1, 1989; 55 FR 154, Jan. 3, 1990; 56 FR 51653, Oct. 15, 1991; 57 FR 24364, June 9, 1992; 70 FR 75399, Dec. 20, 2005; 73 FR 54705, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008]

Supplement *Highlights* references: 39(1), 45(1).

Next Section is §4.125

Reserved

9424	Added November 7, 1996.
9425	Added November 7, 1996.
9431	Added November 7, 1996.
9432	Added November 7, 1996.
9433	Added November 7, 1996.
9434	Added November 7, 1996.
9435	Added November 7, 1996.
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.
	9901 Criterion February 17, 1994.
	9902 Criterion February 17, 1994.
	9903 Criterion February 17, 1994.
	9905 Criterion September 22, 1978; evaluation February 17, 1994.
	9910 Removed February 17, 1994.
	9913 Criterion February 17, 1994.
	9914 Added February 17, 1994.
	9915 Added February 17, 1994.
	9916 Added February 17, 1994.

[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]

Supplement *Highlights* references: 42(1), 45(1,2).

End of Appendix A

Reserved

Prolapse.....	7621
Removal.....	7618
Uveitis.....	6000
Vagina, disease or injury.....	7611
Vagotomy.....	7348
Valvular heart disease.....	7000
Varicose veins.....	7120
Vasculitis, primary cutaneous.....	7826
Vertebral fracture or dislocation.....	5235
Visceral Leishmaniasis.....	6301
Visceroptosis.....	7342
Vision: <i>see also</i> Blindness and Loss of	
One eye 5/200 (1.5/60), with visual acuity of other eye:	
5/200 (1.5/60).....	6071
10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60).....	6072
20/100 (6/30); 20/70 (6/21); 20/50 (6/15).....	6073
20/40 (6/12).....	6074
One eye 10/200 (3/60), with visual acuity of other eye:	
10/200 (3/60); 15/200 (4.5/60); 20/200 (6/60).....	6075
20/100 (6/30); 20/70 (6/21); 20/50 (6/15).....	6076
20/40 (6/12).....	6077
One eye 15/200 (4.5/60), with visual acuity of other eye:	
15/200 (4.5/60) or 20/200 (6/60).....	6075
20/100 (6/30); 20/70 (6/21); 20/50 (6/15).....	6076
20/40 (6/12).....	6077
One eye 20/200 (6/60), with visual acuity of other eye:	
20/200 (6/60).....	6075
20/100 (6/30); 20/70 (6/21); 20/50 (6/15).....	6076
20/40 (6/12).....	6077
One eye 20/100 (6/30), with visual acuity of other eye: and other eye:	
20/100 (6/30); 20/70 (6/21); 20/50 (6/15).....	6078
20/40 (6/12).....	6079
One eye 20/70 (6/21), with visual acuity of other eye:	
20/70 (6/21) or 20/50 (6/15).....	6078
20/40 (6/12).....	6079
One eye 20/50 (6/15), with visual acuity of other eye:	
20/50 (6/15).....	6078
20/40 (6/12).....	6079
Each eye 20/40 (6/12).....	6079
Vitiligo.....	7823
Vulva disease or injury of.....	7610
Weak foot.....	5277

[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 13003, Mar. 20, 2007; 73 FR 54708, 54712, Sept. 23, 2008; 73 FR 69554, Nov. 19, 2008]

Supplement *Highlights* references: 42(1), 45(1,2).

End of Appendix C