

VA Schedule for Rating Disabilities — Digestive System

Side-by-Side Comparison

Historical Rating Schedule Effective May 31, 2001

§ 4.110 Ulcers.

Experience has shown that the term “peptic ulcer” is not sufficiently specific for rating purposes. Manifest differences in ulcers of the stomach or duodenum in comparison with those at an anastomotic stoma are sufficiently recognized as to warrant two separate graduated descriptions. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

Updated (New) Rating Schedule Effective May 19, 2024

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§ 4.111 Postgastrectomy syndromes.

There are various postgastrectomy symptoms which may occur following anastomotic operations of the stomach. When present, those occurring during or immediately after eating and known as the “dumping syndrome” are characterized by gastrointestinal complaints and generalized symptoms simulating hypoglycemia; those occurring from 1 to 3 hours after eating usually present definite manifestations of hypoglycemia.

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§ 4.112 Weight loss.

For purposes of evaluating conditions in [§ 4.114](#), the term "substantial weight loss" means a loss of greater than 20 percent of the individual's baseline weight, sustained for three months or longer; and the term "minor weight loss" means a weight loss of 10 to 20 percent of the individual's baseline weight, sustained for three months or longer. The term "inability to gain weight" means that there has been substantial weight loss with inability to regain it despite appropriate therapy. "Baseline weight" means the average weight for the two-year-period preceding onset of the disease.

§ 4.112 Weight loss and nutrition.

The following terms apply when evaluating conditions in § 4.114:

(a) **Weight loss.** "Substantial weight loss" means involuntary loss greater than 20% of an individual's baseline weight sustained for three months with diminished quality of self-care or work tasks. The term "minor weight loss" means involuntary weight loss between 10 and 20% of an individual's baseline weight sustained for three months with gastrointestinal-related symptoms, involving diminished quality of self-care or work tasks, or decreased food intake. The term "inability to gain weight" means substantial weight loss with the inability to regain it despite following appropriate therapy.

(b) **Baseline weight:** "Baseline weight" means the clinically documented average weight for the two-year period preceding the onset of illness or, if relevant, the weight recorded at the veteran's most recent discharge physical. If neither of these weights is available or currently relevant, then use ideal body weight as determined by either the Hamwi formula or Body Mass Index tables, whichever is most favorable to the veteran.

(c) **Undernutrition:** "Undernutrition" means a deficiency resulting from insufficient intake of one or multiple essential nutrients, or the inability of the body to absorb, utilize, or retain such nutrients. Undernutrition is characterized by failure of the body to maintain normal organ functions and healthy tissues. Signs and symptoms may include: loss of subcutaneous tissue, edema, peripheral neuropathy, muscle wasting, weakness, abdominal distention, ascites, and Body Mass Index below normal range.

(d) Nutritional Support: The following describe various nutritional support methods used to treat certain digestive conditions.

(1) Total parenteral nutrition or hyperalimentation is a special liquid mixture given into the blood through an intravenous catheter. The mixture contains proteins, carbohydrates (sugars), fats, vitamins, and minerals. Total parenteral nutrition bypasses the normal digestion in the stomach and bowel.

(2) Assisted enteral nutrition requires a special liquid mixture (containing proteins, carbohydrates (sugar), fats, vitamins and minerals) to be delivered into the stomach or bowel through a flexible feeding tube. Percutaneous endoscopic gastrostomy is a type of assisted enteral nutrition in which a flexible feeding tube is inserted through the abdominal wall and into the stomach. Nasogastric or nasoenteral feeding tube is a type of assisted parenteral nutrition in which a flexible feeding tube is inserted through the nose into the stomach or bowel.

§ 4.113 Coexisting abdominal conditions.

There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations

Regulation Remains Unchanged

without violating the fundamental principle relating to pyramiding as outlined in [§ 4.14](#).

§ 4.114 Schedule of ratings - digestive system.

Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.

§ 4.114 Schedule of ratings - digestive system.

Do not combine ratings under diagnostic codes 7301 to 7329 inclusive, 7331, 7342, 7345 to 7350 inclusive, 7352, and 7355 to 7357 inclusive, with each other. Instead, when more than one rating is warranted under those diagnostic codes, assign a single evaluation under the diagnostic code that reflects the predominant disability picture, and elevate it to the next higher evaluation if warranted by the severity of the overall disability.

Rating

7200 Mouth, injuries of.

Rate as for disfigurement and impairment of function of mastication.

Rating

7200 Soft tissue injury of the mouth, other than tongue or lips:

Rate as for disfigurement ([diagnostic codes 7800 and 7804](#)) and impairment of mastication.

Rating

7201 Lips, injuries of.

Rate as disfigurement of the face

Rating

7201 Lips, injuries of.

Rate as disfigurement ([diagnostic codes 7800 and 7804](#)).

	Rating
7202 Tongue, loss of whole or part:	
With inability to communicate by speech	100
One-half or more	60
With marked speech impairment	30

	Rating
7202 Tongue, loss of whole or part:	
Absent oral nutritional intake	100
Intact oral nutritional intake with permanently impaired swallowing function that requires prescribed dietary modification	60
Intact oral nutritional intake with permanently impaired swallowing function without prescribed dietary modification	30
<p style="color: red;">Note (1): Rate the residuals of speech impairment as complete organic aphonia (DC 6519) or incomplete aphonia as laryngitis, chronic (DC 6516).</p> <p style="color: red;">Note (2): Dietary modifications due to this condition must be prescribed by a medical provider.</p>	

	Rating
7203 Esophagus, stricture of:	
Permitting passage of liquids only, with marked impairment of general health	80
Severe, permitting liquids only	50
Moderate	30

	Rating
7203 Esophagus, stricture of:	
Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia with at least one of the symptoms present: (1) aspiration, (2) undernutrition, and/or (3) substantial weight loss as defined by § 4.112(a) and treatment with either surgical correction or percutaneous esophago-gastrointestinal tube (PEG tube)	80
Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia which requires at least one of the following (1) dilatation 3 or more times per year, (2) dilatation using steroids at	50

least one time per year, or (3) esophageal stent placement

Documented history of recurrent esophageal stricture(s) causing dysphagia which requires dilatation no more than 2 times per year **30**

Documented history of esophageal stricture(s) that requires daily medications to control dysphagia otherwise asymptomatic **10**

Documented history without daily symptoms or requirement for daily medications **0**

Note (1): Findings must be documented by barium swallow, computerized tomography, or esophagogastroduodenoscopy.

Note (2): Non-gastrointestinal complications of procedures should be rated under the appropriate system.

Note (3): This diagnostic code applies, but is not limited to, esophagitis, mechanical or chemical; Mallory Weiss syndrome (bleeding at junction of esophagus and stomach due to tears) due to caustic ingestion of alkali or acid; drug-induced or infectious esophagitis due to Candida, virus, or other organism; idiopathic eosinophilic, or lymphocytic esophagitis; esophagitis due to radiation therapy; esophagitis due to peptic stricture; and any esophageal condition that requires treatment with sclerotherapy

Note (4): Recurrent esophageal stricture is defined as the inability to maintain target esophageal diameter beyond 4 weeks after the target diameter has been achieved

Note (5): Refractory esophageal stricture is defined as the inability to achieve target esophageal diameter despite

	receiving no fewer than 5 dilatation sessions performed at 2-week intervals
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Rating	
<p>7204 Esophagus, spasm of (cardiospasm). If not amenable to dilation, rate as for the degree of obstruction (stricture).</p>	<p>7204 Esophageal motility disorder: Rate as esophagus, stricture of (DC 7203).</p> <p>Note: This diagnostic code applies, but is not limited to, achalasia (cardiospasm), diffuse esophageal spasm (DES), corkscrew esophagus, nutcracker esophagus, and other motor disorders of the esophagus; esophageal rings (including Schatzki rings), mucosal webs or folds, and impairment of the esophagus caused by systemic conditions such as myasthenia gravis, scleroderma, and other neurologic conditions.</p>

Rating	
<p>7205 Esophagus, diverticulum of, acquired. Rate as for obstruction (stricture).</p>	<p>7205 Esophagus, diverticulum of, acquired. Rate as esophagus, stricture of (DC 7203).</p> <p>Note: This diagnostic code, applies, but is not limited to, pharyngo- esophageal (Zenker's) diverticulum, mid-esophageal diverticulum, and epiphrenic (distal esophagus) diverticulum.</p>

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	Rating
7206 Gastroesophageal reflux disease:	
Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia with at least one of the symptoms present: (1) aspiration, (2) undernutrition, and/or (3) substantial weight loss as defined by § 4.112(a) and treatment with either surgical correction or percutaneous esophago-gastrointestinal tube (PEG tube)	80
Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia which requires at least one of the following (1) dilatation 3 or more times per year, (2) dilatation using steroids at least one time per year, or (3) esophageal stent placement	50
Documented history of recurrent esophageal stricture(s) causing dysphagia which requires dilatation no more than 2 times per year	30
Documented history of esophageal stricture(s) that requires daily medications to control dysphagia otherwise asymptomatic	10
Documented history without daily symptoms or requirement for daily medications	0
Note (1): Findings must be documented by barium swallow, computerized tomography, or esophagogastroduodenoscopy.	

Note (2): Non-gastrointestinal complications of procedures should be rated under the appropriate system.

Note (3): This diagnostic code applies, but is not limited to, esophagitis, mechanical or chemical; Mallory Weiss syndrome (bleeding at junction of esophagus and stomach due to tears) due to caustic ingestion of alkali or acid; drug-induced or infectious esophagitis due to Candida, virus, or other organism; idiopathic eosinophilic, or lymphocytic esophagitis; esophagitis due to radiation therapy; esophagitis due to peptic stricture; and any esophageal condition that requires treatment with sclerotherapy

Note (4): Recurrent esophageal stricture is defined as the inability to maintain target esophageal diameter beyond 4 weeks after the target diameter has been achieved

Note (5): Refractory esophageal stricture is defined as the inability to achieve target esophageal diameter despite receiving no fewer than 5 dilatation sessions performed at 2-week intervals

Rating

7207 Barrett's esophagus:

With esophageal stricture: Rate as esophagus, stricture of (DC 7203).

Without esophageal stricture:

Documented by pathologic diagnosis with high-grade dysplasia.....

30

		Documented by pathologic diagnosis with low-grade dysplasia.....	10
		Note (1): If malignancy develops, rate as malignant neoplasms of the digestive system, exclusive of skin growths (DC 7343).	
		Note (2): If the condition is resolved via surgery, radiofrequency ablation, or other treatment, rate residuals as esophagus, stricture of (DC 7203).	
	Rating		Rating
7301 Peritoneum, adhesions of:			
Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage	50	Persistent partial bowel obstruction that is either inoperable and refractory to treatment, or requires total parenteral nutrition (TPN) for obstructive symptoms	80
Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain	30	Symptomatic peritoneal adhesions, persisting or recurring after surgery, trauma, inflammatory disease process such as chronic cholecystitis or Crohn's disease, or infection, as determined by a healthcare provider; and clinical evidence of recurrent obstruction requiring hospitalization at least once a year; and medically-directed dietary modification other than total parenteral nutrition (TPN); and at least one of the following: (1) abdominal pain, (2) nausea, (3) vomiting, (4) colic, (5) constipation, or (6) diarrhea	50
Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension	10	Symptomatic peritoneal adhesions, persisting or recurring after surgery, trauma, inflammatory disease process such as chronic cholecystitis or Crohn's	30
Mild	0		
Note: Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intraabdominal) process, and at least two of the following:			

disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain.

disease, or infection, as determined by a healthcare provider; and medically-directed dietary modification other than total parenteral nutrition (TPN); and at least one of the following: (1) abdominal pain, (2) nausea, (3) vomiting, (4) colic, (5) constipation, or (6) diarrhea

Symptomatic peritoneal adhesions, persisting or recurring after surgery, trauma, inflammatory disease process such as chronic cholecystitis or Crohn's disease, or infection, as determined by a healthcare provider, and at least one of the following: (1) abdominal pain, (2) nausea, (3) vomiting, (4) colic, (5) constipation, or (6) diarrhea 10

History of peritoneal adhesions, currently asymptomatic 0

Rating

7303 Chronic complications of upper gastrointestinal surgery:

Requiring continuous total parenteral nutrition (TPN) or tube feeding for a period longer than 30 consecutive days in the last six months 80

Any one of the following symptoms with or without pain: (1) daily vomiting despite oral dietary modification or medication; (2) six or more watery bowel movements per day every day, or explosive bowel movements that are difficult to predict or control; (3) post-prandial (meal-induced) light-headedness (syncope) with sweating and the need for medications to specifically treat complications of upper gastrointestinal surgery such as dumping syndrome or delayed gastric emptying 50

	With two or more of the following symptoms: (1) vomiting two or more times per week or vomiting despite medical treatment; (2) discomfort or pain within an hour of eating and requiring ongoing oral dietary modification; (3) three to five watery bowel movements per day every day	30
	With either nausea or vomiting managed by ongoing medical treatment	10
	Post-operative status, asymptomatic	0
Note (1): For resection of small intestine, use DC 7328.		
Note (2): If pancreatic surgery results in a vitamin or mineral deficiency (e.g., B12, iron, calcium, or fat-soluble vitamins), evaluate under the appropriate vitamin/mineral deficiency code and assign the higher rating. For example, evaluate Vitamin A, B, C or D deficiencies under DC 6313; ocular manifestations of vitamin deficiencies, such as night blindness, under DC 6313; keratitis or keratomalacia due to Vitamin A deficiency under DC 6001; Vitamin E deficiency under neuropathy; and Vitamin K deficiency under prolonged clotting (e.g., DC 7705).		
Note (3): This diagnostic code includes operations performed on the esophagus, stomach, pancreas, and small intestine, including bariatric surgery.		

7304 Ulcer, gastric.	Rating	Rating
		7304 Peptic ulcer disease:
		Post-operative for perforation or hemorrhage, for three months

	Continuous abdominal pain with intermittent vomiting, recurrent hematemesis (vomiting blood) or melena (tarry stools); and manifestations of anemia which require hospitalization at least once in the past 12 months	60
	Episodes of abdominal pain, nausea, or vomiting, that: last for at least three consecutive days in duration; occur four or more times in the past 12 months; and are managed by daily prescribed medication	40
	Episodes of abdominal pain, nausea, or vomiting, that: last for at least three consecutive days in duration; occur three times or less in the past 12 months; and are managed by daily prescribed medication	20
	History of peptic ulcer disease documented by endoscopy or diagnostic imaging studies	0
Note: After three months at the 100% evaluation, rate on residuals as determined by mandatory VA medical examination.		

	Rating
7305 Ulcer, duodenal:	
Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health	60
Moderately severe; less than severe but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes	40

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averaging 10 days or more in duration at least four or more times a year

Moderate; recurring episodes of severe symptoms **20**

two or three times a year averaging 10 days in duration; or with continuous moderate manifestations

Mild; with recurring symptoms once or twice yearly **10**

Rating

7306 Ulcer, marginal (gastrojejunal):

Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, recurring melena or hematemesis, and weight loss. **100**
Totally incapacitating

Severe; same as pronounced with less pronounced and less continuous symptoms with definite impairment of health **60**

Moderately severe; intercurrent episodes of abdominal pain at least once a month partially or completely relieved by ulcer therapy, mild and transient episodes of vomiting or melena **40**

Moderate; with episodes of recurring symptoms several times a year **20**

Mild; with brief episodes of recurring symptoms once or twice yearly **10**

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Rating

7307 Gastritis, chronic:

Rate as peptic ulcer disease (DC 7304).

	Rating
7307 Gastritis, hypertrophic (identified by gastroscope):	
Chronic; with severe hemorrhages, or large ulcerated or eroded areas	60
Chronic; with multiple small eroded or ulcerated areas, and symptoms	30
Chronic; with small nodular lesions, and symptoms	10
Gastritis, atrophic. A complication of a number of diseases, including pernicious anemia. Rate the underlying condition.	

Note: This diagnostic code includes *Helicobacter pylori* infection, drug-induced gastritis, Zollinger-Ellison syndrome, and portal-hypertensive gastropathy with varix-related complications.

	Rating
7308 Postgastrectomy syndromes:	
Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia	60
Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss	40
Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations	20

	Rating
7308 Postgastrectomy syndrome:	
Rate residuals as chronic complications of upper gastrointestinal surgery (DC 7303).	

<p>7309 Stomach, stenosis of. Rate as for gastric ulcer.</p>	<p>Rating</p> <p>7309 Stomach, stenosis of: Rate as chronic complications of upper gastrointestinal surgery (DC 7303) or peptic ulcer disease (DC 7304), depending on the predominant disability.</p>
<p>7310 Stomach, injury of, residuals. Rate as peritoneal adhesions.</p>	<p>Rating</p> <p>7310 Stomach, injury of, residuals. Pre-operative: Rate as adhesions of peritoneum due to surgery, trauma, disease, or infection (DC 7301). No adhesions are necessary when evaluating under DC 7301. Post-operative: Rate as chronic complications of upper gastrointestinal surgery (DC 7303).</p>
<p>7311 Residuals of injury of the liver: Depending on the specific residuals, separately evaluate as adhesions of peritoneum (diagnostic code 7301), cirrhosis of liver (diagnostic code 7312), and chronic liver disease without cirrhosis (diagnostic code 7345).</p>	<p>Rating</p> <p>DC Remains Unchanged</p>

	Rating
7312 Cirrhosis of the liver, primary biliary cirrhosis, or cirrhotic phase of sclerosing cholangitis:	
Generalized weakness, substantial weight loss, and persistent jaundice, or; with one of the following refractory to treatment: ascites, hepatic encephalopathy, hemorrhage from varices or portal gastropathy (erosive gastritis)	100
History of two or more episodes of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis), but with periods of remission between attacks	70
History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis)	50
Portal hypertension and splenomegaly, with weakness, anorexia, abdominal pain, malaise, and at least minor weight loss	30
Symptoms such as weakness, anorexia, abdominal pain, and malaise	10
<p>Note: For evaluation under diagnostic code 7312, documentation of cirrhosis (by biopsy or imaging) and abnormal liver function tests must be present.</p>	

	Rating
7312 Cirrhosis of the liver:	
Liver disease with Model for End-Stage Liver	100
Disease score greater than or equal to 15; or with continuous daily debilitating symptoms, generalized weakness and at least one of the following: (1) ascites (fluid in the abdomen), or (2) a history of spontaneous bacterial peritonitis, or (3) hepatic encephalopathy, or (4) variceal hemorrhage, or (5) coagulopathy, or (6) portal gastropathy, or (7) hepatopulmonary or hepatorenal syndrome	
Liver disease with Model for End-Stage Liver	60
Disease score greater than 11 but less than 15; or with daily fatigue and at least one episode in the last year of either (1) variceal hemorrhage, or (2) portal gastropathy or hepatic encephalopathy	
Liver disease with Model for End-Stage Liver	30
Disease score of 10 or 11; or with signs of portal hypertension such as splenomegaly or ascites (fluid in the abdomen) and either weakness, anorexia, abdominal pain, or malaise	
Liver disease with Model for End-Stage Liver	10
Disease score greater than 6 but less than 10; or with evidence of either anorexia, weakness, abdominal pain or malaise	
Asymptomatic, but with a history of liver disease	0
<p>Note (1): Rate hepatocellular carcinoma occurring with cirrhosis under DC 7343 (Malignant neoplasms of the digestive system, exclusive of skin growths) in lieu of DC 7312.</p>	

Note (2): Biochemical studies, imaging studies, or biopsy must confirm liver dysfunction (including hyponatremia, thrombocytopenia, and/or coagulopathy).

Note (3): Rate condition based on symptomatology where the evidence does not contain a Model for End-Stage Liver Disease score.

Rating

7314 Cholecystitis, chronic:

Severe; frequent attacks of gall bladder colic	30
Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice	10
Mild	0

Rating

7314 Chronic biliary tract disease:

With three or more clinically documented attacks of right upper quadrant pain with nausea and vomiting during the past 12 months; or requiring dilatation of biliary tract strictures at least once during the past 12 months	30
With one or two clinically documented attacks of right upper quadrant pain with nausea and vomiting in the past 12 months	10
Asymptomatic, without history of a clinically documented attack of right upper quadrant pain with nausea and vomiting in the past 12 months	0

Note: This diagnostic code includes cholangitis, biliary strictures, Sphincter of Oddi dysfunction, bile duct injury, and choledochal cyst. Rate primary sclerosing cholangitis under chronic liver disease without cirrhosis (DC 7345).

Rating
7315 Cholelithiasis, chronic. Rate as for chronic cholecystitis.

Rating
7315 Cholelithiasis, chronic. Rate as chronic biliary tract disease (DC 7314) .

Rating
7316 Cholangitis, chronic. Rate as for chronic cholecystitis.

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Rating
7317 Gall bladder, injury of. Rate as for peritoneal adhesions.

Rating
7317 Gallbladder, injury of. Rate as adhesions of the peritoneum due to surgery, trauma, disease, or infection (DC 7301); or chronic gallbladder and biliary tract disease (DC 7314), or cholecystectomy (gallbladder removal), complications of (such as strictures and biliary leaks) (DC 7318), depending on the predominant disability.

Note: When rating gallbladder injuries analogous to DC 7301, a finding of adhesions is not necessary.

Rating
7318 Gall bladder, removal of:
With severe symptoms 30
With mild symptoms 10

Rating
7318 Cholecystectomy (gallbladder removal), complications of (such as strictures and biliary leaks):

With recurrent abdominal pain (post-prandial or nocturnal); and chronic diarrhea characterized by three or more watery bowel movements per day **30**

Nonsymptomatic	0
Spleen, disease or injury of.	
See Hemic and Lymphatic Systems.	

With intermittent abdominal pain; and diarrhea characterized by one to two watery bowel movements per day	10
Asymptomatic	0

Rating	
7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.):	
Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress	30
Moderate; frequent episodes of bowel disturbance with abdominal distress	10
Mild; disturbances of bowel function with occasional episodes of abdominal distress	0

Rating	
7319 Irritable bowel syndrome (IBS):	
Abdominal pain related to defecation at least one day per week during the previous three months; and two or more of the following: (1) change in stool frequency, (2) change in stool form, (3) altered stool passage (straining and/or urgency), (4) mucorrhea, (5) abdominal bloating, or (6) subjective distension	30
Abdominal pain related to defecation for at least three days per month during the previous three months; and two or more of the following: (1) change in stool frequency, (2) change in stool form, (3) altered stool passage (straining and/or urgency), (4) mucorrhea, (5) abdominal bloating, or (6) subjective distension	10
Abdominal pain related to defecation at least once during the previous three months; and two or more of the following: (1) change in stool frequency, (2) change in stool form, (3) altered stool passage (straining and/or urgency), (4) mucorrhea, (5) abdominal bloating, or (6) subjective distension	0
<p>Note: This diagnostic code may include functional digestive disorders (see § 3.317), such as dyspepsia, functional bloating and constipation, and diarrhea. Evaluate other symptoms of a functional digestive disorder not</p>	

encompassed by this diagnostic code under the appropriate diagnostic code, to include gastrointestinal dysmotility syndrome (DC 7356), following the general principles of §§ 4.14 and 4.114.

Rating

7321 Amebiasis:

Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea	10
Asymptomatic	0

Note: Amebiasis with or without liver abscess is parallel in symptomatology with ulcerative colitis and should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.

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Rating

7322 Dysentery, bacillary.

Rate as for ulcerative colitis.

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	Rating
7323 Colitis, ulcerative:	
Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess	100
Severe; with numerous attacks a year and malnutrition, the health only fair during remissions	60
Moderately severe; with frequent exacerbations	30
Moderate; with infrequent exacerbations	10

	Rating
7323 Colitis, ulcerative:	

Rate as Crohn's disease or undifferentiated form of inflammatory bowel disease (DC 7326).

	Rating
7324 Distomiasis, intestinal or hepatic:	
Severe symptoms	30
Moderate symptoms	10
Mild or no symptoms	0

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	Rating
7325 Enteritis, chronic.	

Rate as for irritable colon syndrome.

	Rating
7325 Enteritis, chronic.	

Rate as Irritable Bowel Syndrome (DC 7319) or Crohn's disease or undifferentiated form of inflammatory bowel disease (DC 7326), depending on the predominant disability.

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Rating	Rating
7326 Enterocolitis, chronic.	Rate as for irritable colon syndrome.
7326 Crohn's disease or undifferentiated form of inflammatory bowel disease:	100
Severe inflammatory bowel disease that is unresponsive to treatment; and requires hospitalization at least once per year; and results in either an inability to work or is characterized by recurrent abdominal pain associated with at least two of the following: (1) six or more episodes per day of diarrhea, (2) six or more episodes per day of rectal bleeding, (3) recurrent episodes of rectal incontinence, or (4) recurrent abdominal distention	
Moderate inflammatory bowel disease that is managed on an outpatient basis with immunosuppressants or other biologic agents; and is characterized by recurrent abdominal pain, four to five daily episodes of diarrhea; and intermittent signs of toxicity such as fever, tachycardia, or anemia	60
Mild to moderate inflammatory bowel disease that is managed with oral and topical agents (other than immunosuppressants or other biologic agents); and is characterized by recurrent abdominal pain with three or less daily episodes of diarrhea and minimal signs of toxicity such as fever, tachycardia, or anemia	30
Minimal to mild symptomatic inflammatory bowel disease that is managed with oral or topical agents (other than immunosuppressants or other biologic agents); and is characterized by recurrent abdominal pain with three or less daily episodes of diarrhea and no signs of systemic toxicity	10
Note (1): Following colectomy/colostomy with persistent or recurrent symptoms, rate either under DC 7326 or DC 7329	

(Intestine, large, resection of), whichever provides the highest rating.

Note (2): VA requires diagnoses under DC 7326 to be confirmed by endoscopy or radiologic studies.

Note (3): Inflammation may involve small bowel (ileitis), large bowel (colitis), or inflammation of any component of the gastrointestinal tract from the mouth to the anus.

Rating

7327 Diverticulitis.

Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.

Rating

7327 Diverticulitis and diverticulosis:

Diverticular disease requiring hospitalization for abdominal distress, fever, and leukocytosis (elevated white blood cells) one or more times in the past 12 months; and with at least one of the following complications: (1) hemorrhage, (2) obstruction, (3) abscess, (4) peritonitis, or (5) perforation **30**

Diverticular disease requiring hospitalization for abdominal distress, fever, and leukocytosis (elevated white blood cells) one or more times in the past 12 months; and without associated (1) hemorrhage, (2) obstruction, (3) abscess, (4) peritonitis, or (5) perforation **20**

Asymptomatic; or a symptomatic diverticulitis or diverticulosis that is managed by diet and medication **0**

Note: For colectomy or colostomy, use DC 7327 or DC 7329 (Intestine, large, resection of), whichever results in a higher evaluation.

	Rating
7328 Intestine, small, resection of:	
With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss	60
With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss	40
Symptomatic with diarrhea, anemia and inability to gain weight	20

Note: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.

	Rating
7328 Intestine, small, resection of:	
Status post intestinal resection with undernutrition and anemia; and requiring total parenteral nutrition (TPN)	80
Status post intestinal resection with undernutrition and anemia; and requiring prescribed oral dietary supplementation, continuous medication and intermittent total parenteral nutrition (TPN)	60
Status post intestinal resection with four or more episodes of diarrhea per day resulting in undernutrition and anemia; and requiring prescribed oral dietary supplementation and continuous medication	40
Status post intestinal resection with four or more episodes of diarrhea per day	20
Status post intestinal resection, asymptomatic	0

Note: This diagnostic code includes short bowel syndrome, mesenteric ischemic thrombosis, and post-bariatric surgery complications. Where short bowel syndrome results in high-output syndrome, to include high-output stoma, consider assigning a higher evaluation under DC 7329 (Intestine, large, resection of).

Rating
7329 Intestine, large, resection of:
With severe symptoms, objectively supported by examination findings
40
With moderate symptoms
20
With slight symptoms
10
Note: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.

Rating
7329 Intestine, large, resection of:
Total colectomy with formation of ileostomy, high-output syndrome, and more than two episodes of dehydration requiring intravenous hydration in the past 12 months
100
Total colectomy with or without permanent colostomy or ileostomy without high-output syndrome
60
Partial colectomy with permanent colostomy or ileostomy without high-output syndrome
40
Partial colectomy with reanastomosis (reconnection of the intestinal tube) with loss of ileocecal valve and recurrent episodes of diarrhea more than 3 times per day
20
Partial colectomy with reanastomosis (reconnection of the intestinal tube)
10

Rating
7330 Intestine, fistula of, persistent, or after attempt at operative closure:
Copious and frequent, fecal discharge
100
Constant or frequent, fecal discharge
60
Slight infrequent, fecal discharge
30
Healed; rate for peritoneal adhesions.

Rating
7330 Intestinal fistulous disease, external:
Requiring total parenteral nutrition (TPN); or enteral nutritional support along with at least one of the following: (1) daily discharge equivalent to four or more ostomy bags (sized 130 cc), (2) requiring ten or more pad changes per day, or (3) both a Body Mass Index (BMI) less than 16 and persistent drainage (any amount) for more than 1 month during the past 12 months
100
Requiring enteral nutritional support along with at least one of the following: (1) daily discharge equivalent to three or less ostomy bags (sized 130 cc), (2) requiring fewer than ten pad changes per
60

day, or (3) a Body Mass Index (BMI) of 16 to 18 inclusive and persistent drainage (any amount) for more than 2 months in the past 12 months

Intermittent fecal discharge with persistent drainage 30
for more than 3 months in the past 12 months

Note: This code applies to external fistulas that have developed as a consequence of abdominal trauma, surgery, radiation, malignancy, infection, or ischemia.

	Rating
7331 Peritonitis, tuberculous, active or inactive:	
Active	100
Inactive: See §§ 4.88b and 4.89.	60

<u>DC Remains Unchanged</u>

	Rating
7332 Rectum and anus, impairment of sphincter control:	
Complete loss of sphincter control	100
Extensive leakage and fairly frequent involuntary bowel movements	60
Occasional involuntary bowel movements, necessitating wearing of pad	30
Constant slight, or occasional moderate leakage	10
Healed or slight, without leakage	0

	Rating
7332 Rectum and anus, impairment of sphincter control:	
Complete loss of sphincter control characterized by incontinence or retention that is not responsive to a physician-prescribed bowel program and requires either surgery or digital stimulation, medication (beyond laxative use), and special diet; or incontinence to solids and/or liquids two or more times per day, which requires changing a pad two or more times per day	100
Complete or partial loss of sphincter control characterized by incontinence or retention that is partially responsive to a physician-prescribed bowel program and requires either surgery or digital stimulation, medication (beyond laxative use), and special diet; or incontinence to solids and/or liquids two or more times per week, which requires wearing a pad two or more times per week	60
Complete or partial loss of sphincter control characterized by incontinence or retention that is fully responsive to a physician-prescribed bowel program and requires digital stimulation, medication (beyond laxative use), and special diet; or incontinence to	30

	<p>solids and/or liquids two or more times per month, which requires wearing a pad two or more times per month</p> <hr/> <p>Complete or partial loss of sphincter control 10 characterized by incontinence or retention that is fully responsive to a physician-prescribed bowel program and requires medication or special diet; or incontinence to solids and/or liquids at least once every six months, which requires wearing a pad at least once every six months</p> <hr/> <p>History of loss of sphincter control, currently 0 asymptomatic</p> <hr/> <p>Note: Complete or partial loss of sphincter control refers to the inability to retain or expel stool at an appropriate time and place.</p>
<p style="text-align: right;">Rating</p> <p>7333 Rectum and anus, stricture of:</p> <hr/> <p>Requiring colostomy 100</p> <hr/> <p>Great reduction of lumen, or extensive leakage 50</p> <hr/> <p>Moderate reduction of lumen, or moderate constant leakage 30</p>	<p style="text-align: right;">Rating</p> <p>7333 Rectum and anus, stricture of:</p> <hr/> <p>Inability to open the anus with inability to expel solid feces 100</p> <hr/> <p>Reduction of the lumen 50% or more, with pain and straining during defecation 50</p> <hr/> <p>Reduction of the lumen by less than 50%, with straining during defecation 30</p> <hr/> <p>Luminal narrowing with or without straining, managed by dietary intervention 10</p> <hr/> <p>Note (1): Conditions rated under this code include dyssynergic defecation (levator ani) and anismus (functional constipation).</p>

Note (2): Evaluate an ostomy as Intestine, large, resection of (DC 7329).

	Rating
7334 Rectum, prolapse of:	
Severe (or complete), persistent	50
Moderate, persistent or frequently recurring	30
Mild with constant slight or occasional moderate leakage	10

	Rating
7334 Rectum, prolapse of:	
Persistent irreducible prolapse, repairable or unrepairable	100
Manually reducible prolapse that is not repairable and occurs at times other than bowel movements, exertion, or while performing the Valsalva maneuver	50
Manually reducible prolapse that is not repairable and occurs only after bowel movements, exertion, or while performing the Valsalva maneuver	30
Spontaneously reducible prolapse that is not repairable	10

Note (1): For repairable prolapse of the rectum, continue the 100% evaluation for two months following repair. Thereafter, determine the appropriate evaluation based on residuals by mandatory VA examination. Apply the provisions of § 3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination.

Note (2): Where impairment of sphincter control constitutes the predominant disability, rate under diagnostic code 7332 (Rectum and anus, impairment of sphincter control).

<p>7335 Ano, fistula in. Rate as for impairment of sphincter control.</p>	<p>Rating</p> <p>7335 Ano, fistula in, including anorectal fistula and anorectal abscess:</p> <hr/> <p>More than two constant or near-constant fistulas with abscesses, drainage, and pain, which are refractory to medical and surgical treatment 60</p> <hr/> <p>One or two simultaneous fistulas, with abscess, drainage, and pain 40</p> <hr/> <p>Two or more simultaneous fistulas with drainage and pain, but without abscesses 20</p> <hr/> <p>One fistula with drainage and pain, but without abscess 10</p>
<p>7336 Hemorrhoids, external or internal:</p> <hr/> <p>With persistent bleeding and with secondary anemia, or with fissures 20</p> <hr/> <p>Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences 10</p> <hr/> <p>Mild or moderate 0</p>	<p>Rating</p> <p>7336 Hemorrhoids, external or internal:</p> <hr/> <p>Internal or external hemorrhoids with persistent bleeding and anemia; or continuously prolapsed internal hemorrhoids with three or more episodes per year of thrombosis 20</p> <hr/> <p>Prolapsed internal hemorrhoids with two or less episodes per year of thrombosis; or external hemorrhoids with three or more episodes per year of thrombosis 10</p>
<p>7337 Pruritus ani. Rate for the underlying condition.</p>	<p>Rating</p> <p>7337 Pruritus ani (anal itching):</p> <hr/> <p>With bleeding or excoriation 10</p>

	Without bleeding or excoriation	0
7338 Hernia, inguinal:	Rating	
Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable	60	
Small, postoperative recurrent, or unoperated irremediable, not well supported by truss, or not readily reducible	30	
Postoperative recurrent, readily reducible and well supported by truss or belt	10	
Not operated, but remediable	0	
Small, reducible, or without true hernia protrusion	0	
 Note: Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree.		
7338 Hernia, including femoral, inguinal, umbilical, ventral, incisional, and other (but not including hiatal):	Rating	
Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	100	
1. Size equal to 15 cm or greater in one dimension; and		
2. Pain when performing at least three of the following activities: (1) bending over, (2) activities of daily living (ADLs), (3) walking, and (4) climbing stairs		
Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	60	
1. Size equal to 15 cm or greater in one dimension; and		
2. Pain when performing two of the following activities: (1) bending over, (2) activities of daily living (ADLs), (3) walking, and (4) climbing stairs		
Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	30	
1. Size equal to 3 cm or greater but less than 15 cm in one dimension; and		
2. Pain when performing at least two of the following activities: (1) bending over, (2)		

	activities of daily living (ADLs), (3) walking, and (4) climbing stairs	
	Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	20
	1. Size equal to 3 cm or greater but less than 15 cm in one dimension; and	
	2. Pain when performing one of the following activities: (1) bending over, (2) activities of daily living (ADLs), (3) walking, and (4) climbing stairs	
	Irreparable hernia (new or recurrent) present for 12 months or more; with hernia size smaller than 3 cm	10
	Asymptomatic hernia; present and repairable, or repaired	0
	<p>Note (1): With two compensable inguinal hernias, evaluate the more severely disabling hernia first, and then add 10% to that rating to account for the second compensable hernia. Do not add 10% to that rating if the more severely disabling hernia is rated at 100%.</p> <p>Note (2): Any one of the following activities of daily living are sufficient for evaluation: bathing, dressing, hygiene, and/or transfers</p>	

Rating	
7339 Hernia, ventral, postoperative:	
Massive, persistent, severe diastasis of recti muscles or extensive diffuse destruction or weakening of muscular and fascial support of abdominal wall so as to be inoperable	100
	<u>Removed effective Date of Final Rule</u>

Large, not well supported by belt under ordinary conditions	40
Small, not well supported by belt under ordinary conditions, or healed ventral hernia or post-operative wounds with weakening of abdominal wall and indication for a supporting belt	20
Wounds, postoperative, healed, no disability, belt not indicated	0

Rating

7340 Hernia, femoral.

Rate as for inguinal hernia.

Removed effective Date of Final Rule

Rating

7342 Visceroptosis, symptomatic, marked

100

DC Remains Unchanged

Rating	
7343 Malignant neoplasms of the digestive system, exclusive of skin growths 100	
<p>Note: A rating of 100 percent shall continue beyond the cessation of any surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on residuals.</p>	

DC Remains Unchanged

Rating
7344 Benign neoplasms, exclusive of skin growths: Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.

Rating
7344 Benign neoplasms, exclusive of skin growths: Evaluate under a diagnostic code appropriate to the predominant disability or the specific residuals after treatment. Note: This diagnostic code includes lipoma, leiomyoma, colon polyps, or villous adenoma.

Rating

Rating	
7345 Chronic liver disease without cirrhosis: Progressive chronic liver disease requiring use of both parenteral antiviral therapy (direct antiviral agents), and parenteral immunomodulatory therapy	100

	Rating
7345 Chronic liver disease without cirrhosis (including hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and hepatitis C):	
Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain)	100
Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly	60
Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period	40
Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12-month period	20
Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as	10

<p>(interferon and other); and for six months following discontinuance of treatment</p> <p>Progressive chronic liver disease requiring continuous medication and causing substantial weight loss and at least two of the following: (1) daily fatigue, (2) malaise, (3) anorexia, (4) hepatomegaly, (5) pruritus, and (6) arthralgia</p> <p>Progressive chronic liver disease requiring continuous medication and causing minor weight loss and at least two of the following: (1) daily fatigue, (2) malaise, (3) anorexia, (4) hepatomegaly, (5) pruritus, and (6) arthralgia</p> <p>Chronic liver disease with at least one of the following: (1) intermittent fatigue, (2) malaise, (3) anorexia, (4) hepatomegaly, or (5) pruritus</p> <p>Previous history of liver disease, currently asymptomatic</p>	60 40 20 0
<p>Note (1): 100% evaluation shall continue for six months following discontinuance of parenteral antiviral therapy and administration of parenteral immunomodulatory drugs. Six months after discontinuance of parenteral antiviral therapy and parenteral immunomodulatory drugs, determine the appropriate disability rating by mandatory VA exam. Apply the provisions of § 3.105(e) to any change in evaluation based upon that or any subsequent examination.</p> <p>Note (2): For individuals for whom physicians recommend both parenteral antiviral therapy and parenteral immunomodulatory drugs, but for whom treatment is medically contraindicated, rate according to DC 7312 (Cirrhosis of the liver).</p>	

fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period

Nonsymptomatic **0**

Note (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).

Note (2): For purposes of evaluating conditions under diagnostic code 7345, "incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician.

Note (3): Hepatitis B infection must be confirmed by serologic testing in order to evaluate it under diagnostic code 7345.

Note (3): This diagnostic code includes Hepatitis B (confirmed by serologic testing), primary biliary cirrhosis (PBC), primary sclerosing cholangitis (PSC), autoimmune liver disease, Wilson's disease, Alpha-1-antitrypsin deficiency, hemochromatosis, drug-induced hepatitis, and non-alcoholic steatohepatitis (NASH). Track Hepatitis C (or non-A, non-B hepatitis) under DC 7354 but evaluate it using the criteria above.

Note (4): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).

7346 Hernia hiatal:

Symptoms of pain, vomiting, material weight loss and 60 hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health

Persistently recurrent epigastric distress with 30 dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health

Rating

Rating

7346 Hiatal hernia and paraesophageal hernia:

Rate as esophagus, stricture of (DC 7203).

With two or more of the symptoms for the 30 percent evaluation of less severity **10**

Rating
7347 Pancreatitis:
With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition 100
With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks 60
Moderately severe; with at least 4-7 typical attacks of abdominal pain per year with good remission between attacks 30
With at least one recurring attack of typical severe abdominal pain in the past year 10
<p>Note 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies.</p> <p>Note 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent.</p>

Rating
7347 Pancreatitis, chronic:
Daily episodes of abdominal or mid-back pain that require three or more hospitalizations per year; and pain management by a physician; and maldigestion and malabsorption requiring dietary restriction and pancreatic enzyme supplementation 100
Three or more episodes of abdominal or mid-back pain per year and at least one episode per year requiring hospitalization for management either of complications related to abdominal pain or complications of tube enteral feeding 60
At least one episode per year of abdominal or mid-back pain that requires ongoing outpatient medical treatment for pain, digestive problems, or management of related complications including but not limited to cyst, pseudocyst, intestinal obstruction, or ascites 30
<p>Note (1): Appropriate diagnostic studies must confirm that abdominal pain in this condition results from pancreatitis.</p> <p>Note (2): Separately rate endocrine dysfunction resulting in diabetes due to pancreatic insufficiency under DC 7913 (Diabetes mellitus).</p>

Rating
7348 Vagotomy with pyloroplasty or gastroenterostomy:
Followed by demonstrably confirmative postoperative complications of stricture or continuing gastric retention 100
With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea 60
Recurrent ulcer with incomplete vagotomy 30
 Note: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308.

Rating
7348 Vagotomy with pyloroplasty or gastroenterostomy:
Following confirmation of postoperative complications of stricture or continuing gastric retention 40
With symptoms and confirmed diagnosis of alkaline gastritis, or with confirmed persisting diarrhea 30
With incomplete vagotomy 20
 Note: Rate recurrent ulcer following complete vagotomy under DC 7304 (Peptic ulcer disease), with a minimum rating of 20%; and rate post-operative residuals not addressed by this diagnostic code under DC 7303 (Chronic complications of upper gastrointestinal surgery).

Rating

Rating
7350 Liver abscess:
Assign a rating of 100% for 6 months from the date of initial diagnosis. Six months following initial diagnosis, determine the appropriate disability rating by mandatory VA examination. Thereafter, rate the condition based on chronic residuals under the appropriate body system. Apply the provisions of § 3.105(e) to any reduction in evaluation.
 Note: This diagnostic code includes abscesses caused by bacterial, viral, amebic (e.g., <i>E. histolytica</i>), fungal (e.g., <i>C. albicans</i>), and other agents.

Rating
7351 Liver transplant:
For an indefinite period from the date of hospital admission for transplant surgery 100
Minimum 30

Note: A rating of 100 percent shall be assigned as of the date of hospital admission for transplant surgery and shall continue. One year following discharge, 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.

Rating
7351 Liver transplant:
For an indefinite period from the date of hospital admission for transplant surgery 100
Eligible and awaiting transplant surgery, minimum 60 rating
Following transplant surgery, minimum rating 30

Note: Assign a rating of 100% as of the date of hospital admission for transplant surgery. One year following discharge, determine the appropriate disability rating by mandatory VA examination. Apply the provisions of § 3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination. Rate residuals of any recurrent underlying liver disease under the appropriate diagnostic code and, when appropriate, combine with other post-transplant residuals under the appropriate body system(s), subject to the provisions of §§ 4.14 and 4.114.

Rating
7352 Pancreas transplant:
For an indefinite period from the date of hospital admission for transplant surgery 100
Minimum rating 30

Note: Assign a rating of 100% as of the date of hospital admission for transplant surgery. One year following discharge, determine the appropriate disability rating by mandatory VA examination. Apply the provisions of §

Rating
7352 Pancreas transplant:
For an indefinite period from the date of hospital admission for transplant surgery 100
Minimum rating 30

Note: Assign a rating of 100% as of the date of hospital admission for transplant surgery. One year following discharge, determine the appropriate disability rating by mandatory VA examination. Apply the provisions of §

3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination.

Rating

7354 Hepatitis C (or non-A, non-B hepatitis):

With serologic evidence of hepatitis C infection and the following signs and symptoms due to hepatitis C infection:

Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) **100**

Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly **60**

Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period **40**

Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two **20**

Rating

7354 Hepatitis C (or non-A, non-B hepatitis):

Rate under DC 7345 (Chronic liver disease without cirrhosis).

weeks, but less than four weeks, during the past 12-month period

Intermittent fatigue, malaise, and anorexia, or; 10
incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period

Nonsymptomatic 0

Note (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).

Note (2): For purposes of evaluating conditions under diagnostic code 7354, "incapacitating episode" means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician.

Rating

7355 Celiac disease:

Malabsorption syndrome with weakness which interferes with activities of daily living; and weight loss resulting in wasting and nutritional deficiencies; and with systemic manifestations including but not limited to, weakness and fatigue, dermatitis, lymph node enlargement, hypocalcemia, low vitamin levels; and anemia related to malabsorption; and episodes of abdominal pain and diarrhea due to lactase deficiency or pancreatic insufficiency 80

Malabsorption syndrome with chronic diarrhea managed by medically-prescribed dietary intervention such as prescribed gluten-free diet, with nutritional deficiencies due to lactase and pancreatic insufficiency; and with systemic manifestations including, but not limited to, weakness and fatigue, dermatitis, lymph node enlargement, hypocalcemia, low vitamin levels, or atrophy of the inner intestinal lining shown on biopsy **50**

Malabsorption syndrome with chronic diarrhea managed by medically-prescribed dietary intervention such as prescribed gluten-free diet; and without nutritional deficiencies **30**

Note (1): An appropriate serum antibody test or endoscopy with biopsy must confirm the diagnosis.

Note (2): For evaluation of celiac disease with the predominant disability of malabsorption, use the greater evaluation between DC 7328 or celiac disease under DC 7355.

Rating

7356 Gastrointestinal dysmotility syndrome:

Requiring complete dependence on total parenteral nutrition (TPN) or continuous tube feeding for nutritional support **80**

Requiring intermittent tube feeding for nutritional support; with recurrent emergency treatment for episodes of intestinal obstruction or regurgitation due to poor gastric emptying, abdominal pain, recurrent nausea, or recurrent vomiting **50**

With symptoms of intestinal pseudo-obstruction (CIPO) or symptoms of intestinal motility disorder, including but not limited to, abdominal pain, bloating, feeling of epigastric fullness, dyspepsia, nausea and vomiting, regurgitation, constipation, and diarrhea, managed by ambulatory care; and requiring prescribed dietary management or manipulation 30

Intermittent abdominal pain with epigastric fullness associated with bloating; and without evidence of a structural gastrointestinal disease 10

Note: Use this diagnostic code for illnesses associated with 38 CFR 3.317(a)(2)(i)(B)(3), other than those which can be evaluated under DC 7319.

Rating

7357 Post pancreatectomy syndrome:

Following total or partial pancreatectomy, evaluate under Pancreatitis, chronic (DC 7347), Chronic complications of upper gastrointestinal surgery (DC 7303), or based on residuals such as malabsorption (Intestine, small, resection of, DC 7328), diarrhea (Irritable bowel syndrome, DC 7319, or Crohn's disease or undifferentiated form of inflammatory bowel disease, DC 7326), or diabetes (DC 7913), whichever provides the highest evaluation.

Minimum 30

