

# DIGESTIVE SYSTEM RATING CHANGE

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# DIGESTIVE CHANGE EFFECTIVE MAY 19, 2024 HIGHLIGHTS

The Schedule for Rating Disabilities of the Digestive System changed effective 5/19/2024

- Completely new rule for defining “weight loss and nutrition” under 4.112
- 4.114 intro changed for which DCs can be separate and which cannot
- BRAND NEW DC:
  - DC 7206 GERD
  - DC 7207 Barrett’s Esophagus
  - DC 7303 Chronic complications of upper GI surgery
  - DC 7352 Pancreas transplant
  - DC 7355 Celiac disease
  - DC 7356 Gastrointestinal dysmotility syndrome
  - DC 7357 Post pancreatectomy syndrome
- Only 4 DCs remained unchanged:
  - DC 7311 Residuals of injury to the liver
  - DC 7331 Peritonitis, tuberculosis, active or inactive
  - DC 7342 Visceroptosis, symptomatic, marked
  - DC 7343 Malignant neoplasms of the digestive system

**§ 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.

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SEPARATE OR COMBINED EVALUATIONS?

# DC 7206 GERD EFFECTIVE 05/19/2024

7206 Gastroesophageal reflux disease:	Rating	
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	<p>Note (1): Findings must be documented by barium swallow, computerized tomography, or esophagogastroduodenoscopy.</p> <p>Note (2): Non-gastrointestinal complications of procedures should be rated under the appropriate system.</p> <p>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</p> <p>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</p> <p>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</p>
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	



# GERD UPDATE 10/17/2024

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**V.iii.6.2.b.  
Testing Not  
Required for SC  
for GERD**

A diagnosis of GERD for SC purposes does not require documentation by medical imaging.

[38 CFR 4.114, DC 7206, Note \(1\)](#) requires “findings” to be documented by one of three types of imaging: barium swallow, computed tomography (CT), or esophagogastroduodenoscopy. This refers to documentation of esophageal stricture for evaluation purposes. It does not define a sufficient diagnosis of GERD for SC purposes.

**Note:** A 10-percent evaluation for GERD can also be assigned pursuant to [38 CFR 4.7](#) without imaging to document esophageal stricture when the Veteran requires daily medications.

# DC 7319 IBS

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

# EXAMPLE OF DIGESTIVE RATING OLD/NEW CRITERIA

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Understand the symptoms produced by the diagnoses



Pay attention to the diagnostic codes

# VETERAN CLAIMED S/C FOR “GI POLYPS”

## SOME OF THE DIAGNOSES INCLUDE:

### GARDNER’S SYNDROME WITH ULCERATIVE COLITIS



Cleveland Clinic

<https://my.clevelandclinic.org> › health › diseases

#### Gardner Syndrome - Cleveland Clinic ✓

Gardner syndrome is a **rare inherited disorder that causes colon polyps, extra teeth and noncancerous tumors**. Learn about the diagnosis, prevention and outlook of this condition and how it affects your h... [See more](#)



Mayo Clinic

<https://www.mayoclinic.org> › diseases-conditions › ... ▼

#### Ulcerative colitis - Symptoms and causes - Mayo Clinic ✓

Ulcerative colitis is an **inflammatory bowel disease that causes inflammation and ulcers in the colon and rectum**. Learn about the types, risk factors, diagnosis and treatment options for this serious condition that can lead to life-threatening complications. [See more](#)



# RATING #I---S/C GRANTED

7344-7301

GARDNER'S SYNDROME, ULCERATIVE COLITIS, AND DIVERTICULOSIS WITH RESECTION OF THE LARGE AND SMALL INTESTINE (CLAIMED AS GI POLYPS)

Service Connected, Gulf War, Incurred

Static Disability

50% from 02/20/2020

## **7344 Benign neoplasms, exclusive of skin growths:**

Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.

## **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	<b>50</b>
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Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain	<b>30</b>
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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	<b>10</b>
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Mild	<b>0</b>
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# RATING #2—CLAIM FOR INCREASE

7344-7301

ULCERATIVE COLITIS AND DIVERTICULOSIS WITH RESECTION OF THE LARGE AND SMALL INTESTINE RELATED TO GARDNER'S SYNDROME

Service Connected, Gulf War, Incurred

Static Disability

50% from 11/20/2018, Earlier Effective Date Granted

100% from 05/28/2021 (38 CFR 4.29)

100% from 07/01/2021 (38 CFR 4.30)

30% from 08/01/2021

## **7344 Benign neoplasms, exclusive of skin growths:**

Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.

## **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	<b>50</b>
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Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain	<b>30</b>
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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	<b>10</b>
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Mild	<b>0</b>
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# RATING #3---CLAIM FOR INCREASE

7329-7326

HISTORY OF ULCERATIVE COLITIS AND DIVERTICULOSIS STATUS POST  
TOTAL ABDOMINAL COLECTOMY

Service Connected, Gulf War, Incurred

Static Disability

50% from 11/20/2018, Earlier Effective Date Granted (7344-7301)

100% from 05/28/2021 (38 CFR 4.29) (7344-7301)

100% from 07/01/2021 (38 CFR 4.30) (7344-7301)

30% from 08/01/2021, Confirmed and Continued Evaluation (7344-7301)

60% from 05/19/2024, Confirmed and Continued Evaluation

## 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

## 7326 Crohn's disease or undifferentiated form of inflammatory bowel disease:

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	100
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



# WHAT DO WE DO NOW FOR ALL THOSE CLAIMS PENDING BEFORE 5/19/2024?

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## **For claims pending prior to 5/19/2024:**

- Eff 05/19/2024, the DBQs have been changed to accommodate the new criteria
- Exams must include BOTH the criteria for the digestive condition BEFORE the change and AFTER the change to the rating schedule.
- Consideration must be given to the criteria before and after the change
- In ratings, a discussion of both the old and new criteria must be given
- Ratings in existence prior to the change in the rating schedule cannot be reduced simply because the criteria changed (38 CFR 3.951)

**\*\*\*This is the SAME guidance for every change in the rating schedule\*\*\***



# WHAT ABOUT NEW OR INCREASE CLAIMS RECEIVED ON OR AFTER 5/19/2024?

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For claims received on or after 5/19/2024:

- Only the new criteria will be used to evaluate disabilities
- The law does not allow for a reduction solely based on a change in the criteria (38 CFR 3.951)
- The law does not allow for a reduction based on one exam for evaluations that have been in effect for more than 5 years (38 CFR 3.44)
- If the new criteria provides a higher evaluation, we will assign it. If it would be a lower evaluation, we will continue the prior evaluation (\*\**the first time, see last statement*)

**V.ii.4.A.6.p.**

**Applicability of  
Revised Rating**

**Schedule**

**Criteria**

When VA issues a regulatory amendment to the rating schedule while an initial or increased rating claim is pending, and that amendment is more favorable to the claimant than the prior regulation, VA should apply the

- more favorable regulation to rate the disability for periods from and after the effective date of the change, and
- prior regulation to rate the disability for earlier periods.

Refer to the table below for the three-step analysis involved in deciding the claim for increased rating in situations in which the rating criteria is revised during the pendency of the claim.

Step	Action
1	<p>Determine whether the intervening change is more favorable to the Veteran. This may require application of each version of the regulation to the facts of the case unless it is clear from the face of both versions of the regulation that the change is more favorable.</p> <p>If the revised criteria are</p> <ul style="list-style-type: none"><li>• more favorable, go to Step 2, or</li><li>• not more favorable, then evaluate the claim for increased rating under the prior version of the regulation.</li></ul>
2	<p>Apply the more favorable amended regulation to rate the disability for periods from and after the effective date of the regulatory change.</p>
3	<p>Apply the prior regulation to rate the disability for periods preceding the effective date of the regulatory change.</p>

## EFFECTIVE DATES

# DIGESTIVE RATING SCHEDULE CHANGES

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- 05/22/1964 (*earliest listed in 38 CFR 4.114 eCFR*)
- 03/11/1969
- 09/15/1975
- 03/18/1976
- 05/31/2001
- 05/19/2024

GOT ALL THAT?

