

§4.115

38 CFR Ch. I (7-1-08 Edition)

| | Rat- ing |
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| Followed by demonstrably confirmative post-operative complications of stricture or continuing gastric retention | 40 |
| With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea | 30 |
| Recurrent ulcer with incomplete vagotomy | 20 |
| NOTE: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308. | |
| 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. | |
| 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 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 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 | 10 |
| Nonsymptomatic | 0 |

| | Rat- ing |
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| 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. | |

(Authority: 38 U.S.C. 1155)
 [29 FR 6718, May 22, 1964, as amended at 34 FR 5063, Mar. 11, 1969; 40 FR 42540, Sept. 15, 1975; 41 FR 11301, Mar. 18, 1976; 66 FR 29488, May 31, 2001]

THE GENITOURINARY SYSTEM

§4.115 Nephritis.

Albuminuria alone is not nephritis, nor will the presence of transient albumin and casts following acute febrile illness be taken as nephritis. The glomerular type of nephritis is usually preceded by or associated with severe infectious disease; the onset is sudden, and the course marked by red blood cells, salt retention, and edema; it may clear up entirely or progress to a chronic condition. The nephrosclerotic type, originating in hypertension or arteriosclerosis, develops slowly, with minimum laboratory findings, and is associated with natural progress. Separate ratings are not to be assigned for disability from disease of the heart and any form of nephritis, on account of the close interrelationships of cardiovascular disabilities. If, however, absence of a kidney is the sole renal disability, even if removal was required because of nephritis, the absent kidney and any hypertension or heart disease will be separately rated. Also, in the event that chronic renal disease has progressed to the point where regular dialysis is required, any coexisting hypertension or heart disease will be separately rated.

[41 FR 34258, Aug. 13, 1976, as amended at 59 FR 2527, Jan. 18, 1994]

§4.115a Ratings of the genitourinary system—dysfunctions.

Diseases of the genitourinary system generally result in disabilities related

Department of Veterans Affairs

§ 4.115b

to renal or voiding dysfunctions, infections, or a combination of these. The following section provides descriptions of various levels of disability in each of these symptom areas. Where diagnostic codes refer the decisionmaker to these specific areas dysfunction, only the predominant area of dysfunction shall be considered for rating purposes. Since the areas of dysfunction described below do not cover all symptoms resulting from genitourinary diseases, specific diagnoses may include a description of symptoms assigned to that diagnosis.

| | Rating |
|---|--------|
| Renal dysfunction: | |
| Requiring regular dialysis, or precluding more than sedentary activity from one of the following: persistent edema and albuminuria; or, BUN more than 80mg%; or, creatinine more than 8mg%; or, markedly decreased function of kidney or other organ systems, especially cardiovascular | 100 |
| Persistent edema and albuminuria with BUN 40 to 80mg%; or, creatinine 4 to 8mg%; or, generalized poor health characterized by lethargy, weakness, anorexia, weight loss, or limitation of exertion | 80 |
| Constant albuminuria with some edema; or, definite decrease in kidney function; or, hypertension at least 40 percent disabling under diagnostic code 7101 | 60 |
| Albumin constant or recurring with hyaline and granular casts or red blood cells; or, transient or slight edema or hypertension at least 10 percent disabling under diagnostic code 7101 | 30 |
| Albumin and casts with history of acute nephritis; or, hypertension non-compensable under diagnostic code 7101 | 0 |
| Voiding dysfunction: | |
| Rate particular condition as urine leakage, frequency, or obstructed voiding | |
| Continual Urine Leakage, Post Surgical Urinary Diversion, Urinary Incontinence, or Stress Incontinence: | |
| Requiring the use of an appliance or the wearing of absorbent materials which must be changed more than 4 times per day | 60 |
| Requiring the wearing of absorbent materials which must be changed 2 to 4 times per day .. | 40 |
| Requiring the wearing of absorbent materials which must be changed less than 2 times per day | 20 |
| Urinary frequency: | |
| Daytime voiding interval less than one hour, or; awakening to void five or more times per night | 40 |
| Daytime voiding interval between one and two hours, or; awakening to void three to four times per night | 20 |
| Daytime voiding interval between two and three hours, or; awakening to void two times per night | 10 |
| Obstructed voiding: | |
| Urinary retention requiring intermittent or continuous catheterization | 30 |

| | Rating |
|---|--------|
| Marked obstructive symptomatology (hesitancy, slow or weak stream, decreased force of stream) with any one or combination of the following: | |
| 1. Post void residuals greater than 150 cc. | |
| 2. Uroflowmetry; markedly diminished peak flow rate (less than 10 cc/sec). | |
| 3. Recurrent urinary tract infections secondary to obstruction. | |
| 4. Stricture disease requiring periodic dilatation every 2 to 3 months | 10 |
| Obstructive symptomatology with or without stricture disease requiring dilatation 1 to 2 times per year | 0 |
| Urinary tract infection: | |
| Poor renal function: Rate as renal dysfunction. | |
| Recurrent symptomatic infection requiring drainage/frequent hospitalization (greater than two times/year), and/or requiring continuous intensive management | 30 |
| Long-term drug therapy, 1-2 hospitalizations per year and/or requiring intermittent intensive management | 10 |

[59 FR 2527, Jan. 18, 1994; 59 FR 10676, Mar. 7, 1994]

§ 4.115b Ratings of the genitourinary system—diagnoses.

| | Rating |
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| Note: When evaluating any claim involving loss or loss of use of one or more creative organs, refer to § 3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, there are other conditions in this section which under certain circumstances also establish entitlement to special monthly compensation. | |
| 7500 Kidney, removal of one: | |
| Minimum evaluation | 30 |
| Or rate as renal dysfunction if there is nephritis, infection, or pathology of the other. | |
| 7501 Kidney, abscess of: | |
| Rate as urinary tract infection | |