



# NVLSP

NATIONAL VETERANS LEGAL SERVICES PROGRAM

## Understanding Recent Changes to the VA's Rating of Cardiovascular and Genitourinary Disabilities

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## Topics to Cover

- **Background**
- **Applicability**
- **Disability Benefits Questionnaires**
- **Cardiovascular Conditions**
  - 38 C.F.R. § 4.100
  - 38 C.F.R. § 4.104
- **Genitourinary Conditions**
  - 38 C.F.R. § 4.115(a)
  - 38 C.F.R. § 4.115(b)

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# Background

- **Cardiovascular review timeline**
  - 8/1/2019: Proposed rule published (84 FR 37,594)
  - 9/30/2021: Final rule published (86 FR 54,089)
  - 11/9/2021: Correction (86 FR 62,095)
  - 11/14/2021: New rule went into effect
  - 11/29/2021: Correction (86 FR 67,654)
- **Genitourinary review timeline**
  - 7/2017: Previous proposed rule published (82 FR 35,140)
  - 3/2019: Previous proposed rule withdrawn (84 FR 7844)
  - 10/15/2019 – Proposed rule published (84 FR 55,086)
  - 9/30/2021 – Final rule published (86 FR 54,081)
- **Purpose** - Update medical terminology and reflect medical science developments in criteria

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# Applicability

- New rules apply to claims filed **on or after 11/14/2021**
- If SC/IR claim was filed prior to, but **pending on, 11/14/2021**, VA must determine if new or old regs are more favorable
  - Manual M21-1, V.ii.4.A.6.j (change date Dec. 2, 2020)
- If Vet **rated under old criteria**, VA can only reduce rating under new criteria if disability has improved
  - 38 U.S.C. § 1155
- If Vet's disability **warrants reduction under old criteria**, only then can VA apply new criteria, even if it would result in a greater reduction than under the old criteria
  - VA Gen. Coun. Prec. 19-92 (Sept. 29, 1992)

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## SURVEY #1

**For pending claims filed before 11/14/2021, if the old rating criteria are more favorable, when should old criteria apply?**

- A. Only before 11/14/2021
- B. Before AND after 11/14/2021
- C. Old criteria cannot apply
- D. Not sure



## ANSWER

B

- For claims filed prior to 11/14/2021, but that were still pending on that date, if the old rating criteria is more favorable, the old criteria will be applied for the entire claim period, even on and after 11/14/2021
  - Manual M21-1, V.ii.4.A.6.m (change date Dec. 2, 2020)

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## Survey #2

For pending claims filed before 11/14/2021, if new rating criteria are more favorable, can they apply to the period prior to 11/14/2021?

- A. Yes
- B. No
- C. Maybe

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## ANSWER

NO

- The new rating criteria CANNOT be applied prior to 11/14/2021 – even if more favorable

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## DISABILITY BENEFITS QUESTIONNAIRES



- VA released 5 new DBQ in November 2021:
  - **Cardiovascular:**
    - Artery and Vein Conditions
    - Heart Conditions
  - **Genitourinary:**
    - Kidney Conditions
    - Male Reproductive Organ Conditions (Including Prostate Cancer)
    - Urinary Tract Conditions
  - DBQs are available at:  
[www.benefits.va.gov/compensation/dbq\\_publicdbqs.asp](http://www.benefits.va.gov/compensation/dbq_publicdbqs.asp)

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## NOTES FOR THIS TRAINING



- Changes are underlined and italicized (unless the DC is new)
- Each revised DC is marked as either “Minor Change” if changes are minimal, or “Major Change” if changes are significant and impact the substance of the criteria
- Major changes are then discussed after the DC

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## CARDIOVASCULAR CONDITIONS 38 C.F.R. §§ 4.100 & 4.104



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# Overview of changes to § 4.100

- **Changes:**
  - Name of section
  - Revised paragraph (b)
  - Removed paragraph (c)
  - Added an authority at the end of the section
- **No changes to:**
  - Paragraph (a)

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## Revised Section Name

### OLD RATING CRITERIA

§ 4.100 Application of the evaluation criteria for diagnostic codes 7000-7007, 7011, and 7015-7020.

### NEW RATING CRITERIA

§ 4.100 Application of the general rating formula for diseases of the heart.

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Revised Paragraph (b) MAJOR CHANGE	OLD RATING CRITERIA NEW RATING CRITERIA
<p>(b) Even if the requirement for a 10% (based on the need for continuous medication) or 30% (based on the presence of cardiac hypertrophy or dilatation) evaluation is met, METs testing is required in all cases except:</p> <p>(1) When there is a medical contraindication.</p> <p>(2) When the left ventricular ejection fraction has been measured and is 50% or less.</p>	<p>(b) Even if the requirement for a 10% (based on the need for continuous medication) or 30% (based on the presence of cardiac hypertrophy or dilatation) evaluation is met, METs testing is required in all cases except:</p> <p>(1) When there is a medical contraindication.</p> <p>(2) <i>When a 100% evaluation can be assigned on another basis.</i></p>


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## Revised Paragraph (b)

### OLD RATING CRITERIA

- (3) When chronic congestive heart failure is present or there has been more than one episode of congestive heart failure within the past year.
  
- (4) When a 100% evaluation can be assigned on another basis.

### NEW RATING CRITERIA

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

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## Discussion - Section 4.100 addresses the medical info / testing that must be of record or obtained by VA to properly rate heart disease - METs testing is now required in more situations – even when LVEF $\leq$ 50%, chronic congestive heart failure (CHF) is present, or there has been more than one episode of CHF in the past year - We will discuss the reasons for this change later

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# Removed Paragraph (c)

## OLD RATING CRITERIA

(c) If left ventricular ejections fraction (LVEF) testing is not of record, evaluate based on the alternative criteria unless the examiner states that the LVEF test is needed in a particular case because the available medical information does not sufficiently reflect the severity

## NEW RATING CRITERIA

(e) If left ventricular ejections fraction (LVEF) testing is not of record, evaluate based on the alternative criteria unless the examiner states that the LVEF test is needed in a particular case because the available medical information does not sufficiently reflect the severity

- VA removed paragraph (c) to reflect that it was eliminating LVEF as a measure of heart function

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# Overview of changes to § 4.104

- **Changes:**
  - Revisions to notes 1 and 2
  - Revisions to DCs 7000, 7001, 7002, 7003, 7004, 7005, 7006, 7007, 7008, 7010, 7011, 7015, 7016, 7017, 7018, 7019, 7020, 7110, 7111, 7113, 7114, 7115, 7117, 7120, and 7122
- **Additions:**
  - Introductory text under the heading “Diseases of the Heart”
  - Note 3
  - “General Rating Formula for Diseases of the Heart”
  - DC 7009
  - DC 7124
- **DCs with no changes:**
  - 7101 (hypertensive vascular disease), 7112, 7118, 7119, 7121, 7123

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# Added Introductory Text

## MINOR CHANGE

### OLD RATING CRITERIA

Diseases of the Heart

### NEW RATING CRITERIA

Diseases of the Heart

*[Unless otherwise directed, use this general rating formula to evaluate diseases of the heart.]*

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<h2>Revised Note 2</h2> <h3>MINOR CHANGE</h3> <h4>OLD RATING CRITERIA</h4> <p>NOTE (2): One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute. When the level of METs at which dyspnea, fatigue, angina, dizziness, or syncope develops is required for evaluation, and a laboratory determination of METs by exercise testing cannot be done for medical reasons, an estimation by a medical examiner of the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing or shoveling snow) that results in dyspnea, fatigue, angina, dizziness, or syncope may be used.</p>	<h4>NEW RATING CRITERIA</h4> <p>Note (2): One MET (metabolic equivalent) is the energy cost of standing quietly at rest and represents an oxygen uptake of 3.5 milliliters per kilogram of body weight per minute. When the level of METs at which <u>breathlessness</u>, fatigue, angina, dizziness, or syncope develops is required for evaluation, and a laboratory determination of METs by exercise testing cannot be done for medical reasons, a <u>medical examiner may estimate</u> the level of activity (expressed in METs and supported by specific examples, such as slow stair climbing or shoveling snow) that results <u>in those symptoms</u>.</p>
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## Added Note 3

### MINOR CHANGE

#### New Note:

- Note (3): For this general formula, heart failure symptoms include, but are not limited to, breathlessness, fatigue, angina, dizziness, arrhythmia, palpitations, or syncope.

#### Discussion:

- This change simply cuts out redundancy in the criteria
- The old criteria repeated this list multiple times in the diagnostic codes

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 <b>General Rating Formula for Diseases of the Heart</b>	
<b>MAJOR CHANGE</b>	
<b>OLD RATING CRITERIA</b>	<b>NEW RATING CRITERIA</b>
<p>[Rating table was not named. It was repeated after each relevant DC.]</p> <p>Chronic congestive heart failure, or; workload of 3 METs or less results in dyspnea, fatigue, angina, dizziness, or syncope, or; left ventricular dysfunction with an ejection fraction of less than 30 percent</p>	<p><u><b>GENERAL RATING FORMULA FOR DISEASES OF THE HEART</b></u></p> <p>Workload of 3.0 METs or less <i>results in heart failure symptoms</i> <b>100</b></p>

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# General Rating Formula for Diseases of the Heart

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# General Rating Formula for Diseases of the Heart

## OLD RATING CRITERIA

Workload of greater than 5 METs but not greater than 7 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; evidence of cardiac hypertrophy or dilatation on electro-cardiogram, echocardiogram, or X-ray

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Workload of greater than 7 METs but not greater than 10 METs results in dyspnea, fatigue, angina, dizziness, or syncope, or; continuous medication required

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## NEW RATING CRITERIA

Workload of 5.1-7.0 METs results in heart failure symptoms; or evidence of cardiac hypertrophy or dilatation confirmed by echocardiogram or equivalent (e.g., multiigated acquisition scan or magnetic resonance imaging)

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Workload of 7.1-10.0 METs results in heart failure symptoms; or continuous medication required for control

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## Discussion

- VA consolidated the cardiovascular disability ratings under one table
  - This decreased redundancy – previously, the rating criteria was repeated under each relevant DC
- VA removed CHF and LVEF as metrics to measure functional capacity
- VA now relies almost exclusively on METs

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## Discussion

- **Why did VA get rid of CHF and LVEF as metrics?**
  - CHF is a diagnosis, not a measure of function
  - New medical evidence shows that LVEF does not correlate well with physical ability to tolerate exercise
  - METs is focused on functional capacity and involves minimally invasive testing
- **What if Vet can't do an exercise test?**
  - For 10% and 30% ratings, there are alternative ways to prove impairment
  - Per note 2, a medical provider can give an estimate

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# DCs 7000, 7001, 7002

## MINOR CHANGES

OLD RATING CRITERIA		NEW RATING CRITERIA
7000	<b>Valvular heart disease (including rheumatic heart disease):</b>	7000 <b>Valvular heart disease (including rheumatic heart disease),</b>
7001	<b>Endocarditis:</b>	7001 <b>Endocarditis, or</b>
7002	<b>Pericarditis:</b>	7002 <b>Pericarditis:</b>
[7000] During active infection with valvular heart damage and for three months following cessation of therapy for the active infection		During active infection with <b>cardiac involvement</b> and for three months following cessation of therapy for the active infection
[7001, 7002] For three months following cessation of therapy for active infection with cardiac involvement		100

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# DCs 7000, 7001, 7002

## OLD RATING CRITERIA

[7000] Thereafter, with valvular heart disease (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in:

[7001] Thereafter, with endocarditis (documented by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization) resulting in:

[7002] Thereafter, with documented pericarditis resulting in:

[OLD RATING TABLE]

## NEW RATING CRITERIA

Thereafter, with diagnosis confirmed by findings on physical examination and either echocardiogram, Doppler echocardiogram, or cardiac catheterization, use the General Rating Formula.

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# DCs 7003, 7004

## MINOR CHANGES

### OLD RATING CRITERIA

7003 **Pericardial adhesions:**  
 [OLD RATING TABLE]

7004 **Syphilitic heart disease:**  
 Note: Evaluate syphilitic aortic aneurysms under DC 7110 (aortic aneurysm).  
 [OLD RATING TABLE]

### NEW RATING CRITERIA

7003 **Pericardial adhesions**

7004 **Syphilitic heart disease:**  
 Note: Evaluate syphilitic aortic aneurysms under DC 7110 (Aortic aneurysm: Ascending, thoracic, abdominal).

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# DCs 7005, 7006

## MINOR CHANGES

OLD RATING CRITERIA	NEW RATING CRITERIA
7005 Arteriosclerotic heart disease (Coronary artery disease): [OLD RATING TABLE]	7005 Arteriosclerotic heart disease (coronary artery disease).  7006 Myocardial infarction: During and for three months following myocardial infarction, documented by laboratory tests <b>100</b> Thereafter: With history of documented myocardial infarction, resulting in: [OLD RATING TABLE]
	7006 Myocardial infarction: During and for three months following myocardial infarction, <u>confirmed</u> by laboratory tests <b>100</b> Thereafter, <u>use the General Rating Formula.</u>

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# DCs 7007, 7008

## MINOR CHANGES

### OLD RATING CRITERIA

7007 Hypertensive heart disease

[OLD RATING TABLE]

### NEW RATING CRITERIA

7007 Hypertensive heart disease.

7008 Hyperthyroid heart disease.

Rate under the appropriate cardiovascular diagnostic code, depending on particular findings.

7008 Hyperthyroid heart disease;

Rate under the appropriate cardiovascular diagnostic code, depending on particular findings.

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# New instructions

## MAJOR CHANGE

For DCs 7009, 7010, 7011, and 7015, a single evaluation will be assigned under the diagnostic code that reflects the predominant disability picture.



## Discussion

- **What if Vet has two or more of these disabilities?**
  - “Predominant disability picture” typically means “the disability that allows for the highest compensable evaluation.”
  - Where a Vet is SC for two disabilities, the VA rater will choose the disability resulting in the higher rating, “consistent with the rater’s obligation ‘to interpret reports of examination in the light of the whole recorded history, reconciling the various reports into a consistent picture so that the current rating may accurately reflect the elements of disability present.’ 38 CFR 4.2.”
  - Vet can submit evidence for a higher rating on this basis
- **Source: 86 Fed. Reg. at 54 091**

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NEW - DC 7009

7009 Bradycardia (Bradycardia), symptomatic, requiring permanent pacemaker implantation:

For one month following hospital discharge for implantation or re-implantation

Thereafter, use the General Rating Formula.

Note (1): Bradycardia (bradycardia) refers to conduction abnormalities that produce a heart rate less than 60 beats/min. There are five general classes of bradycardia: Sinus bradycardia, including sinoatrial block; atrioventricular (AV) junctional (nodal) escape rhythm; AV heart block (second or third degree) or AV dissociation; atrial fibrillation or flutter with a slow ventricular response; and, idioventricular escape rhythm.

Note (2): Asymptomatic bradycardia (bradyarrhythmia) is a medical finding only. It is not a disability subject to compensation.

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## Discussion

- This new DC will ensure compensation immediately after surgery when bradycardia requires a pacemaker, and then rate based on functional impairment
- This does not cover asymptomatic bradycardia (bradarrhythmia)

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DC 7010		NVLSP
MAJOR CHANGE		
OLD RATING CRITERIA	NEW RATING CRITERIA	
7010 Supraventricular arrhythmias:	7010 Supraventricular tachycardia:	
Paroxysmal atrial fibrillation or other supraventricular tachycardia, with more than four episodes per year documented by ECG or Holter monitor	<i>Confirmed by ECG, with five or more treatment interventions per year</i>	30
Permanent atrial fibrillation (lone atrial fibrillation), or; one to four episodes per year of paroxysmal atrial fibrillation or other supraventricular tachycardia demonstrated by ECG or Holter monitor.	<i>Confirmed by ECG, with one to four treatment interventions per year; or, confirmed by ECG with either continuous use of oral medications to control or use of vagal maneuvers to control</i>	10

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DC 7010		NVLSP
<b>New notes:</b>		
<p><i>Note (1): Examples of supraventricular tachycardia include, but are not limited to: Atrial fibrillation, atrial flutter, sinus tachycardia, sinoatrial nodal reentrant tachycardia, atrioventricular nodal reentrant tachycardia, atrioventricular reentrant tachycardia, atrial tachycardia, junctional tachycardia, and multifocal atrial tachycardia.</i></p> <p><i>Note (2): For the purposes of this diagnostic code, a treatment intervention occurs whenever a symptomatic patient requires intravenous pharmacologic adjustment, cardioversion, and/or ablation for symptom relief.</i></p>		

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Discussion		NVLSP
<ul style="list-style-type: none"> <li>• VA initially used “hospitalizations” as a criterion in the proposed rule, but removed this in the final rule <ul style="list-style-type: none"> <li>• VA explained it wanted to evaluate based on “specific treatment interventions such as intravenous pharmacologic adjustment, cardioversion, and/or ablation from a provider that are intended to treat acutely disabling symptoms.” Since hospitalization is not necessarily required for these treatments, VA removed the term.</li> </ul> </li> <li>• VA added “oral medications and vagal maneuvers” to the final rule based on comments <ul style="list-style-type: none"> <li>• VA rejected a suggestion to add ER visits as a criterion, because they don’t necessarily correlate with the treatment interventions</li> </ul> </li> </ul>		
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## Discussion

- **What if Vet has symptoms of extreme fatigue, hypotension, shortness of breath, dizziness, and chest pain?**
  - VA declined to add these symptoms to the rating criteria
  - These symptoms are contemplated under ventricular arrhythmias (DC 7011), so check if that DC is applicable
- **Source: 86 Fed. Reg. at 54,091**

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<b>DC 7011</b>	
<b>MINOR CHANGE</b>	
<b>OLD RATING CRITERIA</b>	<b>NEW RATING CRITERIA</b>
<b>7011 Ventricular arrhythmias (sustained):</b>  For indefinite period from date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia, or; for indefinite period from date of hospital admission for ventricular aneurysmectomy, or; with an automatic implantable Cardioverter-Defibrillator (AICD) in place <b>100</b>	<b>7011 Ventricular arrhythmias (sustained):</b>  For an indefinite period from the date of <i>inpatient</i> hospital admission for <i>initial medical therapy</i> for a sustained ventricular arrhythmia; or, for an indefinite period from the date of <i>inpatient</i> hospital admission for ventricular aneurysmectomy; or, with an automatic implantable cardioverter-defibrillator (AICD) in place <b>100</b>
<b>[OLD RATING TABLE]</b>	

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# DC 7011

## OLD RATING CRITERIA

Note: A rating of 100 percent shall be assigned from the date of hospital admission for initial evaluation and medical therapy for a sustained ventricular arrhythmia or for ventricular aneurysectomy. Six months 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.

## NEW RATING CRITERIA

Note: *When inpatient hospitalization for sustained ventricular arrhythmia or ventricular aneurysectomy is required, a 100-percent evaluation begins on the date of hospital admission with a mandatory VA examination six months following hospital discharge. Evaluate post-surgical residuals under the General Rating Formula. Apply the provisions of § 3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination.*

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## Discussion - Hospitalization in this diagnostic code is specifically “inpatient cardiac hospitalization” - **What if Vet is going through other treatment for ventricular arrhythmias, like cardiac rehabilitation?** - In general, this DC contemplates treatment other than hospitalization, including cardiac rehab - If Vet’s condition is severe, it is possible to extend the 100% evaluation indefinitely - But, the 100% rating cannot be assigned at the same time as a temporary total disability rating under § 4.29 - **Source: 86 Fed. Reg. at 54,092**

OLD RATING CRITERIA	NEW RATING CRITERIA
<p>7015 Atrioventricular block: [OLD RATING TABLE]</p> <p>NOTE: Unusual cases of arrhythmia such as atrioventricular block associated with a supraventricular arrhythmia or pathological bradycardia should be submitted to the Director, Compensation Service. Simple delayed P-R conduction time, in the absence of other evidence of cardiac disease, is not a disability.</p>	<p>7015 Atrioventricular block: <i>Benign (First-Degree and Second-Degree, Type I);</i> <i>Evaluate under the General Rating Formula.</i></p> <p><i>Non-Benign (Second-Degree, Type II and Third-Degree);</i> <i>Evaluate under DC 7018 (implantable cardiac pacemakers).</i></p>

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## Discussion


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# DC 7016

## MINOR CHANGE

### OLD RATING CRITERIA

7016 Heart valve replacement (prosthesis):

For indefinite period following date of hospital admission for valve replacement **100**

Thereafter:

[OLD RATING TABLE]

### NEW RATING CRITERIA

7016 Heart valve replacement (prosthesis):

For an indefinite period following date of hospital admission for valve replacement **100**

Thereafter, use the General Rating Formula.

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# DC 7016

## OLD RATING CRITERIA

NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for valve replacement. Six months 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.

## NEW RATING CRITERIA

Note: Six months following discharge from inpatient hospitalization, disability evaluation shall be conducted by mandatory VA examination using the General Rating Formula. Apply the provisions of § 3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination.

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# DC 7017

## MINOR CHANGE

### OLD RATING CRITERIA

7017 Coronary bypass surgery:

For three months following hospital admission for surgery

100

Thereafter:

[OLD RATING TABLE]

### NEW RATING CRITERIA

7017 Coronary bypass surgery:

For three months following hospital admission for surgery

100

Thereafter, use the General Rating Formula.

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DC 7018		NEW RATING CRITERIA	
MAJOR CHANGE			
OLD RATING CRITERIA		NEW RATING CRITERIA	
7018	Implantable cardiac pacemakers:	7018	Implantable cardiac pacemakers:
	For two months following hospital admission for implantation or reimplantation		For <i>one month</i> following hospital discharge for implantation or re-implantation
	100		100
	Thereafter:		Thereafter:
	Evaluate as supraventricular arrhythmias (DC 7010), ventricular arrhythmias (DC 7011), or atrioventricular block (DC 7015).		Evaluate as supraventricular tachycardia (DC 7010), ventricular arrhythmias (DC 7011), or atrioventricular block (DC 7015).
	Minimum	10	Minimum
	NOTE: Evaluate implantable Cardioverter-Defibrillators (AICD's) under DC 7011.		Note: Evaluate <i>automatic</i> implantable cardioverter-defibrillators (AICD's) under DC 7011.

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## Discussion

DC 7019		NVLSP National Veterans Legal Services Program	
MINOR CHANGE			
OLD RATING CRITERIA		NEW RATING CRITERIA	
7019	Cardiac transplantation:	7019	Cardiac transplantation:
For an indefinite period from date of hospital admission for cardiac transplantation	100	<i>For a minimum of one year from the</i> date of hospital admission for cardiac transplantation	100
Thereafter:		Thereafter:	
[OLD RATINGS TABLE, ENTRIES FOR 100% AND 60%]		<i>Evaluate under the General Rating Formula.</i>	
Minimum	30	Minimum	30


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# DC 7019

## OLD RATING CRITERIA

NOTE: A rating of 100 percent shall be assigned as of the date of hospital admission for cardiac transplantation. 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.

## NEW RATING CRITERIA

Note: One year following discharge from inpatient hospitalization, 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.

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# DC 7020

## MINOR CHANGE

### OLD RATING CRITERIA

7020 Cardiomyopathy:  
[OLD RATING TABLE]

### NEW RATING CRITERIA

7020 Cardiomyopathy:

DC 7110		NATIONAL VETERANS LEGAL SERVICES PROGRAM	
OLD RATING CRITERIA		NEW RATING CRITERIA	
7110 Aortic aneurysm:		7110 Aortic aneurysm: <u>Ascending, thoracic, or abdominal:</u>	
If five centimeters or larger in diameter, or, if symptomatic, or, for indefinite period from date of hospital admission for surgical correction (including any type of graft insertion)	100	<i>Evaluate at 100 percent if the aneurysm is any one of the following: Five centimeters or larger in diameter; symptomatic (e.g., precludes exertion); or requires surgery</i>	100
Precluding exertion	60	Otherwise	0
Evaluate residuals of surgical correction according to organ systems affected.		Evaluate <u>non-cardiovascular</u> residuals of surgical correction according to organ systems affected.	


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# DC 7110

## OLD RATING CRITERIA

NOTE: A rating of 100 percent shall be assigned as of the date of admission for surgical correction. Six months 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.

## NEW RATING CRITERIA

*Note: When surgery is required, a 100-percent evaluation begins on the date a physician recommends surgical correction with a mandatory VA examination six months following hospital discharge. Evaluate post-surgical residuals under the General Rating Formula.* Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.

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## Discussion - VA changed the rating criteria to make surgery a sufficient grounds for a 100% rating, but not a mandatory component - This change will benefit some Vets who are currently receiving a 60% evaluation. - **Vets with SC aortic aneurysm that precludes exertion now qualify for a 100% evaluation!** © 2021 National Veterans Legal Services Program. All Rights Reserved. [www.nvlp.org](http://www.nvlp.org) 56

DC 7111		NVSP
MAJOR CHANGE		
OLD RATING CRITERIA		NEW RATING CRITERIA
7111 Aneurysm, any large artery:		7111 Aneurysm, any large artery:
If symptomatic, or; for indefinite period from date of hospital admission for surgical correction	100	If symptomatic; or, <i>for the period beginning on the date a physician recommends surgical correction and continuing for six months following discharge from inpatient</i> hospital admission for surgical correction
Following surgery:		100
Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less	100	


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# DC 7111

OLD RATING CRITERIA	NEW RATING CRITERIA
<p>Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; persistent coldness of the extremity, one or more deep ischemic ulcers, or ankle/brachial index of 0.5 or less</p> <p style="text-align: right;">60</p>	<p>Following surgery: <u>Evaluate under DC 7114 (peripheral arterial disease).</u></p>
<p>Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less</p> <p style="text-align: right;">40</p>	

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# DC 7111

## OLD RATING CRITERIA

Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less

**20**

## NEW RATING CRITERIA

(continued below)


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# DC 7111

## OLD RATING CRITERIA

Note (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

Note (2): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor, if applicable.

## NEW RATING CRITERIA

(continued below)

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## DC 7111

**OLD RATING CRITERIA**

Note (3): A rating of 100 percent shall be assigned as of the date of hospital admission for surgical correction. Six months 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.

**NEW RATING CRITERIA**

Note: Six months following discharge from inpatient hospitalization for surgery, determine the appropriate disability rating 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.

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## Discussion

- The new rating criteria set a 6-month period after surgery for the 100% rating, rather than an indefinite timeframe
- After that, the rating criteria refer to DC 7114
  - DC 7114 will be discussed in more detail shortly, but it is now based on objective measurements of ankle-brachial index, ankle pressure, toe pressure, and transcutaneous oxygen tension

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## DC 7113

**MINOR CHANGE**

**OLD RATING CRITERIA**

7113 Arteriovenous fistula, traumatic:	
With high output heart failure	100
Without heart failure but with enlarged heart, wide pulse pressure, and tachycardia	60

**NEW RATING CRITERIA**

7113 Arteriovenous fistula, traumatic:	
With high-output heart failure	100
Without heart failure but with enlarged heart, wide pulse pressure, and tachycardia	60

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# DC 7113

OLD RATING CRITERIA		NEW RATING CRITERIA	
Without cardiac involvement but with edema, stasis dermatitis, and either ulceration or cellulitis:		Without cardiac involvement but with <i>chronic</i> edema, stasis dermatitis, and either ulceration or cellulitis:	
Lower extremity	50	Lower extremity	50
Upper extremity	40	Upper extremity	40
With edema or stasis dermatitis:		<i>Without cardiac involvement but with chronic</i> edema or stasis dermatitis:	
Lower extremity	30	Lower extremity	30
Upper extremity	20	Upper extremity	20

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DC 7114	
MAJOR CHANGE	
OLD RATING CRITERIA	NEW RATING CRITERIA
<p>7114    <b>Arteriosclerosis obliterans:</b></p> <p>Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less</p> <p style="text-align: right;">100</p>	<p>7114    <b><u>Peripheral arterial disease:</u></b></p> <p><i>At least one of the following:</i> Ankle/brachial index <i>less than or equal to 0.39; ankle pressure less than 50 mm Hg; toe pressure less than 30 mm Hg; or transcutaneous oxygen tension less than 30 mm Hg</i></p> <p style="text-align: right;">100</p>

DC 7114	
OLD RATING CRITERIA	NEW RATING CRITERIA
Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; either persistent coldness of the extremity or ankle/brachial index of 0.5 or less	<b>60</b>
	<i>At least one of the following: Ankle/brachial index of 0.40-0.53; ankle pressure of 50-65 mm Hg; toe pressure of 30-39 mm Hg; or <u>transcutaneous oxygen tension of 30-39 mm Hg</u></i>
	<b>60</b>

DC 7114	
OLD RATING CRITERIA	
NEW RATING CRITERIA	
Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less	40
Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less	20
<i>At least one of the following:</i> Ankle/brachial index of 0.54-0.66; ankle pressure of 66-83 mm Hg; toe pressure of 40-49 mm Hg; or transcutaneous oxygen tension of 40-49 mm Hg	40
<i>At least one of the following:</i> Ankle/brachial index of 0.67-0.79; ankle pressure of 84-99 mm Hg; toe pressure of 50-59 mm Hg; or transcutaneous oxygen tension of 50-59 mm Hg	20


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# DC 7114

## OLD RATING CRITERIA

NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

## NEW RATING CRITERIA

Note (1): The ankle/brachial index (ABI) is the ratio of the systolic blood pressure at the ankle divided by the simultaneous brachial artery systolic blood pressure. *For the purposes of this diagnostic code, normal ABI will be greater than or equal to 0.80.*

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# DC 7114

## OLD RATING CRITERIA

(continued below)

## NEW RATING CRITERIA

*The ankle pressure (AP) is the systolic blood pressure measured at the ankle. Normal AP is greater than or equal to 100 mm Hg. The toe pressure (TP) is the systolic blood pressure measured at the great toe. Normal TP is greater than or equal to 60 mm Hg.*

*Transcutaneous oxygen tension (Tc PO<sub>2</sub>) is measured at the first intercostal space on the foot. Normal Tc PO<sub>2</sub> is greater than or equal to 60 mm Hg. All measurements must be determined by objective testing.*

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# DC 7114

## OLD RATING CRITERIA

(continued below)

## NEW RATING CRITERIA

Note (2): If AP, TP, and Tc PO 2 testing are not of record, evaluate based on ABI unless the examiner states that an AP, TP, or Tc PO 2 test is needed in a particular case because ABI does not sufficiently reflect the severity of the veteran's peripheral arterial disease. In all other cases, evaluate based on the test that provides the highest impairment value

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OLD RATING CRITERIA	NEW RATING CRITERIA
<p><b>NOTE (2):</b> Evaluate residuals of aortic and large arterial bypass surgery or arterial graft as arteriosclerosis obliterans.</p>	<p><b>Note (3):</b> Evaluate residuals of aortic and large arterial bypass surgery or arterial graft as <u><i>peripheral arterial disease</i></u>.</p>
<p><b>NOTE (3):</b> These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable.</p>	<p><b>Note (4):</b> These evaluations <u><i>involve</i></u> a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable.</p>


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## Discussion

- VA changed the name of this disability
- VA again shifts to objective medical measurements
  - The old criteria “do not account for veterans with non-compressible arteries ... and ... rely in large part on claudication, which is an inconsistent measure of disability.”
  - Limb pain, coldness, trophic changes, and estimations of claudication based on walking distances have been eliminated
- VA based new criteria on an ischemia scoring table in a medical literature article
- The goal is medical accuracy, but it shifts the focus of evidence gathering from symptoms observable by a lay person to symptoms requiring input by a medical provider
- **Source: 84 Fed. Reg. at 37,598**

DC 7115		NVSLP
OLD RATING CRITERIA		NEW RATING CRITERIA
7115 Thrombo-angiitis obliterans (Buerger's Disease):  Ischemic limb pain at rest, and; either deep ischemic ulcers or ankle/brachial index of 0.4 or less	100	7115 Thrombo-angiitis obliterans (Buerger's Disease):  <u>Lower extremity: Rate under DC 7114.</u>  <u>Upper extremity: Deep ischemic ulcers and necrosis of the fingers with persistent coldness of the extremity, trophic changes with pains in the hand during physical activity, and diminished upper extremity pulses</u> 100


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# DC 7115

OLD RATING CRITERIA	NEW RATING CRITERIA
Claudication on walking less than 25 yards on a level grade at 2 miles per hour, and; either persistent coldness of the extremity or ankle/brachial index of 0.5 or less	<p>Persistent coldness of the extremity, <i>trophic changes with pains in the hands during physical activity, and diminished upper extremity pulses</i> <b>60</b></p>

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# DC 7115

Claudication on walking between 25 and 100 yards on a level grade at 2 miles per hour, and; trophic changes (thin skin, absence of hair, dystrophic nails) or ankle/brachial index of 0.7 or less	<b>40</b>	Trophic changes <u>with numbness and paresthesia at the tips of the fingers, and diminished upper extremity pulses</u>	<b>40</b>
Claudication on walking more than 100 yards, and; diminished peripheral pulses or ankle/brachial index of 0.9 or less	<b>20</b>	Diminished <u>upper extremity</u> pulses	<b>20</b>

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# DC 7115

NOTE (1): The ankle/brachial index is the ratio of the systolic blood pressure at the ankle (determined by Doppler study) divided by the simultaneous brachial artery systolic blood pressure. The normal index is 1.0 or greater.

NOTE (2): These evaluations are for involvement of a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable.

Note (1): These evaluations *involve* a single extremity. If more than one extremity is affected, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable.

Note (2): *Trophic changes include, but are not limited to, skin changes (thinning, atrophy, fissuring, ulceration, scarring, absence of hair) as well as nail changes (clubbing, deformities).*

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## Discussion

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<b>DC 7117</b>	
<b>MAJOR CHANGE</b>	
<b>OLD RATING CRITERIA</b>	<b>NEW RATING CRITERIA</b>
<b>7117 Raynaud's syndrome:</b> With two or more digital ulcers plus autoamputation of one or more digits and history of characteristic attacks <b>100</b>	<b>7117 Raynaud's syndrome (also known as secondary Raynaud's phenomenon or secondary Raynaud's):</b> With two or more digital ulcers plus auto-amputation of one or more digits and history of characteristic attacks <b>100</b>
With two or more digital ulcers and history of characteristic attacks <b>60</b>	With two or more digital ulcers and history of characteristic attacks <b>60</b>

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# DC 7117

OLD RATING CRITERIA	NEW RATING CRITERIA
Characteristic attacks occurring at least daily	Characteristic attacks occurring at least daily
Characteristic attacks occurring four to six times a week	Characteristic attacks occurring four to six times a week
Characteristic attacks occurring one to three times a week	Characteristic attacks occurring one to three times a week

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# DC 7117

## OLD RATING CRITERIA

NOTE: For purposes of this section, characteristic attacks consist of sequential color changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upsets. These evaluations are for the disease as a whole, regardless of the number of extremities involved or whether the nose and ears are involved.

## NEW RATING CRITERIA

Note (1): For purposes of this section, characteristic attacks consist of sequential color changes of the digits of one or more extremities lasting minutes to hours, sometimes with pain and paresthesias, and precipitated by exposure to cold or by emotional upsets. These evaluations are for *Raynaud's syndrome* as a whole, regardless of the number of extremities involved or whether the nose and ears are involved.

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## DC 7117

### New note:

Note (2): This section is for evaluating Raynaud's syndrome (secondary Raynaud's phenomenon or secondary Raynaud's). For evaluation of Raynaud's disease (primary Raynaud's), see DC 7124.



## Discussion

- The rating criteria for this DC remained mostly the same
- However, VA now distinguishes now between Raynaud's *syndrome* and Raynaud's *disease*
- We will cover Raynaud's disease shortly

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DC 7120

## MINOR CHANGE

## OLD RATING CRITERIA

7120 **Varicose veins:**  
With the following findings  
attributed to the effects of  
varicose veins:

varicose veins:  
Massive board-like edema with  
constant pain at rest **100**

Persistent edema or subcutaneous induration, stasis pigmentation or eczema, and

pigmentation or eczema, and persistent ulceration

pigmentation or eczema, with or without intermittent ulceration

## NEW RATING CRITERIA

7120 Varicose veins:  
Evaluate under diagnostic code  
7121

[DC 7121, Post-phlebitic syndrome of any etiology, has the same criteria as the old criteria of DC 7120]

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DC 7120

## OLD RATING CRITERIA

Persistent edema, incompletely relieved by elevation of extremity, with or without beginning stasis pigmentation or eczema **20**

Intermittent edema of extremity or aching and fatigue in leg after prolonged standing or walking, with symptoms relieved by elevation of extremity or compression hosiery.

Asymptomatic palpable or visible varicose veins

## NEW RATING CRITERIA

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## DC 7120

**OLD RATING CRITERIA**

Note: These evaluations are for involvement of a single extremity. If more than one extremity is involved, evaluate each extremity separately and combine (under § 4.25), using the bilateral factor (§ 4.26), if applicable.

**NEW RATING CRITERIA**

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## DC 7122

MAJOR CHANGE

**OLD RATING CRITERIA**

7122 **Cold injury residuals:**  
With the following in affected parts:  
Arthralgia or other pain, numbness, or cold sensitivity plus two or more of the following: tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, X-ray abnormalities (osteoporosis, subarticular punched out lesions, or osteoarthritis)

**NEW RATING CRITERIA**

7122 **Cold injury residuals:**  
With the following in affected parts:  
Arthralgia or other pain, numbness, or cold sensitivity plus two or more of the following: Tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, *anhydrosis*, X-ray abnormalities (osteoporosis, subarticular punched-out lesions, or osteoarthritis), *atrophy or fibrosis of the affected musculature, flexion or extension deformity of distal joints, volar fat pad loss in fingers or toes, avascular necrosis of bone, chronic ulceration, carpal or tarsal tunnel syndrome*

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## DC 7122

**OLD RATING CRITERIA**

Arthralgia or other pain, numbness, or cold sensitivity plus tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, or X-ray abnormalities (osteoporosis, subarticular punched out lesions, or osteoarthritis)

**NEW RATING CRITERIA**

Arthralgia or other pain, numbness, or cold sensitivity *plus one of the following:* Tissue loss, nail abnormalities, color changes, locally impaired sensation, hyperhidrosis, anhydrosis, X-ray abnormalities (osteoporosis, subarticular punched-out lesions, or osteoarthritis), *atrophy or fibrosis of the affected musculature, flexion or extension deformity of distal joints, volar fat pad loss in fingers or toes, avascular necrosis of bone, chronic ulceration, carpal or tarsal tunnel syndrome*

20

Arthralgia or other pain, numbness, or cold sensitivity 10

Arthralgia or other pain, numbness, or cold sensitivity 10

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# DC 7122

## OLD RATING CRITERIA

(NOTE 1): Separately evaluate amputations of fingers or toes, and complications such as squamous cell carcinoma at the site of a cold injury scar or peripheral neuropathy, under other diagnostic codes. Separately evaluate other disabilities that have been diagnosed as the residual effects of cold injury, such as Raynaud's phenomenon, muscle atrophy, etc., unless they are used to support an evaluation under diagnostic code 7122.

## NEW RATING CRITERIA

Note (1): Separately evaluate amputations of fingers or toes, and complications such as squamous cell carcinoma at the site of a cold injury scar or peripheral neuropathy, under other diagnostic codes. Separately evaluate other disabilities diagnosed as the residual effects of cold injury, such as Raynaud's syndrome (which is otherwise known as secondary Raynaud's phenomenon), muscle atrophy, etc., unless they are used to support an evaluation under diagnostic code 7122.

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## DC 7122

### OLD RATING CRITERIA

NOTE (2): Evaluate each affected part (e.g., hand, foot, ear, nose) separately and combine the ratings in accordance with §§ 4.25 and 4.26.

### NEW RATING CRITERIA

Note (2): Evaluate each affected part ( e.g., hand, foot, ear, nose) separately and combine the ratings in accordance with §§ 4.25 and 4.26.

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## Discussion

- The primary impact of these changes is to add more potential symptoms that warrant compensation
- Most of these newly added symptoms do not appear to be identifiable by a lay person (e.g., necrosis, carpal tunnel syndrome)
- Check existing medical records for documentation of any of these symptoms


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# NEW - DC 7124

## 7124 Raynaud's disease (also known as primary Raynaud's):

Characteristic attacks associated with trophic change(s), such as tight, shiny skin

10

Characteristic attacks without trophic change(s)

0

Note (1): For purposes of this section, characteristic attacks consist of intermittent and episodic color changes of the digits of one or more extremities, lasting minutes or longer, with occasional pain and paresthesias, and precipitated by exposure to cold or by emotional upsets. These evaluations are for the disease as a whole, regardless of the number of extremities involved or whether the nose and ears are involved.

Note (2): Trophic changes include, but are not limited to, skin changes (thinning, atrophy, fissuring, ulceration, scarring, absence of hair) as well as nail changes (clubbing, deformities).

Note (3): This section is for evaluating Raynaud's disease (primary Raynaud's). For evaluation of Raynaud's syndrome (also known as secondary Raynaud's phenomenon, or secondary Raynaud's), see DC 7117.

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## Note about § 4.115

- In the proposed rule, VA planned to replace “nephritis” with “renal disease” in the first sentence
- After review, VA determined “that further study of this action is warranted to account for complex relationships between cardiovascular and genitourinary disabilities”
- While Vets can’t receive separate evaluations for nephritis and heart disease, they can receive separate evaluations for non-nephritis renal disease and heart disease
- VA was concerned that the proposed rule could cause misunderstandings and lead to Vets being denied these separate evaluations
- VA withdrew its proposed changes to § 4.115


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## Overview of Changes to § 4.115a, Ratings of the Genitourinary System - Dysfunctions

- **Changes to:**
  - Introductory text
  - Rating table for “Renal dysfunction”
  - Rating table for “Urinary tract infection”
- **No changes to:**
  - Rating table for “Voiding dysfunction”

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# Introductory Text

## MINOR CHANGE

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OLD RATING CRITERIA	NEW RATING CRITERIA
<p>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.</p>	<p><i>Distinct disabilities may be evaluated separately under this section, pursuant to § 4.14, if the symptoms do not overlap.</i></p> <p>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.</p>

Table for Renal Dysfunction	
MAJOR CHANGE	
OLD RATING CRITERIA	NEW RATING CRITERIA
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	<i>Chronic kidney disease with glomerular filtration rate (GFR) less than 15 mL/min/1.73 m<sup>2</sup> for at least 3 consecutive months during the past 12 months; or requiring regular routine dialysis; or eligible kidney transplant recipient</i> 100


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# Table for Renal Dysfunction

OLD RATING CRITERIA	NEW RATING CRITERIA
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	<i>Chronic kidney disease with GFR from 15 to 29 mL/min/1.73 m<sup>2</sup> for at least 3 consecutive months during the past 12 months</i> 80
Constant albuminuria with some edema; or, definite decrease in kidney function; or, hypertension at least 40 percent disabling under diagnostic code 7101	<i>Chronic kidney disease with GFR from 30 to 44 mL/min/1.73 m<sup>2</sup> for at least 3 consecutive months during the past 12 months</i> 60

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# Table for Renal Dysfunction

## OLD RATING CRITERIA

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**

## NEW RATING CRITERIA

Chronic kidney disease with GFR from 45 to 59 ml/min/1.73 m<sup>2</sup> for at least 3 consecutive months during the past 12 months

**30**

GFR from 60 to 89 ml/min/1.73 m<sup>2</sup> and either recurrent red blood cell (RBC) casts, white blood cell (WBC) casts, or granular casts for at least 3 consecutive months during the past 12 months; or GFR from 60 to 89 ml/min/1.73 m<sup>2</sup> and structural kidney abnormalities (cystic, obstructive, or glomerular) for at least 3 consecutive months during the past 12 months; or GFR from 60 to 89 ml/min/1.73 m<sup>2</sup> and albumin/creatinine ratio (ACR) ≥30 mg/g for at least 3 consecutive months during the past 12 months

**0**

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## Table for Renal Dysfunction

## New Note:

Note: GFR, estimated GFR (eGFR), and creatinine-based approximations of GFR will be accepted for evaluation purposes under this section when determined to be appropriate and calculated by a medical professional

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## Discussion

- Comprehensive overhaul based on objective measurements of GFR
- VA removed subjective terms in favor of clinical measurements
- Only overlap with old rating table is that dialysis still warrants a 100% rating

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## Discussion

- VA used clinical guidelines published by the National Kidney Foundation to determine the GFR levels that best measure kidney function
- VA changed the proposed rule to include eligibility for a kidney transplant in the 100% rating criteria
  - Favorable for Vets who have advanced kidney disease, but have not been able to access, or have chosen not to pursue, a kidney transplant
- Source: 86 Fed. Reg. at 54.082-83

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# Table for Urinary Tract Infection

## MAJOR CHANGE

### OLD RATING TABLE

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**

### NEW RATING TABLE

Poor renal function: Rate as renal dysfunction.

Recurrent symptomatic infection requiring drainage by stent or nephrostomy tube; or requiring greater than 2 hospitalizations per year; or requiring continuous intensive management

**30**

Recurrent symptomatic infection requiring 1-2 hospitalizations per year or suppressive drug therapy lasting six months or longer

**10**

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OLD RATING TABLE	NEW RATING TABLE
	<p><i>Recurrent symptomatic infection not requiring hospitalization, but requiring suppressive drug therapy for less than 6 months</i> 0</p>


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## Discussion

- In the 30% rating criteria, VA specified the type of drainage as stent or nephrostomy tube, because these are surgical procedures
  - Catheterization does NOT warrant a 30% rating
- In the 10% rating criteria, VA set specific standards around length and type of treatment to eliminate ambiguity
- VA added a 0% rating to encompass milder cases
- **Source: 84 Fed. Reg. at 55,087-88**

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## Overview of changes to § 4.115b, Ratings of the Genitourinary System – Diagnoses

- **Changes to DCs:**

- DCs 7508, 7520, 7521, 7522, 7524, 7525, 7527, 7533, 7534, 7537, 7539, 7541, and 7542

- **Addition of DCs:**

- DC 7543, 7544, and 7545

- **Removal of DC:**

- DC 7510

- **No changes to DCs:**

- DCs 7500, 7501, 7502, 7504, 7505, 7507, 7509, 7510, 7511, 7515, 7516, 7517, 7518, 7519, 7523, 7528, 7529, 7530, 7531, 7532, 7535, 7536, 7538, 7540

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## Initial note

- Throughout this section, superscript 1 refers to SMC for loss of use of a creative organ:
  - <sup>1</sup> Review for entitlement to special monthly compensation under § 3.350 of this chapter

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## Removed Genitourinary DC

- 7510 Ureterolithiasis
  - This diagnosis is now encompassed under DC 7508, Nephrolithiasis/Ureterolithiasis/ Nephrocalcinosis

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DC 7508		NVLSP
MAJOR CHANGE		
OLD RATING CRITERIA	NEW RATING CRITERIA	
7508 Nephrolithiasis	7508 Nephrolithiasis/ <u>Ureterolithiasis/</u> <u>Nephrocalcinosis:</u>	
Rate as hydronephrosis, except for recurrent stone formation requiring one or more of the following:	Rate as hydronephrosis, except for recurrent stone formation requiring invasive or non-invasive procedures more than two times/year	30
1. diet therapy 2. drug therapy 3. invasive or non-invasive procedures more than two times/year		
30		

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Discussion	
<ul style="list-style-type: none"> <li>Revised DC 7508 consolidates two previous codes, DC 7508 and DC 7510 <ul style="list-style-type: none"> <li>VA removed DC 7510 for ureterolithiasis</li> <li>Revised DC 7508 covers stones in the kidneys <u>and</u> in the ureters</li> </ul> </li> <li>VA removed diet and drug therapy as criteria, "because such therapies have no specific relationship to these disabilities and are widely recommended for the majority of medical diseases and conditions."</li> <li>Source: 84 Fed. Reg. at 55,088</li> </ul>	

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DC 7520 and 7521		NVLSP
MAJOR CHANGES		
OLD RATING CRITERIA	NEW RATING CRITERIA	
Penis, removal of half or more	Penis, removal of half or more	30
Or rate as voiding dysfunction.		<u>1</u> 30
Penis, removal of glans	Penis, removal of glans	20
Or rate as voiding dysfunction.		<u>1</u> 20

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## Discussion

- Why did VA remove the ability to rate as a voiding disorder?
  - VA cited medical literature and said that usually “removal of the penis or glans does not result in voiding dysfunction” other than “ability to void while standing”
  - If a Vet has “associated urethral trauma resulting in voiding dysfunction,” VA indicated it should receive a separate rating under DC 7528 for stricture of the urethra
- Source: 86 Fed. Reg. at 54,083

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## DC 7522



### MAJOR CHANGE

#### OLD RATING CRITERIA

Penis, deformity, with loss of  
erectile power

20<sup>1</sup>

#### NEW RATING CRITERIA

Erectile dysfunction, with or  
without penile deformity

10<sup>1</sup>

*Note: For the purpose of VA  
disability evaluation, a disease or  
traumatic injury of the penis  
resulting in scarring or deformity  
shall be rated under diagnostic  
code 7522.*

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## Discussion

- This change will have a negative impact on Vets’ compensation, but VA rejected commenters’ arguments that the symptoms merited compensable ratings
  - “Erectile dysfunction, with or without penile deformity, is not associated directly with reductions in earning capacity, which is why VA proposed to provide a noncompensable evaluation for erectile dysfunction under DC 7522. Similarly, the potentially painful erections and intercourse associated with Peyronie’s disease do not, on average, impair earning capacity at a compensable level. To the extent these conditions impact social or psychological factors, VA has a variety of mental health and counseling services available for service-connected veterans. But the law specifically links disability compensation to impairment of earning capacity. 38 U.S.C. 1155.”
- Source: 86 Fed. Reg. at 54,084

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## Discussion

- **What about the mental health impacts of ED?**
  - VA acknowledged that erectile dysfunction can impact mental health
  - VA cited 38 C.F.R. § 3.310(a) for the principle that “any disability which is proximately due to or the result of a service-connected disability shall be service connected”
  - VA stated that a resulting mental disorder should be separately service connected and rated
- Source: 86 Fed. Reg. at 54,083

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## Discussion

- **What about Vets with Peyronie's disease?**
  - VA added a note in the final rule to make sure that "disabling effects of penile trauma or disease" are rated under this DC
  - VA again directed Vets to the mental health DCs, and noted that impact on sexual function will be compensated with SMC for loss of use of a creative organ
- Source: 86 Fed. Reg. at 54,084

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DC 7524		NVLSP	
OLD RATING CRITERIA		MINOR CHANGE	
7524	Testis, removal:	7524	Testis, removal:
Both	<b>30<sup>1</sup></b>	Both	<b><u>30</u></b>
One	<b>0<sup>1</sup></b>	One	<b><u>0</u></b>

Note: In cases of the removal of one testis as the result of a service-incurred injury or disease, other than an undescended or congenitally undeveloped testis, with the absence or nonfunctioning of the other testis unrelated to service, an evaluation of 30 percent will be assigned for the service-connected testicular loss. Testis, undescended, or congenitally undeveloped is not a ratable disability.

Note: In cases of the removal of one testis as the result of a service-incurred injury or disease, other than an undescended or congenitally undeveloped testis, with the absence or nonfunctioning of the other testis unrelated to service, an evaluation of 30 percent will be assigned for the service-connected testicular loss. Testis, undescended, or congenitally undeveloped is not a ratable disability.

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# DC 7525

## MINOR CHANGE

# DC 7527

## MINOR CHANGE



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DC 7533	
MINOR CHANGE	
OLD RATING CRITERIA	
7533	<p>Cystic diseases of the kidneys (polycystic disease, uremic medullary cystic disease, Medullary sponge kidney, and similar conditions):</p> <p>Rate as renal dysfunction.</p>
7533	<p>Cystic diseases of the kidneys:</p> <p>Rate as renal dysfunction.</p> <p><i>Note: Cystic diseases of the kidneys include, but are not limited to, polycystic disease, uremic medullary cystic disease, medullary sponge kidney, and similar conditions such as Alport's syndrome, cystinosis, primary oxalosis, and Fabry's disease.</i></p>


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# DC 7534

## MINOR CHANGE

### OLD RATING CRITERIA

7534 Atherosclerotic renal disease (renal artery stenosis or atheroembolic renal disease):

Rate as renal dysfunction.

### NEW RATING CRITERIA

7534 Atherosclerotic renal disease (renal artery stenosis, atheroembolic renal disease, or large vessel disease, unspecified):

Rate as renal dysfunction.

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DC 7537	
MINOR CHANGE	
OLD RATING CRITERIA	
7537	Interstitial nephritis:
	Rate as renal dysfunction.
NEW RATING CRITERIA	
7537	<u>Interstitial nephritis, including gouty nephropathy, disorders of calcium metabolism:</u>
	Rate as renal dysfunction.

DC 7539 MINOR CHANGE	NVLSP NATIONAL VETERANS LEGAL SERVICES PROGRAM
<p><b>OLD RATING CRITERIA</b></p> <p>7539    <b>Renal amyloid disease:</b> Rate as renal dysfunction.</p>	<p><b>NEW RATING CRITERIA</b></p> <p>7539    <b>Renal amyloid disease:</b> Rate as renal dysfunction.</p> <p><i>Note: This diagnostic code pertains to renal involvement secondary to all glomerulonephritis conditions, all vasculitis conditions and their derivatives, and other renal conditions caused by systemic diseases, such as Lupus erythematosus, systemic lupus erythematosus nephritis, Henoch-Schonlein syndrome, scleroderma, hemolytic uremic syndrome, polyarthritis, Wegener's granulomatosis, Goodpasture's syndrome, and sickle cell disease.</i></p>


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# DC 7541

## MINOR CHANGE

### OLD RATING CRITERIA

### NEW RATING CRITERIA

7541    Renal involvement in diabetes mellitus, sickle cell anemia, systemic lupus erythematosus, vasculitis, or other systemic disease processes:

Rate as renal dysfunction.

7541    Renal involvement in diabetes mellitus type I or II:

Rate as renal dysfunction.

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**DC 7542**  
**MAJOR CHANGE**

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## NEW - DCs 7543-7545

7543 **Varicocele/Hydrocele** 1 0

7544 **Renal disease caused by viral infection such as humanimmunodeficiency virus (HIV), Hepatitis B, and Hepatitis C:**  
Rate as renal dysfunction.

7545 **Bladder, diverticulum of:**  
Rate as voiding dysfunction or urinary tract infection, whichever is predominant.


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## Discussion

- **What about Vets with a severe case of varicocele or hydrocele?**
  - VA cited medical literature and stated that varicoceles and hydroceles are usually asymptomatic and resolve on their own
  - For cases that require surgery, “rating under an appropriate diagnostic code may be available for post-surgery residuals”
  - SMC for loss of use of a creative organ is also warranted if fertility is impacted
- **Source: 86 Fed. Reg. at 54,084**

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# NVLSP VA BENEFIT IDENTIFIER

- **Questionnaire/App:** Helps Vets and VSOs figure out what VA service-connected disability benefits or non-service-connected pension benefits they might be entitled to
- **3 WAYS to Access:**

## NVLSP Website

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