§4.87

Roman numeral. Each ear will be evaluated separately.

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

[64 FR 25209, May 11, 1999]

§4.87 Schedule of ratings—ear.

DISEASES OF THE EAR

	Rat- ing
6200 Chronic suppurative otitis media, mastoiditis, or cholesteatoma (or any combination): During suppuration, or with aural polypsNOTE: Evaluate hearing impairment, and complications such as labyrinthitis, tinnitus, facial nerve paralysis, or bone loss of skull, separately.	10
6201 Chronic nonsuppurative otitis media with effu- sion (serous otitis media): Rate hearing impairment 6202 Otosclerosis: Rate hearing impairment	
6204 Peripheral vestibular disorders: Dizziness and occasional staggering Occasional dizziness NOTE: Objective findings supporting the diag- nosis of vestibular disequilibrium are required before a compensable evaluation can be as- signed under this code. Hearing impairment or suppuration shall be separately rated and combined.	30 10
 6205 Meniere's syndrome (endolymphatic hydrops): Hearing impairment with attacks of vertigo and cerebellar gait occurring more than once weekly, with or without tinnitus Hearing impairment with attacks of vertigo and cerebellar gait occurring from one to four times a month, with or without tinnitus Hearing impairment with vertigo less than once a month, with or without tinnitus NOTE: Evaluate Meniere's syndrome either under these criteria or by separately evaluating vertigo (as a peripheral vestibular disorder), hearing impairment, and tinnitus, whichever method results in a higher overall evaluation. But do not combine an evaluation for hearing impairment, tinnitus, or vertigo with an evalua- tion under diagnostic code 6205. 	100 60 30
6207 Loss of auricle: Complete loss of both Complete loss of one Deformity of one, with loss of one-third or more of the substance 6208 Malignant neoplasm of the ear (other than skin only) NOTE: A rating of 100 percent shall continue be- yond the cessation of any surgical, radiation treatment, antineoplastic chemotherapy or other therapeutic procedure. Six months after discontinuance of such treatment, the appro- priate disability rating shall be determined by mandatory VA examination. Any change in	50 30 10
evaluation based on that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no local recurrence or metastasis, rate on re- siduals.	

6209 Benign neoplasms of the ear (other than skin only):

Rate on impairment of function.

6210 Chronic otitis externa:

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DISEASES OF THE EAR-Continued

	Rat- ing
 Swelling, dry and scaly or serous discharge, and itching requiring frequent and prolonged treatment 6211 Tympanic membrane, perforation of 6260 Tinnitus, recurrent NOTE (1): A separate evaluation for tinnitus may be combined with an evaluation under diagnostic codes 6100, 6200, 6204, or other diagnostic codes, except when tinnitus supports an evaluation under one of those diagnostic codes. NOTE (2): Assign only a single evaluation for recurrent tinnitus, whether the sound is perceived in one ear, both ears, or in the head. NOTE (3): Do not evaluate objective tinnitus (in which the sound is adefinable cause that may or may not be pathologic) under this diagnostic code, but evaluate it as part of any underlying condition causing it. 	10 0 10

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

 $[64\ {\rm FR}\ 25210,\ {\rm May}\ 11,\ 1999,\ as\ amended\ at\ 68\ {\rm FR}\ 25823,\ {\rm May}\ 14,\ 2003]$

§4.87a Schedule of ratings—other sense organs.

	Rat- ing
6275 Sense of smell, complete loss 6276 Sense of taste, complete loss NOTE: Evaluation will be assigned under diag- nostic codes 6275 or 6276 only if there is an anatomical or pathological basis for the condi- tion.	10 10

(Authority: 38 U.S.C. 1155) [64 FR 25210, May 11, 1999]

INFECTIOUS DISEASES, IMMUNE DIS-ORDERS AND NUTRITIONAL DEFI-CIENCIES

§4.88 [Reserved]

§4.88a Chronic fatigue syndrome.

(a) For VA purposes, the diagnosis of chronic fatigue syndrome requires:

(1) new onset of debilitating fatigue severe enough to reduce daily activity to less than 50 percent of the usual level for at least six months; and

(2) the exclusion, by history, physical examination, and laboratory tests, of all other clinical conditions that may produce similar symptoms; and

(3) six or more of the following:

(i) acute onset of the condition,

(ii) low grade fever,

(iii) nonexudative pharyngitis,

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(iv) palpable or tender cervical or axillary lymph nodes,

 $\left(v\right)$ generalized muscle aches or weakness,

(vi) fatigue lasting 24 hours or longer after exercise,

(vii) headaches (of a type, severity, or pattern that is different from headaches in the pre-morbid state),(viii) migratory joint pains,(ix) neuropsychologic symptoms,

(x) sleep disturbance.(b) [Reserved]

[59 FR 60902, Nov. 29, 1994]

\$4.88b Schedule of ratings—infectious diseases, immune disorders and nutritional deficiencies.

		Rating
6300	Cholera, Asiatic:	100
	As active disease, and for 3 months convalescence Thereafter rate residuals such as renal necrosis under the appropriate system	100
6301	Visceral Leishmaniasis:	
	During treatment for active disease	100
	NOTE: A 100 percent evaluation shall continue beyond the cessation of treatment for active disease. Six discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory tion. Any change in evaluation based upon that or any subsequent examination shall be subject to the §3.105(e) of this chapter. Rate residuals such as liver damage or lymphadenopathy under the appropriate the subject to the subject	A examina- provisions of
6302	Leprosy (Hansen's Disease): As active disease	100
	NOTE: A 100 percent evaluation shall continue beyond the date that an examining physician has determi has become inactive. Six months after the date of inactivity, the appropriate disability rating shall be d mandatory VA examination. Any change in evaluation based upon that or any subsequent examination ject to the provisions of §3.105(e) of this chapter. Rate residuals such as skin lesions or periphera under the appropriate system.	etermined by shall be sub-
6304		100
	As active disease	100
	NOTE: The diagnosis of malaria depends on the identification of the malarial parasites in blood smears. I served in an endemic area and presents signs and symptoms compatible with malaria, the diagnosis m on clinical grounds alone. Relapses must be confirmed by the presence of malarial parasites in blood sr Thereafter rate residuals such as liver or spleen damage under the appropriate system	ay be based
6305	Lymphatic Filariasis:	100
	As active disease	100
6306		1
	As active disease, and for 3 months convalescence	100
	Thereafter rate residuals such as skin lesions under the appropriate system	
5307	Plague: As active disease	100
	Thereafter rate residuals such as lymphadenopathy under the appropriate system	100
6308		
	As active disease	100
	Thereafter rate residuals such as liver or spleen damage or central nervous system involvement under the system	e appropriate
6309		1
	As active disease	100
	Thereafter rate residuals such as heart damage under the appropriate system	
5310	Syphilis, and other treponemal infections: Rate the complications of nervous system, vascular system, eyes or ears. (See DC 7004, syphilitic heart 8013, cerebrospinal syphilis, DC 8014, meningovascular syphilis, DC 8015, tabes dorsalis, and DC 93 associated with central nervous system syphilis)	
6311	Tuberculosis, miliary:	1
	As active disease	100
	Inactive: See §§ 4.88c and 4.89.	
6313	Avitaminosis:	
	Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia	100
	With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor	60
	With stomatitis, diarrhea, and symmetrical dermatitis	40
	With stomatitis, or achlorhydria, or diarrhea	20
	Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability	10
6314	Beriberi:	10
	As active disease:	
	With congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome	100