Digestive Rating Changes

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Course Topics

- Final Rule Proposed by VA & Effective Date
- Proposed changes to Schedule of Ratings Disabilities: The Digestive System
- Consideration for VSO’s and Veterans

Final Rule Proposed by VA

- VA published the proposed rule for Schedule of Rating Disabilities: The Digestive System in the Federal Register January 11, 2022

- Final Rule was announced in the Federal Register 20 March 2024

- Amends the Department of Veterans Affairs (VA) Schedule for Rating Disabilities (VASRD) by revising the portion of the schedule that addresses the Digestive System. The effect of this action is to ensure that the rating schedule uses current medical terminology and provides detailed and updated criteria for evaluation of digestive conditions for disability rating purposes.

- Final rule is effective **May 19, 2024**.

Revisions

- 4.112 Weight Loss and Nutrition

The following terms apply when evaluating conditions in § 4.114:

- (a) Weight loss. Substantial weight loss means involuntary loss greater than 20% of an individual's baseline weight sustained for three months with diminished quality of self-care or work tasks. The term minor weight loss means involuntary weight loss between 10% and 20% of an individual's baseline weight sustained for three months with gastrointestinal-related symptoms, involving diminished quality of self-care or work tasks, or decreased food intake. The term inability to gain weight means substantial weight loss with the inability to regain it despite following appropriate therapy.
- (b) Baseline weight. Baseline weight means the clinically documented average weight for the two-year period preceding the onset of illness or, if relevant, the weight recorded at the veteran's most recent discharge physical. If neither of these weights is available or currently relevant, then use ideal body weight as determined by either the Hamwi formula or Body Mass Index tables, whichever is most favorable to the veteran.

Revisions

- (c) Undernutrition. Undernutrition means a deficiency resulting from insufficient intake of one or multiple essential nutrients, or the inability of the body to absorb, utilize, or retain such nutrients. Undernutrition is characterized by failure of the body to maintain normal organ functions and healthy tissues. Signs and symptoms may include loss of subcutaneous tissue, edema, peripheral neuropathy, muscle wasting, weakness, abdominal distention, ascites, and Body Mass Index below normal range.
- (d) Nutritional support. Paragraphs (d)(1) and (2) of this section describe various nutritional support methods used to treat certain digestive conditions.
  - (1) Total parenteral nutrition (TPN) or hyperalimentation is a special liquid mixture given into the blood through an intravenous catheter. The mixture contains proteins, carbohydrates (sugars), fats, vitamins, and minerals. TPN bypasses the normal digestion in the stomach and bowel
  - (2) Assisted enteral nutrition requires a special liquid mixture (containing proteins, carbohydrates (sugar), fats, vitamins, and minerals) to be delivered into the stomach or bowel through a flexible feeding tube. Percutaneous endoscopic gastrostomy is a type of assisted enteral nutrition in which a flexible feeding tube is inserted through the abdominal wall and into the stomach. Nasogastric or nasoenteral feeding tube is a type of assisted parenteral nutrition in which a flexible feeding tube is inserted through the nose into the stomach or bowel.

Amendments

- 4.114 Schedule of ratings—digestive system

  - Do not combine ratings under diagnostic codes 7301 through 7329 inclusive, 7331, 7342, 7345 through 7350 inclusive, 7352, and 7355 through 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.

Diagnostic Code: 7203

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

Diagnostic Code: 7203

Note (1): Findings must be documented by barium swallow, computerized tomography, or esophagogastroduodenoscopy.
Note (2): Non-gastrointestinal complications of procedures should be rated under the appropriate system.
Note (3): This diagnostic code applies, but is not limited to, esophagitis, mechanical or chemical; Mallory Weiss syndrome (bleeding at junction of esophagus and stomach due to tears) due to caustic ingestion of alkali or acid; drug-induced or infectious esophagitis due to Candida, virus, or other organism; idiopathic eosinophilic, or lymphocytic esophagitis; esophagitis due to radiation therapy; esophagitis due to peptic stricture; and any esophageal condition that requires treatment with sclerotherapy.
Note (4): Recurrent esophageal stricture is defined as the inability to maintain target esophageal diameter beyond 4 weeks after the target diameter has been achieved.
Note (5): Refractory esophageal stricture is defined as the inability to achieve target esophageal diameter despite receiving no fewer than 5 dilatation sessions performed at 2-week intervals.

Diagnostic Code: 7203

(38 CFR 3.400, 38 CFR 3.2500, 38 CFR 2501).

We have assigned a noncompensable evaluation for your swallowing difficulty based on:
• A diagnosed disability with no compensable symptoms

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. (38 CFR 4.31)

A higher evaluation of 10 percent is not warranted for esophagus, stricture of unless the evidence shows:
• Documented history of esophageal stricture(s) that requires daily medications to control dysphagia otherwise asymptomatic. (38 CFR 4.112, 38 CFR 4.114)

Diagnostic Code: 7206

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

Diagnostic Code: 7206

Note (1): Findings must be documented by barium swallow, computerized tomography, or esophagogastroduodenoscopy.
Note (2): Non-gastrointestinal complications of procedures should be rated under the appropriate system.
Note (3): This diagnostic code applies, but is not limited to, esophagitis, mechanical or chemical; Mallory Weiss syndrome (bleeding at junction of esophagus and stomach due to tears) due to caustic ingestion of alkali or acid; drug-induced or infectious esophagitis due to Candida, virus, or other organism; idiopathic eosinophilic, or lymphocytic esophagitis; esophagitis due to radiation therapy; esophagitis due to peptic stricture; and any esophageal condition that requires treatment with sclerotherapy.
Note (4): Recurrent esophageal stricture is defined as the inability to maintain target esophageal diameter beyond 4 weeks after the target diameter has been achieved.
Note (5): Refractory esophageal stricture is defined as the inability to achieve target esophageal diameter despite receiving no fewer than 5 dilatation sessions performed at 2-week intervals.

Diagnostic Code: 7206

EXAMPLE:

Veteran has a diagnosis that is linked to service for GERD. They are currently taking prescribed medications and steroids to control dysphagia. What will their rating be?

50 %

Diagnostic Code: 7207

7207 Barrett's esophagus:	
With esophageal stricture: Rate as esophagus, stricture of (DC 7203).	
Without esophageal stricture:	
Documented by pathologic diagnosis with high-grade dysplasia	30
Documented by pathologic diagnosis with low-grade dysplasia	10
Note (1): If malignancy develops, rate as malignant neoplasms of the digestive system, exclusive of skin growths (DC 7343).	
Note (2): If the condition is resolved via surgery, radiofrequency ablation, or other treatment, rate residuals as esophagus, stricture of (DC 7203).	

Diagnostic Code: 7207

EXAMPLE:

Veteran was diagnosed in service with Barrett's Esophagus and have low grade dysplasia. What will their rating be?

10 %

Diagnostic Code: 7304

7304 Peptic ulcer disease:	
Post-operative for perforation or hemorrhage, for three months	100
Continuous abdominal pain with intermittent vomiting, recurrent hematemesis (vomiting blood) or melena (tarry stools); and manifestations of anemia which require hospitalization at least once in the past 12 months	60
Episodes of abdominal pain, nausea, or vomiting, that: last for at least three consecutive days in duration; occur four or more times in the past 12 months; and are managed by daily prescribed medication	40
Episodes of abdominal pain, nausea, or vomiting, that: last for at least three consecutive days in duration; occur three times or less in the past 12 months; and are managed by daily prescribed medication	20
History of peptic ulcer disease documented by endoscopy or diagnostic imaging studies	0
Note: After three months at the 100% evaluation, rate on residuals as determined by mandatory VA medical examination. Apply the provisions of § 3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination.	

Diagnostic Code: 7304

Service connection for peptic ulcer disease has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is June 2, 2024. Service connection has been established from the day after your discharge from active duty. When a claim of service connection is received within one year of discharge from active duty, the effective date is the day after discharge. (38 CFR 3.400)

A noncompensable evaluation is assigned from June 2, 2024.

We have assigned a noncompensable evaluation for your peptic ulcer disease based on:
• A diagnosed disability with no compensable symptoms

A higher evaluation of 20 percent is not warranted for peptic ulcer disease unless the evidence

shows:
• Episodes of abdominal pain, nausea, or vomiting, that: last for at least three consecutive days in duration; occur three times or less in the past 12 months; and are managed by daily prescribed medication. (38 CFR 4.113, 38 CFR 4.114)

Diagnostic Code: 7312

7312 Cirrhosis of the liver:	
Liver disease with Model for End-Stage Liver Disease score greater than or equal to 15; or with continuous daily debilitating symptoms, generalized weakness and at least one of the following: (1) ascites (fluid in the abdomen), or (2) a history of spontaneous bacterial peritonitis, or (3) hepatic encephalopathy, or (4) variceal hemorrhage, or (5) coagulopathy, or (6) portal gastropathy, or (7) hepatopulmonary or hepatorenal syndrome	100
Liver disease with Model for End-Stage Liver Disease score greater than 11 but less than 15; or with daily fatigue and at least one episode in the last year of either (1) variceal hemorrhage, or (2) portal gastropathy or hepatic encephalopathy	60
Liver disease with Model for End-Stage Liver Disease score of 10 or 11; or with signs of portal hypertension such as splenomegaly or ascites (fluid in the abdomen) and either weakness, anorexia, abdominal pain, or malaise	30
Liver disease with Model for End-Stage Liver Disease score greater than 6 but less than 10; or with evidence of either anorexia, weakness, abdominal pain or malaise	10
Asymptomatic, but with a history of liver disease	0

Diagnostic Code: 7312

Note (1): Rate hepatocellular carcinoma occurring with cirrhosis under DC 7343 (Malignant neoplasms of the digestive system, exclusive of skin growths) in lieu of DC 7312.
Note (2): Biochemical studies, imaging studies, or biopsy must confirm liver dysfunction (including hyponatremia, thrombocytopenia, and/or coagulopathy).
Note (3): Rate condition based on symptomatology where the evidence does not contain a Model for End-Stage Liver Disease score.

Diagnostic Code: 7312

EXAMPLE:

Service connection for Cirrhosis of the Liver has been established as directly related to service. The veteran has continuous daily debilitating symptoms with variceal hemorrhage and Model for End-Stage Liver Disease score of 15 . What will their rating be?

100 %

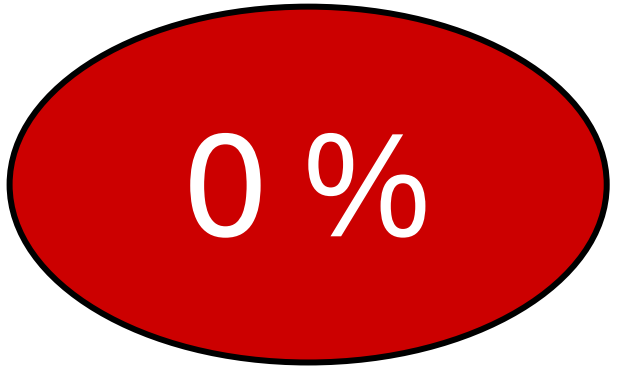
Diagnostic Code: 7314

7314 Chronic biliary tract disease:	
With three or more clinically documented attacks of right upper quadrant pain with nausea and vomiting during the past 12 months; or requiring dilatation of biliary tract strictures at least once during the past 12 months.	30
With one or two clinically documented attacks of right upper quadrant pain with nausea and vomiting in the past 12 months.	10
Asymptomatic, without history of a clinically documented attack of right upper quadrant pain with nausea and vomiting in the past 12 months.	0
Note: This diagnostic code includes cholangitis, biliary strictures, Sphincter of Oddi dysfunction, bile duct injury, and choledochal cyst. Rate primary sclerosing cholangitis under chronic liver disease without cirrhosis (DC 7345).	

Diagnostic Code: 7314

EXAMPLE:

Service connection for Chronic biliary tract disease has been established as directly related to service. The veteran has no documented attacks in the last 12 months. What will their rating be?



Diagnostic Code: 7319

7319 Irritable bowel syndrome (IBS):	
Abdominal pain related to defecation at least one day per week during the previous three months; and two or more of the following: (1) change in stool frequency, (2) change in stool form, (3) altered stool passage (straining and/or urgency), (4) mucorrhea, (5) abdominal bloating, or (6) subjective distension	30
Abdominal pain related to defecation for at least three days per month during the previous three months; and two or more of the following: (1) change in stool frequency, (2) change in stool form, (3) altered stool passage (straining and/or urgency), (4) mucorrhea, (5) abdominal bloating, or (6) subjective distension	20
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	10
Note: This diagnostic code may include functional digestive disorders (see § 3.317 of this chapter), 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 this section.	

Diagnostic Code: 7319

Service connection for irritable bowel syndrome has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

An evaluation of 30 percent is assigned from April 22, 2024.

We have assigned a 30 percent evaluation for your irritable bowel syndrome based on:
- Abdominal distress
- Alternating diarrhea and constipation

Additional symptom(s) include:
- Disturbances of bowel function
- Frequent episodes of bowel disturbance

This is the highest schedular evaluation allowed under the law for irritable bowel syndrome. (38 CFR 4.114)

Effective May 19, 2024, the rating schedule for evaluating disability of the digestive system was updated.

We have assigned a 30 percent evaluation for your irritable bowel syndrome based on:
- Abdominal bloating
- Abdominal pain related to defecation at least 1 day per week during the previous 3 months
- Change in stool form
- Change in stool frequency

This is the highest schedular evaluation allowed under the law for irritable bowel syndrome (IBS). (38 CFR 4.113, 38 CFR 4.114)

Diagnostic Code: 7327

7327 Diverticulitis and diverticulosis:	
Diverticular disease requiring hospitalization for abdominal distress, fever, and leukocytosis (elevated white blood cells) one or more times in the past 12 months; and with at least one of the following complications: (1) hemorrhage, (2) obstruction, (3) abscess, (4) peritonitis, or (5) perforation	30
Diverticular disease requiring hospitalization for abdominal distress, fever, and leukocytosis (elevated white blood cells) one or more times in the past 12 months; and without associated (1) hemorrhage, (2) obstruction, (3) abscess, (4) peritonitis, or (5) perforation	20
Asymptomatic; or a symptomatic diverticulitis or diverticulosis that is managed by diet and medication	0
Note: For colectomy or colostomy, use DC 7327 or DC 7329 (Intestine, large, resection of), whichever results in a higher evaluation.	

Diagnostic Code: 7327

We reviewed the evidence received and determined your service-connected condition(s) hasn't/haven't increased in severity sufficiently to warrant a higher evaluation.

We have assigned a noncompensable evaluation for your diverticulitis based on:
• A diagnosed disability with no compensable symptoms

Note: In every instance where the schedule does not provide a zero percent evaluation for a diagnostic code, a zero percent evaluation shall be assigned when the requirements for a compensable evaluation are not met. (38 CFR 4.31)

A higher evaluation of 10 percent is not warranted for adhesions of the peritoneum unless the evidence shows:
• Moderate symptoms demonstrated by 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. (38 CFR 4.114)

Additionally, a higher evaluation of 10 percent is not warranted for irritable bowel syndrome unless the evidence shows:
• Moderate symptoms demonstrated by frequent episodes of bowel disturbance with abdominal distress. (38 CFR 4.114)

Additionally, a higher evaluation of 10 percent is not warranted for ulcerative colitis unless the evidence shows:
• Moderate symptoms with infrequent exacerbations. (38 CFR 4.114)

The rating criteria for this condition changed on May 19, 2024. Under the new criteria, a higher evaluation of 20 percent is not warranted for diverticulitis unless the evidence shows:
• Diverticular disease requiring hospitalization for abdominal distress, fever, and leukocytosis (elevated white blood cells) 1 or more times in the past 12 months; and without associated (1) hemorrhage, (2) obstruction, (3) abscess, (4) peritonitis, or (5) perforation. (38 CFR 4.113, 38 CFR 4.114)

Diagnostic Code: 7336

7336 Hemorrhoids, external or internal:	
Internal or external hemorrhoids with persistent bleeding and anemia; or continuously prolapsed internal hemorrhoids with three or more episodes per year of thrombosis	20
Prolapsed internal hemorrhoids with two or less episodes per year of thrombosis; or external hemorrhoids with three or more episodes per year of thrombosis	10

Diagnostic Code: 7336

Service connection for external hemorrhoids has been established as directly related to military service. (38 CFR 3.303, 38 CFR 3.304)

The effective date of this grant is March 13, 2024. This is the date we received your intent to file a claim for compensation. As we received a substantially complete claim within one year of

receiving the intent to file, the effective date is the date the intent to file was received. (38 CFR 3.400) (38 CFR 3.155)

A noncompensable evaluation is assigned from March 13, 2024.

We have assigned a noncompensable evaluation for your external hemorrhoids based on the Historical Rating Schedule:
- Mild symptoms
- Moderate symptoms

A higher evaluation of 10 percent is not warranted for hemorrhoids unless the evidence shows:
- Large or thrombotic hemorrhoids, which are irreducible with excessive redundant tissue, evidencing frequent recurrences. (38 CFR 4.114)

The schedule for rating disability has changed for this condition. An evaluation of 10 percent assigned effective May 19, 2024, the date of the law change for the Current Rating Schedule. (38 CFR 3.114, 38 CFR 3.400)

We have assigned a 10 percent evaluation for your external hemorrhoids based on:
- External hemorrhoids
- Three or more episodes per year of thrombosis

A higher evaluation of 20 percent is not warranted for hemorrhoids, external or internal unless the evidence shows:
- Continuously prolapsed internal hemorrhoids with three or more episodes per year of thrombosis; or,
- Internal or external hemorrhoids with persistent bleeding and anemia. (38 CFR 4.114)

Diagnostic Code: 7338

7338 Hernia, including femoral, inguinal, umbilical, ventral, incisional, and other (but not including hiatal).	
Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	
1. Size equal to 15 cm or greater in one dimension; and	
2. Pain when performing at least three of the following activities: (1) bending over, (2) activities of daily living (ADLs), (3) walking, and (4) climbing stairs	100
Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	
1. Size equal to 15 cm or greater in one dimension; and	
2. Pain when performing two of the following activities: (1) bending over, (2) activities of daily living (ADLs), (3) walking, and (4) climbing stairs	60
Irreparable hernia (new or recurrent) present for 12 months or more; with both of the following present for 12 months or more:	
1. Size equal to 3 cm or greater but less than 15 cm in one dimension; and	
2. Pain when performing at least two of the following activities: (1) bending over, (2) activities of daily living (ADLs), (3) walking, and (4) climbing stairs	30

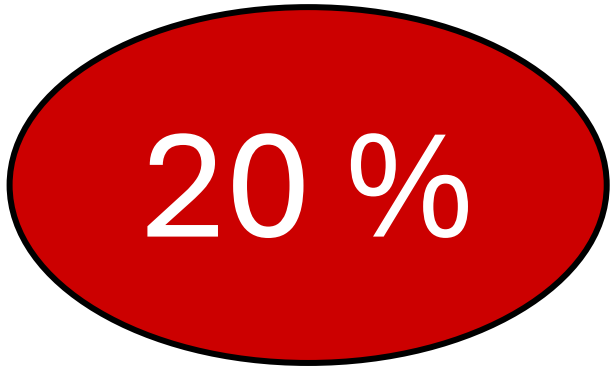
Diagnostic Code: 7338

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

Diagnostic Code: 7338

EXAMPLE:

Service connection for Hernia has been established as directly related to service. The veteran has a recurrent Hernia 7 cm in size during the last year and has a hard time bending over to put his shoes on. What will their rating be?



Diagnostic Code: 7355

7355 Celiac disease:	
Malabsorption syndrome with weakness which interferes with activities of daily living; and weight loss resulting in wasting and nutritional deficiencies; and with systemic manifestations including but not limited to, weakness and fatigue, dermatitis, lymph node enlargement, hypocalcemia, low vitamin levels; and anemia related to malabsorption; and episodes of abdominal pain and diarrhea due to lactase deficiency or pancreatic insufficiency	80
Malabsorption syndrome with chronic diarrhea managed by medically-prescribed dietary intervention such as prescribed gluten-free diet, with nutritional deficiencies due to lactase and pancreatic insufficiency; and with systemic manifestations including, but not limited to, weakness and fatigue, dermatitis, lymph node enlargement, hypocalcemia, low vitamin levels, or atrophy of the inner intestinal lining shown on biopsy	50
Malabsorption syndrome with chronic diarrhea managed by medically-prescribed dietary intervention such as prescribed gluten-free diet; and without nutritional deficiencies	30
Note (1): An appropriate serum antibody test or endoscopy with biopsy must confirm the diagnosis.	
Note (2): For evaluation of celiac disease with the predominant disability of malabsorption, use the greater evaluation between DC 7328 or celiac disease under DC 7355.	

Diagnostic Code: 7355

EXAMPLE:

Service connection for Celiac disease has been established as directly related to service. The veteran has prescribed diet of gluten free and without nutritional deficiencies. What will their rating be?

30 %

Considerations

- There will be no change to any veteran's current rating based solely on rule change.
- If a veteran currently receives compensation for a service-connected condition, they may apply for increased compensation if they feel their condition would receive a higher rating under this new rating criteria or if their condition worsened.
- A reduction in evaluation will only occur if there is improvement in a disability sufficient to warrant a reduction under the former criteria.
- Claims related to these body systems that were pending on May 19, 2024 will be considered under both the old and new rating criteria, and whichever criteria is more favorable to the veteran will be applied.

Questions