



Digestive Rating Changes

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- Final Rule Proposed by VA & Effective Date
- Proposed changes to Schedule of Rating Disabilities:
The Digestive System
- Considerations 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.**

- 4.112 Weight loss (Current)
 - For purposes of evaluating conditions in § 4.114, the term “substantial weight loss” means a loss of greater than 20 percent of the individual's baseline weight, sustained for three months or longer; and the term “minor weight loss” means a weight loss of 10 to 20 percent of the individual's baseline weight, sustained for three months or longer. The term “inability to gain weight” means that there has been substantial weight loss with inability to regain it despite appropriate therapy. “Baseline weight” means the average weight for the two-year-period preceding onset of the disease.

- 4.112 Weight Loss and Nutrition (New)
- 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.

- (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.

- 4.114 Schedule of ratings—digestive system (Current)
 - Ratings under diagnostic codes 7301 to 7329, inclusive, 7331, 7342, and 7345 to 7348 inclusive will not be combined with each other. A single evaluation will be assigned under the diagnostic code which reflects the predominant disability picture, with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation.
- 4.114 Schedule of ratings—digestive system (New)
 - 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 Changes

- 7200 Mouth, injuries of (Current)
 - Rate as for disfigurement and impairment of function of mastication.
- 7200 Soft tissue injury of the mouth, other than tongue or lips (New)
 - Rate as for disfigurement (diagnostic codes 7800 and 7804) and impairment of mastication.
- 7201 Lips, injuries of (Current)
 - Rate as for disfigurement of face.
- 7201 Lips, injuries of (New)
 - Rate as disfigurement (diagnostic codes 7800 and 7804).

Diagnostic Code Changes

- 7202 Tongue, loss of whole or part (Current)
 - With inability to communicate by speech 100
 - One-half or more 60
 - With marked speech impairment 30
- 7202 Tongue, loss of whole or part (New)
 - Absent oral nutritional intake 100
 - Intact oral nutritional intake with permanently impaired swallowing function that requires prescribed dietary modification 60
 - Intact oral nutritional intake with permanently impaired swallowing function without prescribed dietary modification 30
 - Note (1):Rate the residuals of speech impairment as complete organic aphonia (DC 6519) or incomplete aphonia as laryngitis, chronic (DC 6516).
 - Note (2):Dietary modifications due to this condition must be prescribed by a medical provider

Diagnostic Code Changes

- 7203 Esophagus, stricture of: (Current)
 - Permitting passage of liquids only, with marked impairment of general health 80
 - Severe, permitting liquids only 50
 - Moderate 30
- 7203 Esophagus, stricture of (New)
 - 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 Changes

- 7203 (New)
 - 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 Changes

- 7204 Esophagus, spasm of (cardiospasm) (Current)
 - If not amenable to dilation, rate as for the degree of obstruction (stricture)
- 7204 Esophageal motility disorder (New)
 - Rate as esophagus, stricture of (DC 7203).
 - Note: This diagnostic code applies, but is not limited to, achalasia (cardiospasm), diffuse esophageal spasm (DES), corkscrew esophagus, nutcracker esophagus, and other motor disorders of the esophagus; esophageal rings (including Schatzki rings), mucosal webs or folds, and impairment of the esophagus caused by systemic conditions such as myasthenia gravis, scleroderma, and other neurologic conditions.

Diagnostic Code Changes

- 7205 Esophagus, diverticulum of, acquired (Current)
 - Rate as for obstruction (stricture).
- 7205 Esophagus, diverticulum of, acquired (New)
 - Rate as esophagus, stricture of (DC 7203).
 - Note: This diagnostic code, applies, but is not limited to, pharyngo- esophageal (Zenker's) diverticulum, mid-esophageal diverticulum, and epiphrenic (distal esophagus) diverticulum.

Diagnostic Code Changes

- 7206 Gastroesophageal Reflux Disease (Added)
 - 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 Changes

7206 (Added)

- 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 Changes

- 7207 Barrett's esophagus (Added)
 - 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 Changes

- 7301 Peritoneum, adhesions of (Current)
 - Severe; definite partial obstruction shown by X-ray, with frequent and prolonged episodes of severe colic distension, nausea or vomiting, following severe peritonitis, ruptured appendix, perforated ulcer, or operation with drainage 50
 - Moderately severe; partial obstruction manifested by delayed motility of barium meal and less frequent and less prolonged episodes of pain 30
 - Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension 10
 - Mild 0
 - Note: Ratings for adhesions will be considered when there is history of operative or other traumatic or infectious (intraabdominal) process, and at least two of the following: disturbance of motility, actual partial obstruction, reflex disturbances, presence of pain.

Diagnostic Code Changes

7301 Peritoneum, adhesions of, due to surgery, trauma, disease, or infection (New)

- Persistent partial bowel obstruction that is either inoperable and refractory to treatment, or requires total parenteral nutrition (TPN) for obstructive symptoms 80
- Symptomatic peritoneal adhesions, persisting or recurring after surgery, trauma, inflammatory disease process such as chronic cholecystitis or Crohn's disease, or infection, as determined by a healthcare provider; and clinical evidence of recurrent obstruction requiring hospitalization at least once a year; and medically-directed dietary modification other than total parenteral nutrition (TPN); and at least one of the following: (1) abdominal pain, (2) nausea, (3) vomiting, (4) colic, (5) constipation, or (6) diarrhea 50
- Symptomatic peritoneal adhesions, persisting or recurring after surgery, trauma, inflammatory disease process such as chronic cholecystitis or Crohn's disease, or infection, as determined by a healthcare provider; and medically-directed dietary modification other than total parenteral nutrition (TPN); and at least one of the following: (1) abdominal pain, (2) nausea, (3) vomiting, (4) colic, (5) constipation, or (6) diarrhea 30
- Symptomatic peritoneal adhesions, persisting or recurring after surgery, trauma, inflammatory disease process such as chronic cholecystitis or Crohn's disease, or infection, as determined by a healthcare provider, and at least one of the following: (1) abdominal pain, (2) nausea, (3) vomiting, (4) colic, (5) constipation, or (6) diarrhea 10
- History of peritoneal adhesions, currently asymptomatic 0

Diagnostic Code Changes

- 7303 Chronic complications of upper gastrointestinal surgery (Added)
 - Requiring continuous total parenteral nutrition (TPN) or tube feeding for a period longer than 30 consecutive days in the last six months 80
 - Any one of the following symptoms with or without pain: (1) daily vomiting despite oral dietary modification or medication; (2) six or more watery bowel movements per day every day, or explosive bowel movements that are difficult to predict or control; (3) post-prandial (meal-induced) light-headedness (syncope) with sweating and the need for medications to specifically treat complications of upper gastrointestinal surgery such as dumping syndrome or delayed gastric emptying 50
 - With two or more of the following symptoms: (1) vomiting two or more times per week or vomiting despite medical treatment; (2) discomfort or pain within an hour of eating and requiring ongoing oral dietary modification; (3) three to five watery bowel movements per day every day 30
 - With either nausea or vomiting managed by ongoing medical treatment 10
 - Post-operative status, asymptomatic 0

Diagnostic Code Changes

- 7303 (Added)
 - Note (1):For resection of small intestine, use DC 7328.
 - Note (2):If pancreatic surgery results in a vitamin or mineral deficiency (e.g., B12, iron, calcium, or fat-soluble vitamins), evaluate under the appropriate vitamin/mineral deficiency code and assign the higher rating. For example, evaluate Vitamin A, B, C or D deficiencies under DC 6313; ocular manifestations of vitamin deficiencies, such as night blindness, under DC 6313; keratitis or keratomalacia due to Vitamin A deficiency under DC 6001; Vitamin E deficiency under neuropathy; and Vitamin K deficiency under prolonged clotting (e.g., DC 7705).
 - Note (3):This diagnostic code includes operations performed on the esophagus, stomach, pancreas, and small intestine, including bariatric surgery.

Diagnostic Code Changes

- 7304 Ulcer, gastric (Current)
- 7304 Peptic ulcer disease (NEW)
 - 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.
- 7305 & 7306 (Removed)

Diagnostic Code Changes

- 7307 Gastritis, hypertrophic (identified by gastroscope) (Current)
 - Chronic; with severe hemorrhages, or large ulcerated or eroded areas 60
 - Chronic; with multiple small eroded or ulcerated areas, and symptoms 30
 - Chronic; with small nodular lesions, and symptoms 10
 - Gastritis, atrophic.
 - A complication of a number of diseases, including pernicious anemia.
 - Rate the underlying condition.
- 7307 Gastritis, chronic (New)
 - Rate as peptic ulcer disease (DC 7304).
 - Note: This diagnostic code includes *Helicobacter pylori* infection, drug-induced gastritis, Zollinger-Ellison syndrome, and portal-hypertensive gastropathy with varix-related complications.

Diagnostic Code Changes

- 7308 Postgastrectomy syndromes (Current)
 - Severe; associated with nausea, sweating, circulatory disturbance after meals, diarrhea, hypoglycemic symptoms, and weight loss with malnutrition and anemia 60
 - Moderate; less frequent episodes of epigastric disorders with characteristic mild circulatory symptoms after meals but with diarrhea and weight loss 40
 - Mild; infrequent episodes of epigastric distress with characteristic mild circulatory symptoms or continuous mild manifestations 20
- 7308 Postgastrectomy syndrome: (New)
 - Rate residuals as chronic complications of upper gastrointestinal surgery (DC 7303).

Diagnostic Code Changes

- 7309 Stomach, stenosis of (Current)
 - Rate as for gastric ulcer.
- 7309 Stomach, stenosis of (New)
 - Rate as chronic complications of upper gastrointestinal surgery (DC 7303) or peptic ulcer disease (DC 7304), depending on the predominant disability.
- 7310 Stomach, injury of, residuals (Current)
 - Rate as peritoneal adhesions.
- 7310 Stomach, injury of, residuals (New)
 - Pre-operative: Rate as adhesions of peritoneum due to surgery, trauma, disease, or infection (DC 7301). No adhesions are necessary when evaluating under DC 7301.
 - Post-operative: Rate as chronic complications of upper gastrointestinal surgery (DC 7303).

Diagnostic Code Changes

- 7312 Cirrhosis of the liver, primary biliary cirrhosis, or cirrhotic phase of sclerosing cholangitis (Current)
 - Generalized weakness, substantial weight loss, and persistent jaundice, or; with one of the following refractory to treatment: ascites, hepatic encephalopathy, hemorrhage from varices or portal gastropathy (erosive gastritis) 100
 - History of two or more episodes of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis), but with periods of remission between attacks 70
 - History of one episode of ascites, hepatic encephalopathy, or hemorrhage from varices or portal gastropathy (erosive gastritis) 50
 - Portal hypertension and splenomegaly, with weakness, anorexia, abdominal pain, malaise, and at least minor weight loss 30
 - Symptoms such as weakness, anorexia, abdominal pain, and malaise 10
 - Note: For evaluation under diagnostic code 7312, documentation of cirrhosis (by biopsy or imaging) and abnormal liver function tests must be present.

Diagnostic Code Changes

- 7312 Cirrhosis of the liver (New)
 - 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
 - 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 Changes

- 7314 Cholecystitis, chronic (Current)
 - Severe; frequent attacks of gall bladder colic 30
 - Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice 10
 - Mild 0
- 7314 Chronic biliary tract disease (New)
 - 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 Changes

- 7315 Cholelithiasis, chronic (Current)
 - Rate as for chronic cholecystitis
- 7315 Cholelithiasis, chronic (New)
 - Rate as chronic biliary tract disease (DC 7314).
- 7317 Gall bladder, injury of (Current)
 - Rate as for peritoneal adhesions.
- 7317 Gallbladder, injury of (New)
 - Rate as adhesions of the peritoneum due to surgery, trauma, disease, or infection (DC 7301); or chronic gallbladder and biliary tract disease (DC 7314), or cholecystectomy (gallbladder removal), complications of (such as strictures and biliary leaks) (DC 7318), depending on the predominant disability.
 - Note: When rating gallbladder injuries analogous to DC 7301, a finding of adhesions is not necessary.

Diagnostic Code Changes

- 7318 Gall bladder, removal of (Current)
 - With severe symptoms 30
 - With mild symptoms 10
 - Nonsymptomatic 0
 - Spleen, disease or injury of
 - See Hemic and Lymphatic Systems.
- 7318 Cholecystectomy (gallbladder removal), complications of (such as strictures and biliary leaks) (New)
 - With recurrent abdominal pain (post-prandial or nocturnal); and chronic diarrhea characterized by three or more watery bowel movements per day 30
 - With intermittent abdominal pain; and diarrhea characterized by one to two watery bowel movements per day 10
 - Asymptomatic 0

Diagnostic Code Changes

- 7319 Irritable colon syndrome (spastic colitis, mucous colitis, etc.) (Current)
 - Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress 30
 - Moderate; frequent episodes of bowel disturbance with abdominal distress 10 Mild; disturbances of bowel function with occasional episodes of abdominal distress 07321 Amebiasis: Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distention, chronic constipation interrupted by diarrhea 10
 - Asymptomatic 0
 - Note: Amebiasis with or without liver abscess is parallel in symptomatology with ulcerative colitis and should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.

Diagnostic Code Changes

- 7319 Irritable bowel syndrome (IBS) (New)
 - 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 Changes

- 7321 & 7322 (Removed)
- 7323 Colitis, ulcerative (Current)
 - Pronounced; resulting in marked malnutrition, anemia, and general debility, or with serious complication as liver abscess 100
 - Severe; with numerous attacks a year and malnutrition, the health only fair during remissions 60
 - Moderately severe; with frequent exacerbations 30
 - Moderate; with infrequent exacerbations 10
- 7323 Colitis, ulcerative (New)
 - Rate as Crohn's disease or undifferentiated form of inflammatory bowel disease (DC 7326).

Diagnostic Code Changes

- 7324 (Removed)
- 7325 Enteritis, chronic (Current)
 - Rate as for irritable colon syndrome.
- 7325 Enteritis, chronic (New)
 - Rate as Irritable Bowel Syndrome (DC 7319) or Crohn's disease or undifferentiated form of inflammatory bowel disease (DC 7326), depending on the predominant disability.

Diagnostic Code Changes

- 7326 Enterocolitis, chronic (Current)
 - Rate as for irritable colon syndrome.
- 7326 Crohn's disease or undifferentiated form of inflammatory bowel disease: (New)
 - Severe inflammatory bowel disease that is unresponsive to treatment; and requires hospitalization at least once per year; and results in either an inability to work or is characterized by recurrent abdominal pain associated with at least two of the following: (1) six or more episodes per day of diarrhea, (2) six or more episodes per day of rectal bleeding, (3) recurrent episodes of rectal incontinence, or (4) recurrent abdominal distension 100
 - Moderate inflammatory bowel disease that is managed on an outpatient basis with immunosuppressants or other biologic agents; and is characterized by recurrent abdominal pain, four to five daily episodes of diarrhea; and intermittent signs of toxicity such as fever, tachycardia, or anemia 60
 - Mild to moderate inflammatory bowel disease that is managed with oral and topical agents (other than immunosuppressants or other biologic agents); and is characterized by recurrent abdominal pain with three or less daily episodes of diarrhea and minimal signs of toxicity such as fever, tachycardia, or anemia 30
 - Minimal to mild symptomatic inflammatory bowel disease that is managed with oral or topical agents (other than immunosuppressants or other biologic agents); and is characterized by recurrent abdominal pain with three or less daily episodes of diarrhea and no signs of systemic toxicity 10
 - Note (1):Following colectomy/colostomy with persistent or recurrent symptoms, rate either under DC 7326 or DC 7329 (Intestine, large, resection of), whichever provides the highest rating.
 - Note (2):VA requires diagnoses under DC 7326 to be confirmed by endoscopy or radiologic studies.
 - Note (3):Inflammation may involve small bowel (ileitis), large bowel (colitis), or inflammation of any component of the gastrointestinal tract from the mouth to the anus.

Diagnostic Code Changes

- 7327 Diverticulitis (Current)
 - Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.
- 7327 Diverticulitis and diverticulosis (New)
 - 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 Changes

- 7328 Intestine, small, resection of (Current)
 - With marked interference with absorption and nutrition, manifested by severe impairment of health objectively supported by examination findings including material weight loss 60
 - With definite interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including definite weight loss 40
 - Symptomatic with diarrhea, anemia and inability to gain weight 20
 - Note: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.
- 7328 Intestine, small, resection of (New)
 - Status post intestinal resection with undernutrition and anemia; and requiring total parenteral nutrition (TPN) 80
 - Status post intestinal resection with undernutrition and anemia; and requiring prescribed oral dietary supplementation, continuous medication and intermittent total parenteral nutrition (TPN) 60
 - Status post intestinal resection with four or more episodes of diarrhea per day resulting in undernutrition and anemia; and requiring prescribed oral dietary supplementation and continuous medication 40
 - Status post intestinal resection with four or more episodes of diarrhea per day 20
 - Status post intestinal resection, asymptomatic 0
 - Note: This diagnostic code includes short bowel syndrome, mesenteric ischemic thrombosis, and post-bariatric surgery complications. Where short bowel syndrome results in high-output syndrome, to include high-output stoma, consider assigning a higher evaluation under DC 7329 (Intestine, large, resection of).

Diagnostic Code Changes

- 7329 Intestine, large, resection of (Current)
 - With severe symptoms, objectively supported by examination findings 40
 - With moderate symptoms 20
 - With slight symptoms 10
 - Note: Where residual adhesions constitute the predominant disability, rate under diagnostic code 7301.
- 7329 Intestine, large, resection of (New)
 - Total colectomy with formation of ileostomy, high-output syndrome, and more than two episodes of dehydration requiring intravenous hydration in the past 12 months 100
 - Total colectomy with or without permanent colostomy or ileostomy without high-output syndrome 60
 - Partial colectomy with permanent colostomy or ileostomy without high-output syndrome 40
 - Partial colectomy with reanastomosis (reconnection of the intestinal tube) with loss of ileocecal valve and recurrent episodes of diarrhea more than 3 times per day 20
 - Partial colectomy with reanastomosis (reconnection of the intestinal tube)

Diagnostic Code Changes

- 7330 Intestine, fistula of, persistent, or after attempt at operative closure (Current)
 - Copious and frequent, fecal discharge 100
 - Constant or frequent, fecal discharge 60
 - Slight infrequent, fecal discharge 30
 - Healed; rate for peritoneal adhesions.
- 7330 Intestinal fistulous disease, external (New)
 - Requiring total parenteral nutrition (TPN); or enteral nutritional support along with at least one of the following: (1) daily discharge equivalent to four or more ostomy bags (sized 130 cc), (2) requiring ten or more pad changes per day, or (3) a Body Mass Index (BMI) less than 16 and persistent drainage (any amount) for more than 1 month during the past 12 months 100
 - Requiring enteral nutritional support along with at least one of the following: (1) daily discharge equivalent to three or less ostomy bags (sized 130 cc), (2) requiring fewer than ten pad changes per day, or (3) a Body Mass Index (BMI) of 16 to 18 inclusive and persistent drainage (any amount) for more than 2 months in the past 12 months 60
 - Intermittent fecal discharge with persistent drainage for more than 3 months in the past 12 months 30
 - Note: This code applies to external fistulas that have developed as a consequence of abdominal trauma, surgery, radiation, malignancy, infection, or ischemia.

Diagnostic Code Changes

- 7332 Rectum and anus, impairment of sphincter control (Current)
 - Complete loss of sphincter control 100
 - Extensive leakage and fairly frequent involuntary bowel movements 60
 - Occasional involuntary bowel movements, necessitating wearing of pad 30
 - Constant slight, or occasional moderate leakage 10
 - Healed or slight, without leakage 0
- 7332 Rectum and anus, impairment of sphincter control (New)
 - Complete loss of sphincter control characterized by incontinence or retention that is not responsive to a physician-prescribed bowel program and requires either surgery or digital stimulation, medication (beyond laxative use), and special diet; or incontinence to solids and/or liquids two or more times per day, which requires changing a pad two or more times per day 100
 - Complete or partial loss of sphincter control characterized by incontinence or retention that is partially responsive to a physician-prescribed bowel program and requires either surgery or digital stimulation, medication (beyond laxative use), and special diet; or incontinence to solids and/or liquids two or more times per week, which requires wearing a pad two or more times per week 60

Diagnostic Code Changes

- 7332 (New)
 - Complete or partial loss of sphincter control characterized by incontinence or retention that is fully responsive to a physician-prescribed bowel program and requires digital stimulation, medication (beyond laxative use), and special diet; or incontinence to solids and/or liquids two or more times per month, which requires wearing a pad two or more times per month 30
 - Complete or partial loss of sphincter control characterized by incontinence or retention that is fully responsive to a physician-prescribed bowel program and requires medication or special diet; or incontinence to solids and/or liquids at least once every six months, which requires wearing a pad at least once every six months 10
 - History of loss of sphincter control, currently asymptomatic 0
 - Note: Complete or partial loss of sphincter control refers to the inability to retain or expel stool at an appropriate time and place.

Diagnostic Code Changes

- 7333 Rectum and anus, stricture of (Current)
 - Requiring colostomy 100
 - Great reduction of lumen, or extensive leakage 50
 - Moderate reduction of lumen, or moderate constant leakage 30
- 7333 Rectum and anus, stricture of (New)
 - Inability to open the anus with inability to expel solid feces 100
 - Reduction of the lumen 50% or more, with pain and straining during defecation 60
 - Reduction of the lumen by less than 50%, with straining during defecation 30
 - Luminal narrowing with or without straining, managed by dietary intervention 10
 - Note (1): Conditions rated under this code include dyssynergic defecation (levator ani) and anismus (functional constipation).
 - Note (2): Evaluate an ostomy as Intestine, large, resection of (DC 7329).

Diagnostic Code Changes

- 7334 Rectum, prolapse of (Current)
 - Severe (or complete), persistent 50
 - Moderate, persistent or frequently recurring 30
 - Mild with constant slight or occasional moderate leakage 10
- 7334 Rectum, prolapse of (New)
- Persistent irreducible prolapse, repairable or unrepairable 100
- Manually reducible prolapse that is not repairable and occurs at times other than bowel movements, exertion, or while performing the Valsalva maneuver 50
- Manually reducible prolapse that is not repairable and occurs only after bowel movements, exertion, or while performing the Valsalva maneuver 30
- Spontaneously reducible prolapse that is not repairable 10
- Note (1):For repairable prolapse of the rectum, continue the 100% evaluation for two months following repair. Thereafter, determine the appropriate evaluation based on residuals 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.
- Note (2):Where impairment of sphincter control constitutes the predominant disability, rate under diagnostic code 7332 (Rectum and anus, impairment of sphincter control).

Diagnostic Code Changes

- 7336 Hemorrhoids, external or internal (Current)
 - With persistent bleeding and with secondary anemia, or with fissures 20
 - Large or thrombotic, irreducible, with excessive redundant tissue, evidencing frequent recurrences 10
 - Mild or moderate 0
- 7336 Hemorrhoids, external or internal (New)
 - 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 Changes



- 7337 Pruritus ani (Current)
 - Rate for the underlying condition.
- 7337 Pruritus ani (anal itching) (New)
 - With bleeding or excoriation 10
 - Without bleeding or excoriation 0

Diagnostic Code Changes

- 7338 Hernia, inguinal (Current)
 - Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable 60
 - Small, postoperative recurrent, or unoperated irremediable, not well supported by truss, or not readily reducible 30
 - Postoperative recurrent, readily reducible and well supported by truss or belt 10
 - Not operated, but remediable 0
 - Small, reducible, or without true hernia protrusion 0
 - Note: Add 10 percent for bilateral involvement, provided the second hernia is compensable. This means that the more severely disabling hernia is to be evaluated, and 10 percent, only, added for the second hernia, if the latter is of compensable degree.

Diagnostic Code Changes

- 7338 Hernia, including femoral, inguinal, umbilical, ventral, incisional, and other (but not including hiatal) (New)
 - 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 Changes

- 7338 (New)
 - 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.
- 7339 & 7340 (Removed)

Diagnostic Code Changes

- 7344 Benign neoplasms, exclusive of skin growths (Current)
 - Evaluate under an appropriate diagnostic code, depending on the predominant disability or the specific residuals after treatment.
- 7344 Benign neoplasms, exclusive of skin growths (New)
 - Evaluate under a diagnostic code appropriate to the predominant disability or the specific residuals after treatment.
 - Note: This diagnostic code includes lipoma, leiomyoma, colon polyps, or villous adenoma.

Diagnostic Code Changes

- 7345 Chronic liver disease without cirrhosis (including hepatitis B, chronic active hepatitis, autoimmune hepatitis, hemochromatosis, drug-induced hepatitis, etc., but excluding bile duct disorders and hepatitis C) (Current)
 - Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) 100
 - Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly 60
 - Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period 40
 - Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12-month period 20

Diagnostic Code Changes

- 7345 (Current)
 - Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period 10
 - Nonsymptomatic 0
 - Note (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).
 - Note (2): For purposes of evaluating conditions under diagnostic code 7345, “incapacitating episode” means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician.
 - Note (3): Hepatitis B infection must be confirmed by serologic testing in order to evaluate it under diagnostic code 7345.

Diagnostic Code Changes

- 7345 Chronic liver disease without cirrhosis (New)
 - Progressive chronic liver disease requiring use of both parenteral antiviral therapy (direct antiviral agents), and parenteral immunomodulatory therapy (interferon and other); and for six months following discontinuance of treatment 100
 - Progressive chronic liver disease requiring continuous medication and causing substantial weight loss and at least two of the following: (1) daily fatigue, (2) malaise, (3) anorexia, (4) hepatomegaly, (5) pruritus, and (6) arthralgia 60
 - Progressive chronic liver disease requiring continuous medication and causing minor weight loss and at least two of the following: (1) daily fatigue, (2) malaise, (3) anorexia, (4) hepatomegaly, (5) pruritus, and (6) arthralgia 40
 - Chronic liver disease with at least one of the following: (1) intermittent fatigue, (2) malaise, (3) anorexia, (4) hepatomegaly, or (5) pruritus 20
 - Previous history of liver disease, currently asymptomatic 0

Diagnostic Code Changes

- 7345 (New)
 - Note (1):100% evaluation shall continue for six months following discontinuance of parenteral antiviral therapy and administration of parenteral immunomodulatory drugs. Six months after discontinuance of parenteral antiviral therapy and parenteral immunomodulatory drugs, determine the appropriate disability rating by mandatory VA exam. Apply the provisions of § 3.105(e) of this chapter to any change in evaluation based upon that or any subsequent examination
 - Note (2):For individuals for whom physicians recommend both parenteral antiviral therapy and parenteral immunomodulatory drugs, but for whom treatment is medically contraindicated, rate according to DC 7312 (Cirrhosis of the liver).
 - Note (3):This diagnostic code includes Hepatitis B (confirmed by serologic testing), primary biliary cirrhosis (PBC), primary sclerosing cholangitis (PSC), autoimmune liver disease, Wilson's disease, Alpha-1-antitrypsin deficiency, hemochromatosis, drug-induced hepatitis, and non-alcoholic steatohepatitis (NASH). Track Hepatitis C (or non-A, non-B hepatitis) under DC 7354 but evaluate it using the criteria in this entry.
 - Note (4):Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14)

Diagnostic Code Changes

- 7346 Hernia hiatal:
 - Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health 60
 - Persistently recurrent epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health 30
 - With two or more of the symptoms for the 30 percent evaluation of less severity 10
- 7346 Hiatal hernia and paraesophageal hernia (New)
 - Rate as esophagus, stricture of (DC 7203).

Diagnostic Code Changes

- 7347 Pancreatitis (Current)
 - `With frequently recurrent disabling attacks of abdominal pain with few pain free intermissions and with steatorrhea, malabsorption, diarrhea and severe malnutrition 100
 - With frequent attacks of abdominal pain, loss of normal body weight and other findings showing continuing pancreatic insufficiency between acute attacks 60
 - Moderately severe; with at least 4-7 typical attacks of abdominal pain per year with good remission between attacks 30
 - With at least one recurring attack of typical severe abdominal pain in the past year 10
 - Note 1: Abdominal pain in this condition must be confirmed as resulting from pancreatitis by appropriate laboratory and clinical studies.
 - Note 2: Following total or partial pancreatectomy, rate under above, symptoms, minimum rating 30 percent.

Diagnostic Code Changes

- 7347 Pancreatitis, chronic (New)
 - Daily episodes of abdominal or mid-back pain that require three or more hospitalizations per year; and pain management by a physician; and maldigestion and malabsorption requiring dietary restriction and pancreatic enzyme supplementation 100
 - Three or more episodes of abdominal or mid-back pain per year and at least one episode per year requiring hospitalization for management either of complications related to abdominal pain or complications of tube enteral feeding 60
 - At least one episode per year of abdominal or mid-back pain that requires ongoing outpatient medical treatment for pain, digestive problems, or management of related complications including but not limited to cyst, pseudocyst, intestinal obstruction, or ascites 30
 - Note (1): Appropriate diagnostic studies must confirm that abdominal pain in this condition results from pancreatitis.
 - Note (2): Separately rate endocrine dysfunction resulting in diabetes due to pancreatic insufficiency under DC 7913 (Diabetes mellitus).

Diagnostic Code Changes

- 7348 Vagotomy with pyloroplasty or gastroenterostomy (Current)
 - Followed by demonstrably confirmative postoperative complications of stricture or continuing gastric retention 40
 - With symptoms and confirmed diagnosis of alkaline gastritis, or of confirmed persisting diarrhea 30
 - Recurrent ulcer with incomplete vagotomy 20
 - Note: Rate recurrent ulcer following complete vagotomy under diagnostic code 7305, minimum rating 20 percent; and rate dumping syndrome under diagnostic code 7308.
- 7348 Vagotomy with pyloroplasty or gastroenterostomy (New)
 - Following confirmation of postoperative complications of stricture or continuing gastric retention 40
 - With symptoms and confirmed diagnosis of alkaline gastritis, or with confirmed persisting diarrhea 30
 - With incomplete vagotomy 20
 - Note: Rate recurrent ulcer following complete vagotomy under DC 7304 (Peptic ulcer disease), with a minimum rating of 20%; and rate post-operative residuals not addressed by this diagnostic code under DC 7303 (Chronic complications of upper gastrointestinal surgery).

Diagnostic Code Changes

- 7350 Liver abscess (Added)
 - Assign a rating of 100% for 6 months from the date of initial diagnosis. Six months following initial diagnosis, determine the appropriate disability rating by mandatory VA examination. Thereafter, rate the condition based on chronic residuals under the appropriate body system. Apply the provisions of § 3.105(e) of this chapter to any reduction in evaluation.
- Note: This diagnostic code includes abscesses caused by bacterial, viral, amebic (e.g., *E. histolytica*), fungal (e.g., *C. albicans*), and other agents.

Diagnostic Code Changes

- 7351 Liver transplant (Current)
 - For an indefinite period from the date of hospital admission for transplant surgery 100
 - Minimum 30
 - Note: A rating of 100 percent shall be assigned as of the date of hospital admission for transplant surgery and shall continue. One year following discharge, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.
- 7351 Liver transplant (New)
 - For an indefinite period from the date of hospital admission for transplant surgery 100
 - Eligible and awaiting transplant surgery, minimum rating 60
 - Following transplant surgery, minimum rating 30
 - Note: Assign a rating of 100% as of the date of hospital admission for transplant surgery. One year following discharge, 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. Rate residuals of any recurrent underlying liver disease under the appropriate diagnostic code and, when appropriate, combine with other post-transplant residuals under the appropriate body system(s), subject to the provisions of § 4.14 and this section.

Diagnostic Code Changes



- 7352 Pancreas transplant (Added)
 - For an indefinite period from the date of hospital admission for transplant surgery 100
 - Minimum rating 30
 - Note: Assign a rating of 100% as of the date of hospital admission for transplant surgery. One year following discharge, 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.

Diagnostic Code Changes

- 7354 Hepatitis C (or non-A, non-B hepatitis) (Current)
 - With serologic evidence of hepatitis C infection and the following signs and symptoms due to hepatitis C infection: Near-constant debilitating symptoms (such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) 100
 - Daily fatigue, malaise, and anorexia, with substantial weight loss (or other indication of malnutrition), and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least six weeks during the past 12-month period, but not occurring constantly 60
 - Daily fatigue, malaise, and anorexia, with minor weight loss and hepatomegaly, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least four weeks, but less than six weeks, during the past 12-month period 40
 - Daily fatigue, malaise, and anorexia (without weight loss or hepatomegaly), requiring dietary restriction or continuous medication, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least two weeks, but less than four weeks, during the past 12-month period 20

Diagnostic Code Changes

- Intermittent fatigue, malaise, and anorexia, or; incapacitating episodes (with symptoms such as fatigue, malaise, nausea, vomiting, anorexia, arthralgia, and right upper quadrant pain) having a total duration of at least one week, but less than two weeks, during the past 12-month period 10
 - Nonsymptomatic 0
 - Note (1): Evaluate sequelae, such as cirrhosis or malignancy of the liver, under an appropriate diagnostic code, but do not use the same signs and symptoms as the basis for evaluation under DC 7354 and under a diagnostic code for sequelae. (See § 4.14.).
 - Note (2): For purposes of evaluating conditions under diagnostic code 7354, “incapacitating episode” means a period of acute signs and symptoms severe enough to require bed rest and treatment by a physician.
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- 7354 Hepatitis C (or non-A, non-B hepatitis) (New)
 - Rate under DC 7345 (Chronic liver disease without cirrhosis).

Diagnostic Code Changes

- 7355 Celiac disease (Added)
 - 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 Changes

- 7356 Gastrointestinal dysmotility syndrome (Added)
 - Requiring complete dependence on total parenteral nutrition (TPN) or continuous tube feeding for nutritional support 80
 - Requiring intermittent tube feeding for nutritional support; with recurrent emergency treatment for episodes of intestinal obstruction or regurgitation due to poor gastric emptying, abdominal pain, recurrent nausea, or recurrent vomiting 50
 - With symptoms of chronic intestinal pseudo-obstruction (CIPO) or symptoms of intestinal motility disorder, including but not limited to, abdominal pain, bloating, feeling of epigastric fullness, dyspepsia, nausea and vomiting, regurgitation, constipation, and diarrhea, managed by ambulatory care; and requiring prescribed dietary management or manipulation 30
 - Intermittent abdominal pain with epigastric fullness associated with bloating; and without evidence of a structural gastrointestinal disease 10
 - Note: Use this diagnostic code for illnesses associated with § 3.317(a)(2)(i)(B)(3) of this chapter, other than those which can be evaluated under DC 7319.

Diagnostic Code Changes

- 7357 Post pancreatectomy syndrome (Added)
 - Following total or partial pancreatectomy, evaluate under Pancreatitis, chronic (DC 7347), Chronic complications of upper gastrointestinal surgery (DC 7303), or based on residuals such as malabsorption (Intestine, small, resection of, DC 7328), diarrhea (Irritable bowel syndrome, DC 7319, or Crohn's disease or undifferentiated form of inflammatory bowel disease, DC 7326), or diabetes (DC 7913), whichever provides the highest evaluation
 - Minimum 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??