

VETERANS CLAIMS EDUCATION · FREE GUIDE



CFR Explained: How VA Rates Your Condition

How to read the VA rating schedule (38 CFR Part 4), diagnostic codes, “99” codes and ratings by analogy, with examples for every body system

Before you start: we are a free education resource. We are not VA, a VSO, an attorney or an accredited claims agent, and we don’t decide ratings. Only VA decides. Every example in this guide is made up, but it uses the real rating criteria so you can see how they work. Only report what’s true for you.

The key idea: read the criteria for your code

Your rating isn’t someone’s opinion. It comes from a rulebook. Find your diagnostic code on your rating decision, then read the criteria for the next level up. That tells you exactly what your records and your exam need to show.

CONTENTS

1. What the CFR is
2. How a rating is decided
3. VA math: combining ratings
4. How to read a diagnostic code
5. Rated by analogy: when your condition isn’t listed
6. Findings, 0% ratings and conditions not rated alone
7. Examples by body system
8. Examples: “99” codes and ratings by analogy
9. Examples: combining ratings and special situations
10. What you can do

Also inside: Common codes quick reference · Official sources

VETERANS CLAIMS
EDUCATION

What the CFR is

CFR stands for the Code of Federal Regulations. VA's rules for disability compensation are in Title 38. Two parts matter most:

Part 3: the claim rules

How service connection works (direct, secondary, presumptive, aggravation), effective dates, and VA's duty to help you.

Part 4: the rating schedule

How much each condition is rated: body systems, diagnostic codes, and the criteria for each percentage.

The body systems in Part 4

Body system	Section	Codes	Body system	Section	Codes
Joints, bones & spine	§ 4.71a	50xx–52xx	Kidneys & urinary	§ 4.115b	75xx
Muscle injuries	§ 4.73	53xx	Gynecological & breast	§ 4.116	76xx
Eyes	§ 4.79	60xx	Blood & lymph	§ 4.117	77xx
Ears	§ 4.87	62xx	Skin	§ 4.118	78xx
Infectious & immune	§ 4.88b	63xx	Endocrine (glands)	§ 4.119	79xx
Lungs & breathing	§ 4.97	65xx–68xx	Nerves, brain & headaches	§ 4.124a	80xx–89xx
Heart & blood vessels	§ 4.104	70xx–71xx	Mental health	§ 4.130	92xx–95xx
Digestive	§ 4.114	72xx–73xx	Dental & oral	§ 4.150	99xx

HOW TO READ IT

Your decision lists: **5260** Limitation of flexion, left knee.

The first two digits, 52, put it in joints, bones & spine. Open § 4.71a, find 5260, and read each rating level.

How a rating is decided

1. **Diagnosis:** your condition is identified from your records and exam.
2. **Code:** VA matches it to a diagnostic code, or the closest one if it isn't listed.
3. **Criteria:** each code lists what's needed for each rating level.
4. **Evidence:** the rater compares your records, exam and statements to those criteria and picks the level that fits.

Rules that work in your favor

Close call? Higher rating.

If your condition falls between two levels and more closely fits the higher one, VA assigns the higher one (§ 4.7).

Not every symptom needed

You don't have to show every finding listed for a level. VA looks at the overall picture (§ 4.21).

Pain and flare-ups count

For joints, VA must consider pain, weakness, fatigue and flare-ups, not just motion on a good day (§ 4.40, § 4.45, § 4.59).

No double counting

The same symptom can't be rated twice under different names, called pyramiding (§ 4.14).

0% when 10% isn't met

If a code has no 0% level and you don't meet 10%, VA assigns 0%. It's still service-connected (§ 4.31).

Separate ratings

Different symptoms from one injury, like back pain and leg nerve pain, can each get their own rating.

EXAMPLE · FLARE-UPS

Your exam says your knee bends to 60°. You told the examiner flare-ups twice a week cut it to about 30°.

VA must consider flare-ups. Ask the examiner to estimate your motion during a flare. That can support a higher level.

EXAMPLE · NOT EVERY SYMPTOM

You have most of the 50% mental health symptoms, but not every one listed.

You don't need every symptom (§ 4.21). VA looks at the overall level of impairment.

VETERANS CLAIMS
EDUCATION

VA math: combining ratings

VA doesn't add ratings. Each rating applies to the "whole person" that's left, and the total is rounded to the nearest 10% ([§ 4.25](#)).

50%
first rating

+15
30% of the 50 left

= 65
combined value

70%
rounded

EXAMPLE · THREE RATINGS

Ratings of 40%, 20% and 10%.

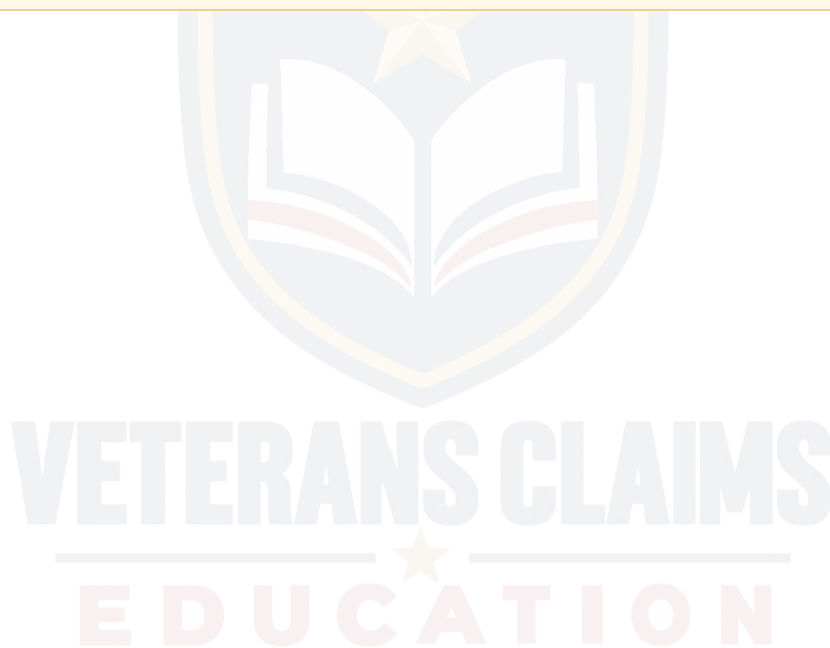
40, then +12 (20% of the 60 left) = 52, then +4.8 (10% of the 48 left) = 56.8, which rounds to 60%, not 70%.

EXAMPLE · TEN SMALL RATINGS

Ten conditions rated 10% each.

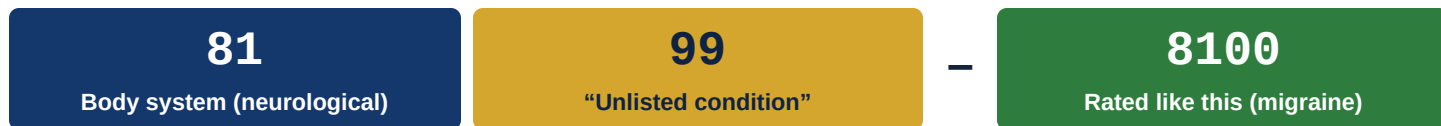
They combine to about 65%, not 100%. Each 10% applies to a smaller "whole person."

Bilateral factor: conditions on both arms or both legs get a small boost first. Combine them, then add 10% of that value before combining with everything else ([§ 4.26](#)). Example: two knees at 10% combine to 19; the bilateral factor adds 1.9, for 20.9.



How to read a diagnostic code

Most codes are four digits. A hyphenated code like **8199-8100** tells you two things: what your condition is, and what it's rated like (§ 4.27).



The “99” series

Every body system has a “99” code for conditions not listed by name: **5099** and **5299** (musculoskeletal), **5399** (muscles), **6099** (eyes), **6399** (infectious and immune), **7399** (digestive), **7899** (skin), **8199** (neurological), **9499** (mental health) and so on. The code after the hyphen is your roadmap.

Code	What it means
5299-5261	An unlisted knee condition rated like limited knee straightening
6099-6025	An unlisted eye condition rated like a tear-system disorder
9499-9410	An unlisted mental condition, like insomnia, rated like other specified anxiety disorder
5024-5271	Not “99”: a listed condition (tendinopathy) rated by another code’s criteria (limited ankle motion)

HOW TO READ IT

Your code sheet says **6099-6025**.

60 = eyes, 99 = not listed by name, 6025 = rated like a tear-system disorder. Open § 4.79, find 6025, and read what each level needs.

Where’s my code? It’s on the rating decision, and on the code sheet in your claims file (VA Form 20-10206 to request it).

Rated by analogy: when your condition isn't listed

Not every condition has its own code. When yours doesn't, VA rates it like the closest listed condition.

VA may “rate under a closely related disease or injury in which not only the functions affected, but the anatomical localization and symptomatology are closely analogous.” (38 CFR § 4.20)

Same function

What it stops you from doing.

Same body area

Where it is in your body.

Similar symptoms

How it shows up.

Limits: VA should avoid guesswork analogies, or analogies for uncertain diagnoses without clinical support. A clear diagnosis in your records matters.

How to find your analogy: an example

Adult-onset Still's disease has no code of its own.

1. Find the body system. It mainly hits the joints, with whole-body symptoms, so start in § 4.71a.
2. List your real symptoms. Painful, swollen joints, fevers, rash and fatigue that come in flares.
3. Find the look-alike. Multi-joint inflammatory arthritis, like rheumatoid arthritis: DC 5002.
4. Compare the criteria. DC 5002 rates flare-ups and health effects, which fits active disease better than wear-and-tear arthritis rated on motion (DC 5003).
5. See what VA has done before. Search the condition in Board decisions at va.gov/vetapp.
6. Ask your doctor to describe it in those terms: flare frequency and health effects. Only what's true.

HOW TO READ IT

VA rated your Still's disease as **5003** (wear-and-tear arthritis, rated on motion).

If flare-ups drive your symptoms, ask for **5099-5002** instead and explain why. If VA used the wrong code, a Higher-Level Review can fix it.

Now listed by name

These used to be rated by analogy, so older grants may still show a “99” code: plantar fasciitis (DC 5269, 2021), shin splints (DC 5262, 2021) and GERD (DC 7206, 2024). When the rating schedule changes, VA generally can't lower a rating already in effect just because of the new criteria, unless your condition actually improved ([38 U.S.C. § 1155](#)).

Findings, 0% ratings and conditions not rated alone

It's not listed

VA rates it like the closest listed condition, often with a hyphenated code.

It's a finding

Something on a scan or lab test, like high cholesterol. VA rates what it causes, not the finding.

It's rated 0%

Service-connected, but symptoms don't reach 10% yet.

Finding	VA may rate what it causes
Aortic calcification	An aneurysm, reduced blood flow or heart disease
High cholesterol	Heart disease or stroke
Arthritis on an X-ray	Painful or limited motion
Abnormal lab results	The diagnosed disease behind them

Why 0% still matters

- ☐ Your service connection is on record. If it gets worse, you ask for an increase instead of starting over.
- ☐ It can support secondary claims for problems it causes later (§ 3.310).
- ☐ If all your ratings are 0%, two or more that interfere with work can be rated 10% together (§ 3.324).
- ☐ No VA copays for care of that condition.
- ☐ It can help survivors if it later contributes to a veteran's death.

Not rated on their own

Refractive error

Needing glasses for nearsightedness or farsightedness. Eye diseases and injuries are rated (§ 3.303(c)).

Personality disorders

Not rated alone, but depression or PTSD that develops on top of one can be (§ 4.127).

Congenital or developmental defects

Not rated alone, but a disease or injury added on top during service can be.

Lab and scan findings

Claim the condition they cause.

Symptoms without a diagnosis? Pain that limits what you can do can still be a disability (Saunders v. Wilkie, 2018). Gulf War veterans can claim undiagnosed illnesses with no deadline under the PACT Act.

Examples by body system

Two or three made-up examples for each body system, using the real criteria. Each shows what the records show, the rating it fits, and what the next level up needs. VA decides each case.

JOINTS, BONES & SPINE

[38 CFR § 4.71a](#)

Low back strain

5237

Records show: Forward bending to 55°. Pain on motion. Nerve pain down the left leg.

Rating: **20%** for the back (more than 30° up to 60°). The leg nerve pain gets its own rating under 8520.

Next step up: 30° or less of forward bending, or favorable ankylosis of the whole thoracolumbar spine, is 40%.

Knee: two motions, two ratings

5260 • 5261

Records show: Bends to 110° with pain (flexion). Straightens only to 10° short of straight (extension).

Rating: **10% + 10%**. Painful motion gets at least the minimum rating (§ 4.59), and limited extension is rated separately under 5261.

Next step up: Flexion limited to 30° is 20%. Extension limited to 15° is 20%. Instability can add a separate rating under 5257.

Plantar fasciitis, both feet

5269

Records show: Heel pain in both feet. Tried inserts, shots and surgery; still no relief.

Rating: **30%**: bilateral, no relief from both non-surgical and surgical treatment.

Next step up: If it hasn't been treated with surgery yet, it's 10% ("otherwise"). Actual loss of use of the foot is rated 40% under 5167.

Shoulder, dominant arm

5201

Records show: Can only raise the arm to shoulder level.

Rating: **20%** (at shoulder level).

Next step up: Midway between side and shoulder level is 30% for the dominant arm (20% for the other arm). Limited to 25° from the side is 40%.

MUSCLE INJURIES

[38 CFR § 4.73](#)

Shrapnel wound to the calf

5311

Records show: Through-and-through wound in service. Scar, calf tires fast and cramps when walking.

Rating: **10%**: moderate injury to Muscle Group XI.

Next step up: Moderately severe is 20%; severe is 30%. A painful scar can get its own rating under 7804.

Gunshot wound to the forearm

5307

Records show: Entry and exit scars, weak grip, hand fatigue with use.

Rating: Rated by severity of Muscle Group VII damage: slight, moderate, moderately severe or severe.

Next step up: Records of retained fragments, muscle loss, or long hospital treatment support a higher severity.

EYES

[38 CFR § 4.79](#)

Dry eye, both eyes

6099 - 6025

Records show: Burning, tearing and gritty eyes; daily drops.

Rating: **20%**: rated like a tear-system disorder, bilateral (unilateral is 10%).

Next step up: Higher ratings depend on vision loss, if your dry eye affects your eyesight.

Glaucoma

6013

Records show: Open-angle glaucoma controlled with daily eye drops.

Rating: **10%** minimum when continuous medication is required.

Next step up: Rated higher on visual field loss, or on incapacitating episodes if that gives more.

Uveitis flare-ups

6000

Records show: 3 clinic visits in the past year just to treat flare-ups.

Rating: **20%** (3–4 incapacitating episodes in 12 months).

Next step up: 5–6 treatment visits is 40%; 7 or more is 60%. Or rated on vision loss if higher.

EARS

[38 CFR § 4.87](#)

Tinnitus

6260

Records show: Constant ringing in both ears since artillery training.

Rating: **10%**, the maximum. One rating, whether it's one ear or both.

Next step up: None higher. But ringing that comes with hearing loss or balance problems can lead to other ratings.

Hearing loss

6100

Records show: Hearing test puts the right ear at Level II and the left at Level III.

Rating: **0%** under the hearing tables, but service-connected. VA provides hearing aids for it.

Next step up: Hearing loss is rated mechanically from the tests. Retest if your hearing gets worse.

Meniere's disease

6205

Records show: Hearing loss with spinning vertigo and unsteady walking 2–3 times a month.

Rating: **60%** (attacks 1–4 times a month).

Next step up: Attacks more than once a week is 100%. Or VA rates hearing, tinnitus and vertigo separately, whichever is higher, but not both.

INFECTIOUS & IMMUNE

[38 CFR § 4.88b](#)

Chronic fatigue syndrome

6354

Records show: Fatigue and brain fog that come and go. Doctor ordered bed rest for 3 weeks total this year.

Rating: **20%** (2 to under 4 weeks of incapacitation a year). Symptoms controlled by daily medication alone are 10%.

Next step up: 4 to under 6 weeks of doctor-prescribed bed rest is 40%. Keep every note prescribing bed rest.

Lupus

6350

Records show: Flares lasting a week or more, 3 times this year.

Rating: **60%** (flares a week or more, 2–3 times a year).

Next step up: Acute, with frequent flares and severe impairment of health, is 100%. Or VA rates affected body systems separately, whichever is higher.

LUNGS & BREATHING

[38 CFR § 4.97](#)

Asthma

6602

Records show: Uses a daily controller inhaler.

Rating: **30%** (daily inhaled bronchodilator or anti-inflammatory medication).

Next step up: At least 3 courses of oral steroids a year, or monthly doctor visits for flare-ups, is 60%. Lung test numbers can also qualify.

Sleep apnea

6847

Records show: Sleep study diagnosis; CPAP prescribed and used nightly.

Rating: **50%** (requires a breathing device such as CPAP).

Next step up: Chronic respiratory failure, heart strain (cor pulmonale) or a tracheostomy is 100%.

Chronic sinusitis

6513

Records show: 4 sinus infections this year treated with antibiotics, plus headaches.

Rating: **10%** (3–6 non-incapacitating episodes a year).

Next step up: More than 6 a year, or 3+ needing 4–6 weeks of antibiotics, is 30%. Keep a log of every episode.

VA has proposed changes to some respiratory ratings, including sleep apnea. Proposals aren't in effect until VA publishes a final rule; the criteria shown here are the ones VA uses now.

HEART & BLOOD VESSELS

[38 CFR § 4.104](#)

Hypertension

7101

Records show: Diastolic readings have been 100+ in the past; now on daily medication.

Rating: **10%** (the minimum for a history of diastolic 100+ needing continuous medication).

Next step up: Readings predominantly diastolic 110+ or systolic 200+ is 20%. Keep your blood pressure log.

Coronary artery disease

7005

Records show: Stress test: chest pain and shortness of breath at 6 METs.

Rating: **30%** (symptoms at 5.1–7.0 METs).

Next step up: Symptoms at 3.1–5.0 METs, or ejection fraction of 30–50%, is 60%.

Varicose veins, left leg

7120 (rated under 7121)

Records show: Swelling that doesn't go away fully when he raises the leg; early skin discoloration.

Rating: **20%** (persistent edema, incompletely relieved by elevation). Each leg is rated separately.

Next step up: Persistent edema with stasis pigmentation or eczema is 40%.

DIGESTIVE

[38 CFR § 4.114](#)

GERD

7206 (rated as 7203)

Records show: Food sticks when swallowing; needs daily medication to control it.

Rating: **10%** (daily medication to control dysphagia).

Next step up: Needing the esophagus stretched (dilatation) up to 2 times a year is 30%; 3 or more is 50%. Tell your examiner if food sticks.

Irritable bowel syndrome

7319

Records show: Belly pain tied to bowel movements about 2 days a week for 3 months, with urgency and bloating.

Rating: **30%** (pain at least 1 day a week over 3 months, plus 2 or more of: stool frequency or form changes, straining or urgency, mucus, bloating, distension).

Next step up: 30% is the top rating for IBS. At 3 days a month it would be 20%.

Hemorrhoids

7336

Records show: External hemorrhoids with 3 clotted (thrombosed) flare-ups this year.

Rating: **10%**.

Next step up: Persistent bleeding with anemia, or constantly prolapsed internal hemorrhoids with 3+ clots a year, is 20%.

KIDNEYS & URINARY

38 CFR § 4.115b

Kidney stones

7508

Records show: 3 procedures this year to break up or remove stones.

Rating: **30%** (stones needing procedures more than 2 times a year).

Next step up: Otherwise rated on kidney function or obstruction (hydronephrosis).

Prostate condition

7527

Records show: Leaks urine; changes pads 3 times a day.

Rating: **40%**, rated as voiding dysfunction (pads changed 2–4 times a day).

Next step up: More than 4 changes a day is 60%.

Erectile dysfunction

7522

Records show: ED from a service-connected condition or its medication.

Rating: **0%**, but it can qualify for Special Monthly Compensation (SMC-K) for loss of use of a creative organ: extra money each month.

Next step up: Ask VA to consider SMC-K. It's paid on top of your combined rating.

GYNECOLOGICAL & BREAST

38 CFR § 4.116

Endometriosis

7629

Records show: Pelvic pain and heavy bleeding not controlled by treatment.

Rating: **30%**.

Next step up: Lesions on the bowel or bladder confirmed by laparoscopy, with bowel or bladder symptoms, is 50%.

Polycystic ovary syndrome

7615

Records show: Symptoms that need continuous treatment.

Rating: **10%**.

Next step up: Symptoms not controlled by continuous treatment is 30%.

Breast cancer, after surgery

7626

Records show: Modified radical mastectomy on one side.

Rating: **40%**, plus possible SMC-K for loss of 25% or more of breast tissue, or radiation treatment of breast tissue.

Next step up: Both sides is 60%. During active cancer treatment, the rating is 100%.

BLOOD & LYMPH

38 CFR § 4.117

Iron deficiency anemia

7720

Records show: Needs daily iron pills to keep levels up.

Rating: **10%** (continuous oral supplements, or 1–3 IV infusions a year).

Next step up: 4 or more IV iron infusions a year is 30%. Anemia from blood loss is rated under the condition causing it.

Non-Hodgkin's lymphoma

7715

Records show: In chemotherapy.

Rating: **100%** during active disease or treatment. It continues after treatment, with a VA exam 2 years after treatment ends.

Next step up: After that, VA rates the residuals, like nerve damage or fatigue. A presumptive condition for Agent Orange and the PACT Act.

SKIN

38 CFR § 4.118

Eczema

7806

Records show: Covers about 25% of the body. Took oral steroids for 8 weeks total this year.

Rating: **30%** (20–40% of the body, or systemic therapy 6+ weeks a year).

Next step up: More than 40% of the body, or near-constant systemic therapy over 12 months, is 60%.

Painful scars

7804

Records show: Two surgical scars on the knee that hurt.

Rating: **10%** (1–2 painful or unstable scars).

Next step up: 3–4 scars is 20%; 5 or more is 30%.

Scar on the face

7800

Records show: One scar 5+ inches long; no other features of disfigurement.

Rating: **10%** (one characteristic of disfigurement).

Next step up: 2–3 characteristics (like width, raised or sunken, discoloration) is 30%.

ENDOCRINE (GLANDS)

38 CFR § 4.119

Type 2 diabetes

7913

Records show: Oral medication and a restricted diet.

Rating: **20%**.

Next step up: Insulin, restricted diet and regulation of activities is 40%. Complications like neuropathy are rated separately if they reach 10%.

Hypothyroidism

7903

Records show: Diagnosed 2 months ago; on medication.

Rating: **30%** for six months after diagnosis.

Next step up: After that, VA rates the remaining effects (like heart or mental symptoms) under their own codes.

NERVES, BRAIN & HEADACHES

38 CFR § 4.124a

Migraines

8100

Records show: Prostrating attacks (must stop and lie down) about once a month for the last several months.

Rating: **30%**.

Next step up: Very frequent, completely prostrating and prolonged attacks causing severe economic inadaptability is 50%. Keep a headache log.

Sciatic nerve (radiculopathy)

8520

Records show: Moderate numbness and weakness in the left leg from a service-connected back.

Rating: **20%** (moderate incomplete paralysis). Each leg is rated separately.

Next step up: Moderately severe is 40%; severe with marked muscle wasting is 60%.

Carpal tunnel, dominant hand

8515

Records show: Mild numbness and tingling.

Rating: **10%** (mild).

Next step up: Moderate is 30% for the dominant hand (20% for the other hand).

MENTAL HEALTH

[38 CFR § 4.130](#)

PTSD

9411

Records show: Panic attacks more than once a week, trouble at work, strained relationships, trouble with memory and motivation.

Rating: **50%** fits that picture (reduced reliability and productivity).

Next step up: Deficiencies in most areas (work, family, judgment, mood), like near-continuous panic or depression, is 70%.

Depression and anxiety together

9434 • 9400

Records show: Both diagnosed, with overlapping symptoms.

Rating: **One** mental health rating that covers both. Mental conditions share one formula, so they aren't rated separately.

Next step up: The rating reflects your overall symptoms from all diagnosed mental conditions.

VA has proposed a new mental health rating formula. It is not in effect; VA still uses the current General Rating Formula for Mental Disorders.

DENTAL & ORAL

[38 CFR § 4.150](#)

TMJ (jaw) disorder

9905

Records show: Opens mouth only 25 mm; limited to soft foods.

Rating: **30%** (21–29 mm, with diet limited to soft and semi-solid foods).

Next step up: Diet limited to full liquid and pureed foods at that range is 40%.

Tooth knocked out in service

9913

Records show: A front tooth lost in a training accident, replaced with a bridge.

Rating: **0%** when a prosthesis can restore it, but you may qualify for VA dental treatment for that tooth.

Next step up: Compensation is for bone loss from trauma or disease, not periodontal disease.



Examples: “99” codes and ratings by analogy

When your condition isn't listed by name, VA picks the closest listed condition. These made-up examples show how to read the code and what the “rated like” criteria need.

Tension headaches

8199-8100

Records show: Tension headaches that make him stop and lie down about every 2 months.

Rating: **10%**, rated like migraine (8100): prostrating attacks about once every 2 months.

Next step up: About once a month over several months is 30%. Log every time you have to stop and lie down.

Patellofemoral pain syndrome

5299-5260

Records show: Knee pain behind the kneecap; bends to 45°.

Rating: **10%**, rated like limited knee bending (5260).

Next step up: Bending limited to 30° is 20%. Trouble straightening is rated under 5261, and instability under 5257.

Costochondritis

5399-5321

Records show: Chest wall pain that worsens with deep breaths.

Rating: **10%**, rated like a moderate injury to Muscle Group XXI (breathing muscles).

Next step up: Moderately severe or severe is 20%.

Dry eye syndrome

6099-6025

Records show: Dry, burning right eye.

Rating: **10%**, rated like a tear-system disorder, one eye.

Next step up: Both eyes is 20%.

Insomnia disorder

9499-9410

Records show: Trouble sleeping most nights, daytime fatigue, mild work problems.

Rating: Rated under the mental health formula. Chronic sleep impairment with occasional decrease in work efficiency fits **30%**.

Next step up: Reduced reliability and productivity is 50%. The second code can vary.

Gulf War undiagnosed illness

8863-6354

Records show: Kuwait 1991. Years of fatigue with no diagnosis; doctor prescribed about 10 days of bed rest this year.

Rating: **10%**, rated like chronic fatigue syndrome: 1 to under 2 weeks of incapacitation a year. No deadline under the PACT Act.

Next step up: 2 to under 4 weeks of prescribed bed rest is 20%.

Restless legs syndrome

8199-8103

Records show: Leg jerking and urges to move at night.

Rating: Often rated like convulsive tics (8103). Moderate is **10%**.

Next step up: Severe is 30%. Sometimes VA uses a nerve code instead, if it fits better.

Relapsing polychondritis

5099-5002

Records show: Incapacitating flares of painful, swollen ear and nose cartilage and joints, 3 times a year.

Rating: Rated like multi-joint inflammatory arthritis (5002), on flare-ups and health effects. Incapacitating flares 3 or more times a year fits **40%**.

Next step up: Severely incapacitating flares 4 or more times a year, or weight loss and anemia with severe impairment of health, is 60%.

Undifferentiated connective tissue disease

6399-6350

Records show: Joint pain, rashes and fatigue flares once a year.

Rating: Rated like lupus (6350). Flares once or twice a year is **10%**.

Next step up: Flares lasting a week or more, 2–3 times a year, is 60%. If it's mainly joints, 5002 may fit better.

Achilles tendinitis

5024-5271

Records show: Ankle stiff and painful; moderate loss of motion.

Rating: **10%**. Not a “99” code: tendinopathy (5024) is listed, but rated by limited ankle motion (5271).

Next step up: Marked limitation (less than 5° up or 10° down) is 20%.

Long COVID

varies, e.g. 6399-6354

Records show: Fatigue, brain fog and shortness of breath since an in-service COVID infection.

Rating: VA rates each lasting effect by analogy, like chronic fatigue syndrome (6354), or by its own code, like lung function.

Next step up: Make sure records describe each symptom and exactly how it limits you.

Pseudofolliculitis barbae

7806 or 7800

Records show: Razor bumps on the face and neck.

Rating: Rated like dermatitis (7806) on the area affected and treatment, or as face scars (7800) if it leaves scarring.

Next step up: Systemic medication 6+ weeks a year, or 20–40% of exposed areas, is 30%.

WHAT IF VA PICKED THE WRONG ANALOGY?

Your knee condition was rated **5299-5003** (arthritis on X-ray) at 10%, but your knee gives out and you wear a prescribed brace.

Ask VA to also rate instability under 5257 (a sprain or tear causing persistent instability with a prescribed brace is 20%). Explain why it fits better, citing § 4.20. Within a year of the decision, a Higher-Level Review can fix the wrong code.

VETERANS CLAIMS
EDUCATION

Examples: combining ratings and special situations

Separate ratings, one injury

§ 5237 + 8520

Back 20%, plus radiculopathy in each leg at 20%. Three separate ratings, plus the bilateral factor for the legs.

No double counting

§ 4.14

PTSD and depression are one mental health rating. A knee can't get two ratings for the same limited motion.

Two 0% ratings

§ 3.324

A scar and hemorrhoids, both 0%, that make him miss work: he can ask for 10% for the two together.

Staged rating

staged

Knee rated 10% from 2022, and 20% from the date in 2024 when records first showed it bending only to 30°.

Temporary 100% after surgery

§ 4.30

Shoulder surgery for a service-connected shoulder; surgeon says 3 months to recover. She asks for 100% during recovery.

Temporary 100% in the hospital

§ 4.29

Hospitalized 25 days for service-connected PTSD: more than 21 days can pay 100% for that time.

TDIU

§ 4.16

PTSD 50% and back 40%, combined 70%, and he can't keep a job because of them. He meets the numbers to apply (VA Form 21-8940).

Special Monthly Compensation

§ 3.350

Loss of use of a hand, foot or creative organ (SMC-K) pays extra on top of the combined rating.

Secondary chain

§ 3.310

Service-connected knee → limp → back pain. Back rated secondary to the knee. Then pain medication → stomach problems, rated secondary too.

Close call

§ 4.7

Records fit between 10% and 20%, but most of the findings match 20%. VA assigns 20%.

VETERANS CLAIMS
EDUCATION

What you can do

- ☐ Find your code on your rating decision or code sheet.
- ☐ Read the criteria for the code you're rated like. That's your roadmap.
- ☐ Get a diagnosis, not just a finding. Ask your doctor what it means and what it's causing.
- ☐ Write down your symptoms and limits, even small ones, and tell your examiner using that code's terms. Only what's true.
- ☐ Keep logs: headaches, flare-ups, sinus infections, blood pressure, bed rest notes.
- ☐ If another listed condition fits your symptoms better, say so and explain why. If VA picked the wrong code, a Higher-Level Review can fix it within a year of the decision.

Say it so VA connects it

Instead of	Try saying
"The scan showed something."	"My CT from [date] shows [finding]. Dr. [name] says it's causing [symptom or condition]."
"It's only 0%, why bother?"	"I want this service-connected now so I'm protected if it gets worse."
"There's no code for it."	"Please rate [condition] by analogy under 38 CFR 4.20 to the closest listed condition."
"My headaches are bad."	"About once a month I have to stop what I'm doing and lie down in a dark room for several hours."

VETERANS CLAIMS
EDUCATION

Common codes at a glance

Typical codes, not guarantees. VA decides each rating.

Condition	Typical code	Rated like
Tension headaches	8199-8100	Migraine: how often attacks make you stop and lie down
Cluster headaches	8100	Migraine criteria
Restless legs syndrome	8199-8103	Convulsive tics; sometimes a nerve code
Patellofemoral pain syndrome	5299-5260 / 5261	Limited knee bending or straightening
Shoulder impingement	5201 / 5299-5201	Limited arm motion
Costochondritis	5399-5321	Muscle Group XXI (breathing muscles)
Dry eye syndrome	6099-6025	Tear-system disorder
Insomnia disorder	9499-9410	Mental disorders formula (second code varies)
Gulf War undiagnosed illness	88xx, e.g. 8863-6354	Closest listed condition, like chronic fatigue syndrome. No deadline
Pseudofolliculitis barbae	7806 / 7800	Dermatitis, or face scars
Inclusion body myositis (IBM)	5021	Limited motion of affected parts; swallowing, breathing and loss of use rated separately
Relapsing polychondritis	5099-5002	Multi-joint inflammatory arthritis
Connective tissue disorder	6399-6350 / 5002	Lupus, or inflammatory arthritis if mainly joints
Achilles tendinitis	5024-5271	Limited ankle motion
Plantar fasciitis	5269	Its own code since 2021
Shin splints	5262	Named in the leg code since 2021
GERD	7206	Its own code since 2024, rated like esophageal stricture

Spotlight: inclusion body myositis (IBM)

A slow, progressive muscle disease. Usually rated under DC 5021 (myositis), like arthritis, based on limited motion of each affected part. Make sure the exam covers every affected joint and limb, plus weakness, falls and flare-ups. Swallowing problems and breathing problems are rated separately. Loss of use of a hand or foot can mean SMC. IBM isn't presumptive, so it needs records of onset and a doctor's opinion linking it to service.

Official sources

Every rating level in this guide comes from these official rules. Click or type any link.

The rating schedule: 38 CFR Part 4

- [Full Part 4 on eCFR](#)
- General rules: [§ 4.7](#) · [§ 4.14](#) · [§ 4.16](#) TDIU · [§ 4.20](#) analogy · [§ 4.21](#) · [§ 4.25](#) combined ratings · [§ 4.26](#) bilateral factor · [§ 4.27](#) codes · [§ 4.29](#) · [§ 4.30](#) temporary 100% · [§ 4.31](#) · [§ 4.40](#) · [§ 4.45](#) · [§ 4.59](#) · [§ 4.127](#)
- Body systems: [§ 4.71a](#) joints and spine · [§ 4.73](#) muscles · [§ 4.79](#) eyes · [§ 4.87](#) ears · [§ 4.88b](#) infectious and immune · [§ 4.97](#) lungs · [§ 4.104](#) heart · [§ 4.114](#) digestive · [§ 4.115a](#) · [§ 4.115b](#) kidneys and urinary · [§ 4.116](#) gynecological · [§ 4.117](#) blood · [§ 4.118](#) skin · [§ 4.119](#) endocrine · [§ 4.124a](#) neurological · [§ 4.130](#) mental health · [§ 4.150](#) dental

Claim rules: 38 CFR Part 3

- [§ 3.303](#) service connection · [§ 3.310](#) secondary · [§ 3.317](#) Gulf War · [§ 3.324](#) multiple 0% ratings · [§ 3.350](#) SMC · [§ 3.381](#) dental

Laws and cases

- [38 U.S.C. § 1117](#) Gulf War illness, no deadline · [38 U.S.C. § 1155](#) rating schedule changes
- [Saunders v. Wilkie](#), 886 F.3d 1356 (Fed. Cir. 2018)
- [Board of Veterans' Appeals decision search](#)

Stressed or struggling? You don't have to wait for a crisis. Dial 988, then press 1 · Text 838255 · Free, confidential, 24/7.

Disclaimer: This guide provides general educational information about VA disability ratings. It is not legal or medical advice, does not guarantee any outcome, and is not affiliated with or endorsed by the U.S. Department of Veterans Affairs. Veterans Claims Education does not prepare, present or prosecute claims and does not charge fees. Examples are made up to show how the criteria work; typical codes are common examples, not guarantees. VA decides each claim and rating. Rating criteria can change; confirm details in the official rules or with a free accredited VSO. AI-assisted. © Veterans Claims Education. All rights reserved.

VETERANS CLAIMS
EDUCATION