

38 CFR 4.68 Amputation Rule

“The combined rating for disabilities of an extremity shall not exceed the rating for the amputation at the elective level, were amputation to be performed. For example, the combined evaluations for disabilities below the knee shall not exceed the 40 percent evaluation, diagnostic code 5165. This 40 percent rating may be further combined with evaluation for disabilities above the knee but not to exceed the above the knee amputation elective level. Painful neuroma of a stump after amputation shall be assigned the evaluation for the elective site of reamputation.”

It is important to understand that not all amputations receive the same rating. It varies depending on the limb or appendage affected. However, the following principles apply to all amputations:

- **Probative Value:** If two exams record the condition differently, the exam with the most thorough data and performed by the most qualified person in that specialty will be the exam the rating is based on. [M21-1MR, Part III, Subpart iv, Chapter 5]
- **Special Monthly Compensation:** Amputations of a hand and foot or more may qualify for additional compensation from the VA. [38 CFR 3.350]
- **Pyramiding:** A single condition can only be rated once! However, if another condition exists that is additional to the amputation condition (not simply caused by it), then it can also be rated. [38 CFR 4.14]
- **A Tie Goes to the Veteran:** If there are two equally strong exams with conflicting information, or if the condition can be equally rated under two different codes, then the one that gives the highest rating will be assigned. Every conflict should be resolved in favor of the higher rating. [38 CFR 3.102]
- **Accurate Measurements:** It is essential that the necessary information to rate your condition is recorded by the physician in your exam. All ranges of motion should be measured with a goniometer. With the information on this page, you should know what needs to be measured and recorded. Make sure this happens correctly to ensure that you receive a proper rating.
- **Hospital or Convalescent Ratings:** Some conditions require periods of hospitalization or constant medical care (at-home nurse, etc.). Any condition that requires this is rated 100% during this intensive treatment. Once it ends, then the 100% rating will continue for a certain period. This period is 3 months unless another length (6 months, 1 year, etc.) is directly specified in the condition ratings. Some patients may need more time to recover than others, so the physician or Rating Authorities can lengthen this time period if they see fit. [38 CFR 4.30]