§ 4.71a Schedule of Ratings - Musculoskeletal System

Side-by-Side Comparison

Acute, Subacute, or Chronic Diseases

Current Rating Schedule		Rating Schedule Change - effective February 7, 2021	
5000 Osteomyelitis, acute, subacute, or chronic		**5000 No change**	
5001 Bones and joints, tuberculosis of, active or inactive		**5001 Bones and joints, tuberculosis of, active or inactive**	
		Active	100
		Inactive: See See §§4.88c and 4.89	
5002 Arthritis rheumatoid (atrophic)		**5002 Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process**	
As an active process:			
With constitutional manifestations associated with active joint involvement, totally incapacitating	100	With constitutional manifestations associated with active joint involvement, totally incapacitating	100
Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods	60	Less than criteria for 100% but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods	60
Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year	40	Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year	40
One or two exacerbations a year in a well-established diagnosis	20	One or two exacerbations a year in a well-established diagnosis	20
For chronic residuals:		Note (1): Examples of conditions rated using this diagnostic code include, but are not limited to, rheumatoid arthritis, psoriatic arthritis, and spondyloarthropathies.	
For residuals such as limitation of motion or ankylosis, favorable or unfavorable, rate under the appropriate diagnostic codes for the specific joints involved. Where, however, the limitation of motion of the specific joint or joints involved is noncompensable under the codes a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added under diagnostic code 5002. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion.		Note (2): For chronic residuals, rate under diagnostic code 5003.	

Note: The ratings for the active process will not be combined with the residual ratings for limitation of motion or ankylosis. Assign the higher evaluation.	Note (3): The ratings for the active process will not be combined with the residual ratings for limitation of motion, ankylosis, or diagnostic code 5003. Instead, assign the higher evaluation.
5003 Arthritis, degenerative (hypertrophic or osteoarthritis)	**5003 Degenerative arthritis, other than post-traumatic**
5004 Arthritis, gonorrheal	**5004 No change**
5005 Arthritis, pneumococcic	**5005 No change**
5006 Arthritis, typhoid	**5006 No change**
5007 Arthritis, syphilitic	**5007 No change**
5008 Arthritis, streptococcic	**5008 No change**
5009 Arthritis, other types Rate the disability as rheumatoid arthritis (5002)	**5009 Other specified forms of arthropathy (excluding gout)** Note (1): Other specified forms of arthropathy include, but are not limited to, Charcot neuropathic, hypertrophic, crystalline, and other autoimmune arthropathies. Note (2): With the types of arthritis, diagnostic codes 5004 through 5009, rate the acute phase under diagnostic code 5002; rate any chronic residuals under diagnostic code 5003.
5010 Arthritis, due to trauma, substantiated by X-ray findings Rate as arthritis, degenerative.	**5010 Post-traumatic arthritis** Rate as limitation of motion, dislocation, or other specified instability under the affected joint. If there are 2 or more joints affected, each rating shall be combined in accordance with §4.25.
5011 Bones, caisson disease of Rate as arthritis, cord involvement, or deafness, depending on the severity of disabling manifestations.	**5011 Decompression illness** Rate manifestations under the appropriate diagnostic code within the affected body system, such as arthritis for musculoskeletal residuals; auditory system for vestibular residuals; respiratory system for pulmonary barotrauma residuals; and neurologic system for cerebrovascular accident residuals.
5012 Bones, new growths of, malignant 100 Note: The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other therapeutic procedure. At this point, if there has been no local recurrence or metastases, the rating will be made on residuals.	**5012 Bones, neoplasm, malignant, primary or secondary** 100 Note: The 100 percent rating will be continued for 1 year following the cessation of surgical, X-ray, antineoplastic chemotherapy or other prescribed therapeutic procedure. If there has been no local recurrence or metastases, rate based on residuals.
5013 Osteoporosis, with joint manifestations	**5013 Osteoporosis, residuals of (eval criteria is reworded)**

5014 Osteomalacia	**5014 Osteomalacia, residuals of (eval criteria is reworded)**
5015 Bones, new growths of, benign	**5015 Bones, neoplasm, benign (eval criteria is reworded)**
5016 Osteitis deformans	**5016 No change (eval criteria is reworded)**
5017 Gout	**5017 No change (eval criteria is reworded)**
5018 Hydrarthrosis, intermittent	**DELETED**
5019 Bursitis	**5019 No change (eval criteria is reworded)**
5020 Synovitis	**DELETED**
5021 Myositis	**5021 No change (eval criteria is reworded)**
5022 Periostitis	**DELETED**
5023 Myositis ossificans	**5023 Heterotopic ossification (eval criteria is reworded)**
5024 Tenosynovitis	**5024 Tenosynovitis, tendinitis, tendinosis or tendinopathy (eval criteria is reworded)**
The diseases under diagnostic codes 5013 through 5024 will be rated on limitation of motion of affected parts, as arthritis, degenerative, except gout which will be rated under diagnostic code 5002.	Evaluate the diseases under diagnostic codes 5013 through 5024 as degenerative arthritis, based on limitation of motion of affected parts.
5025 Fibromyalgia (fibrositis, primary fibromyalgia syndrome)	**5025 No change**

Prosthetic Implants and Resurfacing

*Retitled from Prosthetic Implants

Current Rating Schedule

Notes under DC 5056 (modified)

Rating Schedule Change - effective February 7, 2021

Note (1): When an evaluation is assigned for joint resurfacing or the prosthetic replacement of a joint under diagnostic codes 5051-5056, an additional rating under §4.71a may not also be assigned for that joint, unless otherwise directed.

Note (2): Only evaluate a revision procedure in the same manner as the original procedure under diagnostic codes 5051-5056 if all the original components are replaced.

Note (3): The term “prosthetic replacement” in diagnostic codes 5051-5053 and 5055-5056 means a total replacement of the named joint. However, in DC 5054, “prosthetic replacement” means a total replacement of the head of the femur or of the acetabulum.

Note (4): The 100 percent rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under § 4.30 following hospital discharge.

Note (5): The 100 percent rating for 4 months following implantation of prosthesis or resurfacing under DCs 5054 and 5055 will commence after the initial grant of the 1-month total rating assigned under § 4.30 following hospital discharge.

Note (6): Special monthly compensation is assignable during the 100 percent rating period the earliest date permanent use of crutches is established.

5051 Shoulder replacement (prosthesis)		
	Major	Minor
Prosthetic replacement of the shoulder joint:		
For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity	60	50
With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic codes 5200 and 5203.		
Minimum rating	30	20

5051 Shoulder replacement (prosthesis)		
	Major	Minor
Prosthetic replacement of the shoulder joint:		
For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity	60	50
With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic codes 5200 and 5203.		
Minimum rating	30	20

5052 Elbow replacement (prosthesis)		
	Major	Minor
Prosthetic replacement of the elbow joint:		

5052 Elbow replacement (prosthesis)		
	Major	Minor
Prosthetic replacement of the elbow joint:		

For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe painful motion or weakness in the affected extremity	50	40
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5205 through 5208.		
Minimum rating	30	20

For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity	50	40
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5205 through 5208.		
Minimum rating	30	20

5053 Wrist replacement (prosthesis)

	Major	Minor
Prosthetic replacement of wrist joint:		
For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity	40	30
With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214.		
Minimum rating	20	20

Note: The 100 pct rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under §4.30 following hospital discharge.

5053 Wrist replacement (prosthesis)

	Major	Minor
Prosthetic replacement of wrist joint:		
For 1 year following implantation of prosthesis	100	100
With chronic residuals consisting of severe, painful motion or weakness in the affected extremity	40	30
With intermediate degrees of residual weakness, pain or limitation of motion, rate by analogy to diagnostic code 5214.		
Minimum rating	20	20

Note: The 100 pct rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under §4.30 following hospital discharge.

<Note modified and moved to top of 5051 - to cover 5051-5056>

5054 Hip replacement (prosthesis)

Prosthetic replacement of the head of the femur or of the acetabulum:	
For 1 year following implantation of prosthesis	100
Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches	*90
Markedly severe residual weakness, pain or limitation of motion following implantation of prosthesis	70
Moderately severe residuals of weakness, pain or limitation of motion	50
Minimum rating	30

5054 Hip, resurfacing or replacement (prosthesis)

For 4 months following implantation of prosthesis or resurfacing	100
Prosthetic replacement of the head of the femur or acetabulum:	
Following implantation of prosthesis with painful motion or weakness such as to require the use of crutches	*90
Markedly severe residual weakness, pain or limitation of motion following implantation of prosthesis	70
Moderately severe residuals of weakness, pain or limitation of motion	50
Minimum evaluattion, total replacement only	30

Note: At the conclusion of the 100 percent evaluation period, evaluate resurfacing under diagnostic codes 5250 through 5255; there is no minimum evaluation for resurfacing.

5055 Knee replacement (prosthesis)

Prosthetic replacement of knee joint:

5055 Knee, resurfacing or replacement (prosthesis)

For 4 months following implantation of prosthesis or resurfacing 100

For 1 year following implantation of prosthesis	100
With chronic residuals consisting of severe painful motion or weakness in the affected extremity	60
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5256, 5261, or 5262.	
Minimum rating	30

Prosthetic replacement of knee joint:
With chronic residuals consisting of severe painful motion or weakness in the affected extremity 60
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to diagnostic codes 5256, 5261, or 5262.
Minimum evaluation, total replacement only 30
Note: At the conclusion of the 100 percent evaluation period, evaluate resurfacing under diagnostic codes 5256 through 5262; there is no minimum evaluation for resurfacing.

5056 Ankle replacement (prosthesis)	
Prosthetic replacement of ankle joint:	
For 1 year following implantation of prosthesis	100
With chronic residuals consisting of severe painful motion or weakness	40
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to 5270 or 5271.	
Minimum rating	20

5056 Ankle replacement (prosthesis)
Prosthetic replacement of ankle joint:
For 1 year following implantation of prosthesis 100
With chronic residuals consisting of severe painful motion or weakness 40
With intermediate degrees of residual weakness, pain or limitation of motion rate by analogy to 5270 or 5271.
Minimum rating 20

Note (1): The 100 pct rating for 1 year following implantation of prosthesis will commence after initial grant of the 1-month total rating assigned under §4.30 following hospital discharge.
Note (2): Special monthly compensation is assignable during the 100 pct rating period the earliest date permanent use of crutches is established.

<Notes modified and moved above DC 5051>

Combinations of Disabilities

5104 Anatomical loss of one hand and loss of use of one foot	*100
5105 Anatomical loss of one foot and loss of use of one hand	*100
5106 Anatomical loss of both hands	*100
5107 Anatomical loss of both feet	*100
5108 Anatomical loss of one hand and one foot	*100
5109 Loss of use of both hands	*100

5104 No change
5105 No change
5106 No change
5107 No change
5108 No change
5109 No change

5110 Loss of use of both feet *100	**5110 No change**
5111 Loss of use of one hand and one foot *100	**5111 No change**
*Also entitled to special monthly compensation	*Also entitled to special monthly compensation (5104 - 5111)
Note: The term “prosthetic replacement” in diagnostic codes 5051 through 5056 means a total replacement of the named joint. However, in DC 5054, “prosthetic replacement” means a total replacement of the head of the femur or of the acetabulum.	

Table II - Ratings for Multiple Losses of Extremities with Dictator's Rating Code and 38 CFR Citation - No change

Amputations: Upper Extremity

Current Rating Schedule

Arm, amputation of	Major	Minor
5120 Disarticulation	90*	90*
5121 - 5156		

*Also entitled to special monthly compensation

Rating Schedule Change - effective February 7, 2021

Arm, amputation of	Major	Minor
5120 Complete amputation, upper extremity		
Forequarter amputation (involving complete removal of the humerus along with any portion of the scapula, clavicle, and/or ribs)	100*	100*
Disarticulation (involving complete removal of the humerus only)	90*	90*
5121 - 5156 No change		

*Also entitled to special monthly compensation (5121 - 5130)

Amputations: Lower Extremity

Current Rating Schedule		Rating Schedule Change - effective February 7, 2021	
Thigh, amputation of:		**Thigh, amputation of:**	
5160 Disarticulation, with loss of extrinsic pelvic girdle muscles	90*	**5160 Complete amputation, lower extremity** Trans-pelvic amputation (involving complete removal of the femur and intrinsic pelvic musculature along with any portion of the pelvic bones) Disarticulation (involving complete removal of the femur and intrinsic pelvic musculature only) Note: Separately evaluate residuals involving other body systems (e.g., bowel impairment, bladder impairment) under the appropriate diagnostic code.	100* 90*
5161-5167	*	**5161-5167 No change**	
5170 Toes, all, amputation of, without metatarsal loss	30	**5170 Toes, all, amputation of, without metatarsal loss or transmetatarsal, amputation of, with up to half of metatarsal loss**	30
5171-5173		**5171-5173 No change**	
*Also entitled to special monthly compensation		*Also entitled to special monthly compensation (5160-5167)	

Upper Extremity

Current Rating Schedule

Rating Schedule Change - effective February 7, 2021

The Shoulder and Arm

	Major	Minor
5200 Scapulohumeral articulation, ankylosis of		
5201 Arm, limitation of motion of		
To 25° from side	40	30
Midway between side and shoulder level	30	20
At shoulder level	20	20
5202 Humerus, other impairment of		
Loss of head of (flail shoulder)	80	70
Nonunion of (false flail joint)	60	50
Fibrous union of	50	40
Recurrent dislocation of at scapulohumeral joint. With frequent episodes and guarding of all arm movements	30	20
With infrequent episodes, and guarding of movement only at shoulder level	20	20
Malunion of:		
Marked deformity	30	20
Moderate deformity	20	20
5203 Clavicle or scapula, impairment of:		

	Major	Minor
5200 No change		
5201 Arm, limitation of motion of		
Flexion and/or abduction limited to 25° from side	40	30
Midway between side and shoulder level (flexion and/or abduction limited to 45°)	30	20
At shoulder level (flexion and/or abduction limited to 90°)	20	20
5202 Humerus, other impairment of		
Loss of head of (flail shoulder)	80	70
Nonunion of (false flail joint)	60	50
Fibrous union of	50	40
Recurrent dislocation of at scapulohumeral joint. With frequent episodes and guarding of all arm movements	30	20
With infrequent episodes, and guarding of movement only at shoulder level (flexion and/or abduction at 90°)	20	20
Malunion of:		
Marked deformity	30	20
Moderate deformity	20	20
5203 No change		

The Elbow and Forearm

5205-5213	**5205-5213 No change**

The Wrist

5214-5215	**5214-5215 No change**

Evaluation of Ankylosis or Limitation of Motion of Single or Multiple Digits of the Hand

5216-5230	**5216-5230 No change**

The Spine

Current Rating Schedule	Rating Schedule Change - February 7, 2021
5235 - 5241	**5235 - 5241 No change**
5242 Degenerative arthritis of the spine (see also diagnostic code 5003)	**5242 Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either 5003 or 5010)** No change to rating criteria
5243 Intervertebral disc syndrome Evaluate intervertebral disc syndrome (preoperatively or postoperatively) either under the General Rating Formula for Diseases and Injuries of the Spine or under the Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes, whichever method results in the higher evaluation when all disabilities are combined under §4.25.	**5243 No change** Assign this diagnostic code only when there is disc herniation with compression and/or irritation of the adjacent nerve root; assign diagnostic code 5242 for all other diagnoses.
NEW!	**5244 Traumatic paralysis, complete** Paraplegia: Rate under diagnostic code 5110. Quadriplegia: Rate separately under diagnostic codes 5109 and 5110 and combine in accordance with § 4.25. Note: If traumatic paralysis does not cause loss of use of both hands or both feet, it is incomplete paralysis. Evaluate residuals of incomplete traumatic paralysis under the appropriate diagnostic code (e.g., § 4.124a, Diseases of the Peripheral Nerves)

Lower Extremities and Misc.

Current Rating Schedule

Rating Schedule Change - effective February 7, 2021

The Hip and Thigh

5250-5254
*5250 entitled to SMC at 90%

5250-5254 No change
*5250 entitled to SMC at 90%

5255 Femur, impairment of	
Fracture of shaft or anatomical neck of:	
With nonunion, with loose motion (spiral or oblique fracture)	80
With nonunion, without loose motion, weightbearing preserved with aid of brace	60
Fracture of surgical neck of, with false joint	60
Malunion of:	
With marked knee or hip disability	30
With moderate knee or hip disability	20
With slight knee or hip disability	10

5255 Femur, impairment of	
Fracture of shaft or anatomical neck of:	
With nonunion, with loose motion (spiral or oblique fracture)	80
With nonunion, without loose motion, weightbearing preserved with aid of brace	60
Fracture of surgical neck of, with false joint	60
Malunion of:	
Evaluate under diagnostic codes 5256, 5257, 5260, or 5261 for the knee, or 5250-5254 for the hip, whichever results in the highest evaluation.	

The Knee and Leg

5256 Knee, ankylosis of

5256 No change

5257 Knee, other impairment of	
Recurrent subluxation or lateral instability:	
Severe	30
Moderate	20
Slight	10

5257 Knee, other impairment of	
Recurrent subluxation or instability:	
Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes both an assistive device (e.g., cane(s), crutch(es), walker) and bracing for ambulation	30
One of the following:	20
a) Sprain, incomplete ligament tear, or repaired complete ligament tear causing persistent instability, and a medical provider prescribes a brace and/or assistive device (e.g., cane(s), crutch(es), walker) for ambulation	

	b) Unrepaired or failed repair of complete ligament tear causing persistent instability, and a medical provider prescribes either an assistive device (e.g., cane(s), crutch(es), or a walker) or bracing for ambulation
Sprain, incomplete ligament tear, or complete ligament tear (repaired, unrepaired, or failed repair) causing persistent instability, without a prescription from a medical provider for an assistive device (e.g., cane(s), crutch(es), walker) or bracing for ambulation.	10
Patellar instability:	
A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription by a medical provider for a brace and either a cane or walker	30
A diagnosed condition involving the patellofemoral complex with recurrent instability after surgical repair that requires a prescription by a medical provider for one of the following: a brace, cane, or walker	20
A diagnosed condition involving the patellofemoral complex with recurrent instability (with or without history of surgical repair) that does not require a prescription from a medical provider for a brace, cane, or walker	10
Note (1): For patellar instability, the patellofemoral complex consists of the quadriceps tendon, the patella, and the patellar tendon.	
Note (2): A surgical procedure that does not involve repair of one or more patellofemoral components that contribute to the underlying instability shall not qualify as surgical repair for patellar instability (including, but not limited to, arthroscopy to remove loose bodies and joint aspiration).	

5258-5261	**5258-5261 No change**
5262 Tibia and fibula, impairment of	**5262 Tibia and fibula, impairment of**
Nonunion of, with loose motion, requiring brace 40	Nonunion of, with loose motion, requiring brace 40
Malunion of:	Malunion of:
With marked knee or ankle disability 30	Evaluate under diagnostic codes 5256, 5257, 5260, or 5261 for the knee, or
With moderate knee or ankle disability 20	Medial tibial stress syndrome (MTSS), or shin splints:

With slight knee or ankle disability 10	Requiring treatment for no less than 12 consecutive months, and unresponsive to surgery and either shoe orthotics or other conservative treatment, both lower extremities 30 Requiring treatment for no less than 12 consecutive months, and unresponsive to surgery and either shoe orthotics or other conservative treatment, one lower extremity 20 Requiring treatment for no less than 12 consecutive months, and unresponsive to either shoe orthotics or other conservative treatment, one or both lower extremities 10 Treatment less than 12 consecutive months, one or both lower extremities 0
5263 Genu recurvatum (acquired, traumatic, with weakness and insecurity in weight-bearing objectively demonstrated)	**5263 No change**

The Ankle

5270 Ankle, ankylosis of	**5270 No change**
5271 Ankle, limited motion of Marked 20 Moderate 10	**5271 Ankle, limited motion of** Marked (less than 5 degrees dorsiflexion or less than 10 degrees plantar flexion) 20 Moderate (less than 15 degrees dorsiflexion or less than 30 degrees plantar flexion) 10
5272 - 5274	**5272 - 5274 No change**

Shortening of the Lower Extremity

5275 Bones, of the lower extremity, shortening of	**5275 No change**

The Foot

NEW!	**5269 Plantar fasciitis** No relief from both non-surgical and surgical treatment, bilateral 30 No relief from both non-surgical and surgical treatment, unilateral 20 Otherwise, unilateral or bilateral 10 Note (1): With actual loss of use of the foot, rate 40 percent.

	Note (2): If a veteran has been recommended for surgical intervention, but is not a surgical candidate, evaluate under the 20 percent or 30 percent criteria, whichever is applicable.
5276 - 5284	**5276 - 5284 No change**

The Skull

5296 Skull, loss of part of, both inner and outer tables:	**5296 No change**

The Ribs

5297 Ribs, removal of	**5297 No change**

The Coccyx

5298 Coccyx, removal of	**5298 No change**

§ 4.73 Schedule of Ratings - Muscle Injuries
Side-by-Side Comparison

Current Rating Schedule	Rating Schedule Change - effective February 7, 2021
Note 1	**Note 1** - No change
NEW!	**Note 2:** Ratings of slight, moderate, moderately severe, or severe for diagnostic codes 5301 through 5323 will be determined based upon the criteria contained in § 4.56.
5301 - 5329	**5301 - 5329 No Change**
NEW!	**5330 Rhabdomyolysis, residuals of** Rate each affected muscle group separately and combine in accordance with § 4.25. Note: Separately evaluate any chronic renal complications within the appropriate body system.
NEW!	**5331 Compartment syndrome** Rate each affected muscle group separately and combine in accordance with § 4.25.