

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

The following is a glimpse of the changes to the hematologic and lymphatic (previously named hemic and lymphatic systems) rating schedule (38 CFR §4.117) that are effective December 9, 2018. Diagnostic codes without changes have been omitted from this chart.

Code	Change Description
§4.117	<ul style="list-style-type: none"> <li>Retitled from “Hemic and Lymphatic Systems” to Hematologic &amp; Lymphatic Systems”</li> </ul>
7700	<ul style="list-style-type: none"> <li>Diagnostic code 7700 – anemia, hyperchromic-microcytic and megaloblastic, such as iron-deficiency and pernicious anemia has been deleted and replaced with four new diagnostic codes (7720, 7721, 7722, and 7723), which are discussed separately in this chart.</li> </ul>
7702	<p>Agranulocytosis, acquired</p> <ul style="list-style-type: none"> <li>Retitled from “agranulocytosis, acute”</li> <li>New evaluation criteria:               <ul style="list-style-type: none"> <li>100 – Requiring bone marrow transplant; or infections recurring, on average, at least once every six weeks per 12-month period</li> <li>60 – Requiring intermittent myeloid growth factors (granulocyte colony-stimulating factor (G-CSF)) or granulocyte-macrophage colony-stimulating factor (GM-CSF) or continuous immunosuppressive therapy such as cyclosporine to maintain absolute neutrophil count (ANC) greater than 500/microliter (<math>\mu\text{l}</math>) but less than 1000/<math>\mu\text{l}</math>; or infections recurring, on average, at least once every three months per 12-month period</li> <li>30 – Requiring intermittent myeloid growth factors to maintain ANC greater than 1000/<math>\mu\text{l}</math>; or infections recurring, on average, at least once per 12-month period</li> <li>10 – Requiring continuous medication (e.g., antibiotics) for control; or requiring intermittent use of a myeloid growth factor to maintain ANC greater than or equal to 1500/<math>\mu\text{l}</math></li> <li>NOTE: A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of §3.105(e) of this chapter.</li> </ul> </li> </ul>
7703	<p>Leukemia (except for chronic myelogenous leukemia)</p> <ul style="list-style-type: none"> <li>Retitled from “leukemia”</li> <li>New evaluation levels, evaluation criteria, and notes:               <ul style="list-style-type: none"> <li>100 – When there is active disease or during a treatment phase     Otherwise rate residuals under the appropriate diagnostic code(s).</li> <li>0 – Chronic lymphocytic leukemia or monoclonal B-cell lymphocytosis (MBL), asymptomatic, Rai Stage 0</li> <li>NOTE (1): A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall</li> </ul> </li> </ul>

Rating Schedule Change Effective December 9, 2018

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

	<p>be subject to the provisions of § 3.105(e) of this chapter. If there has been no recurrence, rate on residuals.</p> <ul style="list-style-type: none"> <li>• NOTE (2): Evaluate symptomatic chronic lymphocytic leukemia that is at Rai Stage I, II, III, or IV the same as any other leukemia evaluated under this diagnostic code.</li> <li>• NOTE (3): Evaluate residuals of leukemia or leukemia therapy under the appropriate diagnostic code(s). Myeloproliferative Disorders: (Diagnostic Codes 7704, 7718, 7719).</li> </ul>
7704	<p>Polycythemia vera</p> <ul style="list-style-type: none"> <li>• New evaluation levels, evaluation criteria, and notes: <ul style="list-style-type: none"> <li>• 100 – Requiring peripheral blood or bone marrow stem-cell transplant or chemotherapy (including myelosuppressants) for the purpose of ameliorating the symptom burden</li> <li>• 60 – Requiring phlebotomy 6 or more times per 12-month period or molecularly targeted therapy for the purpose of controlling RBC count</li> <li>• 30 – Requiring phlebotomy 4-5 times per 12-month period, or if requiring continuous biologic therapy or myelosuppressive agents, to include interferon, to maintain platelets &lt; 200,000 or white blood cells (WBC) &lt; 12,000</li> <li>• 10 – Requiring phlebotomy 3 or fewer times per 12-month period, or if requiring biologic therapy, or interferon on an intermittent basis as needed to maintain all blood values at reference range levels</li> <li>• NOTE (1): Rate complications such as hypertension, gout, stroke, or thrombotic disease separately.</li> <li>• NOTE (2): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703.</li> <li>• NOTE (3): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.</li> </ul> </li> </ul>
7705	<p>Immune thrombocytopenia</p> <ul style="list-style-type: none"> <li>• Retitled from “Thrombocytopenia, primary, idiopathic or immune”</li> <li>• New evaluation levels, evaluation criteria, and notes: <ul style="list-style-type: none"> <li>• 100 – Requiring chemotherapy for chronic refractory thrombocytopenia; or a platelet count 30,000 or below despite treatment</li> <li>• 70 – Requiring immunosuppressive therapy; or for a platelet count higher than 30,000 but not higher than 50,000, with history of hospitalization because of severe bleeding requiring intravenous immune globulin, high-dose parenteral corticosteroids, and platelet transfusions</li> <li>• 30 – Platelet count higher than 30,000 but not higher than 50,000, with either immune thrombocytopenia or mild mucous membrane bleeding which requires oral corticosteroid therapy or intravenous immune globulin</li> <li>• 10 – Platelet count higher than 30,000 but not higher than 50,000, not requiring treatment</li> </ul> </li> </ul>

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

	<ul style="list-style-type: none"> <li>• 0 – Platelet count above 50,000 and asymptomatic; or for immune thrombocytopenia in remission</li> <li>• NOTE (1): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under this diagnostic code.</li> <li>• NOTE (2): A 100 percent evaluation shall continue beyond the cessation of chemotherapy. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter</li> </ul>
7706	<p>Splenectomy</p> <ul style="list-style-type: none"> <li>• Minor grammatical change in note: <ul style="list-style-type: none"> <li>• NOTE: Separately rate complications such as systemic infections with encapsulated bacteria.</li> </ul> </li> </ul>
7709	<p>Hodgkin’s lymphoma</p> <ul style="list-style-type: none"> <li>• Retitled from “Hodgkin’s disease”</li> <li>• No change in evaluation criteria</li> <li>• Added “under the appropriate diagnostic code(s)” to last sentence of note.</li> </ul>
7710	<p>Adenitis, tuberculosis, active or inactive</p> <ul style="list-style-type: none"> <li>• Removed duplicate symbol “§”</li> </ul>
7712 NEW	<p>New diagnostic code for “multiple myeloma”</p> <ul style="list-style-type: none"> <li>• Evaluate as: <ul style="list-style-type: none"> <li>• 100 – Symptomatic multiple myeloma</li> <li>• 0 – Asymptomatic, smoldering, or monoclonal gammopathy of undetermined significance (MGUS)</li> </ul> </li> <li>• NOTE (1): Current validated biomarkers of symptomatic multiple myeloma and asymptomatic multiple myeloma, smoldering, or monoclonal gammopathy of undetermined significance (MGUS) are acceptable for the diagnosis of multiple myeloma as defined by the American Society of Hematology (ASH) and International Myeloma Working Group (IMWG).</li> <li>• NOTE (2): The 100 percent evaluation shall continue for five years after the diagnosis of symptomatic multiple myeloma, at which time the appropriate disability evaluation shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) and § 3.344 (a) and (b) of this chapter.</li> </ul>
7714	<p>Sickle cell anemia</p> <ul style="list-style-type: none"> <li>• New evaluation criteria <ul style="list-style-type: none"> <li>• 100 – With at least 4 or more painful episodes per 12-month period, occurring in skin, joints, bones, or any major organs, caused by hemolysis and sickling of red blood cells, with anemia, thrombosis, and infarction, with residual symptoms precluding even light manual labor</li> <li>• 60 – With 3 painful episodes per 12-month period or with symptoms precluding other than light manual labor</li> <li>• 30 – With 1 or 2 painful episodes per 12-month period</li> <li>• 10 – Asymptomatic, established case in remission, but with identifiable organ impairment</li> </ul> </li> </ul>

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

	<ul style="list-style-type: none"> <li>NOTE: Sickle cell trait alone, without a history of directly attributable pathological findings, is not a ratable disability. Cases of symptomatic sickle cell trait will be forwarded to the Director, Compensation Service, for consideration under § 3.321(b)(1) of this chapter.</li> </ul>
7715	<p>Non-Hodgkin's lymphoma</p> <ul style="list-style-type: none"> <li>Change in evaluation criteria and note</li> <li>100 – When there is active disease, during treatment phase, or with indolent and non-contiguous phase of low grade NHL</li> </ul>
7716	<p>Aplastic anemia</p> <ul style="list-style-type: none"> <li>New evaluation levels, evaluation criteria, and notes:</li> <li>100 – Requiring peripheral blood or bone marrow stem cell transplant; or requiring transfusion of platelets or red cells, on average, at least once every six weeks per 12-month period; or infections recurring, on average, at least once every six weeks per 12-month period</li> <li>60 – Requiring transfusion of platelets or red cells, on average, at least once every three months per 12-month period; or infections recurring, on average, at least once every three months per 12-month period; or using continuous therapy with immunosuppressive agent or newer platelet stimulating factors</li> <li>30 – Requiring transfusion of platelets or red cells, on average, at least once per 12-month period; or infections recurring, on average, at least once per 12-month period</li> <li>NOTE (1): A 100 percent evaluation for peripheral blood or bone marrow stem cell transplant shall be assigned as of the date of hospital admission and shall continue with a mandatory VA examination six months following hospital discharge. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.</li> <li>NOTE (2): The term “newer platelet stimulating factors” includes medication, factors, or other agents approved by the United States Food and Drug Administration.</li> </ul>
7718 NEW	<p>New diagnostic code for “essential thrombocythemia and primary myelofibrosis”</p> <ul style="list-style-type: none"> <li>100 – Requiring either continuous myelosuppressive therapy or, for six months following hospital admission, peripheral blood or bone marrow stem cell transplant, or chemotherapy, or interferon treatment</li> <li>70 – Requiring continuous or intermittent myelosuppressive therapy, or chemotherapy, or interferon treatment to maintain platelet count &lt; 500 x 10<sup>9</sup>/L</li> <li>30 – Requiring continuous or intermittent myelosuppressive therapy, or chemotherapy, or interferon treatment to maintain platelet count of 200,000-400,000, or white blood cell (WBC) count of 4,000-10,000</li> <li>0 – Asymptomatic</li> <li>NOTE (1): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703.</li> <li>NOTE (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based</li> </ul>

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

	upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.
7719 NEW	<p>New diagnostic code for “chronic myelogenous leukemia (CML) (chronic myeloid leukemia or chronic granulocytic leukemia)”</p> <ul style="list-style-type: none"> <li>• 100 – Requiring peripheral blood or bone marrow stem cell transplant, or continuous myelosuppressive or immunosuppressive therapy treatment</li> <li>• 60 – Requiring intermittent myelosuppressive therapy, or molecularly targeted therapy with tyrosine kinase inhibitors, or interferon treatment when not in apparent remission</li> <li>• 30 – In apparent remission on continuous molecularly targeted therapy with tyrosine kinase inhibitors</li> <li>• NOTE (1): If the condition undergoes leukemic transformation, evaluate as leukemia under diagnostic code 7703.</li> <li>• NOTE (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant; or during the period of treatment with chemotherapy (including myelosuppressants). Six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105 of this chapter.</li> </ul>
7720 NEW	<p>New diagnostic code for “iron deficiency anemia”</p> <ul style="list-style-type: none"> <li>• 30 – Requiring intravenous iron infusions 4 or more times per 12-month period</li> <li>• 10 – Requiring intravenous iron infusions at least 1 time but less than 4 times per 12-month period, or requiring continuous treatment with oral supplementation</li> <li>• 0 – Asymptomatic or requiring treatment only by dietary modification</li> <li>• NOTE: Do not evaluate iron deficiency anemia due to blood loss under this diagnostic code. Evaluate iron deficiency anemia due to blood loss under the criteria for the condition causing the blood loss.</li> </ul>
7721 NEW	<p>New diagnostic code for “folic acid deficiency”</p> <ul style="list-style-type: none"> <li>• 10 – Requiring continuous treatment with high-dose oral supplementation</li> <li>• 0 – Asymptomatic or requiring treatment only by dietary modification</li> </ul>
7722 NEW	<p>New diagnostic code for “pernicious anemia and Vitamin B<sub>12</sub> deficiency anemia”</p> <ul style="list-style-type: none"> <li>• 100 – For initial diagnosis requiring transfusion due to severe anemia, or if there are signs or symptoms related to central nervous system impairment, such as encephalopathy, myelopathy, or severe peripheral neuropathy, requiring parenteral B12 therapy</li> <li>• 10 – Requiring continuous treatment with Vitamin B12 injections, Vitamin B12 sublingual or high-dose oral tablets, or Vitamin B12 nasal spray or gel</li> <li>• NOTE: A 100 percent evaluation for pernicious anemia and Vitamin B12 deficiency shall be assigned as of the date of the initial diagnosis requiring transfusion due to severe anemia or parenteral B12 therapy and shall continue with a mandatory VA examination six months following hospital discharge or cessation of parenteral B12 therapy. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Thereafter, evaluate at 10 percent and separately evaluate any</li> </ul>

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

	residual effects of pernicious anemia, such as neurologic involvement causing peripheral neuropathy, myelopathy, dementia, or related gastrointestinal residuals, under the most appropriate diagnostic code.
7723 NEW	<p>New diagnostic code for “acquired hemolytic anemia”</p> <ul style="list-style-type: none"> <li>• 100 – Requiring a bone marrow transplant or continuous intravenous or immunosuppressive therapy (e.g., prednisone, Cytoxan, azathioprine, or rituximab)</li> <li>• 60 – Requiring immunosuppressive medication 4 or more times per 12-month period</li> <li>• 30 – Requiring at least 2 but less than 4 courses of immunosuppressive therapy per 12-month period</li> <li>• 10 – Requiring one course of immunosuppressive therapy per 12-month period</li> <li>• 0 – Asymptomatic</li> <li>• NOTE (1): A 100 percent evaluation for bone marrow transplant shall be assigned as of the date of hospital admission and shall continue for six months after hospital discharge with a mandatory VA examination six months following hospital discharge. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter.</li> <li>• NOTE (2): Separately evaluate splenectomy under diagnostic code 7706 and combine with an evaluation under diagnostic code 7723.</li> </ul>
7724 NEW	<p>New diagnostic code for “solitary plasmacytoma”</p> <ul style="list-style-type: none"> <li>• 100 – Solitary plasmacytoma, when there is active disease or during a treatment phase</li> <li>• NOTE (1): A 100 percent evaluation shall continue beyond the cessation of any surgical therapy, radiation therapy, antineoplastic chemotherapy, or other therapeutic procedures (including autologous stem cell transplantation). Six months after discontinuance of such treatment, 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. If there has been no recurrence, rate residuals under the appropriate diagnostic codes.</li> <li>• NOTE (2): Rate a solitary plasmacytoma that has developed into multiple myeloma as symptomatic multiple myeloma.</li> <li>• NOTE (3): Rate residuals of plasma cell dysplasia (e.g., thrombosis) and adverse effects of medical treatment (e.g., neuropathy) under the appropriate diagnostic codes.</li> </ul>
7725 NEW	<p>New diagnostic code for “myelodysplastic syndromes”</p> <ul style="list-style-type: none"> <li>• 100 – Requiring peripheral blood or bone marrow stem cell transplant; or requiring chemotherapy</li> <li>• 60 – Requiring 4 or more blood or platelet transfusions per 12-month period; or infections requiring hospitalization 3 or more times per 12-month period</li> <li>• 30 – Requiring at least 1 but no more than 3 blood or platelet transfusions per 12-month period; infections requiring hospitalization at least 1 but no more than 2 times per 12-month period; or requiring biologic therapy on an ongoing basis or erythropoiesis stimulating agent (ESA) for 12 weeks or less per 12-month period</li> </ul>

# The Hematologic and Lymphatic System Rating Schedule Changes

## Introduction

	<ul style="list-style-type: none"> <li>• NOTE (1): If the condition progresses to leukemia, evaluate as leukemia under diagnostic code 7703.</li> <li>• NOTE (2): A 100 percent evaluation shall be assigned as of the date of hospital admission for peripheral blood or bone marrow stem cell transplant, or during the period of treatment with chemotherapy, and shall continue with a mandatory VA examination six months following hospital discharge or, in the case of chemotherapy treatment, six months after completion of treatment. Any reduction in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. If there has been no recurrence, residuals will be rated under the appropriate diagnostic codes.</li> </ul>
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No Change	7707, 7717
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**Important considerations –**

- Depending on the date the claim was received, consider whether historical or current criteria applies.
- General effective date rules should be used, as the change in rating schedule is **NOT** liberalizing legislation (38 CFR 3.114 does not apply).
- Review the DBQ and all evidence of record! Consider potential entitlement to an earlier effective date ([38 CFR 3.400\(o\)](#)) when processing a claim for increase, but remember you cannot grant an evaluation based on the new schedule prior to December 9, 2018. Remember to make your decision based on the totality of the evidence.
- Historical rating schedule is in the e-CFR, accessed through the Knowledge Management Portal. It is also available through the Regulation Citator through Rating Jobs Aids.

RATING SCHEDULE CHANGE EFFECTIVE

DECEMBER 9, 2018

LIBERALIZING LEGISLATION DOES NOT APPLY!