**The following is a glimpse of the changes to the skin rating schedule that are effective August 13, 2018. For full detail, access the complete rating schedule.**

|  |  |
| --- | --- |
| **Code** | **Change Description****Law Change Effective August 13, 2018** |
| §4.118 | Introductory text revision – two notes: 1. For the purposes of this section, systemic therapy is treatment that is administered through any route (orally, injection, suppository, intranasally) other than skin. For the purposes of this section, topical therapy is treatment administered through the skin.
2. Two or more skin conditions may be combined in accordance with §4.25 only if separate areas of skin are involved. If two or more skin conditions involve the same area of skin, then only the highest evaluation shall be used.
 |
| 7801 & 7802 | * Removal of “deep and linear” replace with “associated with underlying soft tissue damage and
* “superficial and non-linear,” replace with “not associated with underlying soft tissue damage.”
* Note 1 and 2 changed:

**- Note 1:** defines six zones of the body - each extremity, anterior trunk, and posterior trunk. Use midaxillary line to divide the anterior trunk from posterior trunk.**- Note 2:** A separate evaluation may be assigned for each affected zone of the body under this diagnostic code if there are multiple scars, or a single scar, affecting multiple zones of the body. Combine the separate evaluations under §4.25. Alternatively, if a higher evaluation would result from adding the areas affected from multiple zones of the body, a single evaluation may also be assigned under the diagnostic code. |
| 7805 | Remove “including linear scars” |
| General Rating Formula for the Skin | * Added General Rating Formula for the Skin
* ***General Rating Formula for the Skin applies to the following diagnostic codes:***

***7806; 7809; 7813; 7815; 7816; 7820; 7821; 7822; and 7824*** |
| General Rating Formula for the Skin: |
| 1. percent – at least one of the following:
* Characteristic lesions involving more than 40 percent of the entire body or more than 40 percent of exposed areas; or
* Constant or near-constant systemic therapy over the past 12-month period

30 percent – at least one of the following: * Characteristic lesions involving 20 to 40 percent of the entire body or 20 to 40 percent of exposed areas affected; or
* Systemic therapy required for a total duration of 6 weeks or more, but not constantly, over the past 12-month period

10 percent – at least one of the following: * Characteristic lesions involving at least 5 percent, but less than 20 percent, of the entire body affected; or
* At least 5 percent, but less than 20 percent, of exposed areas affected; or
* Intermittent systemic therapy required for a total duration of less than 6 weeks over the past 12-month period

0 percent – No more than topical therapy required over the past 12-month period, and at least one of the following: * Characteristic lesions involving less than 5 percent of the entire body affected; or
* Characteristic lesions involving less than 5 percent of exposed areas affected

**Law Change Effective August 13, 2018**Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability. *This rating instruction does not apply to DC 7824.* Systemic therapy, as it pertains to the General Rating Formula for the Skin, includes, but is not limited to: corticosteroids, phototherapy, retinoids, biologics, photochemotherapy, psoralen with long-wave ultraviolet-A light (PUVA), or other immunosuppressive drugs required.  |
| 7806 | Evaluate under the General Rating Formula for the Skin |
| 7809 | * Evaluate under the General Rating Formula for the Skin
* Change in title from "discoid lupus erythematosus or subacute cutaneous lupus erythematosus" to only "discoid lupus erythematosus."
* Moved subacute cutaneous lupus erythematosus under DC 7821
* New note added: Do not combine with ratings under DC 6350
 |
| 7813 | * Evaluate under the General Rating Formula for the Skin
* Added "tinea versicolor” to parenthetical list of conditions for dermatophytosis disorders.
 |
| 7815 | * Evaluate under the General Rating Formula for the Skin
* New note added: Rate complications and residuals of mucosal involvement (ocular, oral, gastrointestinal, respiratory, or genitourinary) separately under the appropriate diagnostic code.
 |
| 7816 | * Evaluate under the General Rating Formula for the Skin
* New note added: Rate complications such as psoriatic arthritis and other clinical manifestations (e.g. oral mucosa, nails) separately under the appropriate diagnostic code.
 |
| 7817 | * Change in title from “exfoliative dermatitis (erythroderma)” to “erythroderma”
* New evaluation criteria – evaluate based on presence or absence of systemic manifestations AND required systemic therapy. Also includes consideration for treatment failure.
 |
| New rating criteria: * 100 percent – Generalized involvement of the skin with systemic manifestations (such as fever, weight loss, or hypoproteinemia) AND one of the following:
* Constant or near-constant systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, retinoids, psoralen with long-wave ultraviolet-A light (PUVA); ultraviolet-B light (UVB) treatments, biologics, or electron beam therapy over the past 12 month period; or
* No current treatment due to a documented history of treatment failure with 2 or more treatment regimens
* 60 percent – Generalized involvement of the skin without systemic manifestations and one of the following:
* Constant or near-constant systemic therapy such as therapeutic doses of corticosteroids, immunosuppressive retinoids, PUVA, UVB treatments, biologics, or electron beam therapy over the past 12-month period; or
* No current treatment due to a documented history of treatment failure with 1treatment regimen
* 30 percent – Any extent of involvement of the skin, and any of the following therapies required for a total duration of 6 weeks or more, but not constantly, over the past 12-month period: systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, retinoids, PUVA, UVB treatments, biologics, or electron beam therapy
* 10 percent – Any extent of involvement of the skin, and any of the following therapies required for a total duration of less than 6 weeks over the past 12-month period: systemic therapy such as therapeutic doses of corticosteroids, other immunosuppressive drugs, PUVA, UVB treatments, biologics, or electron beam therapy
* 0 percent – Any extent of involvement of the skin, and no more than topical therapy required over the past 12-month period
* Note: Treatment failure is defined as either disease progression, or less than a 25 percent reduction in the extent and severity of disease after four weeks of prescribed therapy, as documented by medical records.
 |
| 7820 & 7821 | Evaluate under the General Rating Formula for the Skin |
| 7822 | * Evaluate under the General Rating Formula for the Skin
* Added “mycosis fungiodes” to the parenthetical list of conditions for papulosquamous disorders.
 |
| 7824 | * Evaluate under the General Rating Formula for the Skin
* Though diseases of keratinization are evaluated under the new General Rating Formula for the Skin, it cannot be evaluated based on disfigurement of the head, face, or neck, or scars criteria.
 |
| 7825 | * Evaluation based on chronic urticarial and line of treatment.
 |
| New criteria: For the purposes of this diagnostic code, chronic urticaria is defined as continuous urticaria at least twice per week, off treatment, for a period of six weeks or more.* 60 percent – Chronic refractory urticaria that requires third line treatment for control (e.g. pasmapheresis, immunotherapy, immunosuppressives) due to ineffectiveness with first and second line treatments
* 30 percent – Chronic urticaria that requires second line treatment (e.g. coritcosteroids, sympathomimetics, leukotriene inhibitors, neutrophil inhibitors, thyroid hormone) for control
* 10 percent – Chronic urticaria that requires first line treatment (antihistamines) for control
 |
| 7826 | * Evaluate based on number of documented vasculitic episodes and requirement of intermittent systemic immunosuppressive therapy.
 |
| New rating criteria: * 60 percent – persistent documented vasculitis episodes refractory to continuous immunosuppressive therapy
* 30 percent – All of the following
* Recurrent documented vasculitic episodes occurring four or more times over the past 12-month period, and
* Requiring intermittent systemic immunosuppressive therapy for control
* 10 percent – At least one of the following:
* Recurrent documented vasculitic episodes occurring one to three times over the past 12-month period, and requiring systemic immunosuppressive therapy for control, or
* Without recurrent documented vasculitic episodes but requiring systemic medication for control
* Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability.
 |
| 7827 | * Removed debilitating episodes and replaced with location of skin involvement and type of impairment, and number of times affected.
* New note for DC 7827 – defining systemic therapy for this diagnostic code only – immunosuppressives, antihistamines, or sympathomimetics.
 |
| New rating criteria: * 60 percent – Recurrent mucosal, palmar, or plantar involvement impairing mastication, use of hands, or ambulation, occurring four or more times over the past 12-month period despite ongoing immunosuppressive therapy
* 30 percent – All of the following:
* Recurrent mucosal, palmar, or plantar involvement not impairing mastication, use of hands, or ambulation, occurring four or more times over the past 12-month period, and
* Requiring intermittent immunosuppressive therapy
* 10 percent – At least one of the following:
* One to three episodes of mucosal, palmar, or plantar involvement not impairing mastication, use of hands, or ambulation over the past 12-month period AND requiring intermittent systemic therapy, or
* Without recurrent episodes, but requiring continuous systemic medication for control
* Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability.
* Note: For the purposes of this DC only, systemic therapy may consist of one or more of the following treatment agents: immunosuppressives, antihistamines, or sympathomimetics
 |
| 7828 | Remove “superficial cysts” from noncompensable evaluation. |
| 7829 | * Remove “superficial cysts” from noncompensable evaluation.
* Add additional level of evaluation (20 percent)
* Now considers when intertriginous areas of the body are affected
 |
| New rating criteria: * 30 percent – Deep acne (deep inflamed nodules and pus-filled cysts) affecting 40 percent or more of the face and neck
* 20 percent – Deep acne (deep inflamed nodules and pus-filled cysts) affecting the intertriginous areas (the axilla of the arm, the anogenital region, skin folds of the breasts, or between digits)
* 10 percent – Deep acne (deep inflamed nodules and pus-filled cysts) affecting less than 40 percent of the face and neck; or deep acne affecting non-intertriginous areas of the body (other than the face and neck)
* 0 percent – Superficial acne (comedones, papules,pustules) of any extent
* Or rate as disfigurement of the head, face, or neck (DC 7800) or scars (DCs 7801, 7802, 7804, or 7805), depending upon the predominant disability.
 |

|  |  |
| --- | --- |
| No Change | 7800, 7804, 7807, 7808, 7811, 7818, 7819, 7823, 7830, 7831, 7832, and 7833 |

**Important considerations –**

* Depending on the date the claim was received, consider what criteria applies? When evaluating the condition, pay attention to which rating schedule you should be using – historical or current. 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)](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.3&rgn=div58#se38.1.3_1400), but remember you cannot grant an evaluation based on the new schedule prior to August 13, 2018. Ensure we have all the information we need. Remember to make your decision based on the totality of the evidence If not, can we grant something now while asking for clarification?
* Historical rating schedule is located in the e-CFR, accessed through the Knowledge Management Portal. It is also available through the Regulation Citator through Rating Jobs Aids. The historical rating schedule before the August 13, 2018 changes is provided as a handout in your training materials.

**LAW CHANGE EFFECTIVE AUGUST 13, 2018**

**LIBERALIZING LEGISLATION DOES NOT APPLY!**