RATING FORMULA FOR HIATAL HERNIA/GERD

Including Gastroesphegeal Reflux Disease (GERD)

Percentage	Description
0%	Documented history without daily symptoms or requirement for daily medications
10%	Documented history of esophageal stricture(s) that requires daily medications to control dysphagia otherwise asymptomatic
30%	Documented history of recurrent esophageal stricture(s) causing dysphagia which requires dilatation no more than 2 times per year • Dysphagia (difficulty in swallowing)
50%	Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia which requires at least one of the following (1) dilatation 3 or more times per year, (2) dilatation using steroids at least one time per year, or (3) esophageal stent placement
80%	Documented history of recurrent or refractory esophageal stricture(s) causing dysphagia with at least one of the symptoms present: (1) aspiration, (2) undernutrition, and/or (3) substantial weight loss as defined by § 4.112(a) and treatment with either surgical correction of esophageal stricture(s) or percutaneous esophago-gastrointestinal tube (PEG tube)

IMPORTANT: Structural gastrointestinal disease, such as inflammatory bowel disease (such as ulcerative colitis or Crohn's disease) and Gastroesophageal reflux disease (GERD) are **not considered Gulf War Presumed conditions**, as these conditions are considered to be organic or structural diseases characterized by abnormalities seen on x-ray, endoscopy, or through laboratory tests.

Note (1): Findings must be documented by barium swallow, computerized tomography, or esophagogastroduodenoscopy.
Note (2): Non-gastrointestinal complications of procedures should be rated under the appropriate system.
Note (3): This diagnostic code applies, but is not limited to, esophagitis, mechanical or chemical; Mallory Weiss syndrome (bleeding at junction of esophagus and stomach due to tears) due to caustic ingestion of alkali or acid; drug-induced or infectious esophagitis due to Candida, virus, or other organism; idiopathic eosinophilic, or lymphocytic esophagitis; esophagitis due to radiation therapy; esophagitis due to peptic stricture; and any esophageal condition that requires treatment with sclerotherapy.
Note (4): Recurrent esophageal stricture is defined as the inability to maintain target esophageal diameter beyond 4 weeks after the target diameter has been achieved.
Note (5): Refractory esophageal stricture is defined as the inability to achieve target esophageal diameter despite receiving no fewer than 5 dilatation sessions performed at 2-week intervals.

HOW DISABILITY RATINGS WORK

The VA determines a disability rating after reviewing your service treatment records ("STR"), Compensation & Pension exam (C&P exam) report and any other evidence submitted to them in support of your claim based on the criteria below. You may have one or more symptoms in a higher disability rating, but still receive a lower rating that reflects where MOST of your symptoms are present. If you have multiple injuries, disability ratings are not added together (60%+40≠100%). The VA has an internal ranking system of injuries that will determine your final disability rating.

FRUSTRATED WITH YOUR DISABILITY RATING OR DISAGREE WITH YOUR CURRENT RATING?

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