

38 CFR 4.29

DC 7009 Bradycardia (Bradyarrhythmia), symptomatic, requiring permanent pacemaker implantation:

- For one month following hospital discharge for implantation or re-implantation 100%

Thereafter, use the General Rating Formula

GENERAL RATING FORMULA FOR DISEASES OF THE HEART

- Workload of 3.0 METs or less results in heart failure symptoms 100
- Workload of 3.1-5.0 METs results in heart failure symptoms 60
- Workload of 5.1-7.0 METs results in heart failure symptoms; or evidence of cardiac hypertrophy or dilatation confirmed by echocardiogram or equivalent (e.g., multigated acquisition scan or magnetic resonance imaging) 30
- Workload of 7.1-10.0 METs results in heart failure symptoms; or continuous medication required for control 10

Example:

Vet was service connected for myocardial infarction at the 60% evaluation due to his METs of 3.2. He was told he was in need of a permanent pacemaker. He was hospitalized at VAMC on February 2, 2021, to have a permanent pacemaker implanted. Surgery was completed on February 4, but due to instability, he was not discharged until March 7, 2021. On March 27, his physician estimated his METS to be 6.5.

DC 7006 Myocardial infarction	12-1-2020	60%
DC 7009 Bradycardia	02-02-2021	100% (4.29)
	04-01-2021	100%
	05-01-2021	30%

38 CFR 4.29 Ratings for service-connected disabilities requiring hospital treatment or observation.

A total disability rating (100 percent) will be assigned **without regard to other provisions of the rating schedule** when it is established that a service-connected disability has required hospital treatment in a Department of Veterans Affairs or an approved hospital for a period in excess of 21 days or hospital observation at Department of Veterans Affairs expense for a service-connected disability for a period in excess of 21 days.

(a) Subject to the provisions of paragraphs (d), (e), and (f) of this section **this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge** (regular discharge or release to non-bed care) or effective the last day of the month of termination of treatment or observation for the service-connected disability....

38 CFR 4.30

DC 7009 Bradycardia (Bradyarrhythmia), symptomatic, requiring permanent pacemaker implantation:

- For one month following hospital discharge for implantation or re-implantation 100%

Thereafter, use the General Rating Formula

GENERAL RATING FORMULA FOR DISEASES OF THE HEART

- Workload of 3.0 METs or less results in heart failure symptoms 100
- Workload of 3.1-5.0 METs results in heart failure symptoms 60
- Workload of 5.1-7.0 METs results in heart failure symptoms; or evidence of cardiac hypertrophy or dilatation confirmed by echocardiogram or equivalent (e.g., multigated acquisition scan or magnetic resonance imaging) 30
- Workload of 7.1-10.0 METs results in heart failure symptoms; or continuous medication required for control 10

Example:

Vet was service connected for myocardial infarction at the 60% evaluation due to his METs of 3.2. He was told he was in need of a permanent pacemaker. He was hospitalized at VAMC on February 2, 2021, to have a permanent pacemaker implanted. Surgery was completed on February 4, and he was discharged February 18, 2021. Upon discharge, his physician noted that his residuals required "house confinement" (4.30.a.2) for extra convalescence for 3 months. On May 27, his physician estimated his METS to be 6.5.

DC 7006 Myocardial infarction	12-1-2020	60%
DC 7009 Bradycardia	02-02-2021	100% Admission
	02-18-2021	100% (4.30)
	06-01-2021	30%

38 CFR 4.30 Convalescent ratings.

A total disability rating (100 percent) will be assigned **without regard to other provisions of the rating schedule** when it is established by report at hospital discharge (regular discharge or release to non-bed care) or outpatient release that entitlement is warranted under paragraph (a) (1), (2) or (3) of this section effective the date of hospital admission or outpatient treatment and continuing for a period of 1, 2, or 3 months from the first day of the month following such hospital discharge or outpatient release. The termination of these total ratings will not be subject to § 3.105(e) of this chapter. Such total rating will be followed by appropriate schedular evaluations. When the evidence is inadequate to assign a schedular evaluation, a physical examination will be scheduled and considered prior to the termination of a total rating under this section.

(a) Total ratings will be assigned under this section if treatment of a service-connected disability resulted in:

(1) Surgery necessitating at least one month of convalescence

(38 CFR 4.30 continued)

(2) Surgery with severe postoperative residuals such as incompletely healed surgical wounds, stumps of recent amputations, therapeutic immobilization of one major joint or more, application of a body cast, or the necessity for house confinement, or the necessity for continued use of a wheelchair or crutches (regular weight-bearing prohibited).

(3) Immobilization by cast, without surgery, of one major joint or more

<http://weather.nysaes.cals.cornell.edu/history/>

NYSAES Historical Weather Data - 1958 (cornell.edu)

Vet in Worms, Germany Jan and December 1958

Column Headings:

AA	Year (4-digits)	GG	Minimum relative humidity
BB	Month (2-digits)	HH	Vapour pressure deficit (1/1000 in Hg)
CC	Day (2-digits)	II	Solar radiation (cal/cm2)
DD	Maximum air temperature (°F)		
EE	Minimum air temperature	KK	Wind (miles at 1.5 ft)
FF	Maximum relative humidity (%)	LL	Pan evaporation (1/1000 in)




AA	BB	CC	DD	EE	FF	GG	HH	II		KK	LL
1958	1	1	41	29	NA	NA	NA	NA	2	NA	NA
1958	1	2	38	18	NA	NA	NA	NA	0	NA	NA
1958	1	3	28	9	NA	NA	NA	NA	6	NA	NA
1958	1	4	20	2	NA	NA	NA	NA	2	NA	NA
1958	1	5	22	2	NA	NA	NA	NA	2	NA	NA
1958	1	6	31	8	NA	NA	NA	NA	0	NA	NA
1958	1	7	39	26	NA	NA	NA	NA	0	NA	NA
1958	1	8	35	13	NA	NA	NA	NA	9	NA	NA
1958	1	9	15	10	NA	NA	NA	NA		NA	NA
1958	1	10	29	11	NA	NA	NA	NA	0	NA	NA
1958	1	11	45	19	NA	NA	NA	NA	2	NA	NA
1958	1	12	26	-1	NA	NA	NA	NA	0	NA	NA
1958	1	13	25	2	NA	NA	NA	NA	0	NA	NA
1958	1	14	41	12	NA	NA	NA	NA	0	NA	NA
1958	1	15	32	26	NA	NA	NA	NA	50	NA	NA
1958	1	16	30	25	NA	NA	NA	NA	21	NA	NA
1958	1	17	28	21	NA	NA	NA	NA	16	NA	NA
1958	1	18	26	11	NA	NA	NA	NA	5	NA	NA
1958	1	19	14	8	NA	NA	NA	NA		NA	NA
1958	1	20	17	9	NA	NA	NA	NA		NA	NA
1958	1	21	30	15	NA	NA	NA	NA	0	NA	NA
1958	1	22	37	30	NA	NA	NA	NA		NA	NA
1958	1	23	40	27	NA	NA	NA	NA	5	NA	NA
1958	1	24	33	8	NA	NA	NA	NA	0	NA	NA
1958	1	25	30	14	NA	NA	NA	NA		NA	NA
1958	1	26	34	29	NA	NA	NA	NA		NA	NA
1958	1	27	36	31	NA	NA	NA	NA	21	NA	NA
1958	1	28	38	31	NA	NA	NA	NA	0	NA	NA
1958	1	29	36	32	NA	NA	NA	NA	6	NA	NA
1958	1	30	36	29	NA	NA	NA	NA	0	NA	NA
1958	1	31	35	26	NA	NA	NA	NA	0	NA	NA
1958	2	1	33	14	NA	NA	NA	NA	0	NA	NA

1958	2	2	36	20	NA	NA	NA	NA	0	NA	NA
1958	2	3	28	13	NA	NA	NA	NA	0	NA	NA
1958	2	4	20	13	NA	NA	NA	NA	53	NA	NA
1958	2	5	28	20	NA	NA	NA	NA	9	NA	NA
1958	2	6	32	11	NA	NA	NA	NA	2	NA	NA
1958	2	7	42	25	NA	NA	NA	NA	0	NA	NA
1958	2	8	33	11	NA	NA	NA	NA	29	NA	NA
1958	2	9	23	7	NA	NA	NA	NA	5	NA	NA
1958	2	10	13	8	NA	NA	NA	NA	4	NA	NA
1958	2	11	19	7	NA	NA	NA	NA	0	NA	NA
1958	2	12	18	2	NA	NA	NA	NA	0	NA	NA
1958	2	13	20	1	NA	NA	NA	NA	0	NA	NA
1958	2	14	18	6	NA	NA	NA	NA	2	NA	NA
1958	2	15	22	-1	NA	NA	NA	NA	0	NA	NA
1958	2	16	21	8	NA	NA	NA	NA	33	NA	NA
1958	2	17	12	2	NA	NA	NA	NA	24	NA	NA
1958	2	18	1	-4	NA	NA	NA	NA	1	NA	NA
1958	2	19	12	-3	NA	NA	NA	NA	12	NA	NA
1958	2	20	20	12	NA	NA	NA	NA	3	NA	NA
1958	2	21	22	5	NA	NA	NA	NA	0	NA	NA
1958	2	22	44	16	NA	NA	NA	NA	0	NA	NA
1958	2	23	34	15	NA	NA	NA	NA	0	NA	NA
1958	2	24	44	23	NA	NA	NA	NA	0	NA	NA
1958	2	25	50	34	NA	NA	NA	NA	0	NA	NA
1958	2	26	40	18	NA	NA	NA	NA	0	NA	NA
1958	2	27	43	27	NA	NA	NA	NA	30	NA	NA
1958	2	28	40	30	NA	NA	NA	NA	113	NA	NA
1958	3	1	38	30	NA	NA	NA	NA	6	NA	NA
1958	3	2	34	30	NA	NA	NA	NA	0	NA	NA
1958	3	3	45	33	NA	NA	NA	NA	0	NA	NA
1958	3	4	42	29	NA	NA	NA	NA	0	NA	NA
1958	3	5	42	31	NA	NA	NA	NA	0	NA	NA
1958	3	6	42	27	NA	NA	NA	NA	0	NA	NA
1958	3	7	37	29	NA	NA	NA	NA	0	NA	NA
1958	3	8	34	23	NA	NA	NA	NA	0	NA	NA
1958	3	9	31	23	NA	NA	NA	NA	0	NA	NA
1958	3	10	28	21	NA	NA	NA	NA	0	NA	NA
1958	3	11	37	22	NA	NA	NA	NA	0	NA	NA
1958	3	12	33	26	NA	NA	NA	NA	0	NA	NA
1958	3	13	37	28	NA	NA	NA	NA	0	NA	NA
1958	3	14	37	27	NA	NA	NA	NA	19	NA	NA
1958	3	15	39	30	NA	NA	NA	NA	21	NA	NA
1958	3	16	37	30	NA	NA	NA	NA	11	NA	NA
1958	3	17	35	29	NA	NA	NA	NA	3	NA	NA
1958	11	13	53	33	NA	NA	NA	NA	0	NA	NA
1958	11	14	52	37	NA	NA	NA	NA	34	NA	NA
1958	11	15	56	50	NA	NA	NA	NA	16	NA	NA
1958	11	16	58	42	NA	NA	NA	NA	46	NA	NA

1958	11	17	52	42	NA	NA	NA	NA	0	NA	NA
1958	11	18	55	48	NA	NA	NA	NA	16	NA	NA
1958	11	19	67	46	NA	NA	NA	NA	0	NA	NA
1958	11	20	53	36	NA	NA	NA	NA	0	NA	NA
1958	11	21	60	34	NA	NA	NA	NA	6	NA	NA
1958	11	22	43	32	NA	NA	NA	NA	0	NA	NA
1958	11	23	39	26	NA	NA	NA	NA	0	NA	NA
1958	11	24	50	30	NA	NA	NA	NA	0	NA	NA
1958	11	25	40	24	NA	NA	NA	NA	19	NA	NA
1958	11	26	44	26	NA	NA	NA	NA	8	NA	NA
1958	11	27	47	23	NA	NA	NA	NA	0	NA	NA
1958	11	28	33	23	NA	NA	NA	NA	0	NA	NA
1958	11	29	30	19	NA	NA	NA	NA	■	NA	NA
1958	11	30	29	10	NA	NA	NA	NA	9	NA	NA
1958	12	1	22	11	NA	NA	NA	NA	2	NA	NA
1958	12	2	30	18	NA	NA	NA	NA	0	NA	NA
1958	12	3	30	17	NA	NA	NA	NA	0	NA	NA
1958	12	4	37	27	NA	NA	NA	NA	0	NA	NA
1958	12	5	43	35	NA	NA	NA	NA	0	NA	NA
1958	12	6	40	16	NA	NA	NA	NA	■	NA	NA
1958	12	7	21	17	NA	NA	NA	NA	0	NA	NA
1958	12	8	26	14	NA	NA	NA	NA	0	NA	NA
1958	12	9	26	15	NA	NA	NA	NA	7	NA	NA
1958	12	10	23	11	NA	NA	NA	NA	0	NA	NA
1958	12	11	21	-1	NA	NA	NA	NA	0	NA	NA
1958	12	12	23	3	NA	NA	NA	NA	0	NA	NA
1958	12	13	20	3	NA	NA	NA	NA	0	NA	NA
1958	12	14	28	14	NA	NA	NA	NA	0	NA	NA
1958	12	15	24	15	NA	NA	NA	NA	0	NA	NA
1958	12	16	24	13	NA	NA	NA	NA	0	NA	NA
1958	12	17	25	10	NA	NA	NA	NA	0	NA	NA
1958	12	18	35	20	NA	NA	NA	NA	0	NA	NA
1958	12	19	33	20	NA	NA	NA	NA	0	NA	NA
1958	12	20	43	4	NA	NA	NA	NA	■	NA	NA
1958	12	21	14	1	NA	NA	NA	NA	0	NA	NA
1958	12	22	16	4	NA	NA	NA	NA	0	NA	NA
1958	12	23	43	8	NA	NA	NA	NA	0	NA	NA
1958	12	24	40	18	NA	NA	NA	NA	4	NA	NA
1958	12	25	21	7	NA	NA	NA	NA	■	NA	NA
1958	12	26	18	6	NA	NA	NA	NA	0	NA	NA
1958	12	27	30	8	NA	NA	NA	NA	0	NA	NA
1958	12	28	35	20	NA	NA	NA	NA	0	NA	NA
1958	12	29	47	21	NA	NA	NA	NA	0	NA	NA

YOUR RIGHT TO SEEK REVIEW OF OUR DECISION

This document outlines your right to seek review of our decision on any issue with which you disagree. You may generally select one of three different review options for each issue decided by VA. However, you may not request review of the same issue using more than one option at the same time. Below is information on the three different review options.

			
What Is This?	Supplemental Claim <p>A reviewer will determine whether new and relevant evidence changes the prior decision.</p> <p>You are adding or identifying new and relevant evidence to support your claim that we did not previously consider.</p> <p>VA will assist you in gathering new and relevant evidence that you identify to support your claim.</p>	Higher-Level Review <p>An experienced claims adjudicator will review your decision using the same evidence VA considered in the prior decision.</p> <p>You have no additional evidence to submit to support your claim, but you believe there was an error in the prior decision.</p> <p>You can request an optional, one-time, informal conference with a Higher-Level Reviewer to identify specific errors in the case, although requesting this conference may delay the review.</p>	Board Appeal <p>A Veterans Law Judge at the Board of Veterans' Appeals (Board) will review your decision.</p> <p>You must choose a docket:</p> <p>Direct Review - You do not want to submit evidence or have a hearing.</p> <p>Evidence Submission - You choose to submit additional evidence without a hearing.</p> <p>Hearing - You choose to have a hearing with a Veterans Law Judge.</p>
Goal To Complete	125 days on average	125 days on average	365 days on average for Direct Review (longer for the other options)
Form To File To Select This Option*	VA Form 20-0995, <i>Decision Review Request: Supplemental Claim</i>	VA Form 20-0996, <i>Decision Review Request: Higher-Level Review</i>	VA Form 10182, <i>Decision Review Request: Board Appeal (Notice of Disagreement)</i>
Further Options After This Decision Review	You may request another Supplemental Claim, a Higher-Level Review, or a Board Appeal.	You may request a Supplemental Claim or a Board Appeal.	You may request a Supplemental Claim or appeal to the U.S. Court of Appeals for Veterans Claims.

* All forms listed above are available at www.va.gov/vaforms/.



For most VA benefits, you have 1 year from the date on your decision notice to request a decision review to ensure the earliest possible effective date. Consult your decision notice for specific limitations.

If you do not submit a decision review request within the required time, you may only seek review through the following:

- A request to revise the decision based on a clear and unmistakable error, or
- A Supplemental Claim. If you file a Supplemental Claim after the 1-year time limit, the effective date for any resulting award of benefits generally will be tied to the date VA receives the Supplemental Claim.

While most decision review options are available to you, there are limitations based on the type of decision you received.

- If you are a party to a **contested claim** - such as claims for apportionment, attorney fee disagreement, or multiple parties filing for survivor's benefits - your *only* option for disagreeing with your decision is to file a Board Appeal within **60 days** of the date on your decision notice.
- If you are seeking review of an **insurance decision** you have an *additional* option to challenge VA's decision by filing a complaint with a United States district court in the jurisdiction in which you reside within 6 years from when the right of action first accrues. Consult your decision notice for details on what options are available and where to send the request.

Get Help with Your Review Request:

For more information on all the available review options, contact us at 1-800-827-1000 or visit www.va.gov/decision-reviews/. If you need help filing a decision review, you may want to work with an accredited attorney, claims agent, or a Veterans Service Organization (VSO) representative. Additional information about working with an accredited attorney, claims agent, or VSO representative is available at www.va.gov/decision-reviews/get-help-with-review-request/. You may also find a directory of accredited representatives at www.va.gov/vso.

SUBJECT TO COMPENSATION (1.SC)

7122	COLD INJURY RESIDUALS, LEFT HAND Service Connected, Peacetime, Incurred Static Disability 30% from 03/23/2015
7122	RESIDUALS OF COLD INJURY, RIGHT FOOT Service Connected, Peacetime, Incurred Static Disability 20% from 05/20/1999 30% from 03/23/2015
7122	RESIDUALS OF COLD INJURY, LEFT FOOT Service Connected, Peacetime, Incurred Static Disability 20% from 05/20/1999 30% from 03/23/2015
7122	RESIDUALS OF COLD INJURY, RIGHT HAND Service Connected, Peacetime, Incurred Static Disability 10% from 05/20/1999 30% from 03/08/2016
6260	TINNITUS Service Connected, Peacetime, Incurred Static Disability 10% from 07/31/2020 – Intent To File

COMBINED EVALUATION FOR COMPENSATION:

50% from 05/20/1999 (Bilateral Factor of 3.6 Percent for diagnostic codes 7122, 7122)
80% from 03/23/2015 (Bilateral Factor of 6.9 Percent for diagnostic codes 7122, 7122, 7122, 7122)
80% from 03/23/2015 (Bilateral Factor of 7.6 Percent for diagnostic codes 7122, 7122, 7122, 7122)
90% from 07/31/2020 (Bilateral Factor of 7.6 Percent for diagnostic codes 7122, 7122, 7122, 7122)

NOT SERVICE CONNECTED/ NOT SUBJECT TO COMPENSATION (8.NSC Peacetime)

6847	SLEEP APNEA ASSOCIATED WITH TINNITUS Not Service Connected, Not Secondary
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RVSR