



## Report to Congress

### Physical Evaluation Board Processing

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(Personnel and Readiness)

# Contents

Summary of Findings.....	1
PHYSICAL DISABILITY EVALUATION SYSTEM.....	1
PDES DISPOSITIONS.....	2
Fit for Duty.....	2
Separation With Severance Pay.....	3
Separation Without Severance Pay.....	3
Temporary Disability Retirement List (TDRL).....	3
Permanent Disability Retirement List (PDRL).....	3
Research Methodology.....	4
PHASE 1: DEFINITION OF TERMS AND PROCEDURES.....	4
Study Population.....	4
Disability Rating Reduction.....	5
Fit for Duty.....	5
Categorizations of Reasons for Disability Rating Reductions.....	5
PHASE 2: DATA GATHERING.....	6
PHASE 3: REVIEW AND ANALYSIS OF DOWNGRADE CASES.....	6
Findings.....	6
SYSTEM-LEVEL STATISTICAL OVERVIEW.....	6
Level of Case Finalization.....	7
Rating Changes.....	7
ANALYSIS OF DOWNGRADES.....	8
Demographic Information.....	8
Number of Unfitting Conditions.....	9
Reasons for Reductions in Ratings.....	10
Financial Implications of Downgrades.....	11
Conclusion.....	12
Appendix A. Downgrade Categories.....	A-1
Appendix B. VASRD Codes and Count.....	B-1

## Tables

Table 1. Number of PEB Cases and Finalization Level .....	7
Table 2. Direction of Rating Change from the IPEB to Case Finalization.....	7
Table 3. Service Member Demographics.....	8
Table 4. Cases with No Financial Implications .....	12
Table 5. Dispositions with a Financial Impact.....	12

## Figures

Figure 1. Level of Case Finalization.....	7
Figure 2. Proportion of Rating Changes Across Services.....	8
Figure 3. Unfitting Conditions and Areas of the Body .....	10
Figure 4. Frequency of Downgrade Reasons.....	10

The Department of Defense (DoD) appreciates the opportunity to provide Congress with information regarding specific aspects of the physical evaluation board (PEB) process, as required by the National Defense Authorization Act (NDAA) for Fiscal Year 2008 (FY08), Pub. L. 110–181. This report is intended to satisfy the requirements of Section 1615(e) of the Act.

The NDAA FY08, Section 1615(e) states:

Not later than February 1, 2009, the Secretary of Defense shall submit to the Committees on Armed Services of the Senate and House of Representatives a report on the number of instances during the period beginning on October 7, 2001, and ending on September 30, 2006, in which a disability rating assigned to a member of the Armed Forces by an informal physical evaluation board of the Department of Defense was reduced upon appeal, and the reasons for such reduction.

This report conveys the results of an extensive review of all PEB cases finalized during the period of Congressional interest. Our report identifies the number of cases where the final disability rating was reduced after the informal physical evaluation board (IPEB) and identifies the reasons for the downgrades.

## Summary of Findings

The vast majority of Service members who entered the PEB phase of the Physical Disability Evaluation System (PDES) had their cases finalized at the IPEB. A total of 109,496 cases were adjudicated between October 7, 2001, and September 30, 2006. Over 90 percent were finalized at the IPEB. Of the cases that were appealed, less than 1 percent had a rating reduction, approximately 25 percent had a disability rating *increase*, 70 percent had no rating change, and the remaining 4 percent of Service members were found fit for duty. During this 5-year period, a total of 106 cases had a disability rating reduction.

The reasons for reductions in ratings fit into six discrete categories (see Appendix A for a more complete description of these categories):

- The condition existed prior to service (EPTS)
- The medical condition changed
- The condition was not unfitting
- Additional information was obtained
- Evidence was insufficient to support a rating
- Other

## Physical Disability Evaluation System

Title 10 United States Code Chapter 61 governs the separation or retirement of military personnel. The PDES determines whether Service members are fit for duty or unfit, and if unfit, what disability rating should apply to them. A PDES case begins with a Medical Evaluation Board (MEB), continues to the IPEB if the MEB believes that unfitting conditions are present,

and proceeds to a formal physical evaluation board (FPEB) review if the Service member requests one.

The MEB evaluates whether Service members have incurred an injury or illness that calls into question their ability to perform the duties of their office, grade, rank, or rating. The MEB is usually performed at the nearest military treatment facility. The commanding officer or treating physician requests the MEB evaluation; the Service member does not self-refer.

The role of the MEB is to

- determine whether the individual meets the Service's physical retention standards;
- document the medical problems;
- define limitations (if any) imposed by the condition; and
- explain how the condition affects the Service member's ability to perform the duties of his or her office, grade, rank, or rating.

The MEB then forwards the case to the IPEB for adjudication. The IPEB is an administrative board that reviews the medical and personnel files and determines whether the Service member is fit for duty. If the Service member has "unfitting conditions" that are medically unacceptable for continued service, the IPEB will determine whether these conditions were incurred during or aggravated by active service and in the line of duty. If they were, the IPEB applies the Department of Veterans Affairs Schedule for Ratings of Disabilities (VASRD) to the unfitting conditions. Medical conditions that are not unfitting are not rated in the PDES. The IPEB evaluation is a review based solely on the documented record, and the Service member is not present for this portion of the PDES. The Service member can accept or non-concur with the IPEB determination of fitness and/or disability rating.

Service members have the right to rebut or non-concur with an IPEB finding and to appear before an FPEB in person (at government expense). They may present any evidence on their behalf and have a government attorney appointed to assist them. They may choose to hire their own attorney, or the Military Service will provide an attorney at no charge. The FPEB performs a complete review of the entire case using all documents that were presented at the IPEB, any new documents presented by the Service member (or representative), and any testimony from the Service member if he or she has chosen to be present.

## **PDES Dispositions**

The final determination of the PEB at the IPEB, FPEB, or appellate review for the cases under study resulted in one of the following dispositions.

### ***Fit for Duty***

A determination of fit for duty returns a Service member to his or her former duty status. The Service member may have some limitations, but no medically unacceptable conditions are present. The Service member is able to continue to serve in the military.

## ***Separation With Severance Pay***

Service members are found unfit for military service if they have one or more medical conditions that do not meet retention standards and cause them to be unable to fulfill the duties that are appropriate to their grade and military occupational rating. If the combined disability rating for all unfitting conditions is 0 percent, 10 percent, or 20 percent, the Service member will receive a lump-sum severance payment.

## ***Separation Without Severance Pay***

In certain situations, a Service member may have medical conditions that are unfitting for military service but do not qualify for severance pay. For instance, the PEB may determine that the disability EPTS and was not aggravated by military service. Another reason would be that the disability was incurred during a period of active service but was not in the line of duty—for instance, the Service member was absent without official leave, or was involved in committing a criminal act at the time of injury. In these situations, the Service member is not eligible to continue on active duty due to the unfitting conditions and is separated without any severance pay.

## ***Temporary Disability Retirement List (TDRL)***

If a Service member is rated with a disability of 30 percent or more, and the PEB determines the condition is probably permanent but is not stable, then the Service member is placed on TDRL. He or she will be reevaluated within the next 18 months to see whether the condition has stabilized for a permanent rating. Within 5 years, a permanent disposition must be made. The final determination is based on an evaluation of the stable medical condition at the time of the last re-evaluation. A Service member on TDRL rated at 30 percent, 40 percent, or 50 percent will receive 50 percent of his or her base pay (most Service members' base pay would be calculated using a "high-3" formula). Those rated at 60 percent or 70 percent receive that proportion of their base pay, and those rated higher are limited by law to receive 75 percent. Service members placed on TDRL receive all other military retirement benefits, such as coverage for health care under TRICARE and access to the commissary and PX/BX.

## ***Permanent Disability Retirement List (PDRL)***

A Service member with a disability considered to be stable and who has a total disability rating of 30 percent or more, regardless of his or her years of Service, will be placed on the PDRL.<sup>1</sup> Retired pay is computed in two ways, one way is to multiply the Service member's retired pay base with his or her disability percentage, and the second way is to multiply his or her retired pay base with 2 ½ percent of his or her years of credited service.<sup>2</sup> The calculation yielding the more favorable compensation to the Service member is used.

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<sup>1</sup> Service members with a total disability rating that is less than 30 percent but have more than 20 years of service can be permanently retired rather than receive severance pay.

<sup>2</sup> Please see 10 USC Sec 1401 for a more detailed description of PDRL payment calculations.

The minimum benefit is 30 percent of base pay and the maximum benefit is 75 percent. PDRL also confers all other military retirement benefits.

## Research Methodology

The preparation of this report occurred in three overlapping phases. The purpose of the first phase was to develop a common understanding among the military Services of the Congressional intent of Sec 1615(e) of the NDAA FY08. In the second phase, each of the Services extracted data from the 5-year period of interest and generated system-level data. The third phase was an analysis of identified cases to validate that a reduction in rating occurred and to ascertain the reasons for the downgrades.

### Phase 1: Definition of Terms and Procedures

In the first phase, we defined the key terms, review procedures and parameters of cases to be included in the study population:

- How should a disability rating reduction be defined?
- How should a disposition of “fit for duty” be categorized?
- What are the main categories of reasons for rating downgrades?

### Study Population

Section 1615(e) of the NDAA FY08 directs that the DoD identify the number of cases that were downgraded upon appeal. These cases represent our study population.

Service members have the right to appeal the findings of the IPEB. Our definition of an appeal is that an appeal occurs only after the IPEB has been finalized.<sup>3</sup> The final IPEB decision occurs when the Service member rebuts or non-concurs in writing and exercises the right of appeal. The Service member has the right to have a lawyer appointed to provide assistance with an FPEB appeal. A reduction upon appeal is defined as occurring when all three of the following requirements are satisfied:

- The IPEB was finalized.
- The final disability rating was lower than the IPEB rating.
- The Service member did not concur with the IPEB disability rating and subsequently requested an FPEB, or the Service member did not concur with the FPEB and requested an appellate review, or any other review at the appellate level.

The statute also defined the parameters of inclusion in the study by stating that it must cover “instances during the period beginning on October 7, 2001, and ending on September 30, 2006.”

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<sup>3</sup> Service members can ask for informal reconsiderations during the IPEB, but this is not a formal appeal and occurs within the normal processing of the IPEB.

All Services agreed that the appropriate time frame of review to satisfy Congressional intent would be a case's date of final resolution. We included in the study all cases with dates of final resolution between October 7, 2001, and September 30, 2006. Consequently, the cases under study include some that began before the statutory start date and were completed after the start date, but exclude some that were initiated before the statutory end date and were not completed before the end date.

### ***Disability Rating Reduction***

We defined a rating reduction as occurring when the final disability rating at the FPEB or appellate review was lower than the IPEB rating. We did not include rating changes that may have occurred during internal IPEB deliberations.

Only aggregate-level disability ratings were compared, not individual disability ratings for each unfitting condition. The impact of a disability rating occurs at the aggregate, total disability-rating level, not at the rating of individual conditions. Occasionally, one condition was reduced while another was increased, but without net change in the total disability rating.

### ***Fit for Duty***

An FPEB or appellate finding of "fit for duty" was not treated as a reduction or increase in disability rating, but rather as a qualitative assessment. In the vast majority of cases where IPEB findings were appealed to the FPEB and the final finding was "fit for duty," the Service member concurred with that determination. Service members who are found fit for duty by the FPEB are returned to their previous duty status.

### ***Categorizations of Reasons for Disability Rating Reductions***

The Services were asked to identify some of the most common reasons for reducing disability ratings. Based on those discussions and evaluation of the individual case files, we developed six main categories of downgrades (see Appendix A for detailed definitions):

- The condition EPTS
- The medical condition changed
- The condition was not unfitting
- Additional information was obtained
- Evidence was insufficient to support a rating
- Other

We categorized each case with a disability rating reduction into one of those six reasons.

## **Phase 2: Data Gathering**

In the second phase, each Service developed data queries of its records-keeping systems to provide system-level extracts of records from the 5-year period beginning October 7, 2001, and ending September 30, 2006. Each Service maintains historical records differently and uses different database systems.<sup>4</sup>

The Services queried their databases to identify cases that had gone beyond the IPEB. We used algorithms to ascertain whether the final disability rating changed from IPEB to final disposition, and obtained individual case files for the cases involving a downgrade. We did not further analyze individual cases finalized at the IPEB.

## **Phase 3: Review and Analysis of Downgrade Cases**

The third phase was a detailed review and analysis of the specific cases where a Service member's final physical disability rating was reduced after the IPEB. We reviewed the entire case file for most of the specific cases to determine the rationale for reducing a rating and applied the agreed-upon categories. Each FPEB case is a de novo review and the file explains why the rating is appropriate, but in many cases the file does not explicitly address why it is different from the IPEB review.

Four reviewers evaluated case files, with one primary reviewer for each Service. Inter-rater reliability was established through iterative review of the first six cases by all four reviewers and lengthy discussion to ensure commonality of method and the categorization of downgrades. Any case that was problematic was reviewed by a minimum of two separate reviewers to reach consensus. Seven hard-copy files could not be located for detailed review, but adequate information was available to infer the primary cause for the rating reduction in the other 99 cases.

## **Findings**

### **System-Level Statistical Overview**

Across all four military Services, 109,496 individuals went through the PDES during the Congressional study period of October 7, 2001, to September 30, 2006. Over 90 percent (98,798) of the cases were resolved at the IPEB level; the Service members concurred with the IPEB's findings and did not appeal (see Table 1).

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<sup>4</sup> The Army uses the Physical Disability Case Processing System (PDCAPS), the Navy uses the Joint Disability Evaluation Tracking System (JDETS), the Air Force uses the Military Personnel Data System (MILPDS), and the Coast Guard uses Law Manager Pro.

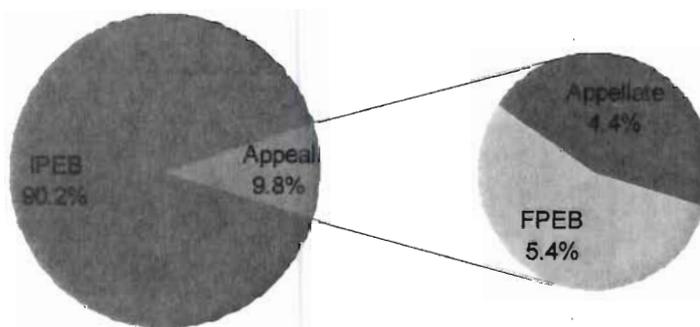
**Table 1. Number of PEB Cases and Finalization Level**

Service	MEB to IPEB	Final at IPEB	Final at FPEB	Final at appellate
Army	57,998	51,894	2,631	3,473
Navy	27,783	26,596	1,097	90
Air Force	22,385	19,050	2,056	1,279
Coast Guard	1,330	1,258	64	8
Total	109,496	98,798	5,848	4,850

### Level of Case Finalization

Less than 10 percent of Service members (10,698) appealed the IPEB's findings and continued through the PDES process; 5.4 percent (5,848) eventually finalized their cases at the FPEB level; and 4.4 percent (4,850) finalized their cases at the appellate level (see Figure 1).

**Figure 1. Level of Case Finalization**



### Rating Changes

At each level of review, the board completes a de novo review and subsequently assigns a rating for the Service member's ratable condition or conditions. The majority (70 percent) of cases that proceeded through the PDES process had ratings that remained the same from the IPEB to case finalization (see Table 2).

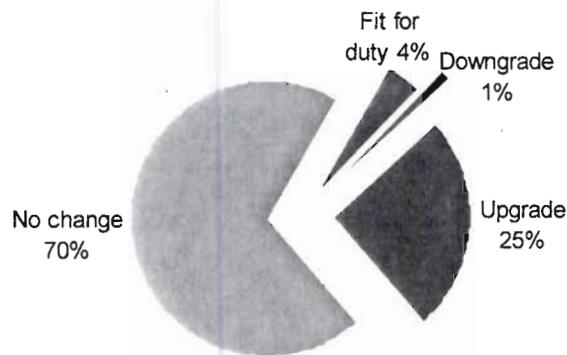
**Table 2. Direction of Rating Change from the IPEB to Case Finalization**

Service	Downgrade	Upgrade	No change	Fit for duty	Total
Army	79	1,434	4,211	380	6,104
Navy	8	393	786	0	1,187
Air Force	19	845	2,441	30	3,335
Coast Guard	0	54	11	7	72
Total	106	2,726	7,449	417	10,698

Of the Service members who appealed the IPEB's findings, 25 percent eventually had their disability ratings upgraded. Less than 1 percent (106) of all appealed cases were downgraded.

There were 25 upgrades for every downgrade. Downgraded cases constitute less than one-tenth of one percent (0.09 percent) of all cases that entered the PDES. The board found 4 percent of Service members to be “fit for duty.” These Service members subsequently continued their military careers in their previous duty status (see Figure 2).

**Figure 2. Proportion of Rating Changes Across Services**



## Analysis of Downgrades

Section 1615(e) of the NDAA FY08 directs the DoD to provide the reasons why disability ratings were reduced upon appeal. This section of the report will summarize the demographics of the Service members who received rating reductions, the number of unfitting conditions, and the reasons for downgrades.

### Demographic Information

Table 3 provides the demographics of the 106 cases that were downgraded. The Congressional requirement is to provide reasons for downgrades and did not ask for a comparative analysis of demographic information. Consequently, we did not obtain demographic information on the entire Service member population who went through the PDES system or the population that appealed their cases.

**Table 3. Service Member Demographics**

	Number	Percentage
<b>Gender</b>		
Female	38	36
Male	68	64
<b>Enlisted/Officer</b>		
Enlisted	92	87
Officer	14	13
<b>Component</b>		
Active	52	49
Reserve	33	31
Guard	21	20

**Table 3. Service Member Demographics**

	Number	Percentage
Age		
Under 25	23	22
26–35	41	39
36–45	31	29
Over 45	11	10

There was no Congressional requirement to evaluate deployment status of cases within the study population. However, we were able to draw some statistical information from the Army files that showed that 27 of 79 (34 percent) cases had some record of deployment in their files. These deployments included 16 to Operation Iraqi Freedom, 8 to the first Gulf War, and the remainder to Operation Enduring Freedom, Somalia, and Vietnam. Thus, 66 percent of the Army Service members had no deployment. Of the 27 who had deployed, 6 had disability ratings that were related to the deployment.

### **Number of Unfitting Conditions**

VASRD codes<sup>5</sup> are assigned for each unfitting condition that prevents a Service member from remaining on active duty. A VASRD disability rating is determined by combining the disability ratings for each unfitting condition. Service members included in this study have at least one unfitting condition and a maximum of four. The same VASRD code can be used more than once for a Service member. For example, a Service member can have VASRD code 5201 (Arm, limitation of motion) as two different unfitting conditions because both their left and right arms were affected.

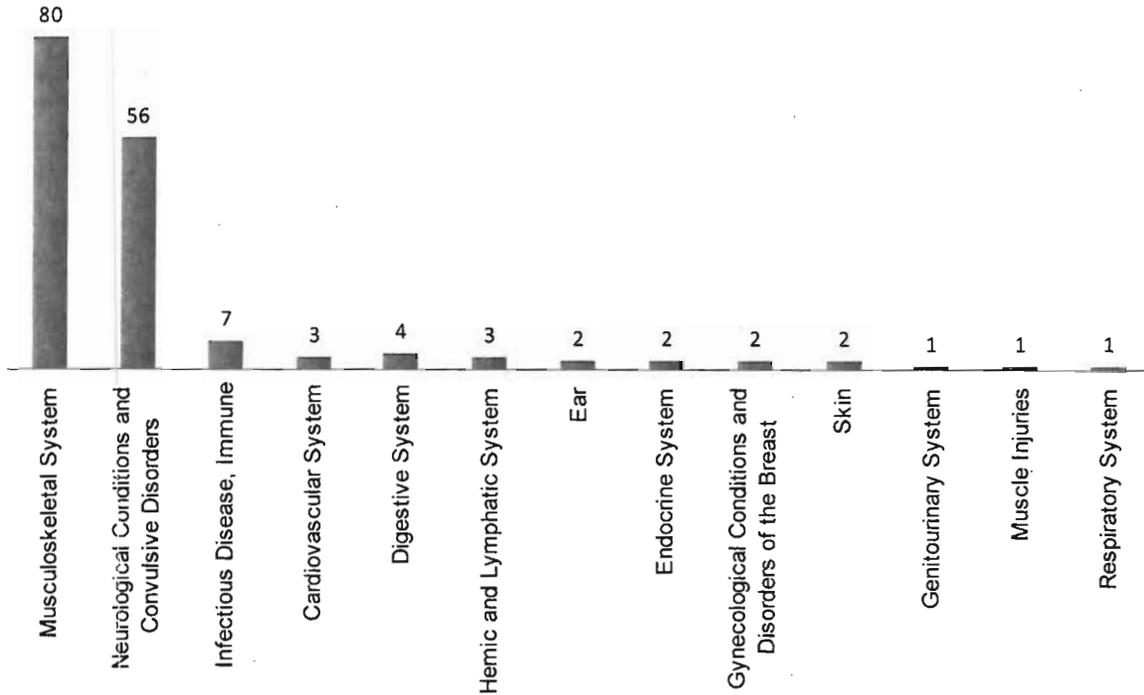
The distribution of unfitting conditions was large. There were 89 *different* unfitting conditions in the study population (see Appendix B for a complete list of all unfitting conditions), and a total of 164 unfitting conditions altogether. Degenerative arthritis (VASRD code 5099 5003) was the most frequent unfitting condition, occurring 22 times.

The areas of the body that had the most unfitting conditions were the musculoskeletal system and the brain (neurological conditions and convulsive disorders). Figure 3 shows that 80 of the 164 total unfitting conditions (49 percent) involved the body's musculoskeletal system. Fifty-six (34 percent) of the total number of all unfitting conditions involved neurological conditions and convulsive disorders.

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<sup>5</sup> "38 CFR Book C Schedule for Rating Disabilities," Appendix B to Part 4—Numerical Index of Disabilities, accessed online at: <http://www.warms.vba.va.gov/bookc.html#a>.

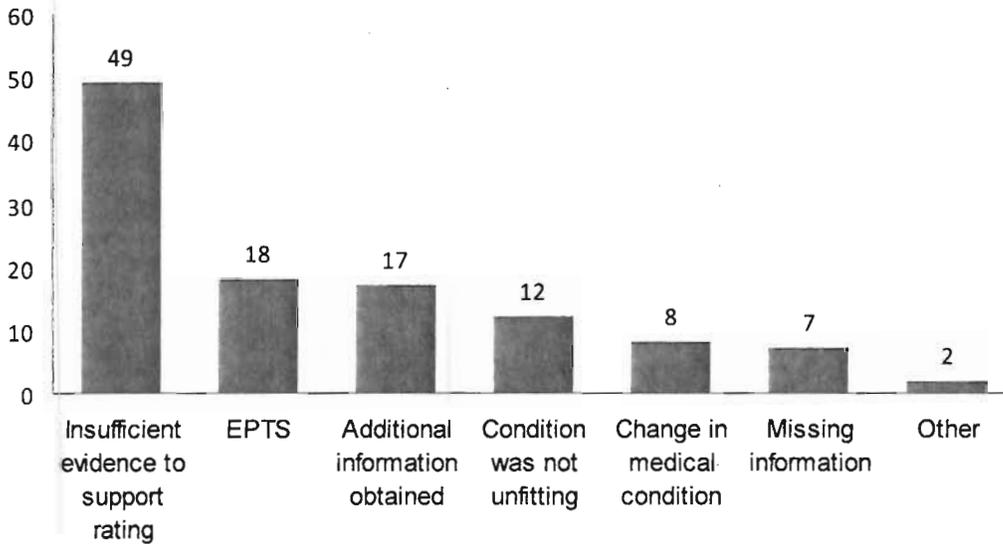
**Figure 3. Unfitting Conditions and Areas of the Body**



**Reasons for Reductions in Ratings**

Figure 4 shows the reasons for downgrades. Seven cases had two different conditions with rating reductions. So, there are 113 reasons for the 106 downgrades. In 66 of the 106 cases, the rating reduction was the minimum, 10 percentage points.

**Figure 4. Frequency of Downgrade Reasons**



In a retrospective evaluation of the case files, the most frequent reason for downgrades was insufficient evidence to support a rating. Factors such as subjective intensity of pain without any objective findings of causality, or a limitation on range of motion that was not supported with mechanical evidence, led to a reduction in the severity rating for these conditions. As stated earlier, the FPEB is a de novo review of the case file and any additional information presented by the Service member. In a few cases, the FPEB did not clearly indicate any other reason for the downgrade, so this category was also the default category.

The next most frequent reason was an EPTS condition. In these case files, evidence and explanations validated that the condition was present prior to entry into active duty and was not aggravated by active service. New evidence (such as a previous medical examination) or logical sequencing (such as the appearance of an advanced disease process) was clearly referenced in the FPEB decision and narrative. The category “additional information obtained” refers to new documents that the FPEB reviewed that were not considered by the IPEB. These documents were medical diagnostic exams or witness statements about a Service member’s capability and provided more current assessments of the degree of severity of a condition. “Condition was not unfitting” covered several cases where the severity of a condition was determined to be less than originally assessed, and the lower severity is not disqualifying. In several cases, this occurred because the Service member was now taking prescribed medications and the condition was controlled and was no longer unfitting—but other unfitting conditions made them unfit for continued military service. Several other cases fell into this category because an uncontrolled condition would be unfitting, but it was determined that the condition was no longer unfitting because the Service member took prescribed medications and the condition was controlled

The cases that were downgraded due to a change in medical condition occurred because the Service member’s condition in fact improved. This included some cases where proper medications reduced the severity of the condition, but it was still unfitting at a lower rating. In 7 of the 106 cases, the actual case file was not available for detailed review (“missing information” category), so we cannot specify the reason for the downgrade.

### ***Financial Implications of Downgrades***

A significant majority (63 percent) of Service members who had reductions in disability ratings experienced no financial detriment. There were 60 rating reductions that stayed within the separation with severance pay disposition. Although they are based on a lower disability rating, the reduction of 10 percent or even 20 percent did not reduce the amount of severance pay the Service members received, because the percentage amount is not part of the formula. A 0 percent disability recognizes that a condition is unfitting for military service but does not attribute a large degree of impairment to the individual. The formula for severance pay is the SAME for all three ratings—0 percent, 10 percent, and 20 percent. Therefore, the amount of the disability percentage does not affect the amount of severance pay.

There were 5 TDRL cases that began with 50 percent or less and were reduced but returned to TDRL status. Service members on TDRL automatically receive a minimum of 50 percent of base pay, so there was no reduction in monthly pay while on the TDRL. Finally, in 2 cases the Service members had more than 20 years’ active federal service, and their length of service retirement is

greater than the initial disability compensation they would have received. A total of 67 of the 106 rating reductions had no out-of-pocket financial impact on the Service member (see Table 4).

**Table 4. Cases with No Financial Implications**

Dispositions with no financial implications	Number
Separated with severance	60
Reduction in percent but TDRL continues at higher percent	5
PDRL but 20-year length of service higher than initial disability pay	2

The most significant financial impact occurred for 21 Service members whose reduction went from a temporary or permanent retirement with a monthly annuity and other benefits to a one-time severance payment (see Table 5). An additional 11 Service members, mostly with EPTS conditions, received no annuity or severance.

**Table 5. Dispositions with a Financial Impact**

Final disposition with financial impact	Number
Reduction in rating within PDRL	7
PDRL or TDRL to separation with severance pay	21
Separation without severance pay (some compensation to none)	11

## Conclusion

The analysis conducted in developing this report indicates that over 90 percent of Service members accept the initial finding of the IPEB and do not appeal their disability rating. Of those who do appeal, less than 1 percent received reductions in their rating, while almost 25 percent received a higher disability rating. We found that the reductions in rating could be captured in six categories of reasons. Almost two-thirds of the reductions in disability rating did not reduce the monetary compensation the Service member received. The recent establishment of the Physical Disability Board of Review (PDBR) provides an additional opportunity to review cases for a much larger population of PDES separations.

# Appendix A. Downgrade Categories

## Additional Information Obtained

We used the downgrade category of “additional information obtained” when prior evaluations were based on outdated, inaccurate, or incomplete information, and the new rating was based on information that became available. However, if the new information indicated that a condition existed prior to service, we categorized the downgrade reason as “existed prior to service” (see below).

New information that may become available includes such things as a doctor’s evaluation, results of a new diagnostic test, or testimony from a witness or the Service member.

## Change in Medical Condition

A “change in medical condition” refers to improvements in the Service member’s condition, which no longer warrants a higher rating or makes the condition no longer unfitting.

The following are examples that may have resulted in downgrading due to a “change in medical condition:”

- The Service member, while properly taking medications, is better able to regulate the symptoms of the disease, and thus the new rating reflects the regulated disease.
- Physical therapy has improved functioning.

## Condition Was Not Unfitting

The downgrade reason “condition was not unfitting” refers to cases where the board (FPEB or appellate review), in conducting a de novo review, determined that the condition was not unfitting and should not have been rated. Included in this categorization are instances where the board may have applied Service-specific policies and regulations to make the determination that a condition was not unfitting.

## Existed Prior to Service (EPTS)

We used the category “existed prior to service” when the board deemed the Service member’s condition to have existed prior to active-duty service and was not aggravated during active duty. In these situations, new information became available at the hearing, or clear and convincing evidence was in the file indicating that the person’s condition existed prior to service.

Examples that may have resulted in this categorization include the following:

- The disease manifested itself within less than the minimum incubation period after entry into active duty.

- Previous reviews overlooked records indicating that the Service member had the condition prior to entry into active service.

## **Insufficient Evidence to Support Rating**

The board conducts a de novo review of the Service member's conditions based on documentation and testimony available at the time of the hearing. We used the downgrade category "insufficient evidence to support rating" when the information in files did not explicitly identify or point to any reason for the downgrade other than the lack of evidence to support the higher rating of a condition.

## **Other**

The "other" category captures cases that did not meet the definitional criteria for inclusion in the other categories. Only two cases fell into this category. One involved Service regulations that do not allow adding new diagnoses that were not identified by the original MEB. The other case involved an inappropriate disability rating for an indwelling inferior vena cava filter; in this instance, the board substituted another condition that better represented the circumstances, as the condition is controllable by medication.

## Appendix B. VASRD Codes and Count

Table B-1 lists the unique VASRD codes and the number of times each was used in the survey population of 106 Service members whose PEB disability rating was reduced upon appeal from October 7, 2001, to September 30, 2006. There are 89 different codes, which are used a total of 164 times, since many Service members had more than one disabling condition, or the same disabling condition involving both left and right limbs.

**Table B-1. VASRD Codes for Service Members with PEB Reductions**

No.	VASRD code	Area of the body	Count
1	5002	The Musculoskeletal System	1
2	5003	The Musculoskeletal System	1
3	5009	The Musculoskeletal System	1
4	5010	The Musculoskeletal System	1
5	5015	The Musculoskeletal System	1
6	5025	The Musculoskeletal System	1
7	5055	The Musculoskeletal System	1
8	5201	The Musculoskeletal System	2
9	5202	The Musculoskeletal System	1
10	5215	The Musculoskeletal System	1
11	5237	The Musculoskeletal System	6
12	5238	The Musculoskeletal System	1
13	5239	The Musculoskeletal System	1
14	5241	The Musculoskeletal System	3
15	5242	The Musculoskeletal System	1
16	5243	The Musculoskeletal System	6
17	5255	The Musculoskeletal System	1
18	5257	The Musculoskeletal System	1
19	5279	The Musculoskeletal System	1
20	5284	The Musculoskeletal System	1
21	5290	The Musculoskeletal System	1
22	5293	The Musculoskeletal System	1
23	5295	The Musculoskeletal System	1
24	5305	Muscle Injuries	1
25	6100	The Ear	1
26	6354	Infectious Diseases, Immune Disorders, and Nutritional Deficiencies	1
27	6602	Infectious Diseases, Immune Disorders, and Nutritional Deficiencies	5
28	6682	The Respiratory System	1
29	7005	The Cardiovascular System	1
30	7323	The Digestive System	1
31	7327	The Digestive System	1

**Table B-1. VASRD Codes for Service Members with PEB Reductions**

No.	VASRD code	Area of the body	Count
32	7346	The Digestive System	1
33	7703	The Hemic and Lymphatic Systems	1
34	7705	The Hemic and Lymphatic Systems	1
35	7802	The Skin	1
36	7825	The Skin	1
37	7913	The Endocrine System	2
38	8018	Neurological Conditions and Convulsive Disorders	1
39	8100	Neurological Conditions and Convulsive Disorders	7
40	8108	Neurological Conditions and Convulsive Disorders	1
41	8521	Neurological Conditions and Convulsive Disorders	1
42	8630	Neurological Conditions and Convulsive Disorders	1
43	8721	Neurological Conditions and Convulsive Disorders	1
44	8910	Neurological Conditions and Convulsive Disorders	3
45	8911	Neurological Conditions and Convulsive Disorders	2
46	9208	Neurological Conditions and Convulsive Disorders	1
47	9210	Neurological Conditions and Convulsive Disorders	1
48	9304	Neurological Conditions and Convulsive Disorders	2
49	9400	Neurological Conditions and Convulsive Disorders	2
50	9404	Neurological Conditions and Convulsive Disorders	1
51	9410	Neurological Conditions and Convulsive Disorders	1
52	9411	Neurological Conditions and Convulsive Disorders	2
53	9422	Neurological Conditions and Convulsive Disorders	1
54	9432	Neurological Conditions and Convulsive Disorders	4
55	9434	Neurological Conditions and Convulsive Disorders	10
56	5003 5099	The Musculoskeletal System	1
57	5009 5003	The Musculoskeletal System	2
58	5010 5003	The Musculoskeletal System	1
59	5099 5002	The Musculoskeletal System	1
60	5099 5003	The Musculoskeletal System	22
61	5243 8710	The Musculoskeletal System and Neurological Conditions and Convulsive Disorders	1
62	5299 5003	The Musculoskeletal System	2
63	5299 5237	The Musculoskeletal System	8
64	5299 5242	The Musculoskeletal System	1
65	5299 5243	The Musculoskeletal System	1
66	5299 5279	The Musculoskeletal System	1
67	5299 5295	The Musculoskeletal System	3
68	6299 6204	The Ear	1
69	6399 6354	Infectious Diseases, Immune Disorders, and Nutritional Deficiencies	1
70	7199 7120	The Cardiovascular System	1

**Table B-1. VASRD Codes for Service Members with PEB Reductions**

No.	VASRD code	Area of the body	Count
71	7199 7121	The Cardiovascular System	1
72	7399 7323	The Digestive System	1
73	7502 7599	The Genitourinary System	1
74	7615 7629	Gynecological Conditions and Disorders of the Breast	1
75	7699 7629	Gynecological Conditions and Disorders of the Breast	1
76	7799 7703	The Hemic and Lymphatic Systems	1
77	8045 8100	Neurological Conditions and Convulsive Disorders	1
78	8045 9304	Neurological Conditions and Convulsive Disorders	2
79	8100 8199	Neurological Conditions and Convulsive Disorders	1
80	8105 8199	Neurological Conditions and Convulsive Disorders	1
81	8199 8100	Neurological Conditions and Convulsive Disorders	1
82	8599 8523	Neurological Conditions and Convulsive Disorders	1
83	8599 8526	Neurological Conditions and Convulsive Disorders	1
84	8725 8799	Neurological Conditions and Convulsive Disorders	1
85	8799 8721	Neurological Conditions and Convulsive Disorders	1
86	8799 8724	Neurological Conditions and Convulsive Disorders	1
87	8999 8911	Neurological Conditions and Convulsive Disorders	1
88	9326 9435	Neurological Conditions and Convulsive Disorders	1
89	9435 9412	Neurological Conditions and Convulsive Disorders	1