

**5223.0210 GASTROINTESTINAL TRACT.**

Subpart 1. **General.** The following schedule is for the evaluation of permanent partial disability of the gastrointestinal tract. The evaluation must include a thorough history and physical examination. Additional studies, such as radiographic, metabolic, absorptive, endoscopic, and biopsy may be necessary to determine the functioning of these organs. Disability shall not be determined until after completion of all medically accepted diagnostic and therapeutic efforts. The percentages indicated in this schedule are the disability of the whole body for the corresponding class.

For evaluative purposes, the digestive tract has been divided into (1) the esophagus, stomach, duodenum, small intestine, and pancreas, (2) the colon and rectum, (3) the anus, and (4) the liver and biliary tract.

**Subp. 2. Upper digestive tract (esophagus, stomach, duodenum, small intestine, and pancreas).**

**A. Class 1, 2 percent.**

(1) Symptoms or signs of upper digestive tract disease are present and there is anatomic loss or alteration; continuous treatment is not required; and weight can be maintained at the desirable level; or

(2) There are no complications after surgical procedures.

**B. Class 2, 15 percent.** Symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; dietary restriction and drugs are required for control of symptoms, signs, or nutritional deficiency; and loss of weight below the desirable weight does not exceed 10 percent.

**C. Class 3, 35 percent.**

(1) symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; and dietary restrictions and drugs do not completely control symptoms, signs, or nutritional state; or

(2) there is 10 to 20 percent loss of weight below the desirable weight and the weight loss is ascribable to a disorder of the upper digestive tract.

**D. Class 4, 65 percent.**

(1) symptoms and signs of organic upper digestive tract disease are present or there is anatomic loss or alteration; and symptoms are not controlled by treatment; or

(2) there is greater than a 20 percent loss of weight below the desirable weight and the weight loss is ascribable to a disorder of the upper digestive tract.

**Subp. 3. Colon and rectum.**

**A. Class 1, 2 percent:**

- (1) signs and symptoms of colonic or rectal disease are infrequent;
- (2) limitation of activities, special diet, or medication is not required; no systemic manifestations are present and weight and nutritional state can be maintained at a desirable level; or
- (3) there are no complications after surgical procedures.

**B. Class 2, 15 percent.** There is objective evidence of colonic or rectal disease and anatomic loss or alteration. There are mild gastrointestinal symptoms with intermittent disturbance of bowel function, accompanied by periodic or continual pain. Minimal restriction of diet or mild symptomatic therapy may be necessary. No impairment of nutrition results.

**C. Class 3, 30 percent.** There is objective evidence of colonic or rectal disease and anatomic loss or alteration; there are moderate to severe exacerbations with disturbance of bowel habit, accompanied by periodic or continual pain; restriction of activity, special diet and drugs are required during attacks; and there are constitutional manifestations such as fever, anemia, or weight loss.

**D. Class 4, 50 percent.** There is objective evidence of colonic and rectal disease or anatomic loss or alteration; there are persistent disturbances of bowel function present at rest with severe persistent pain; complete limitation of activity, continued restriction of diet, and medication do not entirely control the symptoms; there are constitutional manifestations such as fever, weight loss, or anemia present; and there is no prolonged remission.

**Subp. 4. Anus.**

**A. Class 1, 2 percent.** Signs of organic anal disease are present or there is anatomic loss or alteration; or there is mild incontinence involving gas or liquid stool; or anal symptoms are mild, intermittent, and controlled by treatment.

**B. Class 2, 12 percent.** Signs of organic anal disease are present or there is anatomic loss or alteration; and moderate but partial fecal incontinence is present requiring continual treatment; or continual anal symptoms are present and incompletely controlled by treatment.

**C. Class 3, 22 percent.**

(1) signs of organic anal diseases are present and there is anatomic loss or alteration; and complete fecal incontinence is present; or

(2) signs of organic anal disease are present and severe anal symptoms are unresponsive or not amenable to therapy.

**Subp. 5. Liver and biliary tract.**

**A. Class 1, 5 percent.**

(1) There is objective evidence of persistent liver disease even though no symptoms of liver disease are present; and no history of ascites, jaundice, or bleeding esophageal varices within five years; nutrition and strength are normal; and biochemical studies indicate minimal disturbance of the liver function; or

(2) Primary disorders of bilirubin metabolism are present.

**B. Class 2, 20 percent.** There is objective evidence of chronic liver disease even though no symptoms of liver disease are present; and no history of ascites, jaundice, or bleeding esophageal varices within five years; nutrition and strength are normal; and biochemical studies indicate more severe liver damage than Class 1.

**C. Class 3, 40 percent.** There is objective evidence of progressive chronic liver disease, or history of jaundice, ascites, or bleeding esophageal or gastric varices within the past year; nutrition and strength may be affected; and there is intermittent ammonia and meat intoxication.

**D. Class 4, 75 percent.** There is objective evidence of progressive chronic liver disease, or persistent ascites or persistent jaundice or bleeding esophageal or gastric varices, with central nervous system manifestations or hepatic insufficiency; and nutrition state is below normal.

**Subp. 6. Biliary tract.**

**A. Class 1, 5 percent.** There is an occasional episode of biliary tract dysfunction.

**B. Class 2, 20 percent.** There is recurrent biliary tract impairment irrespective of treatment.

**C. Class 3, 40 percent.** There is irreparable obstruction of the bile tract with recurrent cholangitis.

**D. Class 4, 75 percent.** There is persistent jaundice and progressive liver disease due to obstruction of the common bile duct.

**Statutory Authority:** *MS s 176.105*

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