RATEMYVSO VISUAL GUIDE

MAP

SLEEP APNEA CLAIM DEVELOPMENT FLOWCHART

Separate diagnosis, service connection, treatment evidence, and rating.

AIRWAY EVIDENCE ROUTE

A sleep study establishes the condition. A claim still needs the correct service-connection pathway and evidence explaining why that pathway applies to this veteran.

START

IS SLEEP APNEA DOCUMENTED BY AN APPROPRIATE CLINICAL EVALUATION?

Identify obstructive, central, or mixed sleep apnea and obtain the complete diagnostic report.

1

DIAGNOSIS

1 COLLECT THE SLEEP STUDY AND TREATMENT RECORD

Preserve the complete report, apnea type, severity findings, PAP prescription or clinical recommendation, follow-up, response, and persistent symptoms.

NO CLEAR DIAGNOSIS

OBTAIN QUALIFIED EVALUATION

Snoring, fatigue, risk factors, or a suspected relationship do not replace a current diagnosis.

2

CHOOSE THE PATH

2 WHICH SERVICE-CONNECTION THEORY FITS THE EVIDENCE?

Name the theory before gathering nexus evidence. Different paths require different facts and medical reasoning.

DIRECT
Current sleep apnea plus an in-service event, onset, or circumstances and a medical nexus.

SECONDARY CAUSATION
A service-connected disability or treatment caused sleep apnea.

SECONDARY AGGRAVATION
A service-connected disability increased sleep apnea severity.

OBESITY INTERMEDIATE STEP
Develop each link in the service-connected condition, obesity, and sleep apnea chain.

3

DIRECTION CHECK

3 FOR A SECONDARY CLAIM, IS THE PRIMARY DISABILITY ALREADY SERVICE CONNECTED?

Write the relationship in the correct direction: service-connected primary condition to current sleep apnea. Develop every link in a multi-condition chain.

NOT YET

ESTABLISH OR CLAIM THE PRIMARY DISABILITY

The claims may be filed together, but secondary service connection depends on the primary disability becoming service connected.

4

MEDICAL EXPLANATION

4 DOES THE NEXUS ADDRESS THIS VETERAN AND THIS EXACT THEORY?

The opinion should review the record, explain timing and mechanism, address competing risk factors, and discuss causation and aggravation separately when raised.

ASSOCIATION ONLY

DEVELOP INDIVIDUALIZED NEXUS EVIDENCE

A study, Board pairing, shared symptom, or risk factor may support investigation but does not establish an individual nexus.

5

BUILD THE RECORD

5 ALIGN DIAGNOSIS, HISTORY, OBSERVATIONS, AND MEDICAL REASONING

Use service and medical records, weight and medication history, PAP records, credible lay observations, and a consistent onset and worsening timeline.

01 SLEEP STUDY

02 TREATMENT AND PAP RECORDS

03 SERVICE AND MEDICAL TIMELINE

04 THEORY-SPECIFIC NEXUS

6

FILE AND EXAMINE

6 STATE THE PATHWAY CLEARLY AND ATTEND THE C&P EXAMINATION

Describe onset, progression, treatment, persistent daytime effects, and the claimed medical chain. Keep diagnosis, nexus, and current severity as separate questions.

7

DECISION AUDIT

7 DID VA DECIDE SERVICE CONNECTION AND RATING UNDER THE CORRECT RULES?

If granted, compare the evidence with the current DC 6847 criteria. If denied, identify whether VA disputed diagnosis, the primary disability, direction, nexus, aggravation, or evidence weight.

VA OUTCOME AND NEXT REVIEW

GRANTED
Review the effective date and the current rating evidence, including whether a breathing-assistance device is required.

DEFERRED
Track any requested sleep study, medical opinion, records, or examination clarification.

DENIED
Develop the missing or disputed link rather than submitting the same evidence unchanged.

38 CFR 3.303
Direct service connection

38 CFR 3.310
Secondary causation and aggravation

DC 6847
Current sleep-apnea rating criteria

RULE STATUS
A proposal is not controlling law unless finalized and effective

KEEP THE ANALYSIS DISCIPLINED A sleep study proves sleep apnea exists. It does not, by itself, prove that military service or another disability caused or aggravated it.