

RESTLESS LEGS SYNDROME

VA CLAIMS GUIDE

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DIAGNOSIS // ANALOGY // FUNCTION

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

THERE IS NO UNIVERSAL RLS DIAGNOSTIC CODE

38 CFR 4.20 requires a closely related disease or injury with similar functions, anatomy, and symptoms. Do not assume one tic or nerve code fits every RLS claim. The analogy must match the diagnosed manifestations.

DIAGNOSIS

Confirm RLS and distinguish neuropathy, cramps, medication effects, and other sleep or movement disorders.

ANALOGY

Show why the chosen code best matches the function, anatomy, and symptom pattern.

IMPACT

Document frequency, duration, sleep disruption, treatment response, and daily limitation.

02

SERVICE-CONNECTION PATHS

DIRECT

RLS began during service or is medically linked to an in-service disease, injury, event, or exposure.

SECONDARY

A service-connected kidney, neurologic, sleep, or other condition caused or aggravated diagnosed RLS.

MEDICATION OR TREATMENT

Treatment for a service-connected disability caused or aggravated RLS, supported by a reasoned medical opinion.

04

BUILD THE RECORD

1

CLINICAL DIAGNOSIS

Sleep or neurology history showing the core RLS pattern and excluding common mimics.

2

SYMPTOM TIMELINE

Onset, frequency, duration, body areas, rest trigger, evening pattern, and relief with movement.

3

MEDICATION REVIEW

Medicines that may worsen symptoms, treatment tried, dose changes, response, and side effects.

4

LABORATORY AND DIFFERENTIAL

Iron studies and evaluation for kidney disease, neuropathy, pregnancy, sleep apnea, or other causes when relevant.

5

FUNCTIONAL IMPACT

Sleep loss, fatigue, concentration, travel or sitting limits, work effects, and safety concerns.

6

ANALOGOUS-CODE RATIONALE

A clear explanation of why the selected code matches the functions, anatomy, and symptoms actually shown.

06

RLS ASSOCIATIONS AND EFFECTS TO EVALUATE

An association is not a nexus. The veteran's clinician must identify the actual condition, mechanism, and direction.

CONDITIONS OR FACTORS ASSOCIATED WITH RLS

Low iron // kidney failure or dialysis // neuropathy // sleep deprivation or sleep apnea // pregnancy // certain medicines

EFFECTS RLS MAY PRODUCE

Insomnia // daytime fatigue // poor concentration // mood strain // reduced sitting tolerance // periodic limb movements during sleep

07

DO THIS, NOT THAT

DO

- Document the four-part symptom pattern.
- Address mimics and contributing conditions.
- Make the analogous-code logic explicit.

DO NOT

- Treat one code as automatic.
- Diagnose from leg movement alone.
- Use a generic association as nexus proof.