

HOW SLEEP APNEA IS RATED



DIAGNOSTIC CODE
6847

VA currently assigns one of four ratings based on documented symptoms, required breathing assistance, and serious respiratory complications.

01 THE CURRENT RATING LADDER

100 PERCENT	MOST SEVERE LEVEL RESPIRATORY FAILURE, COR PULMONALE, OR TRACHEOSTOMY Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or sleep apnea that requires a tracheostomy.	RECORDS MAY INCLUDE Pulmonary and cardiac findings, blood-gas testing, hospitalization records, or tracheostomy documentation.
50 PERCENT	BREATHING ASSISTANCE REQUIRED CPAP OR ANOTHER BREATHING-ASSISTANCE DEVICE The disability requires use of a breathing-assistance device such as a continuous positive airway pressure machine.	RECORDS MAY INCLUDE The prescription or order, sleep-clinic notes, equipment records, and documentation explaining medical necessity.
30 PERCENT	PERSISTENT DAYTIME IMPAIRMENT PERSISTENT DAYTIME HYPERSOMNOLENCE Ongoing excessive daytime sleepiness that remains a documented feature of the condition.	RECORDS MAY INCLUDE Sleep-medicine notes, treatment history, clinical symptom documentation, and relevant firsthand observations.
0 PERCENT	SERVICE CONNECTED, NONCOMPENSABLE ASYMPTOMATIC DOCUMENTED SLEEP-DISORDER BREATHING The condition is documented, but the record does not establish symptoms meeting a compensable level.	WHAT 0 PERCENT STILL MEANS The condition is service connected and may support future increase or secondary claims if the evidence later changes.

02 THE 50 PERCENT QUESTION



THE RECORD SHOULD SHOW THE DEVICE IS REQUIRED

The regulation focuses on whether sleep apnea requires breathing assistance, not merely whether a machine appears somewhere in the file.

- Keep the prescription or medical order.
- Include the diagnostic sleep-study report.
- Include follow-up notes discussing the treatment plan.
- Explain replacement equipment or treatment changes when relevant.

03 THREE DISTINCTIONS THAT MATTER

A

DIAGNOSIS IS NOT THE RATING

A sleep-study diagnosis establishes the condition. The documented severity and required treatment determine the percentage.

B

SERVICE CONNECTION COMES FIRST

DC 6847 determines the percentage only after VA grants service connection.

C

PROPOSED RULES ARE NOT CURRENT RULES

A proposal does not replace the existing schedule unless a final rule becomes effective.

BEFORE RELYING ON A RATING ESTIMATE

CHECK WHAT THE MEDICAL RECORD ACTUALLY DOCUMENTS

- | | |
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| ☒ Diagnosis and sleep-study report | ☒ Symptoms and functional effects |
| ☒ Prescribed breathing assistance | ☒ Respiratory or cardiac complications |

