RATEMYVSO FIELD GUIDE

BEFORE YOU FILE

SLEEP APNEA CLAIM CHECKLIST

Build the record in the order VA will need to understand it

USE THIS AS A GAP CHECK, NOT A GUARANTEE

Mark what is already in the file. An unchecked box identifies evidence to review, not an automatic reason to delay filing.

Ready Review

01 FOUNDATION — CONFIRM THE CURRENT DISABILITY

OSA

- [ ] **Sleep study is in the file**
  Polysomnography or a validated home sleep apnea test
- [ ] **Diagnosis and apnea type are documented**
  Obstructive, central, or mixed sleep apnea
- [ ] **AHI and oxygen findings are available**
  Include the complete report, not only a summary note
- [ ] **Current treatment records are included**
  CPAP or BiPAP prescription, settings, follow-up, and adherence when available

CHECKPOINT: A diagnosis proves the condition exists. It does not establish service connection by itself.

02 LEGAL THEORY — IDENTIFY THE PATHWAY YOU ARE CLAIMING

PATH

- ○ **DIRECT**
  Sleep apnea began in service or is linked to an in-service event, injury, disease, or exposure.
- ○ **SECONDARY CAUSATION**
  An already service-connected condition caused the sleep apnea.
- ○ **SECONDARY AGGRAVATION**
  An already service-connected condition made the sleep apnea worse.
- ○ **OBESITY INTERMEDIATE STEP**
  A service-connected condition caused or aggravated obesity, which then caused sleep apnea.

- [ ] **The claimed pathway is named consistently**
  Use the same theory in the application, personal statement, and medical opinion
- [ ] **The timeline supports the selected theory**
  Dates of service, diagnoses, medications, symptoms, and weight changes are reconciled

03 MEDICAL LINK — MAKE THE NEXUS OPINION DO REAL WORK

LINK

- [ ] **The provider reviewed the relevant records**
  The opinion identifies the sleep study, treatment history, and primary-condition evidence
- [ ] **The opinion explains how the connection works**
  It gives a reasoned medical mechanism, not only a conclusion
- [ ] **Causation and aggravation are addressed separately**
  An opinion answering only one question can leave the other theory undeveloped
- [ ] **Competing risk factors are discussed**
  Age, anatomy, BMI, family history, smoking, medications, and other relevant factors
- [ ] **Literature is applied to this medical history**
  General articles alone do not explain why the relationship exists in an individual case

04 SUPPORTING RECORD — ASSEMBLE THE TIMELINE AND OBSERVATIONS

FILE

- [ ] **Service treatment and personnel records**
  Sleep complaints, fatigue, headaches, duty changes, exposures, or relevant events
- [ ] **Medical treatment records**
  Primary care, sleep medicine, ENT, pulmonary, mental health, and medication history
- [ ] **Weight history when relevant**
  Dates, treatment effects, physical limitations, and the claimed intermediate link
- [ ] **Personal statement**
  Onset, progression, treatment, functional impact, and a consistent chronology
- [ ] **Witness or buddy statements**
  First-hand observations of snoring, choking, gasping, or stopped breathing
- [ ] **Prior VA decisions and examinations**
  Identify what VA accepted, disputed, overlooked, or found inadequate

LAY EVIDENCE HAS A ROLE: Witnesses can describe what they observed. A medical professional generally must explain what caused the sleep apnea.

05 SUBMISSION AND EXAM — REVIEW THE FILE BEFORE IT LEAVES YOUR HANDS

GO

- [ ] **Names, dates, and onset statements are consistent**
  Resolve conflicts before they become the focus of an examiner's opinion
- [ ] **Every referenced document is actually attached or obtainable**
  Do not assume a private sleep study or nexus letter is already in the VA file
- [ ] **The claimed condition and theory are stated clearly**
  For example: sleep apnea secondary to a named service-connected condition
- [ ] **C&P exam preparation is complete**
  Know the timeline, medications, treatment, device use, and functional effects without exaggeration
- [ ] **Prior denial is answered with new and relevant evidence**
  For a Supplemental Claim, address the specific missing element instead of repeating the old file

FINAL REVIEW

CAN SOMEONE NEW TO THE FILE ANSWER THESE THREE QUESTIONS?

1. WHAT IS THE CURRENT DIAGNOSIS?
2. WHICH SERVICE-CONNECTION PATH APPLIES?
3. WHAT MEDICAL EVIDENCE EXPLAINS THE LINK?

If any answer is unclear, that is the part of the record to review.