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THE PROPOSED SLEEP APNEA FORMULA IS NOT IN EFFECT

No final rule changing DC 6847 was located in the Federal Register, and the current regulation still lists the 0%, 30%, 50%, and 100% criteria shown below.

ENFORCEABLE NOW		2022 PROPOSAL
○ CURRENT DC 6847 IN FORCE		○ PROPOSED DC 6847 NOT IN FORCE
100% SEVERE COMPLICATIONS Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or requires tracheostomy.		100% TREATMENT INEFFECTIVE OR UNUSABLE, WITH END-ORGAN DAMAGE Determined by sleep study or inability to use treatment because of qualifying comorbid conditions.
50% BREATHING ASSISTANCE REQUIRED Requires use of a breathing assistance device such as a continuous airway pressure machine.		50% TREATMENT INEFFECTIVE OR UNUSABLE, WITHOUT END-ORGAN DAMAGE Higher ratings depend on treatment failure or inability to use treatment for a qualifying medical reason.
30% PERSISTENT DAYTIME HYPERSOMNOLENCE Persistent daytime sleepiness attributable to sleep apnea.	VS	10% INCOMPLETE RELIEF WITH TREATMENT Incomplete relief, as determined by sleep study, despite treatment.
0% DOCUMENTED, ASYMPTOMATIC Asymptomatic but with documented sleep-disordered breathing.		0% ASYMPTOMATIC WITH OR WITHOUT TREATMENT Effective treatment could produce a noncompensable evaluation under the proposed text.
KEY CURRENT TRIGGER Required breathing assistance is a specific 50% criterion.		KEY PROPOSED TRIGGER Residual impairment and treatment effectiveness replace device prescription as the central framework.

WHAT WOULD CHANGE

THE PROPOSAL REBUILDS THE RATING LOGIC

- 01

CPAP ALONE WOULD NOT SET 50%
The proposal focuses on how well treatment works, not simply whether a breathing device is required.
- 02

THE 30% TIER WOULD DISAPPEAR
The proposed formula uses 0%, 10%, 50%, and 100% levels.
- 03

A NEW 10% TIER WOULD APPEAR
It covers incomplete relief from treatment as determined by sleep study.
- 04

COMORBIDITIES COULD MATTER
A qualified provider would need to find that a condition directly prevents habitual use of effective treatment.



EXISTING RATINGS		
DO NOT ASSUME AN AUTOMATIC REDUCTION		
WHAT VA SAID VA's 2022 announcement stated that the proposed changes would not affect evaluations of veterans currently receiving compensation.	WHAT REMAINS UNKNOWN Any final rule must supply the actual applicability, transition, and effective-date language. Do not substitute speculation for that text.	SEPARATE PROTECTIONS Existing evaluations may also have regulatory protections based on duration and other facts, but those rules are not identical for every veteran.

PRACTICAL TAKEAWAY

CHECK THE RULE THAT EXISTS ON THE DATE IT MATTERS

- 1

CHECK THE eCFR
Read the current text of 38 C.F.R. § 4.97, DC 6847.
- 2

CHECK THE FEDERAL REGISTER
Look for a final rule, not a proposal or target date.
- 3

READ THE EFFECTIVE-DATE SECTION
Publication date, effective date, and applicability date can differ.
- 4

KEEP CURRENT MEDICAL EVIDENCE
Sleep study, device requirement, symptoms, residual impairment, and follow-up records.

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Do not describe the proposal as a scheduled change. A Unified Agenda target, pending rulemaking stage, rumor, or expected date is not an effective regulation.