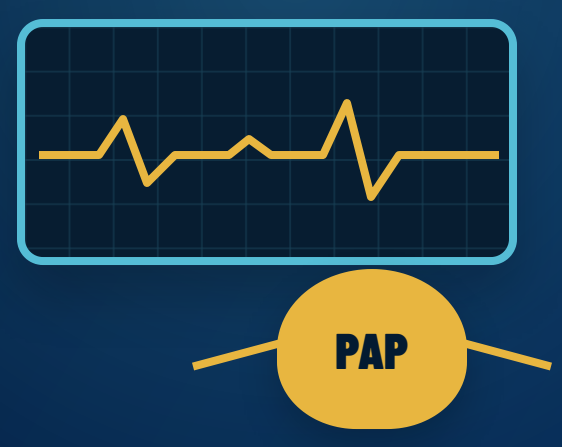
RATEMYVSO FIELD GUIDE

DIAGNOSIS • TREATMENT • RATING EVIDENCE

SLEEP STUDY + CPAP EVIDENCE

Know which document proves what in a VA sleep apnea claim



2 THE TWO DOCUMENTS DO DIFFERENT JOBS

The sleep study confirms sleep-disordered breathing and the diagnosis. **The PAP prescription or clinical recommendation** documents whether a breathing assistance device is required.

01 FOUNDATIONAL DOCUMENT — THE SLEEP STUDY

DIAGNOSIS

SLEEP STUDY REPORT	FINAL
Study type	PSG or clinician-ordered HSAT
Date and facility	When and where testing occurred
Apnea type	Obstructive, central, or mixed
AHI or REI	Respiratory events per hour
Oxygen data	Nadir and time at reduced saturation
Interpretation	Clinician's diagnosis and recommendations

WHAT IT CAN ESTABLISH

- Documented sleep-disordered breathing
- A current sleep apnea diagnosis
- The apnea type relevant to the medical theory
- Clinical severity and oxygen findings

WHAT IT DOES NOT ESTABLISH BY ITSELF

Why the condition is related to military service or to another service-connected disability.

02 TREATMENT DOCUMENTS — THE PAP RECORD

DEVICE NEED

PAP TREATMENT RECORD	ACTIVE
Device order	CPAP, APAP, BiPAP, or similar device
Clinical need	Provider states breathing assistance is required
Settings	Fixed, auto-adjusting, or bilevel pressures
Issue date	Prescription, setup, or dispensing record
Follow-up	Response, mask fit, pressure changes, symptoms
Usage report	Treatment history when available

WHAT IT CAN ESTABLISH

- A treating provider requires breathing assistance
- The device type and prescribed settings
- Ongoing treatment and clinical follow-up
- Current management of the diagnosed condition

KEEP THE ORDER, NOT ONLY THE MACHINE RECEIPT

The strongest record identifies the prescribing clinician, device, date, and medical requirement.

READ THE REPORT

WHAT THE MAJOR SLEEP STUDY FIELDS TELL YOU

Clinical interpretation belongs to the treating provider

AHI — APNEA-HYPOPNEA INDEX

Average number of apneas and hypopneas per hour of sleep during polysomnography.

REI — RESPIRATORY EVENT INDEX

A respiratory-event measure commonly reported by home sleep apnea testing.

SpO_2 — OXYGEN SATURATION

The report may show the lowest measured saturation and time spent below specified levels.

TYPE — OBSTRUCTIVE, CENTRAL, OR MIXED

The type matters because medical mechanisms and treatment can differ.

! **AHI is not a VA percentage table.** Under the current DC 6847 schedule, the 0%, 30%, 50%, and 100% levels are defined by documented sleep-disordered breathing, persistent daytime hypersomnolence, required breathing assistance, or the listed severe complications. AHI still matters clinically and diagnostically.

TEST TYPE

POLYSOMNOGRAPHY VERSUS HOME TESTING

PSG — IN-LAB POLYSOMNOGRAPHY

The standard diagnostic test. It records sleep stages and more physiologic channels under attended conditions.

Often preferred when the clinical situation is complex.

HSAT — HOME SLEEP APNEA TEST

An alternative for selected uncomplicated adults when ordered and interpreted within medical care.

A negative, inconclusive, or technically inadequate result may require polysomnography.

A questionnaire, consumer wearable, snoring recording, or automatically scored result alone is not the same as a clinician-confirmed diagnosis.

CURRENT DC 6847

50%

RATING EVIDENCE

REQUIRES USE OF A BREATHING ASSISTANCE DEVICE

The current schedule lists a device such as a continuous airway pressure machine. The VA Sleep Apnea DBQ asks whether the veteran requires use of a breathing assistance device such as CPAP.

KEEP IN THE FILE

- ✓ Provider order
- ✓ Clinical recommendation
- ✓ Device setup record
- ✓ Relevant follow-up

EVIDENCE PACKET

BEFORE YOU SUBMIT, CHECK THE ACTUAL FILE

- ☐ **Complete sleep study report** — Not only a diagnosis line in a progress note
- ☐ **Signed clinical interpretation** — Diagnosis, type, and recommendations
- ☐ **Device prescription or order** — Device type, date, and prescribing provider
- ☐ **Current sleep-medicine records** — Follow-up, settings, response, and changes
- ☐ **Nexus evidence when service connection is disputed** — A case-specific medical explanation of the claimed link
- ☐ **Consistent dates across the claim** — Study, diagnosis, prescription, treatment, and claimed onset

i **VERIFY THE CURRENT RULE BEFORE PUBLICATION OR FILING**

This sheet reflects the current DC 6847 schedule reviewed July 25, 2026. Proposed rating changes are not final criteria unless published as a final rule with an effective date.

SOURCES

38 C.F.R. § 4.97, DC 6847 • VA Sleep Apnea DBQ, updated July 19, 2024 • AASM diagnostic testing guidance