

38 C.F.R. § 4.97 • DC 6847

SLEEP APNEA RATINGS

CURRENT vs PROPOSED

One schedule is enforceable today. The other is only a proposal.

STATUS CHECK

CURRENT RULES APPLY

VERIFIED JULY 25, 2026

!

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

CURRENT DC 6847

IN FORCE

100%

SEVERE COMPLICATIONS

Chronic respiratory failure with carbon dioxide retention or cor pulmonale, or requires tracheostomy.

50%

BREATHING ASSISTANCE REQUIRED

Requires use of a breathing assistance device such as a continuous airway pressure machine.

30%

PERSISTENT DAYTIME HYPERSOMNOLENCE

Persistent daytime sleepiness attributable to sleep apnea.

0%

DOCUMENTED, ASYMPTOMATIC

Asymptomatic but with documented sleep-disordered breathing.

KEY CURRENT TRIGGER

Required breathing assistance is a specific 50% criterion.

VS

2022 PROPOSAL

PROPOSED DC 6847

NOT IN FORCE

100%

TREATMENT INEFFECTIVE OR UNUSABLE, WITH END-ORGAN DAMAGE

Determined by sleep study or inability to use treatment because of qualifying comorbid conditions.

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.

10%

INCOMPLETE RELIEF WITH TREATMENT

Incomplete relief, as determined by sleep study, despite treatment.

0%

ASYMPTOMATIC WITH OR WITHOUT TREATMENT

Effective treatment could produce a noncompensable evaluation under the proposed text.

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.

RULEMAKING STATUS

PROPOSAL DOES NOT MEAN EFFECTIVE RULE

FEB 15 2022

SEP 12 2024

JUL 25 2026

IF VA ACTS

PROPOSED RULE PUBLISHED

SUPPLEMENTAL NOTICE

CURRENT FORMULA STILL CODIFIED

FINAL RULE + EFFECTIVE DATE

87 FR 8474
Document 2022-02049

89 FR 74162 added a proposed code for constrictive bronchiolitis. It did not make the sleep apnea proposal final.

DC 6847 continues to show the current 0%, 30%, 50%, and 100% levels.

Only a published final rule can establish the operative text and transition rules.

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.