

— FWD ASSIST HQ —

FIELD GUIDE

Filing a Sleep Apnea Claim

File a complete sleep apnea claim, direct or secondary.



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A FWD Assist HQ Field Guide

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This guide is education, not representation. It explains how part of the VA system works so you can handle your own business with confidence. It is not legal or claims advice, and reading it does not create any representative relationship between you and the author. The author is not affiliated with the Department of Veterans Affairs, and nothing here is endorsed by the VA.

This guide prints no live VA dollar figures and no rating percentages on purpose, because they change. Before you make a decision based on any number, check the current figure at va.gov. No book can promise you a rating; the evidence in your file decides the result. Help from an accredited Veterans Service Officer is always free.

In crisis? Call the **Veterans Crisis Line**: dial **988**, then press **1**. You can also text **838255** or chat online at veteranscrisisline.net. It is free, confidential, and available 24/7.

Filing a Sleep Apnea Claim

File a complete sleep apnea claim, direct or secondary.

Companion to *The Sleep Apnea Claim*.

This is general education, not legal or claims advice, and not guidance for your specific claim. It cannot promise you a rating or an outcome, and no one can. For help with your own claim, see a free accredited representative (see [the back of this guide](#)). Nothing here creates a representative relationship.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

THE BEST WAY TO USE THIS GUIDE

The strongest position is to be your own informed advocate and to work with a free accredited representative. An accredited Veterans Service Organization, such as the DAV, VFW, American Legion, or a county or state veterans office, helps at no charge. Accredited claims agents and attorneys can help too. They can't charge for work done before VA issues its initial decision on your claim, and after that they may charge a fee within the limits of 38 CFR 14.636. This guide is here so you understand your own situation and can work with them as a full partner instead of handing it over blind. If you'd rather handle this yourself, and you're comfortable doing that, the guide walks you through every step. Either way, you stay in control.

The Outcome and What You Need Before You Start

The outcome: By the end of this guide you'll have protected your start date, organized the evidence for a sleep apnea claim, picked your road, and filed a complete claim, direct or secondary, on the correct forms.

This guide prepares you for the task. It doesn't and can't promise a rating, a percentage, or an outcome. The evidence in your file decides the result.

WHAT YOU NEED BEFORE YOU START

- ☐ A sleep study (polysomnography) that states the diagnosis, your Apnea-Hypopnea Index (AHI), and your oxygen levels, or a plan to get one. Keep your own full copy, not just the summary.
- ☐ Your rating decisions, so you can list every condition VA has already service connected. One of them may be your anchor.
- ☐ If you have one, your CPAP prescription and your use (compliance) reports.
- ☐ A timeline: when your sleep problems started or got worse, your medications with start dates, and your weight history with dates.
- ☐ A way to reach a free accredited representative (a Veterans Service Organization or a county veterans office).

When to start: Now, with the Intent to File (Step 1), if you suspect sleep apnea or you're exhausted no matter how long you sleep. If you have no diagnosis yet, the sleep study comes next (Step 3). If you already filed and were denied, go to Step 13.

Start Here: The Basics

Sleep apnea is a condition where breathing stops and starts again and again during sleep. A sleep study usually confirms it. For VA, service connection usually runs one of two ways: direct, from service, or secondary, caused or made worse by a condition that's already service connected. VA rates it under Diagnostic Code 6847. A rule VA proposed in 2022 would change how sleep apnea is rated. As of October 2026 it isn't final, and the current criteria still apply. Check the current rules at [va.gov](https://www.va.gov).

Where this is written down: 38 CFR § 4.97, Diagnostic Code 6847; 38 CFR § 3.310.

The Steps

STEP 1

Protect your start date with an Intent to File.

Building the study and the medical opinion takes time, so file this first. Submit it online at va.gov/resources/your-intent-to-file-a-va-claim, call 1-800-827-1000, or mail VA Form 21-0966. An accredited Veterans Service Organization can submit it for you at no charge. You then have one year to file the complete claim, and VA treats it as filed on the Intent to File date.

Where this is written down: 38 CFR § 3.155(b).

Done when your Intent to File is on record, or you're ready to file the full claim now.

STEP 2

Confirm your anchor and pick your road.

Pull your rating decisions and list every service-connected condition. Direct means your apnea started in service or from something in service. Secondary means a service-connected condition caused or worsened it, such as PTSD, sinusitis, rhinitis, asthma, a service-connected deviated septum, or weight gain caused by a service-connected condition.

If you have a service-connected condition that lines up with your apnea and no in-service sleep records, lead with secondary. **If** you have in-service proof, like a documented sleep complaint, an early diagnosis, or a believable buddy account, direct may lead. You can claim both. **If** it's unclear, ask a free accredited representative.

Do not build a secondary claim on an anchor you haven't confirmed is service connected. Check it, and note the exact name VA used so any opinion names it the same way.

Where this is written down: 38 CFR § 3.303; 38 CFR § 3.310(a) and (b).

Done when you've named your lead road and confirmed your anchor is service connected.

STEP 3

Get the sleep study.

A sleep study, or polysomnography, is the core of the claim, because it confirms the diagnosis. Ask your VA primary care provider for a referral to sleep medicine, or use a private provider if you have other coverage. An in-lab study at a sleep center measures more than a home test. A home test is more convenient but can undercount events.

If a home test comes back borderline, ask for a full in-lab study. **If** you can choose from the start, the lab study gives the fuller picture.

Do not count on snoring and fatigue alone. They're symptoms, not a diagnosis, and a medical opinion has nothing to attach to without a study.

Done when a sleep physician has signed a report stating the diagnosis, your AHI, and your oxygen levels.

STEP 4

Get and keep your own full copy of the report.

Request the complete sleep study report, not just the one-line summary. Keep it with your anchor's rating decision. You'll need it for the claim, for any provider writing an opinion, for the C&P exam, and for any review later.

Done when the full report is in your own hands and filed with your rating decisions.

STEP 5

Build your timeline and match the pathway.

Put your story on paper before you see a provider: when your sleep problems started or got worse compared with your anchor condition, your medications with start dates, and your weight history with dates. With PTSD, the usual pathways are broken sleep, medication effects on breathing, and weight gain. With sinusitis or rhinitis, it's nasal blockage. With asthma, it's airway resistance. For weight gain, name both links: the service-connected condition caused the weight gain, and the weight gain caused or worsened the apnea. VA doesn't rate obesity by itself.

Done when you can point a provider to the one or two pathways that fit your life, with dates.

STEP 6

Get a medical opinion, or know VA will.

The opinion is the medical bridge for a secondary claim. VA usually gets one at the C&P exam. You can also ask your own provider. Give them your sleep study and your anchor's rating decision. A useful opinion reviews your records, explains its reasoning, and says whether it's "at least as likely as not" that the apnea was caused or made worse by the service-connected condition. For aggravation, it should describe how bad the apnea was before and say the worsening isn't just its natural progress.

If your anchor caused the apnea, the opinion explains how. **If** the apnea came first and got worse, the opinion addresses aggravation, backed by a rising AHI between studies where you have one.

Do not pay a letter mill. Walk away from "may be related" or "possibly connected" language, any guaranteed outcome, any letter written without your records, and anyone who wants a fee to file the claim. Accredited Veterans Service Organizations help with the claim at no charge, and accredited claims agents and attorneys may charge only after VA issues its initial decision, within the limits of 38 CFR 14.636.

Where this is written down: 38 CFR § 3.310(b); 38 CFR § 3.159(c)(4); 38 CFR § 3.102.

Done when you hold a signed, dated, reasoned opinion, or you know VA will get one at the exam.

STEP 7

Write your own statement and gather witness statements.

Put your own account on VA Form 21-4138, Statement in Support of Claim. Spouses, family and fellow service members use VA Form 21-10210, Lay/Witness Statement. Be specific, dated, and consistent with your records. A witness describes what they saw and heard: the snoring, the silences, the gasping, the daytime crashes. On a direct claim, someone who slept near you in service can place the symptoms in uniform when no medical record did.

Do not ask witnesses to diagnose you. Concrete beats vague: "I fell asleep at a red light twice last month" says more than "I'm always tired."

Where this is written down: 38 CFR § 3.159(a)(2).

Done when you have your own statement on the 21-4138 and at least one witness statement on the 21-10210.

STEP 8

Gather your treatment records and understand DC 6847.

VA rates sleep apnea under Diagnostic Code 6847. The current levels turn on: a documented sleep breathing disorder with no symptoms; persistent daytime hypersomnolence (sleepiness during the day that doesn't let up); a need for a breathing assistance device such as a CPAP; and, at the top, chronic respiratory failure with carbon dioxide retention, cor pulmonale, or a required tracheostomy. Keep your CPAP prescription and use reports together. They show the device is required.

Do not rely on a percentage or a dollar figure from a forum or from memory. Confirm the current rule and figures at [va.gov](https://www.va.gov).

Where this is written down: 38 CFR § 4.97, Diagnostic Code 6847.

Done when your treatment records are gathered and you know which level your evidence speaks to.

STEP 9

Check the file before you submit.

Lay everything out: the full sleep study with the AHI and diagnosis, the anchor's rating decision, any medical opinion, your statement and witness statements, and records that show the pathway (CPAP prescription, medication list with dates, weight history). Make sure the pieces agree with each other.

If a piece is still missing and your Intent to File year has time left, finish it first. **If** the year is running out, file with what you have and send the rest later. VA can also get records and an exam for you.

Done when every piece is present, or you know what's still coming, and the pieces agree.

STEP 10

File the claim, with free accredited help if you want it.

File VA Form 21-526EZ online at [va.gov](https://www.va.gov), in person at a VA regional office, or by mail to Department of Veterans Affairs, Claims Intake Center, PO Box 4444, Janesville, WI 53547-4444. Attach your sleep study, any opinion, and your statements. A Veterans Service Organization or county veterans office helps free and can become your representative on VA Form 21-22.

Do not pay anyone to prepare or file your initial claim. No one may charge for that, and a person who isn't accredited may not help with claims for pay at all. Report anyone who tries.

Where this is written down: 38 U.S.C. § 5901; 38 U.S.C. § 5904(c)(1); 38 CFR § 14.636.

Done when the 21-526EZ is submitted with your evidence and you have your confirmation.

STEP 11

Prepare for and attend the C&P exam.

If VA schedules a C&P exam, bring copies of your sleep study, CPAP prescription and use reports, your anchor's rating decision, and any opinion. Describe your symptoms as they really are, including how often the bad days come and how long they last. Don't play them down, and don't stretch them. Some exams are in person, some by telehealth, and some are records-only reviews.

Do not skip the exam. If you miss it without good cause, VA decides a first claim on the evidence it already has, and denies some other claims outright. If you can't make it, contact VA right away to reschedule.

Where this is written down: 38 CFR § 3.655.

Done when you've attended the exam and described your real condition in concrete detail.

STEP 12

Read the whole decision.

Don't stop at the outcome. Find how the condition was rated, the effective date (it controls back pay), the summary of evidence considered (confirm your key documents are there), any favorable findings, and, for a denial, which element VA says wasn't met. Note the date on the decision letter. Most next steps run on a one-year clock from it.

If the decision fits your evidence, keep your records. **If** you were denied or rated lower than your evidence supports, the missing element tells you what to fix (Step 13).

Where this is written down: 38 CFR § 3.103(f).

Done when you've found the outcome, the effective date, the evidence considered, and the reasons given.

STEP 13

If denied or rated low, match the gap and choose a lane.

Work the item the decision names: a missing or weak opinion, a missing or incomplete sleep study, or an unclear connection. A Supplemental Claim (VA Form 20-0995) adds new and relevant evidence. A Higher-Level Review (VA Form 20-0996) asks a senior reviewer to look again at the same evidence. A Board Appeal (VA Form 10182) sends it to a Veterans Law Judge.

If the gap is evidence you can now supply, a Supplemental Claim usually fits. **If** the gap is a VA error on evidence you already sent, a Higher-Level Review or Board Appeal may fit. **If** it's unclear, take the decision to a free accredited representative.

Do not let the one-year clock run out. Filing a review within one year of the decision keeps your original start date.

Where this is written down: 38 CFR § 3.2500(a), (c) and (h); 38 CFR § 3.2501; 38 CFR § 3.2601.

Done when you've found the gap, chosen a lane, and filed with the missing piece.

Recap Checklist

- ☐ Filed an Intent to File to protect my start date.
- ☐ Confirmed my anchor is service connected and picked my lead road, direct or secondary.
- ☐ Got a sleep study stating the diagnosis, my AHI, and my oxygen levels.
- ☐ Kept my own full copy of the report with my rating decisions.
- ☐ Built my timeline and matched the pathway that fits my facts.
- ☐ Have a reasoned medical opinion, or know VA will get one. No letter mills.
- ☐ Wrote my statement (21-4138) and gathered witness statements (21-10210).
- ☐ Gathered my CPAP and treatment records and know the DC 6847 levels.
- ☐ Checked that the file is complete and consistent.
- ☐ Filed VA Form 21-526EZ and paid no fee.
- ☐ Attended the C&P exam and described my condition honestly.
- ☐ Read the whole decision: outcome, effective date, evidence, reasons.
- ☐ If denied or rated low, matched the gap and chose a lane within one year.

Reminder: rules and rates change. Check any current figure at va.gov. Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. This guide prepared you for the task. The evidence in your file decides the result.

Get Free, Accredited Help

For anything about your own claim, talk to an accredited representative. Help from an accredited Veterans Service Organization is free. Accredited claims agents and attorneys can't charge for work done before VA issues its initial decision on your claim. After that, they may charge a fee within the limits of 38 CFR 14.636. Free help is available through Veterans Service Organizations such as the DAV, VFW, and American Legion, and through county and state veterans offices.

To find one near you, visit va.gov/get-help-from-accredited-representative. Representation begins only when you sign VA Form 21-22 (for a Veterans Service Organization) or 21-22a (for an individual agent or attorney). With one rare exception for a single unpaid case, only accredited people can represent you before the VA, and only an accredited agent or attorney can charge you a fee. Nothing in this guide creates that relationship.

A warning about claim sharks. Anyone who offers to file your initial claim for a fee, or who guarantees you a rating or a percentage, is selling something you shouldn't buy. Accredited Veterans Service Organizations help at no charge, and accredited claims agents and attorneys may charge only after VA issues its initial decision, within the limits of 38 CFR 14.636. Report predatory companies to the VA Office of Inspector General at 1-800-488-8244.

Keep Going: The Full Guide

This field guide is the short, do-this-now companion to the book *The Sleep Apnea Claim*. See every FWD Assist HQ title that is out now at fwdassisthq.com/books.

Current as of October 2026. Rules, forms, and figures change. Check current details at va.gov.

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J. Erickson is a service-disabled Air Force veteran. He served as a military firefighter and as a veteran service officer, where he spent years walking veterans through the same claims process he writes about now. He holds an MBA and writes plain-language guides for veterans who want to understand the system without a translator.

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