October 5, 2016

Samuel Nussbaum, MD

Anthem, Inc.

120 Monument Circle

Indianapolis, IN 46204

Dear Dr. Nussbaum:

I am contacting you on behalf of the American Academy of Sleep Medicine (AASM), the premiere membership organization for sleep professionals and centers. In June we were contacted by a number of members about Anthem’s new Sleep Studies and Related Bundled Services and Supplies, which limits sleep studies to a single unit of billing within a 60 day period. We communicated a number of concerns about the policy to Anthem staff over the summer. Unfortunately, the policy went into effect on September 1 without modification. We assert the new policy is inconsistent with AASM practice guidelines, correct coding and it is detrimental to patient care. We urge Anthem to revise this policy immediately to allow sleep physicians to provide adequate care to sleep disorders patients.

Standard diagnosis of obstructive sleep apnea (OSA) and titration to therapy requires two sleep studies: one for diagnosis and another one for titration. During the diagnostic study, coded as 95810, the patient’s sleep is staged and respiratory events are scored. The combination of this information allows the physician to accurately diagnose the patient and determine the patient’s illness severity. During the second study, a therapy titration coded as 95811, the patient’s sleep is also staged and respiratory events are scored. A technologist uses the staging of sleep and respiratory event information to adjust the patient’s therapy sufficiently to eliminate or adequately reduce respiratory events. Based on this study information, the physician determines a fixed pressure for positive airway pressure (PAP) therapy. This mechanism for diagnosing a patient and initiating the patient on therapy is described in AASM practice guidelines.[[1]](#endnote-1),[[2]](#endnote-2)

In some cases, patients exhibit such severe OSA in the first two hours of the diagnostic study, it necessitates more immediate PAP therapy titration. The titration can then be completed in the remaining hours of the night. This type of study, a split-night study, is coded as 95811. While split night studies are an acceptable mechanism for diagnosing and treating OSA, not all patients can meet the criteria to receive this service.

The current Anthem policy indicates that providers will only be reimbursed for a single study for each patient during a 60 period. Under this policy, if a patient does not meet criteria to receive a split night study, thereby requiring a diagnosis and titration on separate nights, one of the studies will remain unreimbursed. To issue a policy only providing reimbursement for a single study, rather than both studies performed, reflects a misunderstanding of practice standards and correct coding. It places a financial burden on the patient and the sleep center, creating an unnecessary hurdle to adequate patient care. We urge Anthem to revise its policy to provide physicians with the ability to offer the appropriate testing pathway for their patients.

Finally, we request an opportunity to meet with a representative of the Anthem Reimbursement Policies and Procedures Department to discuss these concerns and possible remedies to the Anthem Polysomnography Commercial Professional Reimbursement Policy.

Thank you in advance for your consideration of the above comments. If you have any questions about the information in this letter, please feel free to contact Michael Steinbach, AASM Health Policy Manager, at 630-737-9700 or msteinbach@aasmnet.org.

Sincerely,

Ronald Chervin, MD, MS

President

1. Kushida CA; Littner MR; Morgenthaler T et al. Practice parameters for the indications for polysomnography and related procedures: An update for 2005. *SLEEP* 2005;28(4):499-521. [↑](#endnote-ref-1)
2. Kushida CA; Chediak A; Berry RB; Brown LK; Gozal D; Iber C; Parthasarathy S; Quan SF; Rowley JA; Positive Airway Pressure Titration Task Force of the American Academy of Sleep Medicine. Clinical guidelines for the manual titration of positive airway pressure in patients with obstructive sleep apnea. *J Clin Sleep Med* 2008;4(2):157-171. [↑](#endnote-ref-2)