January 18, 2017

Renee McLaughlin, M.D.

Cigna HealthCare

1111 Market Street, BR6A

Chattanooga, Tennessee 37402

Dear Dr. McLaughlin,

I am contacting you on behalf of the Insurance Policy Review Committee (IPRC) of the American Academy of Sleep Medicine (AASM), a membership organization representing over 10,000 individual physician members and sleep centers. As the leading membership organization for sleep medicine, the AASM sets clinical standards for sleep medicine care by publishing new and updated evidence-based clinical practice guidelines annually. The IPRC is comprised of physicians who are experts in the field of sleep medicine and well versed in AASM guidelines and relevant literature. This committee is charged with working to communicate the recommendations in the AASM guidelines to insurers and to assess insurer adherence to these guidelines.

The IPRC was recently contacted by Sleep Medicine Specialist and AASM member, Dr. Merrill Wise, regarding a denial of coverage decision for use of a sleep study to evaluate a man that presented with loud snoring and observed apnea and labored breathing during sleep on the basis that “he does not have excessive sleepiness.” The IPRC reviewed the Cigna Coverage Policy which states that ‘evidence of daytime sleepiness” is required for coverage for a sleep study. Since this requirement is not consistent with the indications for sleep testing in AASM clinical guidelines on the diagnosis of OSA, the diagnostic criteria for OSA listed in the International Classification of Sleep Disorders -Third Edition (ICSD 3)) as well as the findings in the scientific literature, we are reaching out to request that this criteria not be listed as a prerequisite for sleep testing in your policy. The ICSD 3 includes sleepiness as a possible diagnostic criteria for OSA but also includes a number of other alternative findings that can substitute for sleepiness including; insomnia symptoms, waking with breath holding, gasping, or choking, bed partner or other observer reports habitual snoring, breathing interruptions, or both during the patient’s sleep, and diagnosis with hypertension, a mood disorder, cognitive dysfunction, coronary artery disease, stroke, congestive heart failure, atrial fibrillation, or type 2 diabetes mellitus.

Though sleepiness frequently accompanies OSA, it is not invariably present and therapy for OSA is indicated even in the absence of sleepiness when a sleep study documents moderate to severe disordered breathing. I have included a study from the landmark Sleep Heart Health Study which reported only 46% of subjects identified with moderate to severe sleep disordered breathing reported having sleepiness. Nevertheless, these individuals were at increased risk of development of cardiovascular morbidity based on the severity disordered breathing. Several other publications support the contention that clinically significant OSA can be present in the absence of sleepiness. The scientific literature has established that observed apneas are a very specific finding in OSA and therefore it is likely that the man who presented to Dr. Wise has this disorder. Sleep testing in this scenario is necessary to exclude the presence of moderate or greater OSA which would warrant therapy to prevent cardiovascular morbidity.

For these reasons, we request that you consider removing sleepiness as a prerequisite for coverage of sleep testing for OSA in your policy. AASM Director of Health Policy, Jay French, will be reaching out to you in the near future to discuss this issue and how we can assist you in considering this update to your policies.

Sincerely,



Vishesh Kapur MD, MPH

Chair, AASM Insurance Policy Review Committee