Date

Name

Title

Company

Street Address

City, State, Zip Code

Sent via Email:

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am contacting you on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **We want to make you aware of the position statement *Polysomnography for Obstructive Sleep Apnea Should Include Arousal-Based Scoring: An American Academy of Sleep Medicine Position Statement*, published in the July 2018 issue of the Journal of Clinical Sleep Medicine[[1]](#endnote-1). The position statement emphasizes the position of the AASM that the RECOMMENDED AASM Scoring Manual scoring criteria for hypopneas, which includes diminished airflow accompanied by either an arousal or ≥ 3% oxygen desaturation, be used to calculate the apnea hypopnea index (AHI); the sleep study metric used to measure the severity of sleep apnea[[2]](#endnote-2).** The AHI is calculated by counting the number of apnea (complete or near complete cessation of airflow) events and hypopnea (partial reduction in airflow) events. In prior versions of the manual, a different scoring criteria for hypopneas had been recommended that required an association with ≥4% oxygen desaturation (EEG arousal alone was not sufficient). The change in the recommended scoring criteria was proposed by the AASM Sleep Apnea Definitions Task Force after a review of the existing literature on clinical outcomes associated with using various scoring criteria. The change was based on growing evidence that indicated that respiratory events linked with ≥3% oxygen desaturation were as predictive of adverse outcomes (cardiovascular and metabolic) as respiratory events linked with ≥4% oxygen desaturation. In addition, the Task Force cited evidence that sleep fragmentation without oxygen desaturation can be associated with symptoms and that treatment in these cases can improve symptoms and objective sleepiness.

While many payers have adopted the new recommendation regarding scoring criteria for hypopneas included in the AHI, we are aware of several payers, including your company, that still require ≥4% desaturation for hypopneas included in the AHI used for reimbursement of treatments for sleep apnea. This creates difficulties for both patients and clinicians. Symptomatic sleep apnea patients, including patients at risk for motor vehicle accidents, who meet current clinical definitions for the diagnosis of sleep apnea are potentially denied coverage for effective treatments like continuous positive airway pressure (CPAP). Sleep medicine specialists who follow the evidence-based recommendations of the AASM are forced to expend additional resources to score sleep studies using two different scoring criteria to satisfy the payers who have not updated their criteria. Also noteworthy is the additional confusion this creates for patients to whom the two AHI metrics must be explained.

**For these reasons, we request that you consider updating your AHI definition to the one currently recommended by the AASM**. If you have any questions regarding this, please contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

Name

Title

Sleep Facility

1. Malhotra RK, Kirsch DB, Kristo DA, Olson EJ, Aurora RN, Carden KA, Chervin RD, Martin JL, Ramar K, Rosen CL, Rowley JA, Rosen IM; American Academy of Sleep Medicine Board of Directors. Polysomnography for obstructive sleep apnea should include arousal-based scoring: an American Academy of Sleep Medicine position statement. J Clin Sleep Med. 2018;14(7):1245–1247. <https://doi.org/10.5664/jcsm.7234> [↑](#endnote-ref-1)
2. Berry RB, Quan SF, Abreu AR, et al.; for the American Academy of Sleep Medicine. The AASM Manual for the Scoring of Sleep and Associated Events: Rules, Terminology and Technical Specifications. Version 2.6. Darien, IL: American Academy of Sleep Medicine; 2020. [↑](#endnote-ref-2)