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January 13, 2022

Peter J. Gurk, M.D.
Noridian Healthcare Solutions, LLC
DME MAC - Jurisdiction D
900 42nd Street S, P.O. Box 6740
Fargo, ND 58108-6740

Sent via email: peter.gurk@noridian.com

Dear Dr. Gurk:

I am contacting you on behalf of the American Academy of Sleep Medicine (AASM), the premiere membership organization for sleep professionals and centers. The AASM is a membership organization representing over 10,000 sleep medicine practitioners and sleep centers.

AASM members have expressed concern about appropriate coding for the diagnosis of Treatment-Emergent Central Sleep Apnea. Some payers and electronic health record (EHR) vendors are rejecting prescriptions for adaptive servo-ventilators for the indication of treatment emergent central sleep apnea, which is accurately coded as ICD-10-CM diagnosis code G47.39. Those vendors are requesting that sleep medicine providers use G47.31, "Primary Central Sleep Apnea." This code is also being widely accepted by payers as the most appropriate code for this diagnosis. This is problematic for sleep medicine physicians, as requiring that G47.31 for this patient population forces providers to select a diagnosis code that is not consistent with the patients' diagnosis, in hopes of receiving reimbursement.

The third edition of the International Classification of Sleep Disorders (ICSD-3) clearly distinguishes between Primary Central Sleep Apnea and Treatment-Emergent Central Sleep Apnea. According to the ICSD-3, Primary Central Sleep Apnea is of unknown etiology and is characterized by recurrent central apneas, defined as a cessation of airflow during sleep associated with an absence of respiratory effort. The ICSD-3 also states that a diagnosis of Treatment-Emergent Central Sleep Apnea is characterized by predominantly obstructive events (obstructive or mixed apnea or hypopnea) during a diagnostic sleep study with persistence or emergence of central sleep apnea during administration of positive airway pressure without a backup rate, despite significant resolution of obstructive respiratory events.[i]

The AASM would like to encourage Noridian Healthcare Solutions, LLC (Noridian) to update the ICD-10-CM code for Treatment-Emergent Central

Sleep Apnea to G47.39, “Other sleep apnea,” consistent with AASM recommendations, both within the ICSD-3.

If you have any questions about this issue, please contact AASM Director of Health Policy, Diedra Gray, at (630) 737-9700 or dgray@aasm.org.

Sincerely,

Raman Malhotra, MD
AASM President

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[i] American Academy of Sleep Medicine. International classification of sleep disorders, 3rd ed. Darien, IL: American Academy of Sleep Medicine, 2014.