

September 12, 2022

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Tony G. Farah, MD
Executive Vice President, Chief Medical and Clinical Transformation Officer
Highmark Health
800 Delaware Ave
Wilmington, DE 19801

Sent via email: Tony.Farah@highmarkhealth.org

Dear Dr. Farah:

I am contacting you on behalf of the Payer Policy Review Committee 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. The Payer Policy Review Committee 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 communicating recommendations in the AASM guidelines to insurers and to assess alignment of insurers' policies to these guidelines.

We want to make you aware that an AASM member recently reached out to us expressing concern that a Highmark BCBS of Western New York billing policy is requiring 30-days wait between billing 95810 (*Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist*) and 95811 (*Polysomnography, age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist*). This unnecessary wait between tests jeopardizes patients' health by delaying initiation of CPAP/BIPAP therapy.

Therefore, we urge Highmark BCBS of Western New York to amend the billing policy in question by removing the 30-day waiting period between billing a 95810 and 95811, for the following reasons:

- *Automatic positive airway pressure (APAP) is not suitable for all patients because of contraindications.*
- *A 95810 (diagnostic) and 95811 (treatment) are two separate services/tests.*

- *While there is no separate CPT code for a split-night study, code 95811 is the appropriate code for both a split-night study and an in-lab PAP titration study. The code descriptor for 95811 captures both types of studies.*
- *The policy requiring 30-days between billing a 95810 and 95811 unfairly burdens patients and providers, while compromising continuous patient care and risking an adverse health outcome.*

Thank you for your attention to this matter. If you have any questions about this issue or require any additional information, please contact AASM Director of Health Policy, Diedra Gray, at (630) 737-9700 or dgray@aasm.org.

Sincerely,

Kunwar P Vohra, MD, MBA, FAASM
Chair, AASM Payer Policy Review Committee