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April 3, 2023

James Black, MD
Senior Medical Director
TRICARE
7700 Arlington Blvd, Ste 5101
Falls Church, Virginia 22042

Sent via email: james.black@tma.osd.mil

Dear Dr. Black,

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 (PPRC) 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 received an inquiry from an AASM member, expressing concern that TRICARE has denied authorization for sleep studies for the diagnosis of hypersomnias and that there are inconsistencies in the TRICARE Diagnostic Sleep Studies policy. The policy, effective May 2008, clearly states that related diagnostic testing (e.g., Multiple Sleep Latency Test (MSLT) or Maintenance of Wakefulness Test (MWT)) is covered if the patient has inappropriate sleep episodes, amnesiac episodes, or continuous agonizing drowsiness, and mentions hypersomnia (pathologically excessive sleep) as an exclusion. Hypersomnia, which means excessive sleepiness, is an indication for MSLT, per the AASM Recommended Protocols for the Multiple Sleep Latency Test and Maintenance of Wakefulness Test in Adults. This clinical guideline document specifically states that the MSLT and the number of naps in which rapid eye movement (REM) sleep occurs are criteria used for the diagnoses of narcolepsy type 1 and 2 and idiopathic hypersomnia¹. As hypersomnia is a symptom of both narcolepsy and idiopathic hypersomnia, we recommend

it be moved from the Exclusions to the Covered Indications section of the TRICARE policy. Additionally, in same TRICARE policy indicates that "If the patient has had documented episodes of cataplexy, diagnostic testing for narcolepsy would not be necessary and is therefore not covered". While cataplexy may be considered pathognomonic for Narcolepsy Type 1, it is not considered diagnostic of Narcolepsy Type 1, hence the need for the MSLT as part of the evaluation of patients with suspected narcolepsy to confirm the diagnosisⁱⁱ. As such, we recommend that this language be deleted from the guideline.

The AASM recommends a complete review of the aforementioned guidance document and urge TRICARE to cover MSLT for the evaluation of hypersomnia, as both are useful in providing the highest quality of care for this patient population. 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

ⁱ Krahn LE, Arand DL, Avidan AY, et al. Recommended protocols for the Multiple Sleep Latency Test and the Maintenance of Wakefulness Test in adults: guidance from the American Academy of Sleep Medicine. *J Clin Sleep Med*. 2021;17(12):2489–2498.

ⁱⁱ Kapur VK, Auckley DH, Chowdhuri S, Kuhlmann DC, Mehra R, Ramar K, Harrod CG. Clinical practice guideline for diagnostic testing for adult obstructive sleep apnea: an American Academy of Sleep Medicine clinical practice guideline. *J Clin Sleep Med*. 2017;13(3):479–504.