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Malaika Stoll, MD
Senior Medical Director
Blue Shield of California
601 Potrero Grande Dr.
Monterey Park, CA 91755

Sent via email: malaika.stoll@blueshieldca.com

Dear Dr. Stoll,

I am contacting you on behalf of the American Academy of Sleep Medicine (AASM), a membership organization representing more than 10,000 individual clinicians and sleep centers, to strongly recommend that Blue Shield of California modify a payer policy. 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 and the AASM Manual for the Scoring of Sleep and Associated Events (Scoring Manual).

The AASM has recently received several inquiries from members, expressing concern that Blue Shield of California is denying reimbursement for positive airway pressure (PAP) therapy, when a device with only one respiratory monitoring belt is used in performing the patient's diagnostic sleep study. When reviewing your Medical Management of Obstructive Sleep Apnea Syndrome policy, effective October 1, 2022, we noted the following language:

“American Academy of Sleep Medicine (AASM) updated their guidelines in 2019 to recommend devices using BOTH a respiratory and abdominal belt (dual belt). Heart rate is no longer required. In addition, devices using PAT technology (e.g., WatchPAT) are also recommended. Since many existing devices (such as many 4 channel devices) will not meet these criteria, the previous standard 4 channel tests (CPT 95806) will no longer be accepted as support for needing treatment after the period of transition that has previously been provided. The WatchPAT device uses CPT code 95800, and is now allowed as an acceptable device choice.”

The AASM strongly recommends that Blue Shield of California modify this policy, as the policy does not completely align with AASM guidelines or the AASM Scoring Manual. The 2017 Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea, states that “A technically adequate HSAT device incorporates a minimum of the following sensors: nasal pressure, chest and abdominal respiratory inductance plethysmography, and oximetry; or else PAT with oximetry and actigraphy. For additional information regarding HSAT sensor requirements, **refer to The AASM Manual for the Scoring of Sleep and Associated Events.**”ⁱ While it’s accurate that the AASM Scoring Manual recommends dual thoracoabdominal RIP belts, it also includes a list of acceptable technologies that may be used for monitoring respiratory effortⁱⁱ:

- a. Dual thoracoabdominal RIP belts (Recommended)
- b. Single thoracoabdominal RIP belts (Acceptable)
- c. Single or dual thoracoabdominal PVDF belts (Acceptable)
- d. Single or dual thoracoabdominal piezo belts (Acceptable)
- e. Single or dual pneumatic belts (Acceptable)

The Scoring Manual also notes that “*Only CPT code 95806 requires respiratory effort monitoring. If respiratory effort monitoring is performed, one of these technologies should be used. The use of two belts is preferred; however, **one respiratory monitoring belt is acceptable.***” Given this guidance from the clinical practice guideline and Scoring Manual, the AASM strongly urges Blue Shield of California to modify the current policy and reimburse for PAP therapy when a device with one respiratory monitoring belt is used for diagnosis of OSA. If not modified, there may be several patients who are denied treatment, or experience significant delays in treatment, even though their diagnostic test was using an acceptable technology for monitoring respiratory effort.

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,

Jennifer Martin, PhD
AASM President

ⁱ 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.

ⁱⁱ Troester MM, Quan SF, Berry RB, 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 3. Darien, IL: American Academy of Sleep Medicine; 2023.