Date

# Blue Shield of California

601 Potrero Grande Dr.

Monterey Park, CA 91755

Sent via email:

To whom it may concern:

I am contacting you on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to express 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, most recently updated in June 2023, 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.”*

We strongly recommend that Blue Shield of California modify this policy, as the policy does not align with American Academy of Sleep Medicine (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**[[1]](#endnote-1).” While you’re correct that the AASM Scoring Manual recommends dual thoracoabdominal RIP belts, it also includes a list of technologies that may be used for monitoring respiratory effort:

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, \_\_\_\_\_\_\_\_\_\_ 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, this policy will be very costly to sleep medicine providers and may potentially have grave consequences for physicians and their ability to continue providing high quality care to patients with sleep disorders, in this region.

Thank you for your attention to this matter. If you have any questions about this issue or require any additional information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,

# Name

# Title

# Sleep Facility Name

1. 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. [↑](#endnote-ref-1)