

OFFICERS

Anita V. Shelgikar, MD, MHPE
President

Fariha Abbasi-Feinberg, MD
President-Elect

Eric J. Olson, MD
Past President

Vishesh K. Kapur, MD, MPH
Secretary/Treasurer

DIRECTORS

Alexandre Rocha Abreu, MD

Anuja Bandyopadhyay, MD

Indira Gurubhagavatula, MD, MPH

David C. Kuhlmann, MD

Joyce K. Lee-Iannotti, MD

Susheel Patil, MD, PhD

Lynn Marie Trotti, MD, MSc

Emerson M. Wickwire, PhD

Steve Van Hout, MBA, CAE
Executive Director

September 4, 2025

Julie Kessel, MD
Medical Officer for Coverage Policy
Cigna
900 Cottage Grove Road
Bloomfield, CT 06002

Submitted via email: julie.kessel@cigna.com

Re: Policy Implications of Automatic Downcoding Practices for Sleep Medicine Services

Dear Dr. Kessel,

This communication is being submitted on behalf of the American Academy of Sleep Medicine's Coding and Reimbursement Advisory Committee, which directly reflects the needs of more than 9,000 individual members and 2,400 AASM-accredited sleep programs, dedicated to advancing sleep care and enhancing sleep health to improve the lives of patients with sleep disorders. I am writing to express concern regarding the use of automatic downcoding policies in the adjudication of sleep medicine claims. While we recognize the importance of coding accuracy and fiscal responsibility, automatic reassignment of CPT codes, without review of clinical documentation, presents significant risks in the practice of sleep medicine.

Implications for Sleep Medicine Patients

Access to Comprehensive Evaluation and Management: Sleep disorders, including sleep apnea, narcolepsy, and circadian rhythm disorders, often require in-depth evaluation, extended counseling, and individualized care planning. Automatic downcoding of higher-level evaluation and management (E/M) services fails to recognize the complexities of these disorders, discouraging providers from allocating the necessary time and resources.

Disruption of Care Pathways: Appeals resulting from downcoded claims can delay care initiation, including diagnostic testing (e.g., polysomnography, actigraphy, or home sleep apnea testing) and timely treatment. These delays can exacerbate symptoms, increase safety risks (e.g., drowsy driving), and worsen comorbid conditions such as cardiovascular disease.

Patient Confusion and Financial Harm: Downcoded claims may generate inaccurate explanation of benefits (EOBs), leaving patients uncertain about their

coverage responsibilities and undermining their trust in both physicians and insurers.

Implications for Sleep Medicine Providers

- **Administrative Burden:** Automatic downcoding will require repeat appeals and resubmissions, diverting limited resources away from direct patient care. This is particularly challenging for sleep medicine practices that are already navigating complex prior authorization processes for diagnostic testing and durable medical equipment (DME).
- **Undervaluation of Clinical Work:** Sleep medicine providers routinely integrate complex histories, test results, chronic disease management, comorbidity management, and counseling into a single patient visit. Automatic reassignment of E/M codes to lower levels will diminish recognition of this clinical effort and will essentially lead to unfair reimbursement.
- **Impact on Workforce Sustainability:** Systematic underpayment will also threaten the financial viability of sleep medicine facilities and practices, reducing patient access to specialized care.

Recommendations

We respectfully urge Cigna to:

- **Rely on clinical documentation-based review** rather than automated downcoding systems.
- **Ensure transparency in coding determinations**, including clear communication of rationale and opportunities for providers to respond.
- **Engage with physician-led specialty societies**, including but not limited to the American Academy of Sleep Medicine, to align policies with best practices and the realities of sleep medicine care delivery.

Our shared goal is to ensure patients with sleep disorders receive timely, comprehensive, and effective care. We would welcome the opportunity to meet with your policy team to further discuss these concerns and identify solutions that preserve coding integrity while supporting both patient access and provider sustainability. Please feel free to contact Diedra Gray, AASM Director of Quality & Health Policy, at dgray@aasm.org or 630-737- 9700, for clarification and/or to schedule a follow up discussion.

Thank you for your consideration.

Respectfully,

Gabriela DeBruin, MD
Chair, AASM Coding and Reimbursement Advisory Committee