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December 18, 2025

Denise Callari, MD
Medical Director
United Healthcare
9900 Bren Road East
Minnetonka, MN 55343

Submitted via email: denise_callari@uhc.com

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Re: Request for Withdrawal of UnitedHealthcare's 2026 Policy Limiting Coverage of Remote Physiologic Monitoring (RPM) Services

Dear Dr. Callari,

On behalf of the American Academy of Sleep Medicine (AASM), representing more than 13,000 clinicians, researchers and accredited sleep centers committed to improving the diagnosis and treatment of sleep-disordered breathing and related comorbidities, I write to express our deep concern about UnitedHealthcare's upcoming policy, effective January 1, 2026, which will restrict reimbursement of Remote Physiologic Monitoring (RPM) services to only those members diagnosed with heart failure or hypertensive disorders of pregnancy—while excluding a wide array of other chronic conditions (such as sleep-disordered breathing, COPD, chronic hypertension, diabetes mellitus, and others).

We believe this policy change is inconsistent with best-practice care, risks limiting access to medically-necessary monitoring, and undermines efforts in sleep medicine practices to continue proactive, value-based management of complex comorbid patients. RPM is emerging as an important tool for sleep physicians to monitor their patient's sleep health. Obstructive sleep apnea is linked to cardiac and overall health and RPM allows our members to analyze CPAP data to optimize a patient's usage of this challenging treatment. To align UnitedHealthcare's policy with high-value, patient-centered care and to mitigate unintended negative impacts on sleep medicine practices, AASM requests the following:

1. Rescind the January 1, 2026 policy limitation on RPM reimbursement—specifically, remove the exclusion of chronic conditions such as chronic hypertension, diabetes, COPD, sleep-disordered breathing, and other relevant comorbidities managed within sleep medicine.
2. Adopt a broader coverage framework for RPM services that reflects current medical practice, recognizes multiple chronic disease states (including

those seen by sleep medicine clinicians), and supports interdisciplinary management of patients with overlapping disorders.

3. Increase engagement and collaboration between UnitedHealthcare and AASM to evaluate the evolving body of research for RPM in sleep-related disorders, comorbid chronic disease, and to identify coverage criteria, metrics of clinical benefit, and data-collection strategies. AASM stands ready to contribute relevant research and clinical insights.

The AASM strongly believes that RPM represents a critical component of modern sleep medicine and chronic disease management. The proposed policy change by UnitedHealthcare threatens to restrict access to this vital tool, undermine proactive care, and potentially lead to worse outcomes and increased costs for patients with complex sleep-related and comorbid conditions.

We respectfully ask UnitedHealthcare to reconsider, rescind the forthcoming limitation, and engage with AASM and our membership in a collaborative dialogue to shape an RPM policy that supports high-quality, integrated care for members with sleep disorders and related chronic illnesses. We would welcome the opportunity to meet with your policy team to further discuss these concerns and identify solutions that support 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.

Respectfully,

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