



American Academy of Sleep Medicine

April 16, 2013

Scott Josephs, MD
Vice President & National Medical Officer
Cigna Healthcare
Cigna Corporate Headquarters
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Dear Dr. Josephs:

On behalf of the American Academy of Sleep Medicine (AASM), I am writing to express concerns about Cigna's implementation of a new Sleep Management Program and updated medical policy and coverage guidelines for obstructive sleep apnea (OSA). As the leader in setting standards and promoting excellence in sleep medicine health care, the AASM represents a membership of 10,000 physicians, scientists, and other health care professionals in the medical subspecialty of sleep medicine.

The AASM recognizes that sweeping changes in the U.S. health care system are forcing insurers to develop strategies to contain costs and improve efficiency. In response to this systemic pressure, Cigna recently began to require precertification for all sleep testing and contracted with CareCentrix for home health benefits management services. According to your statement dated Nov. 26, 2012, these changes were made to improve the quality and affordability of health care "by ensuring that appropriate testing, treatment, and billing practices are followed."¹ However, the AASM is concerned that the manner in which the Sleep Management Program is being implemented is denying appropriate sleep testing and diminishing the quality of care for some Cigna beneficiaries with a sleep illness.

The revised Cigna Medical Coverage Policy for obstructive sleep apnea diagnosis and treatment services, effective Feb. 15, 2013, contains coverage criteria in favor of in-facility polysomnography when a patient is suspected of having another sleep disorder or has a comorbid condition that could degrade the accuracy of out of center sleep testing (OCST).² This language is appropriate and is consistent with AASM clinical guidelines. However, anecdotal reports from AASM members suggest that precertification requests for in-facility polysomnography are being denied even in cases when patients meet the criteria for comorbid medical conditions or sleep disorders. Such

¹ Cigna Healthcare. Re: Cigna Sleep Management Program. THN-2012-568. Bloomfield (CT): Cigna; 2012 Nov 26. Available from: <http://tinyurl.com/ctves5x>

² Cigna Healthcare. Cigna medical coverage policy number 0158. Obstructive sleep apnea diagnosis and treatment services. . Bloomfield (CT): Cigna; 2013 Feb 15. Available from: <http://tinyurl.com/dy889wg>

denials jeopardize the accuracy of diagnostic sleep testing and may lead to inappropriate or inadequate treatment.

As a result, we are concerned that Cigna/CareCentrix reviewers are failing to evaluate all preauthorization requests according to the guidelines outlined in the medical coverage policy. The AASM asks that Cigna conduct an audit of these requests and provide data related to the causes and frequency of denials for in-facility polysomnography. This information would be helpful to the AASM as we respond to inquiries from our members.

The medical coverage policy also states that Cigna “does not cover adult in-facility PSG for any other indication” besides suspected obstructive sleep apnea, positive airway pressure (PAP) titration or prior to a planned multiple sleep latency test (MSLT) for suspected narcolepsy. However, in-facility polysomnography is critical to the accurate evaluation of patients who are suspected of having certain other forms of sleep illness such as central sleep apnea, periodic limb movement disorder, or atypical or unusual parasomnias that are violent or potentially injurious such as REM sleep behavior disorder. These indications are described in detail in the AASM’s practice parameters.³ It is essential that the medical coverage policy is updated so that it clearly reflects these appropriate and necessary indications for in-facility polysomnography. In addition, we are concerned that the policy includes exclusive use of one device. This restriction seriously limits a physician’s ability to use the diagnostic device for their patient, which may create the need for retests and additional burden and cost.

Finally, an over-arching concern regarding the Cigna medical coverage policy is the absence of criteria requiring that sleep medicine services be provided by board certified sleep medicine physicians and the team of health care professionals at AASM accredited sleep centers. The AASM standards for accreditation ensure that sleep centers maintain proficiency in areas such as testing procedures and policies, patient safety and follow-up, and physician and staff training. The AASM accredited the first sleep center in 1977, and today there are more than 2,500 AASM accredited sleep centers across the U.S. More than 1,000 facilities also have earned AASM accreditation for OCST in adult patients.

The complexity of sleep disorders, including their common co-occurrence and their frequent interaction with comorbid medical conditions, requires the clinical expertise of a sleep medicine physician who can make an accurate diagnosis and provide effective treatment. Sleep specialists undergo formal education through fellowship training programs that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Recognizing that sleep medicine requires additional expertise, the American Board of Internal Medicine (ABIM) administers a subspecialty examination in sleep medicine that is offered by six member boards of the American Board of Medical Specialties (ABMS). This training and certification uniquely qualifies board certified sleep medicine physicians to provide high quality, coordinated and cost-effective diagnostic and therapeutic services for sleep-related problems.

This expertise is especially important when interpreting the limited data gathered by OCST. As stated in the AASM clinical guideline for OSA, “Clinical sleep evaluations using PM [portable

³ Kushida CA, Littner MR, Morgenthaler T, et al. Practice parameters for the indications for polysomnography and related procedures: an update for 2005. *Sleep*. 2005 Apr;28(4):499-521.

monitoring] must be supervised by a practitioner with board certification in sleep medicine or an individual who fulfills the eligibility criteria for the sleep medicine certification examination” and “Testing should be performed under the auspices of an AASM accredited comprehensive sleep medicine program with policies and procedures for sensor application, scoring, and interpretation of PM.”⁴

Cigna recently implemented a Sleep Therapy Adherence Program to promote higher therapy compliance rates and improve clinical outcomes.⁵ Research suggests that these goals can be achieved by ensuring that patients with OSA receive medical care from board certified sleep medicine physicians and AASM accredited sleep disorders centers. Sleep specialists and AASM accredited centers are more likely to provide patient education about the risks associated with OSA, and patients are two times more likely to discontinue CPAP therapy when care is provided by non-sleep specialists and unaccredited sleep centers.⁶ Furthermore, patients use CPAP therapy for an average of 58.2 more minutes per day when they receive a consultation with a sleep specialist prior to a diagnostic sleep study.⁷

The AASM agrees with Cigna that patients with a sleep illness should receive quality, cost-effective, and safe care throughout the course of treatment, and we would appreciate the opportunity to work with you in pursuit of this goal. Please contact AASM Executive Director Jerome Barrett at (630) 737-9700 to discuss in more detail the stated concerns about Cigna’s new Sleep Management Program.

Sincerely,

Sam Fleishman, MD
President

cc: Jerome A. Barrett, AASM Executive Director

⁴ Epstein LJ, Kristo D, Strollo PJ Jr, et al. Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine. Clinical guideline for the evaluation, management and long-term care of obstructive sleep apnea in adults. *J Clin Sleep Med*. 2009 Jun 15;5(3):263-76.

⁵ Sleep Management Solutions (a CareCentrix Company). Cigna sleep management program and Cigna sleep therapy adherence program. Physician overview. THN-2013-084. Available from: <http://tinyurl.com/cednup2>

⁶ Parthasarathy S, Haynes PL, Budhiraja R, et al. A national survey of the effect of sleep medicine specialists and American Academy of Sleep Medicine accreditation on management of obstructive sleep apnea. *J Clin Sleep Med*. 2006 Apr;2(2):133-42.

⁷ Pamidi S, Knutson KL, Ghods F, Mokhlesi B. The impact of sleep consultation prior to a diagnostic polysomnogram on continuous positive airway pressure adherence. *Chest*. 2012 Jan;141(1):51-7.