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John R. Mach, Jr., MD
Senior Vice President and Chief Medical Officer
Medica
401 Carlson Parkway
Minnetonka, MN 55305

Dear Dr. Mach:

I am contacting you on behalf of the American Academy of Sleep Medicine (AASM), the premiere membership organization representing over 10,000 sleep medicine practitioners and sleep centers. The AASM improves sleep health and fosters high-quality, patient-centered care through advocacy, education, strategic research and practice standards.

An AASM member recently alerted the AASM to a concern with reimbursements associated with the provision of polysomnography (PSG) in pediatric patients. Per the AASM member, they were informed by a Medical Director at Medica that periodic limb movement disorder (PLMD) and parasomnias are not considered covered diagnoses for PSG. Upon review of the current Medica policy, *Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea*, with an effective date of 7/1/2016, the policy states that both parasomnia disorders and PLMD are indications for PSG in the adult patient population but are not included in the covered diagnosis for children and adolescents. This is in direct contrast to the standards included in the AASM Practice Parameters for the Non-Respiratory Indications for Polysomnography and Multiple Sleep Latency Testing for Children.¹ The practice parameter clearly states the following:

- PSG is indicated for children suspected of having periodic limb movement disorder (PLMD) for diagnosing PLMD.
- Children with frequent NREM parasomnias, epilepsy, or nocturnal enuresis should be clinically screened for the presence of comorbid sleep disorders and polysomnography should be performed if there is a suspicion for sleep-disordered breathing or periodic limb movement disorder.
- The MSLT, preceded by nocturnal PSG, is indicated in children suspected of having hypersomnia from causes other than narcolepsy to assess excessive sleepiness and to aid in differentiation from narcolepsy.

We encourage Medica to add PLMD and parasomnia disorders to the current *Sleep Studies for Initial Diagnosis of Obstructive Sleep Apnea* policy as additional indications for PSG in children and adolescents, for further alignment with the AASM Practice Parameter. AASM practice parameters, which are developed based on systematic literature reviews, guide physicians in evaluating and managing patients with sleep disorders.

If you have any questions about this issue, please contact AASM Director of Health Policy, Diedra Gray, at (630) 737-9700 or dgray@aasm.org

Sincerely,

Kelly A. Carden, MD, MBA
AASM President

Reference

1. Aurora RN; Lamm CI; Zak RS; Kristo DA; Bista SR; Rowley JA; Casey KR. Practice parameters for the non-respiratory indications for polysomnography and multiple sleep latency testing for children. *SLEEP*2012;35(11):1467-1473.