AASM Preauthorization Survey
National Data Report

In May, the American Academy of Sleep Medicine conducted its first survey of private payer preauthorization protocols. The survey asked members to answer questions about the administrative burden created by preauthorization protocols for sleep testing. The AASM received responses from 245 members and accredited member centers. The national report only includes payers with 70 responses or above. The data are not scientific and results have not been validated by a statistician. The survey results demonstrate the varying experiences AASM membership face with the burdens of preauthorization.

Responses Received For Each Payer

Responses Received from Each Payer	
Payer	Frequency
Aetna	154
Anthem	71
Cigna	186
Humana	71
United	212

Authorization Requirements by Test Setting

Members were asked to report whether each payer requires preauthorization for in-center sleep testing, out of center sleep testing, or both types of sleep testing. Aetna, Anthem, Cigna, Humana, and United require preauthorization.

Authorization Required - Test Setting*		
Payer	In-Center	OCST
Aetna	Yes	Yes
Anthem	Yes	Yes
Cigna	Yes	Yes
Humana	Yes	No
United	Yes	No
**Information was collected through each payer's website and authorization requirements are subject to change.*		

Patient Information Required

Members were asked to report on patient information required to complete preauthorization for each payer.

Members reported that Aetna requires: BMI (n=22); Clinical (n=38); CPT Codes (n=27); Demographics (n=27); Epworth (n=35); History & Physical (n=33); ICD-9 Codes (n=35); Office Notes (n=34); and Signs and Symptoms (n=28).

© 2013 American Academy of Sleep Medicine

Members reported that Anthem requires: BMI (n=11); Clinical (n=24); CPT Codes (n=14); Demographics (n=22); Epworth (n=14); History & Physical (n=15); ICD-9 Codes (n=22); Office Notes (n=12); and Signs & Symptoms (n=16).

Members reported that Cigna requires: BMI (n=22); Clinical (n=51); CPT Codes (n=31); Demographics (n=38); Epworth (n=40); History & Physical (n=41); ICD-9 Codes (n=43); Office Notes (n=36); and Signs & Symptoms (n=24).

Members reported that Humana requires: BMI (n=8); Clinical (n=19); CPT Codes (n=15); Demographics (n=15); Epworth (n=16); History & Physical (n=20); ICD-9 Codes (n=19); Office Notes (n=15); and Signs & Symptoms (n=14).

Members reported that United requires: BMI (n=19); Clinical (n=47); CPT Codes (n=36); Demographics (n=48); Epworth (n=28); History & Physical (n=33); ICD-9 Codes (n=60); Office Notes (n=40); and Signs & Symptoms (n=27).

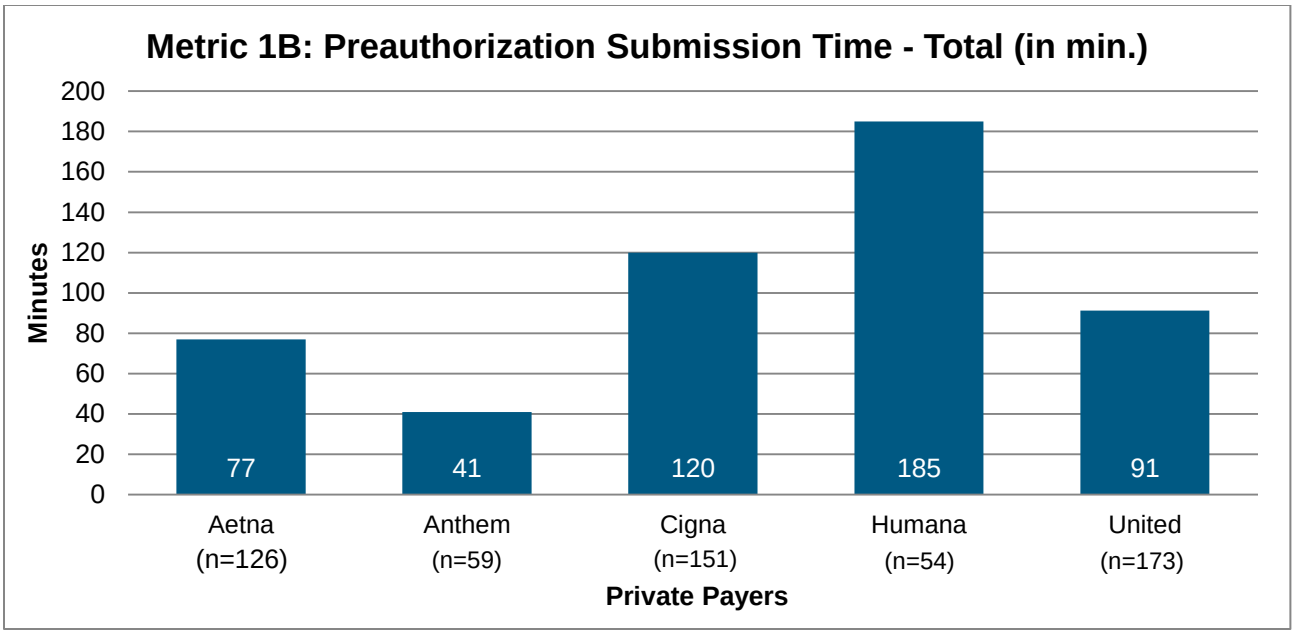
© 2013 American Academy of Sleep Medicine

Preauthorization Submission Time
Members were asked to report on the amount of time it takes to complete each step of the preauthorization submission process for each payer.

Metric 1: Preauthorization Submission Time
Description: How many minutes does it take to complete preauthorization tasks for the payer including: information collection, form completion and form submission?

Metric 1A: Preauthorization Submission Time (in min.)				
Payer	Collect Info	Complete Form	Submit Form	Total Time
Aetna (n=126)	37	34	6	77
Anthem (n=59)	15	20	6	41
Cigna (n=151)	100	15	5	120
Humana (n=54)	145	22	18	185
United (n=173)	69	11	11	91

Metric 1B: Preauthorization Submission Time – Total
Description: How much time does it take to complete all tasks related to submitting a preauthorization request to the payer?



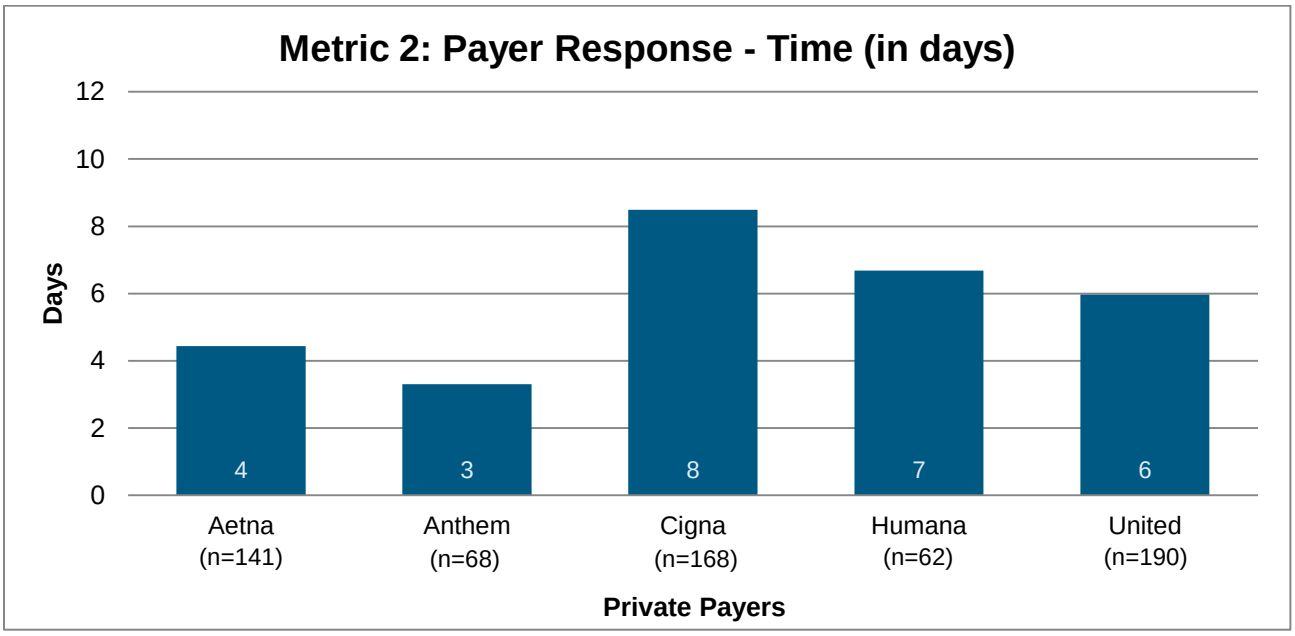
© 2013 American Academy of Sleep Medicine

Payer Response

Members were asked to report on the number of days it takes to receive a response from payers regarding preauthorization as well as the frequency with which each payer denies in-center sleep testing and all types of sleep testing.

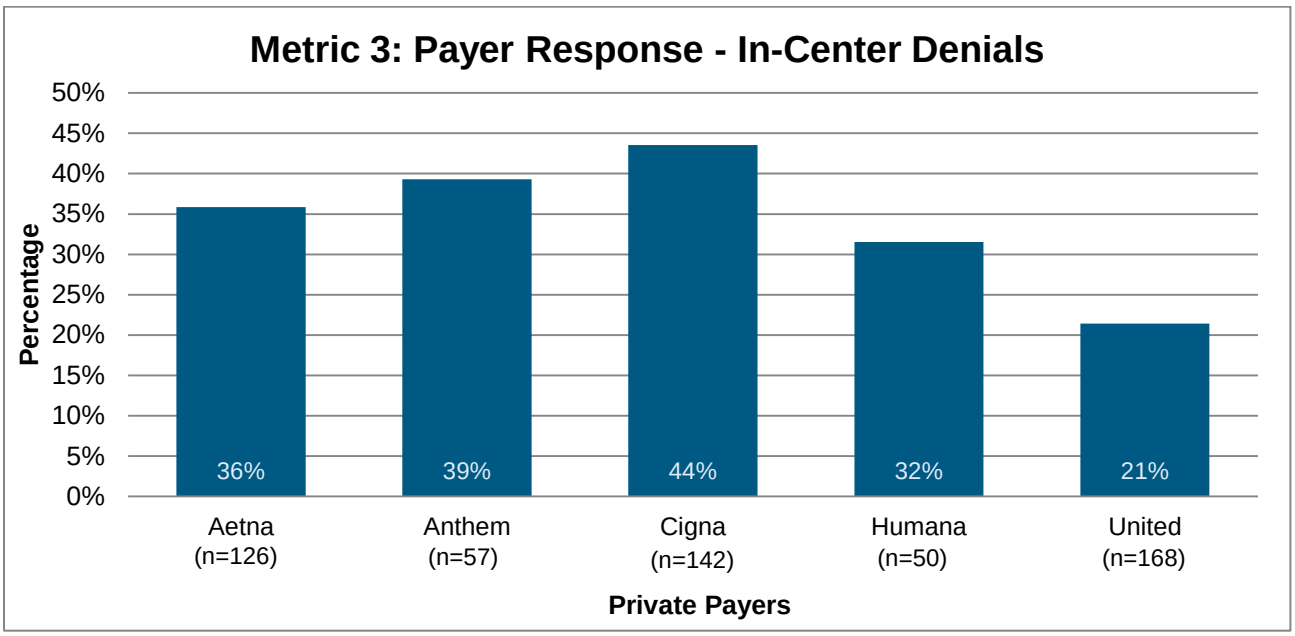
Metric 2: Payer Response – Time

Description: How much time does it take to receive a response from the payer to a preauthorization request?



Metric 3: Payer Response – In-Center Denials

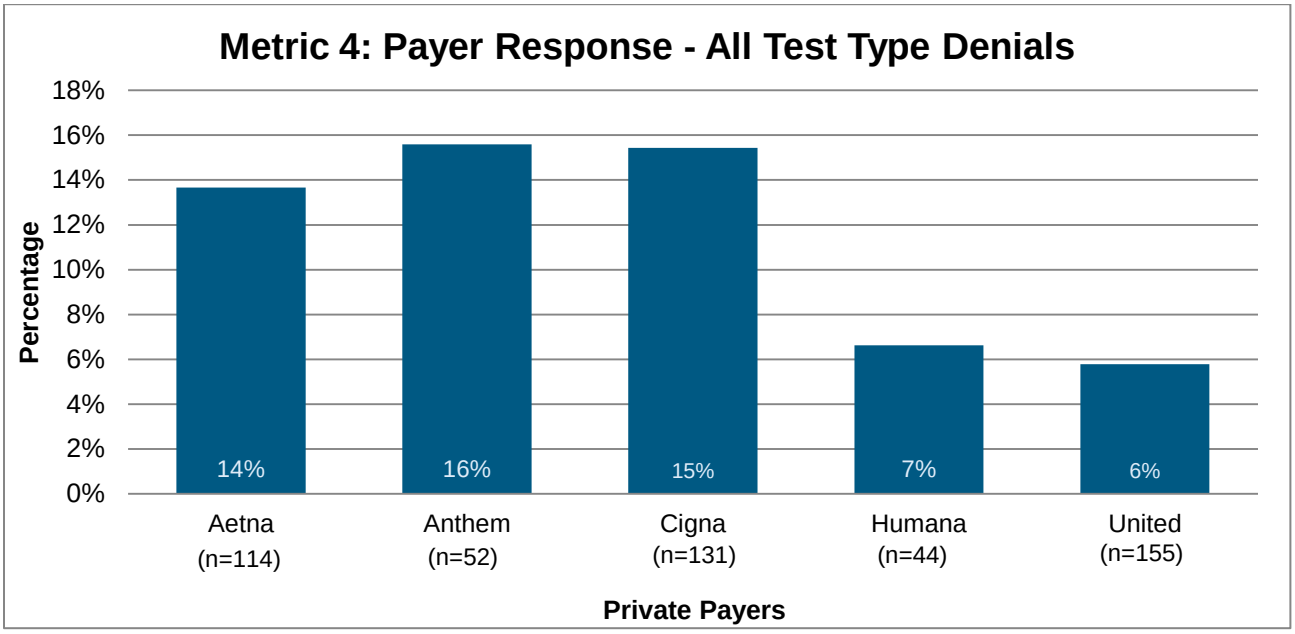
Description: How frequently does the payer deny a request for in-center sleep testing?



© 2013 American Academy of Sleep Medicine

Metric 4: Payer Response – All Test Types Denials

Description: How frequently are all types of testing denied by the payer?



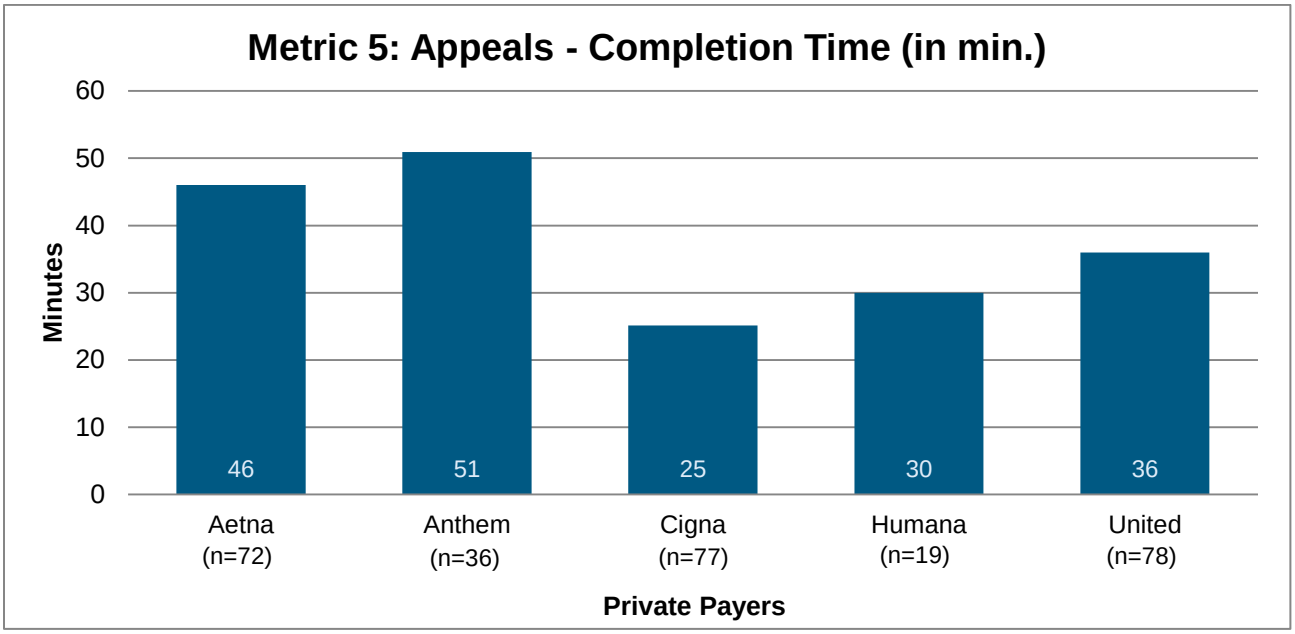
© 2013 American Academy of Sleep Medicine

Appeals

Members were asked to report on the time it takes to complete an appeal for each payer as well as the time it takes to receive a response from each payer regarding an appeal. Finally, the percentage of appeals that are denied and approved was collected.

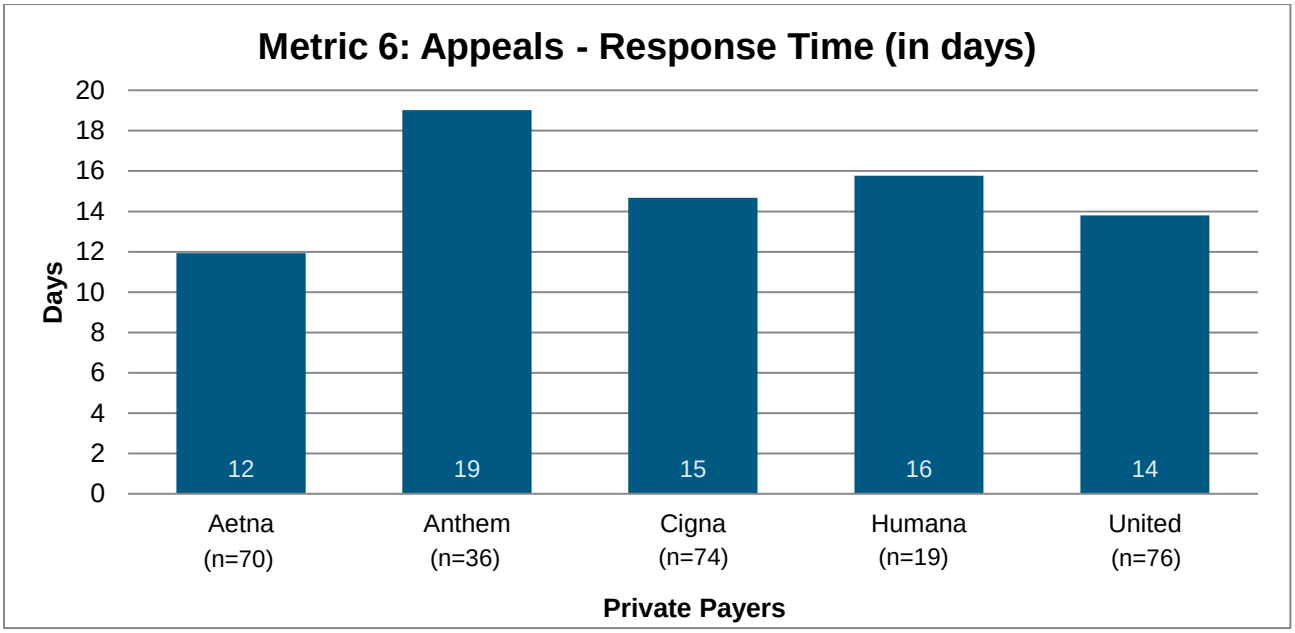
Metric 5: Appeals – Completion Time

Description: How long does it take to submit an appeal to the payer?



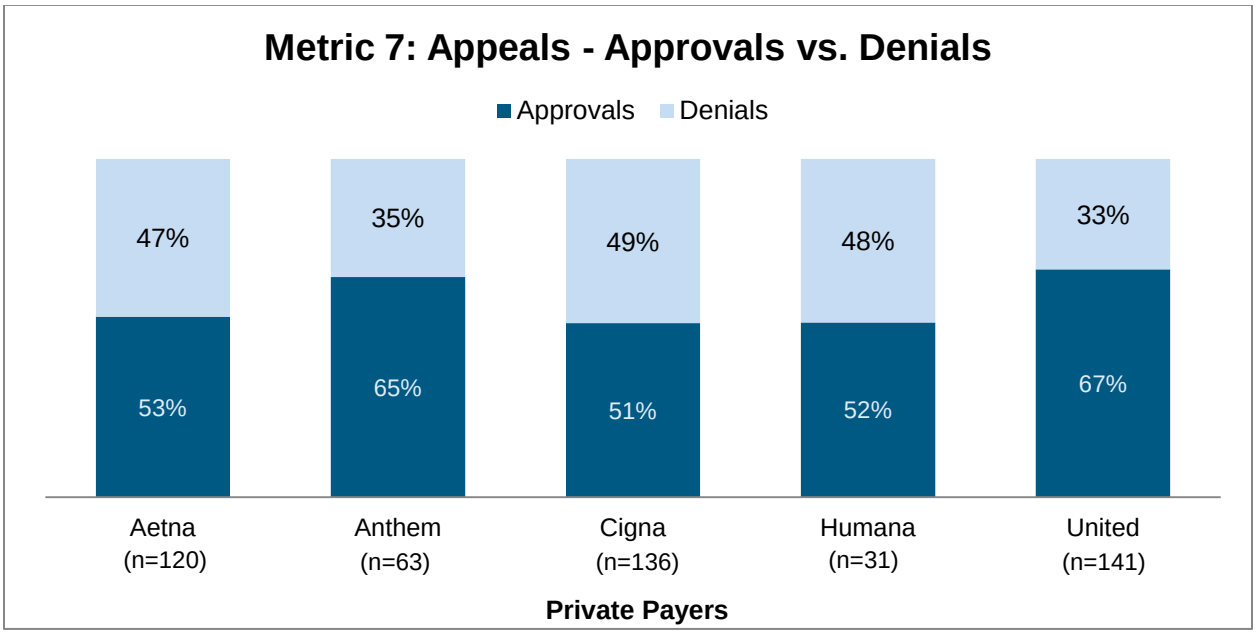
Metric 6: Appeals – Response Time

Description: How long does it take to receive a response from the payer regarding an appeal?



© 2013 American Academy of Sleep Medicine

Metric 7: Appeals – Approvals vs. Denials
Description: How frequently does the payer approve and deny appeals?



© 2013 American Academy of Sleep Medicine