The Sleep Medicine Program supports providers in helping ensure patients receive sleep management services that are appropriate, safe, and affordable. The Sleep Medicine Program leverages clinical appropriateness review (prior authorization) through AIM Specialty Health® (AIM) for certain sleep management services to promote a high standard of care through the consistent use of evidence-based criteria.

Who is AIM?
AIM works with leading insurers to improve health care quality and manage costs for today’s most complex and prevalent tests and treatments, helping to promote care that is appropriate, safe, and affordable.

What is the Sleep Medicine Program?
The health plan is committed to a comprehensive solution for sleep disorder management designed to:

- Improve the clinical appropriateness of sleep testing and therapy
- Help members find the highest value place of service for testing and therapy
- Monitor and manage patient compliance with sleep therapy

The Sleep Medicine Program requires prospective clinical review of non-emergency, non-inpatient sleep testing and therapy services. This program will consider the medical necessity of the sleep study as well as the clinical appropriateness of a facility test or a test done in the home.

Prior authorization will also be required for any subsequent treatment (therapy), both initial and ongoing.

For therapy services, members must meet usage criteria for the continued rental of equipment and replacement of supplies.

Servicing physicians’ claims and durable medical equipment (DME) providers’ claims for equipment and supplies will adjudicate based on the approval or denial outcome.

Does this program extend to all members?
In states where the sleep management program is in effect, it applies to fully insured populations. It may also eventually cover self-insured members, and if it does, you will be informed of which self-insured members.

When the health plan is not the member’s primary insurance, does this program apply to the member?
No, the program only applies to members with the health plan as primary.

What procedures require clinical appropriateness review under the Sleep Medicine Program?

### Included procedures:
- Home sleep test (HST)
- In-lab sleep study (PSG, MSLT, MWT)
- Titration study
- Initial treatment order (APAP, CPAP, BPAP)
- Ongoing treatment order (APAP, CPAP, BPAP)
- Oral appliances

This program pertains to both new and existing sleep therapy patients.

Services performed in conjunction with emergency room services, inpatient hospitalization, or urgent-care facilities are excluded.

What information will AIM require in order to evaluate a request?
AIM offers a checklist of required information for each sleep related service. This can be found online at [www.aimspecialtyhealth.com/gowebsleep](http://www.aimspecialtyhealth.com/gowebsleep). Click on Sleep Management Clinical Questions for all possible scenarios.

In addition, if you're in the middle of a request, and you're using the internet ([www.providerportal.com](http://www.providerportal.com)), you can print out the relevant questions during the process without losing your work.
Can a provider look up any member on the AIM Portal to see if they are included in the Sleep Program?
Yes. The portal will return a message to the user alerting them if the member is not covered in the Sleep Program.
The portal will allow the user to proceed with the case if the member is included in the program.

If the member is not found in the AIM database does this mean that a request does not need to be entered for the member?
We are receiving the message: "Based on the search criteria you have entered, the member you are looking for is not part of our database."
Assuming you haven't made a data entry mistake, this message means the member is not included in the AIM program.

We are unable to complete a request for states in which we are not contracted – who should we contact?
If you are not contracted with the plan for that state in which you are providing service, then you must explicitly inform the member that they are out-of-network and will be subject to out-of-network benefit limitations (documentation of this is required.)
Call AIM to initiate a request in this unique situation.

How do providers contact AIM to request clinical appropriateness review?
There are two ways providers can contact AIM to request review and obtain an order number:

Online
- Get fast, convenient online service via the AIM ProviderPortalSM (registration required). ProviderPortal is available twenty-four hours a day, seven days a week. Go to www.providerportal.com to begin.

By phone
- Call AIM Specialty Health toll-free at: (877) 291-0509
- Hours: Monday – Friday, 8:00 a.m. – 5:00 p.m. (PDT) / 10:00 a.m. – 7:00 p.m. (CDT)

What does the AIM order number look like?
The AIM order numbers are nine (9) numeric digits.

How long is an order number valid?
From the date issued, AIM order numbers are valid for:
- 60 days for diagnostic tests
- 90 days for initial treatment orders (including replacement machines) and for ongoing treatment orders within the PAP equipment rent-to-own timeframe
- 365 days for ongoing treatment requests that are outside of the rent-to-own timeframe
- 365 days for oral devices/appliances

Does AIM need to know when the procedure is scheduled?
No, although the order number should be issued prior to scheduling the study and/or the procedure. The study and/or the procedure should occur within the timeframe that the order will remain valid.

How can providers determine whether an order number has been obtained for a member?
Providers can contact AIM to determine whether an order number has been obtained for a member covered under the program.

How does AIM select sleep study facilities?
What does “on-site” refer to here?
Currently, AIM selects facilities based on accreditation status and proximity to the member’s home.

If a procedure is not approved by AIM, is there an option to appeal the decision?
Yes, providers may appeal through normal appeal procedures, as directed in the denial letter. If AIM makes the decision to deny the request, the ordering physician should appeal directly to the health plan. The health plan retains the responsibility for grievances and appeals.)
If a service is already authorized by AIM and needs to be rescheduled beyond the original 60-day authorization period, is a new order number required?

If the date of the service is extended beyond the original 60 days, a new authorization must be requested through AIM.

If the authorization is done via the telephone or via the ProviderPortal, is a letter sent to the provider whether the authorization was approved or denied?

Yes, approval or denial letters will be sent to ordering providers requesting review.

Can dental providers/dental specialists submit sleep authorization requests?

Dental providers/specialists may not start a case as the “Ordering Provider” for sleep related tests, studies, and supplies. They can meet their patients’ needs as the “Servicing Provider” though. For authorization requests, dental providers must list the referring physician as the “Ordering Provider.”

What methods and resources are used to develop the guidelines?

Development of AIM Clinical Appropriateness Guidelines involves integration of medical information from multiple sources to support the use of high quality and state-of-the-art diagnostic imaging services. The process for criteria development is based on technology assessment, peer-reviewed medical literature, including clinical outcomes research, and consensus opinion in medical practice.

Who develops the clinical criteria for the program?

AIM Clinical Appropriateness Guidelines are updated at least once a year and are reviewed by:

- The External Sleep Panel
- An independent physician review board, including cardiologists, orthopedic surgeons, radiologists, neurologists, and neurosurgeons
- Clinical subject matter experts including subspecialists and leading academic experts
- Local imaging advisory council (representing local physician communities)
- Physician review panels

In addition, AIM guidelines are submitted as part of the AIM accreditation process to the National Committee for Quality Assurance (NCQA) and the American Accreditation HealthCare Commission (URAC).

AIM adheres to the Institute of Medicine’s (IOM) best practice standards for the development of trustworthy guidelines including a rigorous primary evidence review and a comprehensive evaluation of existing national and specialty society guidelines including:

- American College of Cardiology (ACC) Appropriateness Criteria
- American Heart Association (AHA)
- American Institute of Ultrasound in Medicine (AIUM)
- American College of Radiology (ACR) Appropriateness Criteria
- Provider Led Entities (PLE’s)
- American Cancer Society
- American Academy of Neurology (AAN)
- American Academy of Pediatrics (AAP)
- Society of Interventional Radiology (SIR)
- Society of Nuclear Medicine (SNM)
- Agency for Healthcare Research and Quality (AHRQ)
- Centers for Medicare and Medicaid Services (CMS)
- National Guideline Clearinghouse
- American Academy of Sleep Medicine

How can I receive a copy of the clinical criteria used by AIM?

AIM Clinical Appropriateness Guidelines are available on the homepage of their website at www.aimspecialtyhealth.com.