

SLEEP MEDICINE NEWS AND UPDATES

AASM Introduces Clinical Guidelines

The American Academy of Sleep Medicine recently announced the establishment of clinical guidelines on proper practice approaches for sleep disorders.

The need for clinical guidelines arose from the increasing number of requests AASM receives from government, insurance companies and health care organizations for guidance on coverage determinations. As the AASM is the leader in setting standards and promoting excellence in sleep medicine health care, education and research, the AASM Board of Directors identified the need to develop and institute clinical guidelines as a medium for evaluation and management algorithms of broad disorder areas in sleep medicine, based on the ICSD-2.

At its July meeting, the Board of Directors selected the first two guideline topics: 1) Evaluation and Management of Childhood Obstructive Sleep Apnea, and 2) Evaluation and Management of Chronic Insomnia in Adults. The AASM sent via e-mail a call to the Insomnia and Childhood Sleep Disorders Sections for volunteers to serve as members. The Executive Committee will appoint task force members in early September.

Each clinical guideline will follow a standard and strict procedure. The Board of Directors will approve a guideline topic with input from the Standards of Practice Committee Chair and Membership Sections. The Task Force will consist of members recommended by the appropriate Section and selected and approved by the Board of Directors, as well as a Task Force Chair nominated from the Clinical Practice Review Committee and approved by the Board of Directors. Per AASM standard, all members of each Task Force must be in compliance with the AASM conflict of interest policy.

The Task Force is expected to develop, within six months, an algorithm for the evaluation, treatment and follow-up of the assigned disorder based on existing Practice Parameters. Specific areas will include methods of diagnosis, treatment options and recommended long-term management. The algorithm will be evidence-based but, if insufficient evidence exists to answer a question, the Task Force will use a consensus process to address the specific issue. The completed clinical guideline will be reviewed by the Board of Directors and the approved version will be published in an issue of the Journal of Clinical Sleep Medicine.

More information on clinical guidelines and the established task forces will be available in the coming months on the AASM Web site at www.aasmnet.org.

Portable Monitoring Statement and RFP

For several years the American Academy of Sleep Medicine has examined the important issue of the role of unattended portable monitoring in the diagnosis, evaluation and treatment of individuals with sleep related breathing disorders.

The AASM has taken a leadership position on this issue in the past by participating with the American College of Chest Physi-

cians and American Thoracic Society in a task force that developed a practice parameter and review paper to guide best practice. The task force found that published evidence does not support the efficacy of unattended portable home monitoring as an acceptable diagnostic technology for sleep related breathing disorders.

The AASM continues to be proactive in the development of consensus- and evidence-based guidelines for portable monitoring. The AASM Board of Directors recently adopted an interim statement on the use of portable monitoring devices in the diagnosis of obstructive sleep apnea; this statement is online at www.aasmnet.org/jcsm/AcceptedPapers/PortableMonitoring.pdf and published in the July issue of Journal of Clinical Sleep Medicine. The AASM Board of Directors has also appointed a new task force to develop consensus guidelines for any circumstances in which portable monitoring may be reasonable.

At the same time, the American Sleep Medicine Foundation Board of Directors appointed a task force to develop an RFP for a multiple-center study that will evaluate the use of one or more portable devices at home against full laboratory polysomnography for cost-effectiveness, quality of life and compliance. The task force is currently finalizing the RFP and, when it is approved, will be opened for applications through the ASMF.

More information on the RFP will be available in the coming months on the ASMF Web site.

Behavioral Sleep Medicine Education and Training Initiative Launched

The American Academy of Sleep Medicine recently introduced the Mini-Fellowship Program in Behavioral Sleep Medicine as part of its continued commitment to chronic insomnia and cognitive behavioral therapy.

The Mini-Fellowship Program in Behavioral Sleep Medicine provides education and practical training experience to fellows so that they may develop or improve behavioral sleep services to insomnia patients in primary care settings, or other settings where such services are presently lacking.

The program is a four weeks in duration and includes three weeks of experience at an AASM-accredited sleep center as well as attendance at the SLEEP 2007 21st Annual Meeting of the Associated Professional Sleep Societies in June 2007. The clinical portion of the program includes a direct and supervised clinical mentorship, concentrating on patients requiring behavioral management and intervention for their sleep disorders. As part of the program experience, participants will receive educational materials, including copies of the International Classification of Sleep Disorders, Second Edition and a complete copy of AASM Clinical Practice Parameters. For a full description of the program, visit www.aasmnet.org/PDF/BSMMiniFellowOutline.pdf.

The deadline for candidates to apply for the Mini-Fellowship Program in Behavioral Sleep Medicine is December 1, 2006. The application is available for download from the AASM Web site at

www.aasmnet.org/PDF/BSMMMiniFellowApp.pdf.

ABIM and ABP Announce Information for Certification Examination

The American Board of Internal Medicine and American Board of Pediatrics have formally announced the certification examination in sleep medicine is scheduled for November 15, 2007.

According to the announcement from ABIM, registration for the exam commences March 1, 2007, and closes May 1, 2007. Complete information is available on the ABIM Web site at www.abim.org/resources/eidates_cert.shtm#15b.

According to the announcement from ABP, registration for the exam commences February 1, 2007, and closes May 1, 2007. Complete information is available on the ABP Web site at www.abp.org.

ACGME Announces Phase Three of Accreditation

The Accreditation Council for Graduate Medical Education is beginning the third accreditation cycle for sleep medicine programs; the programs will have an accreditation effective date of July 1, 2007. The application for program accreditation and related information are now available on the ACGME Web site: www.acgme.org/acWebsite/newsRoom/newsRmTimelineSMA-Phase3.asp.

AASM Issues Statement on Back Box Warning for Dextroamphetamine

The American Academy of Sleep Medicine has adopted a statement on amphetamine preparations agents used for the treatment of sleepiness in narcolepsy. The statement is available for members to download from the Web site at www.aasmnet.org.

New Scoring Manual to be Introduced in 2007

The Steering Committee for "The Scoring of Sleep and Associated Events" expects to publish the new scoring manual in early 2007, according to a report it submitted to the American Academy of Sleep Medicine Board of Directors.

The Task Forces for the "The Scoring of Sleep and Associated Events" continue to make tremendous progress. The Steering Committee submitted to the Board of Directors for review the proposed review paper and rules for the Cardiac, Visual and Arousal sections, and expects to submit additional rules and papers to the Board of Directors in October.

AASM Responds to Institute of Medicine Report on Sleep Disorders and Sleep Deprivation

The Institute of Medicine in April published "Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem." The American Academy of Sleep Medicine, which along with the National Center for Sleep Disorders Research, National Sleep Foundation and Sleep Research Society supported the report, issued a statement regarding findings and recommendations included in the report. This statement was sent to members and is also available on the AASM Web site at www.aasmnet.org.

As highlighted in the statement, the AASM Board of Directors agreed that the report endorsed many longstanding positions and actions of the AASM, including the importance of accredited sleep facilities, the need for inclusion of sleep education in all

levels of medical school education and training, and the continuing need to provide the public with accurate and comprehensive information about sleep medicine and sleep disorders. However, it believed the report did not go far enough in some of its recommendations to ensure the appropriate growth and development of the fields of sleep science and sleep medicine.

As such, the AASM Board of Directors formed three task forces to examine and evaluate the recommendations included in the report so the AASM can provide a thoughtful and thorough response to the IOM regarding these specific areas of the report. The Board of Directors formed task forces in the following areas: clinical practice and the accreditation process; research; and development of organizational structures for sleep programs in academic health centers and for the promotion of these programs within medical schools.

The task forces are developing specific recommendations for a focused direction for these topic areas, and a report will be created based on their respective findings and recommendations. The AASM will provide updates on its response to the IOM in future issues of the *Journal of Clinical Sleep Medicine*.

Call for Contributions to ICSD-2 Casebook

The American Academy of Sleep Medicine's Nosology Committee is developing the *ICSD-2 Casebook*, and is seeking contributions from sleep specialists.

The *ICSD-2 Casebook* is designed to illustrate the proper use of the ICSD diagnostic criteria and differential diagnosis, and it is expected to be a valuable resource for those preparing for sleep medicine board examinations, residents rotating in sleep centers and physicians in pulmonary, neurology, internal medicine, and psychiatry who wish to learn sleep medicine in a case-based format.

Specialists are encouraged to contribute actual cases or an amalgamation of several cases. Initial submissions should be an abstract of the case no longer than one page of double-spaced text and should include:

- A description of the symptoms
- Approach to the patient
- Final diagnosis and treatment plan
- Teaching points

The Nosology Committee will review all submissions to determine which should be included in the *ICSD-2 Casebook*; not all submissions will be included. When considering whether to submit a contribution, it is important to note that the final version is expected to be between five and ten double-spaced pages, including figures. A member of the Nosology Committee will contact you with details of the submission requirements if your case is selected for inclusion in the casebook. All contributing authors will be asked to sign a copyright assignment form. Final versions should include:

- Detailed history
- Physical Examination
- Differential Diagnosis
- Polysomnographic Testing (when appropriate)
- Record fragments are encouraged
- Additional Tests (if needed)
- Actigraphy, sleep logs, imaging studies and other relevant data

- Final Diagnosis
- Discussion of Treatment Options
- Outcome of Case

Those who submit cases that are chosen for inclusion in the *ICSD-2 Casebook* will be recognized as contributing authors.

Please submit contributions to Richard Rosenberg, PhD, Nosophy Committee Coordinator, American Academy of Sleep Medicine, One Westbrook Corporate Center Suite 920, Westchester, IL 60154, or by e-mail to rosenberg@aasmnet.org.

AASM Set to Introduce New Pediatric Slide Set

The Education Committee has been hard at work developing a new pediatric slide set. This comprehensive resource explores the development of sleep during infancy, cross-cultural differences in infant sleep behavior, changes in a child's sleep patterns during childhood years, common sleep disorders and factors affecting adolescent sleep.

The slide set will be available to members in the coming months and more information on its availability will be communicated to you via the Weekly Update.

AASM Developing Practice Parameter and Review Paper for Actigraphy

In June 2007 the CPT Editorial Panel will begin review of the CPT code for actigraphy, which is currently a level III CPT code listed as 0089T – Actigraphy testing, recording, analysis and interpretation (minimum of three day recording).

As the American Academy of Sleep Medicine is the leading authority in the sleep medicine field, it is imperative that will provide to the CPT Editorial Panel updated published scientific evidence on actigraphy no later than June 2007. This is an important and timely issue for the sleep medicine field, and the AASM Board of Directors requested its Standards of Practice Committee work on an update to the practice parameter and review paper "Practice Parameter for the Role of Actigraphy in the Study of Sleep and Circadian Rhythms." The Board of Directors expects to review the parameter and review paper in October; the practice parameter and rule will be published in an upcoming issue of *SLEEP*.

First Programs Receive CAAHEP Accreditation

The Committee on Accreditation for Polysomnographic Technologists Education (CoA PSG) announced the Commission on Accreditation of Allied Health Education Programs (CAAHEP) granted accreditation for the first two full-time educational programs in sleep technology. The two programs that received CAAHEP accreditation are Sleep Care, Inc. in Columbus, Ohio, and Northern Essex Community College – Haverhill in Lawrence, Mass.

Both programs successfully completed a rigorous application process that included a detailed self-study report and site visit. Graduates of these programs are eligible to sit for the certification examination offered by the Board of Registered Polysomnographic Technologists.

To learn more about CAAHEP accreditation, visit www.caahep.org/accredit.aspx?ID=obtainCredit, or contact Richard Rosenberg, PhD, at rosenberg@aasmnet.org.

CMS Announces 2007 Hospital Payment Rates

The Centers for Medicare and Medicaid Services (CMS) recently released its proposed rule for the 2007 Hospital Outpatient Prospective Payment System (HOPPS). Sleep medicine service rates, otherwise known as Ambulatory Payment Classifications (APC), will see significant increases next year.

Listed below are the two APC codes and their respective reimbursement level for 2006 and 2007.

0209- Extended EEG Studies and Sleep Studies, Level II

(Includes the technical component of CPT codes 95805, 95807, 95808, 95810 and 95811)

2007 Proposed APC Rate:	\$706.89
2006 APC Rate:	\$671.85
Change 2006 vs. 2007	\$35.04/+5.22%

0213- Extended EEG Studies and Sleep Studies, Level I

(Includes Technical Component of CPT code 95806)

2007 Proposed APC Rate:	\$142.39
2006 APC Rate:	\$133.95
Change 2006 vs. 2007	\$8.44/+6.3%

CMS Publishes Proposed Rule on 2007 Medicare Physician Payment Schedule

The August 23, 2006, edition of the Federal Register includes a proposed rule from Centers for Medicare and Medicaid Services (CMS) that includes policy changes affecting the 2007 Medicare physician payment schedule. This proposed rule follows a June 29, 2006, proposed rule pertaining to the five-year review of work relative values and methodological changes in practice expense values; the comment period for this rule is closed.

The proposed rules include proposals of interest to sleep medicine specialists in the areas of geographic adjustments, independent diagnostic testing facilities and specialty impacts. A detailed memo from the American Medical Association on the effects of these rules is available for download from the member's only section of the AASM Web site at www.aasmnet.org. Visit www.access.gpo.gov/su_docs/fedreg/a060823c.html to read the proposed rule from the August 23, 2006, Federal Register.

HHS Issues Report Regarding Audit of IDTFs

The Department of Health and Human Services Office of the Inspector General (OIG) in late June issued an audit report that reviews claims billed by independent diagnostic testing facilities (IDTF) for services provided to Medicare beneficiaries during 2001. As many sleep centers are IDTFs, this information is particularly important to members.

The OIG audited a sample of claims submitted by IDTFs to Medicare for beneficiaries with 100 or fewer services to determine whether: (1) services that IDTFs provided to Medicare beneficiaries were (i) reasonable and necessary; (ii) ordered by a physician; and (iii) sufficiently documented in accordance with Federal laws, regulations and guidelines, and (2) IDTFs operated in accordance with their initial enrollment applications and subsequent updates filed with carriers.

Based on the findings in the audit, OIG recommended that CMS conduct site visits to audit enrollment compliance and to

pursue potential recovery of improper payments related to IDTF services, which exceed \$71.5 million. While no action has been announced at this time, CMS may increase its enforcement activities with regards to IDTF services.

CMS recommends IDTF operators ensure their center has an effective compliance plan to ensure medical records comply with billing requirements, medical necessity is documented in the patient record and a physician's order is on file for every procedure. Additionally, IDTFs should ensure it is operated in compliance with its enrollment application, including operational changes.

The full report is available for download on the AASM Web site at www.aasmnet.org.

Welcome New Accredited Center Members

Here is the listing of all new accredited center members since July 1, 2006. If you would like for your accredited center to take advantage of these benefits and more please contact the membership department at bfairchild@aasmnet.org or (708) 492-0930.

**Alegent Health Mercy Hospital Sleep Disorder Center
Alegent Health Mercy Hospital**

**Center for Sleep Medicine
Weill Cornell Medical College of Cornell University**

Children's Hospital of Wisconsin Sleep Center

Clear Lake Sleep Center

CompleteSleep Management, Inc.

Georgia Lung Associates Sleep Center

Louisiana Sleep Diagnostics, LLC

**Northwest Sleep Health
Northwest Primary Care Group**

Ohio County Hospital Sleep Center

Ohio Sleep Disorders Centers, LLC - Medina

**Sleep Center for Children
St. Christopher's Hospital for Children**

Sleep Center of NorthWest Oklahoma City

Sleep Center of the Coast

Sleep Centers of Iowa

Sleep Medicine Center of Kansas

Sleep Wellness Center of Pottstown

Sound Sleep Centers

Spartan Sleep Studies

SRI Sleep Disorder Center

**Stevens Sleep Center
Stevens Pavilion**

The Griffin Hospital Sleep Wellness Center

**University of North Carolina Sleep Disorders Center
University of North Carolina Hospitals**

Woodland Medical Center Sleep Lab

**Yakima Sleep Center
Pinnacle Sleep and Wake Disorders Center**