

### AASM Unveils Unprecedented Commitment to Research

Since awarding its first grant in 2000, the American Sleep Medicine Foundation (ASMF) has been a leading resource for physicians and researchers at all career levels who investigate sleep and sleep disorders, awarding more than more than \$3 million to fund 37 projects. The ASMF has been able to sustain this level of investment in sleep because of the American Academy of Sleep Medicine (AASM), which covers administrative costs and provided funds for most grant opportunities.

The AASM has announced an even deeper commitment to the ASMF and sleep and sleep disorders research through the AASM Physician Sleep Scientist Training Award. The AASM recognizes the difficulty young physician investigators in sleep medicine training programs face in securing support for research, and created this award in response. The award provides up to five one-year grants, in the amount of \$75,000 each, for fellows at training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME); candidates are eligible for up to two years of support. The ASMF expects to award 25 grants over the course of five years.

With these grants, the AASM's investment in research will total \$1.315 million in 2007 and \$6.255 million over the next five years. This fiscal contribution, which is in excess of all revenues over expenses, represents a significant, substantial and sustained level of commitment to young investigators, experienced scientists and sleep science on part of the AASM.

More information on the AASM Physician Sleep Scientist Training Award will be available online when the new ASMF Web site launches in fall 2007. Also available will be the requirements for candidates as well as the grant application.

### APSS Launches New Web Site for SLEEP Meeting

The Associated Professional Sleep Societies (APSS), a joint venture of the American Academy of Sleep Medicine (AASM) and the Sleep Research Society (SRS), has launched a new Web site for the SLEEP annual meeting.

With a launch date coinciding with the release of the Call for Abstracts and Proposals, [www.sleepmeeting.org](http://www.sleepmeeting.org) is the primary resource all attendees and exhibitors will log on to for information regarding SLEEP 2008. The site includes online submission for the call for abstracts and proposals, online registration, the preliminary and final programs, lodging listings, news about the meeting and facts about Baltimore.

The new Web site enhances the new look and image of SLEEP, which is the premiere meeting for physicians, specialists, researchers and other health care professionals in sleep. SLEEP 2008 is June 7 – 12, 2008, in Baltimore Maryland.

Sleep researchers and clinicians wishing to submit science for consideration may respond to the Call for Abstracts and Propos-

als. The deadline to submit session proposals is December 3, and the deadline for abstracts is December 17. Guidelines and submission information are online at [www.sleepmeeting.org](http://www.sleepmeeting.org).

### Proposed Changes to Stark Law and Physician Payments Affect Sleep Medicine

In early July the Centers for Medicare & Medicaid Services (CMS) posted on its Web site proposed revisions to the Medicare Physician Fee Schedule for 2008, which contained a number of changes to the Stark Law that, if implemented, would affect the practice of sleep medicine greatly. The proposed schedule was published in the July 12, 2007, edition of the *Federal Register*.

Notably, the changes to the schedule would impact under arrangements between physicians and entities that furnish designated health services (DHS). This change perhaps has the greatest implications for sleep medicine specialists. Other proposed changes that affect sleep medicine include restrictions on "Per-Click Payments" to prevent over-utilization of services and abuse; clarification for set-in-advance and percentage-based compensation arrangements to ensure payments are for services personally performed; addition of anti-markup restrictions on both the professional and technical components of diagnostic tests; clarification of existing regulations regarding burden of proof for services pursuant to a prohibited referral; and amendment to regulations to provide "stand in shoes" relationships in terms of compensation for services provided.

The American Academy of Sleep Medicine (AASM) submitted a formal comment to CMS on the 2008 Medicare Physician Fee Schedule and expressed concern regarding the feasibility of several proposed changes included within the schedule.

Also included in the formal comment to CMS was the AASM's concern regarding a proposed cut to physician payments for 2008 as well as further estimated reductions slated for the next five years. According to the proposed rule, the reduction to payments is estimated at 10 percent for 2008, with projected cuts totaling 40 percent over the next eight years. During this same period, practice costs for physicians are expected to increase 20 percent. According to the AASM, such a disadvantageous situation would render it impossible for physicians to sustain their care for patients enrolled in traditional Medicare.

In its letter, the AASM strongly urged CMS to work with Congress and develop a fair and balanced rejoinder that enacts positive physician payments for 2008 and subsequent years and accurately reflects realistic medical practice costs incurred by physicians as indicated by the Medical Economic Index (MEI). Further, the AASM requested CMS and Congress assess the current sustainable growth rate (SGR) formula and replace it with a meaningful system that considers the continually increasing costs associated with care provided by physicians to Medicare beneficiaries.

### New Compliance Standards for IDTFs Now Effective

In mid-July the Centers for Medicare & Medicaid Services (CMS) published transmittal 216 of the Medicare Program Integrity Manual, "Implementation of New Compliance Standards for IDTFs," which has significant implications for the sleep medicine field.

According to the manual, the revised compliance standards must be met by independent diagnostic testing facilities (IDTFs) in order to bill the Medicare program. The standards took effect October 1, 2007. The revised standards can be accessed by downloading the manual, which is available online at [www.cms.hhs.gov/transmittals/downloads/R216PI.pdf](http://www.cms.hhs.gov/transmittals/downloads/R216PI.pdf).

### CMS Considers NCD for Portable Monitoring

The Centers for Medicare & Medicaid Services Medicare Advisory Panel (MedCAC) met on September 12, 2007, to discuss national coverage determination policy 240.4, continual positive airway pressure therapy (CPAP) for obstructive sleep apnea (OSA).

Alex Chediak, MD, president of the American Academy of Sleep Medicine (AASM) testified on behalf of the AASM and its members regarding available scientific literature on the efficacy, safety and cost-effectiveness of portable monitoring versus traditional in-facility diagnostic testing and therapy with CPAP.

The expert panel assembled by CMS completed a questionnaire that determined each member's confidence in the level of evidence available for each question. The scored sheet is available for download at [www.cms.hhs.gov/mcd/viewmcaac.asp?where=index&mid=40](http://www.cms.hhs.gov/mcd/viewmcaac.asp?where=index&mid=40).

According to CMS, the proposed decision memo will be posted before December 14, 2007, and the completion date for the policy is estimated to be March 13, 2008.

### AASM Applies for Update to Code for Actigraphy

The American Academy of Sleep Medicine (AASM) Health Care Policy Committee submitted an application for a change to the CPT code for actigraphy from Category III to Category I status.

A Category III CPT code is a preliminary code that is used to establish the usage of a particular procedure and the customary charge to the patient for the service. The current code for actigraphy, including testing, recording, analysis and interpretation (for a minimum of three days), is 0089T. However, CMS will not reimburse for actigraphy until it achieves Category I status.

The AASM encourages all specialists using actigraphy in clinical practice to code and bill for this testing regardless of reimbursement expectations as it will aid with the application for the code change.

The application for the code change shortly followed publication of "Practice Parameter for the Use of Actigraphy in the Assessment of Sleep and Sleep Disorders: An update for 2006" in the April issue of *SLEEP*. The practice parameter and accompanying review paper can be downloaded for review from the AASM Web site, [www.aasmnet.org](http://www.aasmnet.org).

### AASM Publishes New Sleep Center Management Manual

A completely updated, revised and redesigned edition of the popular *Sleep Center Management* manual is now available from the American Academy of Sleep Medicine (AASM).

The manual is an essential resource for medical directors and those interested in establishing a sleep center or laboratory as it gives a comprehensive overview of start-up considerations, reimbursement, clinical protocols and issues related to personnel and patients. Also included are model policies, sample forms and other resources that illustrate the manual's content. Orders for the *Sleep Center Management* manual can be placed your copy online at [www.aasmnet.org/store/products.aspx](http://www.aasmnet.org/store/products.aspx).

### AASM Announces New Designation for Fellows

The American Academy of Sleep Medicine's (AASM) Board of Directors in 2006 created new requirements for status as a Fellow member with the AASM. These requirements state applicants must be either certified by AASM in Behavioral Sleep Medicine, a Diplomate of AASM, or certified in Sleep Medicine by an AASM member board; hold membership with the AASM for five years; and demonstrate special contributions to scientific literature or significant advancements in the field of sleep medicine in research, service and education. Interested candidates then must submit a written application, complete with letters of endorsement, to the AASM for consideration.

In light of the revised requirements for status as a Fellow member, the AASM Board of Directors recently approved a designation – FAASM – for use by approved Fellow members to signify their professional achievement in sleep medicine. This membership category and designation commences with the 2007 membership cycle. More information on Fellow membership is on the AASM Web site at [www.aasmnet.org](http://www.aasmnet.org).