AASM Announces Changes to A-STEP

The American Academy of Sleep Medicine (AASM) has changed its Accredited Sleep Technologist Education Program (A-STEP) to better meet the needs of the sleep trainees, technicians and technologists and ensure compliance with new eligibility requirements for the Registered Polysomnographic Technologist (RPSGT™) Exam offered by the Board of Registered Polysomnographic Technologists (BRPT).

Beginning in July 2008, any candidate, including both on-the-job trainees and health care professionals with accepted credentials, qualifying for the RPSGT™ Exam must meet new an eligibility criterion that requires candidates to complete the AASM A-STEP Self-Study Modules, formerly known as Step 2, or an equivalent education program, to sit for the exam. As such, completion of the AASM A-STEP Introductory Course, formerly known as Step 1, is no longer a prerequisite for taking the AASM A-STEP Self-Study Modules. Candidates can now take the AASM A-STEP Self-Study Modules online at www.aasmnet.org/astep/.

However, beginning in 2010, the BRPT will require all on-the-job trainees to pass both the AASM A-STEP Introductory Course and the Self-Study Modules as eligibility requirements for the RPSGT™ Exam.

Learn more about the changes to A-STEP, the new requirements and how to become an AASM A-STEP Provider by visiting www.aasmnet.org/astep/.

SLEEP 2007 Annual Meeting Promises Rich and Diverse Program

For five days in June, sleep scientists and sleep medicine physicians, technologists and health professionals will gather in Minneapolis, Minn. for SLEEP 2007, 21st Annual Meeting of the Associated Professional Sleep Societies, the premier meeting for sleep field.

The meeting commences with two days of post-graduate courses, which focus on a variety of specific topical areas in sleep that appeal to both clinical and research orientations. The scientific program features noted experts in the field presenting compelling and current science through a variety of formats, including meet-the-professor breakfast and lunch sessions, clinical workshops, symposia, discussion groups, oral presentations and invited lectures. Membership meetings provide an overview of the current status of each organization and outline future directions, and are an opportunity for members to interact and connect with leadership and colleagues.

Highlights for SLEEP 2007, 21st Annual Meeting of the APSS include the keynote address by Mark Mahowald, MD, dozens of education offerings and the fifth annual Discovering the Secrets of Sleep dinner. The Invited Lectures for include world-renowned experts in sleep, including Roseanne Armitage, PhD; Claudio Bassetti, MD; Mary Carskadon, PhD; Peter Fleming, MD; Robert Stickgold, PhD; and Anna Wirz-Justice, PhD.

Visit www.apss.org to download the preliminary program of events and to register for the SLEEP 2007 Annual Meeting. SLEEP 2007 registrants are encouraged to make lodging accommodations through the SLEEP Housing Bureau. Log on at www.apss.org/HotelTravel.aspx to search hotel options and make reservations.

Sleep Education Series Offers Continued Learning and Review Opportunities

The American Academy of Sleep Medicine (AASM) Sleep Education Series provides courses and accompanying products for sleep medicine practitioners and physicians from other specialties who are looking for comprehensive and relevant education in sleep medicine disorders as well as the business and management aspects of the field.

Registration is now open for the National Sleep Medicine Course. Designed for health care professionals who currently practice or are interested in practicing in the field of sleep medicine as well as fellows and trainees seeking an overview of sleep disorders diagnosis and treatment, the National Sleep Medicine Course covers a broad range of topics such as reading polysomnograms, recognizing aspects from other specialties that influence sleep and sleep medicine, identifying sleep disorders and treatments, and exploring non-medical issues that affect sleep medicine.

The National Sleep Medicine Course is August 4-8, 2007, at the Westin Tabor Resort in Denver, Colo. For more information and to register, visit www.aasmnet.org/SleepEdEvent.aspx?id=87.

The AASM offers these education and review resources for preparation for the upcoming American Board of Medical Specialties certification examination in sleep medicine.

Board Review for Sleep Specialists is September 21-23, 2007, in Chicago, Ill. and October 12-14, 2007, in Los Angeles, Calif. At the conclusion of this two-and-a-half day course participants will be able to formulate differential diagnosis for sleep disorders patients, determine appropriate investigative strategies, review and interpret sleep studies, evaluate data and arrive at a final diagnosis, develop a comprehensive treatment plan for patients with sleep disorders and devise a schedule for study in preparation for the examination. For more information and to register for the Board Review for Sleep Specialists, visit www.aasmnet.org/SleepEdSeries.aspx.

The Sleep Medicine Certification Examination Review Series consists of 60-minute interactive webinars that offer participants a convenient platform to prepare for the certification examination. The AASM is offering several webinars this spring, including Behavioral Treatment of Insomnia, Multiple Sleep Latency Test, Polysomnography, Hypersomnias, Pathophysiology of Sleep Apnea, and Sleep and Epilepsy. A full listing of webinars and indi-
AASM accreditation of sleep facilities is recognized by the medical community, the public and third-party payers as the gold standard for quality care. Make sure your center is ready for accreditation by registering for the Sleep Center Accreditation Series webinars, part of the AASM Sleep Education Series.

For facilities applying for AASM accreditation or reaccreditation Sleep Center Accreditation: Applying for Accreditation offers an in-depth overview of the application process, details requirements for compliance with the Standards for Accreditation, explains common problems encountered during the application process and reviews sample applications. Presented by Sally Neely, MD, Director of Policy and Standards for the AASM, Sleep Center Accreditation: Applying for Accreditation is Friday, April 20, 2007.

Facilities can prepare for the accreditation site visit with Sleep Center Accreditation: The Site Visit. Dr. Sally Neely will lead this 60-minute overview of what site visitors look for during the visit, including tips for compliance with the Standards for Accreditation and frequently-encountered problems. The presentation concludes with a question-and-answer session. Sleep Center Accreditation: The Site Visit is Monday, May 7, 2007.

Log on to www.aasmnet.org/SleepEdSeries.aspx for more information about the Sleep Center Accreditation Series and to register for the webinars.

Sleep Technologist Licensure Bills Introduced in Three States

Legislation has been introduced in three states regarding the licensure of sleep technologists. The American Academy of Sleep Medicine (AASM) has carefully evaluated the respective legislation and worked with sleep medicine and sleep technology specialists in each of the three states to address to bills with Senators, Representatives and aides.

In February, legislation was introduced in the North Carolina General Assembly for the licensure of sleep technologists. After reviewing the proposed legislation, the AASM identified several areas of concern regarding this bill. On Friday February 23, 2007, the North Carolina Respiratory Care Board (NCRCB) held an open meeting to hear comments regarding this proposed legislation. Approximately 100 individuals attended the meeting, including board of directors member Susie Esther, MD, who aptly represented the AASM’s opposition to the bill. Approximately two-thirds of those in attendance opposed the bill. The conclusion of the meeting was that there are many problems with the bill as written, and it was not introduced for a vote. The AASM will continue to monitor the status of this bill and will work closely with all interested parties to support legislation more favorable to sleep technologists and the field of sleep medicine.

In March a bill was introduced in the New Mexico legislature that would require sleep technologists to obtain a license to practice certain polysomnography services related to respiratory care. The AASM opposed this legislation as it sought to limit qualified sleep technologists from working within their scope of practice and would allow respiratory care therapists to control the licensure of sleep technologists. The AASM sent out a call-to-action to members in New Mexico asking each to contact their representatives and urge them to vote against this bill. The AASM also sent letters to members of the New Mexico legislature voicing our opposition to this bill. The bill was not introduced to the Senate. However, it may be introduced at a future time.

The Tennessee legislature in March considered a bill to license sleep technologists. The bill provides for full licensure of sleep technologists, and creates a polysomnography professional standards committee, under the Tennessee Board of Medical Examiners, made up of mostly sleep professionals. It also allows for both A-STEP and CAAHEP educational programs and requires respiratory therapists and electrophysiologic technologists complete the CAAHEP add-on for sleep in order to practice polysomnography. The AASM has voiced its support of this bill to members of the legislature.

NHLBI Strategic Plan Posted Online

The National Heart, Lung, and Blood Institute (NHLBI) announced its 2007 Strategic Plan has been posted for reference. Download the Strategic Plan by visiting www.nhlbi.nih.gov/strategicplan.

The American Academy of Sleep Medicine (AASM) as well as the Sleep Research Society and other sleep organizations submitted comment to NHLBI regarding the importance of including sleep disorders and sleep research in the Strategic Plan. The AASM applauds NHLBI for accepting these comments and including sleep disorders in several areas of the strategic plan, including Challenge 1.1.d, Challenge 2.1.b, Challenge 2.1.c, Challenge 2.3.a, Challenge 2.3.b, challenge 3.1, Challenge 3.1.b, and Challenge 3.1.b. Initiatives specific to sleep will be announced through NHLBI and National Center on Sleep Disorders Research.

FDA Requests Label Change for Sleep Disorder Drug Products

On March 14, 2007, the Food and Drug Administration formally requested that all manufacturers of sedative-hypnotic drug products revise their product labeling to include stronger language concerning potential risks and communicate these potential risks to health care providers. To read the FDA press release about this request, visit www.fda.gov/bbs/topics/NEWS/2007/NEW01587.html. The American Academy of Sleep Medicine (AASM) prepared a statement on the use of sleep medications, which can be viewed online at www.aasmnet.org/Articles.aspx?id=196.

Complete NPI Information Detailed

Providers have until May 23, 2007, to file their National Provider Identifier (NPI) application, which is a Health Insurance Portability and Accountability Act (HIPAA) requirement.

Log on to www.aasmnet.org/Members/SleepNews.aspx and download a memorandum from the American Medical Association regarding on updates to the NPI.

Visit https://nppes.cms.hhs.gov to access the NPI application and designate sleep medicine as your specialty with the new healthcare provider taxonomy codes (HPTC).

Physicians who have already completed the NPI application and did not include a sleep medicine HPTC, can file an update. Contact the NPI Enumerator at (800) 465-3203 to obtain a National Provider Identifier (NPI) Application / Update Form (CMS-10114).

Questions regarding the NPI application can be sent via e-mail.
to customerservice@npienumerator.com or answered by contacting the NPI Enumerator at 1-800-465-3203.

Listed below are the 10-digit codes for sleep medicine that are located within their respective classifications.

- Internal Medicine - Sleep Medicine 207RS0012X
- Otolaryngology - Sleep Medicine 207YS0012X
- Pediatrics - Sleep Medicine 2080S0012X
- Psychiatry & Neurology - Sleep Medicine 2084S0012X

In other news related to the NPI, The National Uniform Claim Committee (NUCC) announced that effective April 2, 2007, a revised CMS-1500 (08-05) form would replace the current CMS-1500 (12-90) form. The revised form requires all providers to include a NPI. Due to a formatting error with the revised form, NUCC has extended to June 1, 2007, the date for providers who use paper forms for bill submission to use CMS-1500 (08-05). For more information, visit www.cms.hhs.gov/ElectronicBillingEDI-Trans/16_1500.asp.

Also, Centers for Medicare and Medicaid Services (CMS) announced it is implementing a contingency plan for covered entities, other than small health plans, who will not meet the May 23, 2007, deadline for compliance with the National Provider Identifier (NPI) regulations that fall under the Health Insurance Portability and Accountability Act (HIPAA).

The new enforcement guidelines allows covered entities that have been making a good faith effort to comply with the NPI provisions may, for up to 12 months, implement contingency plans that could include accepting legacy provider numbers on HIPAA transactions in order to maintain operations and cash flow.

CMS to Review National Coverage Determination for Portable Monitoring

On March 14, 2007, the Centers for Medicare and Medicaid Services (CMS) announced it is reviewing its national coverage determination (NCD) regarding the diagnosis of patients with obstructive sleep apnea (OSA) requiring continuous positive airway (CPAP) therapy at the request of the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS). The current NCD specifies that only polysomnography performed in a facility-based sleep center or laboratory can be used to identify patients with OSA requiring CPAP.

The American Academy of Sleep Medicine (AASM) developed a formal comment to this request for a review and submitted it to CMS. The AASM response carefully considered evidence that has been published since the enactment of the current NCD as well as the rationale for review presented by the AAO-HNS.

Palmetto Announces New Reimbursement Requirements for South Carolina

Effective June 1, 2007, Palmetto GBA will deny services submitted by freestanding sleep disorder centers and sleep related breathing disorder laboratories in South Carolina that have not submitted a copy of the American Academy of Sleep Medicine (AASM) accreditation certification. According to the policy freestanding facilities include physician’s office, Independent Diagnostic Testing Facilities (IDTF) and all other non-hospital based facilities where sleep studies are performed.

To avoid sleep service payment denials, submit a copy of your AASM accreditation certification by June 1, 2007. Facilities that have applied for but have not received certification may fax or mail the application receipt letter from the AASM before June 1, 2007.

Please fax or mail your AASM accreditation certification to the following number/address:

FAX: (803) 763-2030
ATTN: Polysomnography Certification
Address:
Palmetto GBA
Polysomnography Certification – AG-310
PO BOX 100190
Columbia SC 29202-3190

NOTE: Palmetto GBA considers the June 1, 2007, date extension as the provisional requirement listed in the policy. Facilities that currently bill and need the extension to meet this new requirement may NOT use the “provisional” requirement after the June 1, 2007, extended date.

Learn more about AASM accreditation by visiting www.aasmnet.org. Review Palmetto’s policy online at www.palmettoGBA.com.

New Grant Opportunity Available from Jazz Pharmaceuticals

Jazz Pharmaceuticals announced new funding opportunities to support research in sleep medicine. Jazz Pharmaceuticals will fund four one-year grants of $50,000 each, which will be awarded by the Medical Affairs Department to trainee Fellows doing original research in the area of sleep medicine. The Jazz Pharmaceuticals Fellowship Training Grant in Sleep Medicine program is intended to foster clinicians and researchers in creating and maintaining a peer-reviewed research program and contributing to the area of sleep medicine. Equal consideration will be given to basic and clinical research projects. The research project must be the primary work of the applicant, in collaboration with a qualified mentor. Applicants must hold an MD, DO, or PhD degree, and be a full time Fellow in an accredited training program for the 2008-09 academic year.

Applicants must submit a Letter of Intent and Curriculum Vitae by July 31, 2007. The Letter of Intent (1 page) should include objectives and specific aims of proposed research, and name of proposed mentor. Letters of Intent will be reviewed by the Fellowship Grant Committee. Applicants will be notified of the committee’s decision by August 15, 2007, and if favorable, will be asked to submit a grant application. Applications must be received by October 1, 2007.

Awardees will be selected by an independent Fellowship Grant Committee. Grants will be awarded to the individual’s training institution to be used to support research project costs. No indirect costs are to be supported by this award. Grantees must devote a minimum of 50% effort to the project and must provide quarterly progress reports or summaries to JPI and to the Fellowship Grant Committee. At the completion of the project period, grantees must submit a final report on the status of the project.

For details and to download the application, visit www.jazzpharma.com/grants.php
New Practice Parameter Published

The American Academy of Sleep Medicine published “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. Visit www.journalsleep.org to download the practice parameter and review paper.

AASM and AMA to Conduct Physician Practice Survey

The American Medical Association (AMA) with the support of the American Academy of Sleep Medicine (AASM) and more than 60 other medical specialty societies will begin conducting a multi-specialty survey of America’s physicians practices in the coming months. The purpose of the survey is to collect up-to-date information on physician practice characteristics in order to develop and redefine AASM and AMA policy. Data related to professional practice expenses will also be collected. The AASM and AMA will survey thousands of physician specialties to ensure accurate and fair representation for all physicians and their patients.

The AMA has commissioned the Gallup Organization to conduct the survey. Gallup will contact physicians, including members of the AASM, and request their participation in this study. The data obtained from the questionnaire will be a critical source of information for the AASM and AMA, and will be used to represent physician and your patient concerns to national policy makers.

MedPAC Issues Report to Congress on Physician Payment

In March, the Medicare Payment Advisory Committee (MedPAC) issued two reports to Congress impacting physician payment. In its Report to Congress: Medicare Payment Policy, MedPAC recommended an increase in Medicare payments in 2008 based on practice cost inflation minus productivity growth, which would result in an estimated increase of 1.7 percent in the conversion factor. Currently, Medicare physician payments are scheduled to be cut an estimated 10 percent in 2008.

In its mandated March 2007 Report to Congress: Assessing Alternatives to the Sustainable Growth Rate, MedPAC suggest alternatives to the sustainable growth rate (SGR) methodology to determine Medicare physician payments. The report proposes two pathways for Congress: (1) repeal the SGR outright and refine the physician fee-for-service payment system to promote individual accountability, quality and efficiency and ultimately improve value; or (2) refine the physician fee-for-service payments (as their first alternative), but replace the SGR with a new system of expenditure targets. MedPAC also continues its call for policymakers to link payments to certain quality measures, and both pathways would include efforts to improve the “value” of care.