APSS Program Committee Invites Abstracts and Proposals for SLEEP 2009

The Associated Professional Sleep Societies (APSS) Program Committee invites sleep medicine physicians and scientists and sleep researchers to become an integral part of the SLEEP 2009 meeting by submitting an abstract or coordinating and submitting a session proposal. This call ensures that the SLEEP 2009 program includes the latest educational content and scientific developments that are important to the fields of sleep research and sleep medicine. The Program Committee relies on volunteer effort and commitment to create a program that stimulates interest in the field from the seasoned professional to researchers and clinicians just entering the realm of sleep research and sleep medicine.

This unique meeting is only possible with the submission of high-quality session proposals and abstracts from individuals practicing in the fields of sleep research and sleep medicine. Please refer to the SLEEP 2009 Call for Abstracts and Proposals or visit the SLEEP 2009 Web site at www.sleepmeeting.org for details of abstract and session guidelines.

All abstracts and session proposals must be submitted online via the SLEEP 2009 submission site. The site will be live beginning October 31, 2008. The deadline to submit session proposals is December 1, 2008. The deadline to submit abstracts is December 15, 2008. Questions can be directed to the APSS Meeting Department at (708) 492-0930.

SLEEP 2009, the 23rd Annual Meeting of the APSS, is June 6 – 11, 2009, in Seattle, Wash.

Application for Behavioral Sleep Medicine Mini-Fellowship Program Now Online

Physicians, psychologists and advance practice nurses from the United States and Canada are invited to apply for the 2009 Mini-Fellowship Program for Behavioral Sleep Medicine, sponsored by the American Academy of Sleep Medicine (AASM).

The four-week program provides practical training for individuals who currently deliver or have an interest in providing behavioral sleep medicine services with the objective to help improve the quality of the behavioral sleep services that insomnia patients receive in primary care settings.

Participants in the program spend three weeks at an AASM-accredited sleep disorders center in the U.S., and one week at the SLEEP Annual Meeting of the Associated Professional Sleep Societies.

More information, including the program requirements and application, is online at www.aasmnet.org/BSMMiniFellow.aspx. Please contact Maria DeSena at (708) 492-0930 with questions. The deadline to apply is January 12th, 2009.

Trailblazer Issues G-Code Reimbursement Rates for Home Sleep Testing

Trailblazer, the regional Medicare carrier with the responsibility for processing all Part A and Part B fee-for-service (traditional) Medicare claims in Colorado, Oklahoma, New Mexico and Texas, has issued the valuation, or payment amounts, it will recognize for the home monitoring G-Codes. The following codes, with the related valuations, identify scenarios where Medicare provides coverage for beneficiaries who utilize portable monitoring to assist in the diagnosis of obstructive sleep apnea (OSA):

G0398: HOME SLEEP TESTING, TYPE II PORTABLE MONITOR; MINIMUM 7 CHANNELS - $150.00
- $100 is recognized for the Professional Component
- $50 is recognized for the Technical Component

G0399: HOME SLEEP TESTING, TYPE III PORTABLE MONITOR; MINIMUM 4 CHANNELS - $125.00
- $85 is recognized for the Professional Component
- $35 is recognized for the Technical Component

G0400: HOME SLEEP TESTING, TYPE IV PORTABLE MONITOR; MINIMUM 3 CHANNELS - $100.00
- $70 is recognized for the Professional Component
- $30 is recognized for the Technical Component

Trailblazer is the first Medicare carrier to attach valuations to these codes. As other carriers take similar actions in the near future, the American Academy of Sleep Medicine will forward this information to the membership.

Get State Technologist Licensure Information Online from the AASM

State-by-state information on current statutory requirements for sleep technologists is now available on the Government Relations section on the AASM’s Web site. As the statutory requirements for sleep technologists varies greatly by state and some states do not address sleep technologists at all in their statutes, this information will be valuable to members. View the information for you state by visiting www.aasmnet.org/Members/GovernmentRelations.aspx (members only area of website). Please contact Senior Health Policy and Government Affairs Analyst, Ted Thurn at tthurn@aasmnet.org with any questions.
CMS Proposes Transition to Expanded ICD-10 Code Sets by October 2011

The Centers for Medicare & Medicaid Services announced August 15 a proposed rule to require health care providers to shift to a new, greatly expanded health care coding system beginning in October 2011.

The proposed rule would require a move from the International Classification of Diseases, Ninth Revision (ICD-9) to the International Classification of Diseases, Tenth Revision (ICD-10).

In a separate proposed rule, CMS said providers would be required to adopt new technology standards for electronic transactions that are necessary to use the new ICD-10 codes.

The proposed rules were scheduled to appear in the August 22 Federal Register.

The changes would mean that providers would go from having 17,000 procedure and diagnoses codes in ICD-9 to more than 155,000 such codes in ICD-10. CMS said the expanded number of codes would accommodate new procedures and diagnoses and better enable implementation of electronic health records because of the greater level of detail that would be available in electronic transactions about procedures and diagnoses via ICD-10 coding.

In a news release, Health and Human Services Secretary Michael O. Leavitt said the expanded ICD-10 code sets also would better support quality reporting initiatives, pay-for-performance programs, and bio-surveillance.

Congress mandated in the Health Insurance Portability and Accountability Act of 1996 that the ICD-9 code sets be adopted by private and public payers in 2000 to report diagnoses and inpatient hospital procedures. Entities covered by the requirement, and the new proposed rule, are health plans, health care clearinghouses, and health care providers that transmit electronic health information in accordance with HHS standards.

The timing of adopting of the ICD-10 code sets raised concerns in the health care industry in 2006, when Congress proposed requiring that the standard become effective in October 2010. At that time, health plans and others said the move was too fast to ensure the transition would be done correctly and without risk of fraud in the system.

CMS will accept comments on the rules until Oct. 21, which are available online at www.cms.hhs.gov/TransactionCodeSetsStandards/02_TransactionsandCodeSetsRegulations.aspx#TopOfPage. Fact sheets on the rules are also available online: www.cms.hhs.gov/apps/media/fact_sheets.asp.

AMA Launches Cure for Claims Month

The American Medical Association’s Practice Management Center (PMC) invites its members to join a new effort that will help physicians fight for accurate health care claims payments and reduce the administrative costs involved in submitting claims.

Cure for Claims Month is a campaign to heal the health care claims process and cut the national average of what physician practices spend on submitting claims from 10 to 18 percent to just 1 percent. The campaign urges physicians and their practices to, in November (when many health insurers unfairly hold back claims payment), hold payers accountable by reviewing and auditing claims for accuracy.

The AMA invites you to use the PMC’s online educational materials and tools. The PMC Web site offers a number of resources covering every aspect of managing a physician prac-
practice, ranging from contracting with insurers and setting a fee schedule to working through appeals and collections. The hope is that this exposure will educate physicians on the financial benefits of appealing inappropriately underpaid and denied claims, create public awareness of the burdens that physician practices face because of inaccurate health insurer claims processing, and encourage health insurers to accurately process and appropriately pay claims.

Visit www.ama-assn.org/go/pmc to access the PMC’s online resources. New tools are added frequently, so check back often for updates.

Fogarty International Clinical Research Scholars Program Seeks Applicants

The Fogarty International Clinical Research Scholars Support Center is seeking graduate-level students in the health professions to apply for its one-year clinical research training program.

The Fogarty International Clinical Research Scholars Program gives graduate students a unique opportunity to experience mentored research training at an advanced research center in the following countries: Bangladesh, Botswana, Brazil, China, Haiti, India, Kenya, Malawi, Mali, Peru, South Africa, Tanzania, Thailand, Uganda and Zambia.

The fellowship begins in July 2009 with an orientation program followed by 10-plus months of intense research training at the foreign site; program applications are due December 5, 2008. To learn more about the Fogarty International Clinical Research Scholars Program, visit www.aamc.org/overseasfellowship.

NIH Supports Research with Programs to Repay Student Loan Debt

The National Institutes of Health (NIH) announced a new program that supports the careers of researchers through student loan debt forgiveness.

NIH is now accepting applications for its extramural Loan Repayment Programs (LRPs), which repay up to $35,000 of educational loan debt annually for individuals who commit to conducting at least two years of qualified biomedical or behavioral research at a nonprofit institution of their choice. There are five extramural LRPs: clinical research, pediatric research, health disparities research, contraception and infertility research, and clinical research for individuals from disadvantaged backgrounds.

The application deadline for all five LRPs is December 1, 2008. Log on to www.lrp.nig.gov for more information and to apply.