



AASM CENTER ACCREDITATION FACT SHEET

Direct Referrals

Purpose of the Direct Referral Policy

The purpose of the direct referral policy is to ensure that appropriate testing is performed on patients who are referred only for a sleep study. The referring physician, who is not a sleep center staff physician, orders the sleep study to be performed in the sleep center, then treats and provides longitudinal care for the patient in his/her own office.

Direct Referrals:

- Are patients who are never seen in consultation by a sleep center staff physician;
- May not exceed 80% of patients tested by the sleep center in one calendar year; and
- Must be counted in the cumulative database.

A Direct Referral is **NOT**:

- A patient who is sent by a referring physician for a sleep study and is seen in consultation by a sleep staff physician prior to or within 3 months of the sleep study.

The Sleep Center's Direct Referral Policy Must Provide the Following:

- Detailed descriptions of the information needed from the referring physician;
- Instructions indicating that the information for directly referred patients is reviewed and signed by the medical director or designated sleep center staff physician prior to performance of the sleep study on the directly referred patient; and
- A description of what information is maintained in the directly referred patient's chart.

APPLICABLE ACCREDITATION STANDARDS

C-2-Direct Referral (*Mandatory*)

Directly referred patients cannot exceed 80% of the patients tested by the sleep facility. A direct referral is defined as, all patients not seen in consultation by a sleep facility staff physician prior to or within three months following an in-laboratory sleep study or a portable monitoring study originally ordered by the patient's referring physician. Exceeding the direct referral threshold in any single calendar year is sufficient for denial of reaccreditation.

C-3- Record Review of Direct Referrals

For patients directly referred, the medical director or a designated sleep facility staff physician or the designated board certified sleep specialist must review the information provided for each patient and determine if the proposed evaluation conforms to established AASM Practice Parameters, or, if not, whether the evaluation is indicated for other reasons. Evidence of compliance with this standard must be included in the medical chart.

H-5 – Database

The sleep facility must maintain a cumulative database of the final diagnosis, using the most recent diagnostic and coding manual of the AASM, and procedures performed for each patient evaluated. This database must include cases seen by the facility's medical staff that did not require polysomnography.



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AASM Practice Parameters

A direct referral must be reviewed to confirm that proposed testing is indicated, as described in the AASM Practice Parameters. Evidence of this review must be included in the medical chart. The procedure for review must be described in the sleep center's direct referral policy. Please refer to www.aasmnet.org to view the AASM Practice Parameters.

The Difference Between Referring Physicians and Consultants

- A referring physician is typically a primary-care physician who refers patients to the sleep center for testing. Physicians listed among a facility's professional staff are not considered referring physicians.
- A consultant is a clinician who sees patients from the sleep center for specialized evaluation or treatment (for example, cognitive behavioral therapy for insomnia).

KEY THINGS TO KEEP IN MIND...

- Directly referred patients **cannot exceed** 80% of the patients tested by the sleep facility.
- Physicians listed among a facility's professional staff **are not** considered referring physicians.
- To view AASM Practice Parameters, please visit the website at www.aasmnet.org.
- Direct referrals **must** be counted in the sleep facility's cumulative database.