NEW FROM THE AASM
Patient education fact sheets subscription

The AASM now offers Patient Education Fact Sheets as a yearly subscription and provides unlimited access to a growing library of topics. These 2-page PDFs include peer-reviewed content and are designed to be uploaded to EHRs or printed on one page (front and back). As an added benefit exclusive to AASM members, you will be able to personalize the fact sheets with your logo and contact information. Visit the AASM online store to take advantage of the introductory pricing today.

Download the SLEEP 2016 preliminary program and register today!

The preliminary program is now available for download on the sleepmeeting.org website, which provides comprehensive details about the clinical and scientific program for the 30th Anniversary Meeting of the Associated Professional Sleep Societies (APSS), which will be held June 11–15 in Denver, Colorado. Registration is also now open for SLEEP 2016. Register on or before April 27 for the lowest price available!

Download the SLEEP 2016 preliminary program

Register for the meeting and book your hotel room today!
AASM PAC leaves Trends 2016 better equipped for election day: a message from AASM PAC chair, David Kuhlmann, MD, FAASM

Thank you to all of the attendees who chose to support the American Academy of Sleep Medicine Political Action Committee (AASM PAC) during Sleep Medicine Trends 2016. By attending our AASM PAC Lunch or making an individual contribution to the PAC, AASM members left Phoenix well-informed and significantly better equipped for the election year ahead.

The AASM PAC ended the weekend with $2,300 in donations—55% of our goal for the weekend and 6% of what we need to be viable in the 2016 general election!

To our dedicated physician members who chose to make a donation to the PAC this weekend — I give you my sincere thanks. Your hard-earned dollars will all be used to support sleep-friendly legislators in their campaigns this November.

I also would like to give a big “thank you” to the Chairman of the Arizona Republican Party, Robert Graham, for joining the PAC lunch as our featured speaker. Mr. Graham’s speech was memorable and informative for all, and his dedication to political action served as a shining example to everyone in attendance.

I left the course proud of my fellow physician members for their dedication to promoting healthy, restorative sleep through political action. We’ve consistently grown our PAC presence at Trends, and this year was no different. In fact, you and your fellow donors outperformed our 2015 contributions by nearly 75%.

Election Day is quickly approaching, but there is still time to help us meet our PAC goals. The Academy suggests that every member donate $100 dollars or more to the AASM PAC at least once a year, but any donation of any size will help to ensure sleep friendly candidates a seat in Congress.

Consider making a donation to the AASM PAC today to create a more viable future for your practice.

AASM attends NHTSA meeting on fatigue risk management for EMS personnel

On Feb. 2, the AASM attended a meeting led by the National Highway Traffic Safety Administration (NHTSA) to develop voluntary evidence-based guidelines for fatigue risk management tailored to the Emergency Medical Services (EMS) occupation. An interdisciplinary, expert panel of sleep and fatigue scientists, evidence-based guideline development specialists, and experts in emergency medicine and EMS will conduct its first meeting April 26-27, and final results and dissemination are expected within the next two years.

Read the full article here

CDC publishes new estimates of U.S. adult sleep duration

On February 18, 2016, the Centers for Disease Control and Prevention (CDC) released the first published report to document state-based estimates of self-reported healthy sleep duration for all 50 states and the District of Columbia. On average, 65 percent of adult respondents reported a healthy sleep duration of 7 hours or more in a 24-hour period in 2014, with 35 percent of adults reporting insufficient sleep. Geographic clustering of the lowest prevalence of healthy sleep duration was observed in the southeastern United States and in states along the Appalachian Mountains, and the highest prevalence was observed in the Great Plains states.
“As a nation we are not getting enough sleep,” Dr. Wayne Giles, director of CDC’s Division of Population Health, said in a press release.

The American Academy of Sleep Medicine and the Sleep Research Society recommend that adults should sleep 7 or more hours per night on a regular basis to promote optimal health. Based on this recommendation, the CDC estimates that an estimated 83.6 million U.S. adults sleep less than 7 hours.

Read the report: Prevalence of Healthy Sleep Duration among Adults—United States, 2014

View the Infographic

Social Media: Use Twitter as a tool to connect with other sleep medicine professionals and potential patients

A new article on the AASM website will introduce you to social media by helping you learn how to use Twitter as a tool to connect with other sleep medicine professionals and potential patients. This introductory guide for beginners will walk you through the process of creating your Twitter profile, writing tweets, retweeting, and using features such as favorites, replies and hashtags.

Sleep Education Spotlight: Telemedicine is an effective option for sleep apnea care

Telemedicine is as effective for sleep apnea care as visiting a doctor’s office, a new study suggests.

A recent study involved 60 patients from outpatient centers who were at least 30 miles from the main medical center. Patients were chosen at random for a telemedicine or in office treatment plan.

The results show there were no significant differences in dropout rates, positive airway pressure (PAP) therapy adherence, or functional outcome changes between patients in each group of the study. Patients in the telemedicine group also expressed high satisfaction with their care. They especially liked the convenience of a live, video visit with a sleep doctor.

Learn more about the study in the journal SLEEP: Remote ambulatory management of veterans with obstructive sleep apnea

STRATEGIC RESEARCH

Study finds potential pathway between insomnia and depression among firefighters

A new study of firefighters suggests that insomnia and nightmares may increase the risk of depression by impairing the ability to access and leverage emotion regulation strategies effectively. Results published in the Feb. 15 issue of the Journal of Clinical Sleep Medicine revealed that the indirect effects of overall emotion regulation difficulties were significant both for the relationship between insomnia and depression and nightmares and depression.

View the abstract

Study examines relationship between restless legs syndrome and Parkinson’s disease

The prevalence of restless legs syndrome (RLS) increases during the course of Parkinson’s disease, according to an Italian study published in the February issue of the journal SLEEP. RLS prevalence rose from 4.6% at baseline evaluation to 6.5% after 2 years and to 16.3% after 4 years.

View the abstract

Article reviews sleep apnea screening and treatment for CMV drivers in U.S.

A review in the January issue of the Journal of Clinical Sleep Medicine explores the current state of obstructive sleep apnea (OSA) risk assessment and stratification for commercial motor vehicle (CMV) drivers. The authors also provide suggestions for incorporating key published recommendations regarding OSA assessment and treatment in CMV operators into clinical sleep medicine practice in the U.S.

View the abstract
PRACTICE STANDARDS

Core quality measure collaborative announces measure harmonization

On Feb. 16, 2016, the Centers for Medicare & Medicaid Services (CMS) and American’s Health Insurance Plans announced a core set of quality measures to address concerns about the burdensome nature of the quality measures required under Medicare and private payers. As payments are increasingly tied to quality reporting, these core measures are intended to make the process more streamlined.

Measures were developed in seven sets:
- Accountable Care Organizations (ACOs), Patient Centered Medical Homes (PCMH), and Primary Care
- Cardiology
- Gastroenterology
- HIV and Hepatitis C
- Medical Oncology
- Obstetrics and Gynecology
- Orthopedics

More details about the core set of quality measures are available on the CMS website.

ICD-10 FAQs

How are the sleep apnea codes arranged in ICD-10? According to ICSD-3 PLMD is defined as the presence of PLMS and a history of sleep disturbance or impairment in areas of daily functioning. The ICD-10 code for PLMD is G47.61. PLMS is the presence of PLMs during sleep as noted on PSG. ICD-10 does not contain a specific code for PLMS. The code that most closely approximates PLMS is the symptom code R25.9 (unspecified abnormal involuntary movement).

What are the appropriate ICD-10 codes for PLMD and PLMS?

G47.3 is the main diagnosis code for sleep apnea, but by itself is not a billable code. ICD-10 requires further details and specifications. There are 9 codes within the category of G47.3 which describe this diagnosis in greater detail: G47.30 (unspecified), G47.31 Primary central sleep apnea, G47.32 High altitude periodic breathing, G47.33 Obstructive sleep apnea (adult) (pediatric), G47.34 Idiopathic sleep related nonobstructive alveolar hypoventilation, G47.35 Congenital central alveolar hypoventilation syndrome, G47.36 Sleep related hypoventilation in conditions classified elsewhere, G47.37 Central sleep apnea in conditions classified elsewhere, and G47.39 Other sleep apnea. Diagnostic criteria for sleep apnea codes can be found in the International Classification of Sleep Disorders, 3rd Edition.

Read more Coding FAQs on the AASM website

CALENDAR OF EVENTS

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Thank you!

Your member dues helped fund these important initiatives. Thank you for your support, and we appreciate your continued involvement.