Agenda
Sleep Related Breathing Disorders Section Meeting
Minneapolis Convention Center
Monday, June 13, 2011 from 5:15pm – 7:15pm

I. Call to Order – Dr. Kannan Ramar, Chair

II. Welcome – 5:15PM - 5:20PM
   a) Introduction of Steering Committee
   b) Update of Activities Over the Last Year
   c) Board of Director Presentation - Nancy Collop, MD, AASM President-Elect 5:20PM- 5:35PM

III. Newsletter –5:35PM
   a) Feedback and Suggestions for Improvement
   b) Additional Thoughts or Ideas

IV. Section Investigator Award – 5:40PM
   • Danny Eckert, PhD
     Variability in the Pathophysiological Phenotypic Causes of Obstructive Sleep Apnea: Targets for Novel Therapeutic Approaches

V. Year-In-Review – Dr. Sanjay Patel 6:00PM

VI. CMS Presentation: Ms. Judy Coy 6:30PM
   a) Coverage Guidelines
   b) Compensation Levels
Year in Review


This well designed and adequately powered trial confirms recent meta-analyses in demonstrating that the effect of treating moderate to severe OSA with CPAP in patients with otherwise untreated hypertension, is to reduce 24-hour mean blood pressure by about 2 mmHg.


Whether isolated REM-related OSA can cause symptoms (and therefore should be treated) has been controversial. This study is the first to assess this question using a population-based cohort rather than a clinic-based cohort which is subject to selection bias. In this analysis of data from the Sleep Heart Health Study, independent of NREM AHI, an elevated REM AHI did not predict sleepiness, quality of life, difficulty maintaining sleep, or early morning awakenings.


This study demonstrates how genomic technology might be utilized to identify novel pathways relevant to OSA pathogenesis and thus potential targets for intervention. In this study, two phosphatase proteins associated with adenotonsillar proliferation were identified as being possibly differentially regulated in children with OSA.
Medicare Policies

National Coverage Determinations (NCDs)
- Originate from Centers for Medicare and Medicaid (CMS) – provide high level determination if service will be covered or not covered
- Apply to all Medicare jurisdictions

Local Coverage Determinations (LCDs)
- Are contractor-developed coverage policies pertaining to services or items not addressed in NCDs or program manuals
- Contain coding and utilization guidelines and descriptive passages
- Sometimes contain CMS language, which is italicized
- Are developed to:
  - Define the appropriate use of new technologies
  - To address services with an abuse history or potential
  - To monitor high volume, high dollar services
- Are subject to the Carrier Advisory Committee (CAC) and public comment period
- Can be readily revised as new data becomes available and is supplied to the Contractor Medical Director
- May have “Coding Instructions” and/or “Reasons for Denial” which appear in a companion article – look under “LCD Attachments” in the policy to determine whether there is a companion article

LCD Advisory Process

Purpose of the Carrier Advisory Committee (CAC)
- A formal mechanism for physicians in the state to be informed of and participate in the development of an LCD in an advisory category
- A mechanism to discuss and improve administrative policies that are within carrier discretion
- A forum for information exchange between carriers and physicians

Documentation

Documentation Requirements related to
- Evaluation and Management services
- Specific sleep medicine testing codes
- Medicare policies

REFERENCES

