

OFFICERS

Raman Malhotra, MD
President

Jennifer L. Martin, PhD
President-Elect

Kannan Ramar, MD
Past President

James A. Rowley, MD
Secretary/Treasurer

DIRECTORS

Fariha Abbasi-Feinberg, MD

R. Nisha Aurora, MD, MHS

Vishesh Kapur, MD

David Kuhlmann, MD

Eric Olson, MD

Carol L. Rosen, MD

Anita Shelgikar, MD, MHPE

Lynn Marie Trotti, MD, MSc

Steve Van Hout
Executive Director

January 3, 2022

Jason Stroud, MD
Palmetto GBA, LLC
PO Box 100238, AG-275
Columbia, South Carolina 29202-3238

Sent via email: jason.stroud@palmettogba.com

Dear Dr. Stroud,

I am contacting you on behalf of the American Academy of Sleep Medicine (AASM), a professional medical society that represents over 10,000 sleep medicine clinicians and sleep centers and is dedicated to advancing sleep care and enhancing sleep health to improve lives.

An AASM member recently reached out to AASM asking to clarify language in the LCD for Hypoglossal Nerve Stimulation for OSA and specifically, whether an Advanced-Practice Provider (APP) could provide follow-up care and management of hypoglossal nerve patients after the initial device implantation. Excluding routine post-op care by the implanting surgeon, (e.g., initial empiric programming of the device), follow-up care, evaluation and management for these patients as outlined in the LCD for [*Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea*](#), under **Credentialing and Accreditation Standards, Provider Qualifications for HNS Implantation and Device Management** is rather vague. With increasing demands on a physician's time, and increasing education and training of non-physician providers, the AASM believes that APP's can follow and manage patients, with the following caveats: 1) APP's are under physician supervision and 2) APP's receive specialized training from device companies to become familiar with the device and gain competency. The AASM also believes that patient referrals should not be limited to sleep specialists, as this limits patients' access to care. The AASM encourages Medicare Administrative Contractors to allow referrals from Primary Care Physicians and allow patients to self-refer for a consultation on this procedure.

Therefore, the AASM urges *Palmetto, GBA* to revise the language contained in this Local Coverage Determination to state that "Advanced Practice Providers can follow and manage patients, with physician supervision and specialized training from device companies so they become familiar with the

device and gain competency....,” or similar language so that provider qualifications for follow-up and management of Hypoglossal Nerve Stimulation patients is clear. We would also like clarification as to whether the following language excludes PCPs and patients from referring to a specialist for the procedure:

"Shared Decision-Making (SDM) between the Beneficiary, Sleep physician , AND qualified otolaryngologist (if they are not the same) who determines that the Beneficiary demonstrates CPAP failure (defined as AHI greater than 15 despite CPAP usage) or CPAP intolerance (defined as CPAP machine-derived compliance reporting with usage less than 4 hours a night for at least 70% of the nights in one month or the CPAP has been returned) despite CPAP interface and/or setting optimizations".

AASM appreciates your consideration of this request to revise the language in the Local Coverage Determination. If you have any questions about this issue or require any additional information, please contact AASM Director of Health Policy, Diedra Gray, at (630) 737-9700 or dgray@aasm.org.

Sincerely,

Raman Malhotra, MD
AASM President