

2025 Quality & Health Policy Year in Review

Quality Updates

The Quality Measures Task Force updated two quality measure sets and submitted them to the Journal of Clinical Sleep Medicine, narcolepsy and restless leg syndrome quality measures. These are just some of the quality measures that AASM members can report to meet the AASM Quality Assurance accreditation standard.

Quality staff developed the MIPS Submission Toolkit to support members in meeting the Merit based Incentive Payment System (MIPS) reporting requirements.

Quality staff developed Quality Measure Reporting Workbooks to support members in meeting the Quality Assurance Accreditation standard.

Quality staff developed a quality measure development and maintenance Standard Operating Procedure document for internal use in training staff and member volunteers on the AASM quality measure methodology.

The 2026 MIPS sleep apnea quality measure specifications were harmonized for consistency with the recently updated Adult OSA quality measure specifications in the AASM quality measure portfolio.

Technical Specifications Updates

The technical specifications for the two AASM Adult OSA quality measures included in the MIPS program were updated for 2026 reporting, and these two measures are included in the pulmonology and ENT MIPS Value Pathways for 2026 Quality Payment Program participation.

Unattended Sleep Testing codes

The CPT Advisors worked tirelessly to get a Code Change Application approved by the CPT Editorial Panel to revise the HSAT code family to be reportable for increasing levels of complexity and relevance to newer technologies. Once approved, the RUC Advisors presented recommended work RVU and practice expense values to the RUC, which were also approved and submitted to CMS. The codes are set for implementation in 2027.

Member Webinar

A member webinar, *Navigating Obesity Management Reimbursement*, was held in October, to assist members with best practices for managing obese patients with sleep disorders and appropriate billing and coding for those patient visits.

Telemedicine Advocacy

Health Policy staff facilitated several AASM communications with Congressional leaders, federal agencies, and private payers to advocate for the extension of telehealth flexibilities established during the COVID-19 public health emergency, while simultaneously advocating to make these flexibilities permanent.

LCD request

The Coding & Reimbursement Advisory Committee developed a request for a new Local Coverage Determination for reimbursement of Actigraphy as advised by Medicare Administrative Contractors.

National Proposed Rulemaking Process

Health Policy staff continued to facilitate AASM participation in the National Proposed Rulemaking process, as several proposed rules were reviewed in detail to develop and submit comments supporting policies that benefit AASM members. Final Rules were also analyzed to determine whether policies were modified in response to AASM comments. Comments were submitted on the following proposed and final rules:

- Physician Fee Schedule proposed and final rules
- Quality Payment Program proposed and final rules
- VA Proposed Rule to modify the schedule for rating disabilities proposed rule
- Telemedicine proposed rule
- VA Telemedicine final rule
- HIPAA Cybersecurity proposed rule

#Repair Medicare

The #RepairMedicare physician payment reform campaign continued, as communications were sent to CMS, Congressional leaders, encouraging an annual inflationary adjustment, a halt in annual reductions to the Conversion factor, and a delay in updating the Medicare Economic Index.

Private Payer Advocacy

The Coding and Reimbursement Advisory Committee engaged with many private payers in advocating for policy alignment with clinical practice guidelines, retirement of automatic E/M visit downcoding policies, and removal of policies restricting use of remote physiologic monitoring.

Coding Quarterly Articles

The Coding and Reimbursement Advisory Committee published four Coding Quarterly articles in Montage to provide best practices for billing complex scenarios related to hypoglossal nerve stimulation, remote monitoring services, cognitive behavioral therapy, and e-visits.