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August 27, 2013

Marilyn B. Tavenner
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1600-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to Part B for CY 2014

Dear Ms. Tavenner:

On behalf of the American Academy of Sleep Medicine (AASM), I am writing to express our concerns regarding the proposed payment cuts described in the Physician Fee Schedule CY 2014 proposed rule. The proposed rule describes cuts for sleep services that result in payment rates so low qualified sleep medicine physicians will be unable to cover the costs of performing the services. If the proposed cuts are finalized for 2014, qualified sleep medicine physicians will have no choice but to opt-out of the Medicare program.

Sleep specialists provide a number of important services to Medicare beneficiaries. Perhaps most notable are the tests performed to diagnose patients with obstructive sleep apnea (OSA). OSA is a common sleep illness affecting an estimated 12-18 million untreated adults in the US.[i] Research supports that diagnosis and treatment of OSA should be available to Medicare beneficiaries. Untreated OSA has a detrimental impact on health and well-being, increasing the risk of high blood pressure, type 2 diabetes and depression. Research also shows that severe sleep apnea raises the risk of ischemic stroke by three times in men, is a predictor of sudden cardiac death, and increases an individual's overall risk of cardiovascular mortality by five times.[ii,iii,iv]

Despite the importance of sleep services for the Medicare population, reimbursement for these services has decreased considerably over the past few years. Global payment for in-center polysomnography, codes 95810 and 95811, has decreased by more than 15% in the past three years. The payment cuts outlined in the 2014 proposed rule reflect an additional cut of almost 5% to global payment for polysomnography. Similar cuts to global payment are proposed for all sleep services in 2014.

Sleep physicians are now faced with an important choice: provide sleep services to Medicare beneficiaries at a rate that reflects a loss to their practice; or opt-out of Medicare and privately contract with patients to provide important services

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at a higher cost to the beneficiary. The Medicare program reflects a promise to our aging population that after having paid into the program for years they will have long-term and comprehensive access to quality health care. By cutting services like those performed by sleep physicians, CMS is breaking that promise.

The AASM recognizes that CMS is limited by the funds made available to Medicare. However, CMS has to be made aware of the predicament proposed cuts put practicing physicians in. CMS must decide whether or not it will make sleep services available to Medicare beneficiaries. The AASM urges CMS not to implement the proposed cuts to sleep services and to continue to allow sleep physicians to provide their services to Medicare beneficiaries. We appreciate your consideration of these comments.

Sincerely,

M. Safwan Badr, MD
President

cc. Jerome A. Barrett

[i] Young T. Rationale, design and findings from the Wisconsin Sleep Cohort Study: Toward understanding the total societal burden of sleep disordered breathing. Sleep Med Clin. 2009 Mar 1;49(1):37-46.
[ii] Redline S, Yneokyan G, Gottlieb DJ, et al. Obstructive sleep apnea-hypopnea and incident stroke: the sleep heart health study. Am J Respir Crit Care Med. 2010 Jul 15;182(2):269-77.
[iii] Gami AS, Olson EJ, Shen WK, et al. Obstructive Sleep Apnea and the Risk of Sudden Cardiac Death: A Longitudinal Study of 10,701 Adults. J Am Coll Cardiol. 2013 Jun 12 (Epub ahead of print)
[iv] Young T, Finn L, Peppard PE, et al. Sleep disordered breathing and mortality: eighteen-year follow-up of the Wisconsin Sleep Cohort. Sleep. 2008 August 1;31(8):1071-1078