

TREATMENT TYPE

Satisfaction with Current Treatment (Level of Satisfaction: 0=Not Satisfied; 7=Most Satisfied)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7
Estimated Adherence to Current Treatment	___ Nights/Wk
Date of Treatment Initiation	
Estimated Hours of Use Per Night	___ Hours
Weight Changes Since Last Visit	<input type="radio"/> Yes <input type="radio"/> No If Yes, How Much?
Original/Most Recent Study Date and Essential Data	Original/Most Recent Study Date: ___ Essential Data: AHI ___ Min O2 ___ Optimal Treatment setting if available ___
Current Sleep Schedule, Including Naps	Bedtime: ___ Waketime: ___ Naps: ___

BENEFIT FROM TREATMENT AND RECURRENCE OF SYMPTOMS

Perceived Benefit from Treatment	<input type="radio"/> Yes <input type="radio"/> No
Reported Snoring with Treatment	<input type="radio"/> Yes <input type="radio"/> No
Reported Apneas with Treatment	<input type="radio"/> Yes <input type="radio"/> No
Improved Daytime Sleepiness with Treatment	<input type="radio"/> Yes <input type="radio"/> No
Assessment of Sleepiness (If any, Including Validated Instruments)	
Assessment of Risk of Accidents (Including Drowsy Driving)	
Improved Sleep Quality with Treatment	<input type="radio"/> Yes <input type="radio"/> No
Is Patient's Blood Pressure Well Controlled	<input type="radio"/> Yes <input type="radio"/> No

Improvement in Other Medical Conditions, e.g. headaches, nocturia, GERD, etc.	<input type="radio"/> Yes <input type="radio"/> No If yes, what condition:
Recurrence of Any Other Symptoms Since Last Visit, e.g. Headaches, Nocturia, etc.	<input type="radio"/> Yes <input type="radio"/> No If yes, what symptom:

PAP THERAPY

Device Type	
Mask Type	
DME Supplier	
Mask Issues	<input type="radio"/> Pain <input type="radio"/> Facial Irritation <input type="radio"/> Air Leak <input type="radio"/> Other:
Comfort with Current Air Pressure	<input type="radio"/> Comfortable <input type="radio"/> Too High <input type="radio"/> Too Low
Machine Issues	<input type="radio"/> Noises <input type="radio"/> Water Leaks <input type="radio"/> Other:
Uncomfortable Side Effects	<input type="radio"/> Dry Mouth <input type="radio"/> Nasal Congestion <input type="radio"/> Other: _____
Nightly Use of Humidifier (For Pap Patients)	<input type="radio"/> Yes <input type="radio"/> No
Tracking Pap Data with An App	<input type="radio"/> Yes <input type="radio"/> No
Date of Last Pap Supply Replacement (Masks, Cushions, Filters)	
Pap Download Obtained at Visit:	<input type="radio"/> Yes <input type="radio"/> No
Cleaning Frequency and Methods	
Other Reasons for Non-Adherence	

ORAL APPLIANCE THERAPY

Type Of OAT	<input type="radio"/> MAD <input type="radio"/> TRD <input type="radio"/> Other _____
Date Obtained	
Objective Evidence of Efficacy Performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> If Done, Date: _____
Comfort with OAT	<input type="radio"/> Yes <input type="radio"/> No
OAT Device at Stable Setting	<input type="radio"/> Yes <input type="radio"/> No
Pain	<input type="radio"/> Tooth Pain <input type="radio"/> Jaw Pain <input type="radio"/> Gum Pain <input type="radio"/> Tongue Pain
Other Dental Issues	
Using AM Aligner (For MAD Users)	<input type="radio"/> Yes <input type="radio"/> No
Cleaning Method and Frequency	
Regular Follow Up with OAT Dentist	<input type="radio"/> Yes <input type="radio"/> No

SURGICAL

	Date of Surgery/Intervention	
	Objective Evidence of Efficacy	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> If Done, Date: _____
	Followup Occurred with the Surgeon Performed	<input type="radio"/> Yes <input type="radio"/> No
Upper Airway Surgery	Side Effects	<input type="radio"/> Swallowing Difficulty <input type="radio"/> Voice Changes <input type="radio"/> Pain <input type="radio"/> Numbness <input type="radio"/> Other:
	Type of Surgical Intervention	
Weight Loss Surgery	Total Weight Change Since Surgery	
	Side Effects	<input type="radio"/> Nausea <input type="radio"/> GERD <input type="radio"/> Other:

NERVE STIMULATOR IMPLANT

Date of Implant	
Type of Implant	
Date of Last Setting Adjustment	
Current Settings	
Side Effects	<input type="radio"/> Tongue Pain <input type="radio"/> Localized Irritation <input type="radio"/> Other:
Objective Evidence of Efficacy Performed	

CONSERVATIVE THERAPY

Weight Change Process	<input type="radio"/> Type of Process: <input type="radio"/> Absolute Weight Change Since Start:
Positional Interventions	<input type="radio"/> Type of Intervention: <input type="radio"/> Reported Use Pattern:
Nasal Congestion Interventions	<input type="radio"/> Type of Intervention: <input type="radio"/> Reported Use Pattern:
Other Interventions	

OBJECTIVE	
Exam	
Sign of Facial Irritation/Rash From PAP (If Used)	
PAP Data	Pressure Settings
	Median Pressure
	90/95% Pressure
	Mask Type
	>4h Adherence %
	Hours of Use/Night
	AHI
	Periodic Breathing
	Leak
	Interpretation of PAP Data
Inspire Objective Usage Data:	

Evaluation and Management E/M) Coding

CMS has implemented changes to the office/outpatient Evaluation and Management (E/M) visit codes as of January 1, 2021, in an effort to reduce administrative burden and apply appropriate valuations to each code. More information and educational resources on the E/M changes can be found [here](#).

Telemedicine Coding

Telemedicine is a unique method of interacting with patients yet the process of coding for patients is fairly similar to that of in-person coding. However, there are some subtleties. We would refer you to the [AASM Telemedicine Codes page](#) for more details.

*Exam References: [E/M University Physical Exam](#)

Disclaimer: This document is meant to serve as education from the AASM about aspects of a telemedicine visit in sleep medicine. However, the Telemedicine Presidential Committee recommends speaking with your local coding professional and payers for information specific to your own billing and coding for telemedicine visits.

Please refer to the AASM Obstructive Sleep Apnea quality measures to ensure your documentation is aligned.