Telemedicine Template: Pediatric Comprehensive Sleep Evaluation

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.

Unique Aspects for a Pediatric Sleep Medicine Telemedicine Video Visit Note:

Teamwork is important for an optimally functioning clinic. While the clinician may be responsible for some of the work below; clinic staff may complete others, including items like informed consent.

1. Confirm patient location (address/state of patient)
2. Confirmation that the patient and parent/legal guardian are on the call (along with other parent/guardian if present)
3. A statement of the type of visit/platform: Audio-visual/phone, synchronous/non-synchronous.
4. Did patient or parent/guardian initiate visit or clinician initiate visit?
5. Time spent in direct video visit with patient ("face-to-face") (if only audio/phone is used, time spent on telephone with patient)
6. Informed Consent by parent/guardian for a telemedicine visit (privacy breaches, billing) based on local/regional policies
7. Recognizing the large range of ages in the pediatric population, it may or may not be appropriate to ask about items such as alcohol, nicotine, and recreational drugs

NEW TELEMEDICINE VISIT	
Date of Service	
Referring Provider	
Primary Care Provider	

Telemedicine Specifics

Identity Confirmed	❍Yes ❍No
Patient Location	
Parent/Guardian Agreed to Telemedicine Visit	❍Yes ❍No
Who Initiated Visit	❍Clinician ❍Patient ❍Parent ❍Guardian
Type of Visit	❍AV ❍Phone Only ❍Non-synchronous
Provider Location	

HISTORY OF PRESENT ILLNESS

Reason for Visit:

OSA Evaluation

Snoring/Loud Breathing	Frequency	❍Occasional ❍Frequent ❍Nightly
	Volume	❍Soft ❍Med ❍Loud
	Age of Onset	
	Snort Arousals	❍Yes ❍No
	Worsening Factors	❍Position ❍Sickness ❍Increasing Weight ❍Other:
Apneas	Witnessed Pauses in Breathing	❍Yes ❍No
	Gasping/Choking/SOB Arousals	❍Yes ❍No
	Nocturnal Heartburn	❍Yes ❍No
	Nocturia (Times/Night)	
	Sleep Enuresis (Frequency)	
	Morning Dry Mouth	❍Yes ❍No
	Morning Headache	❍Yes ❍No
	Unusual Sleep Positions	❍Yes ❍No If yes, describe:
	Mouth Breathing During Sleep	❍Yes ❍No
	Family History of OSA	❍Yes ❍No
	Unexpected Weight Changes	❍Up ❍Down
	Prior Sleep Studies	❍Yes ❍No
	Prior OSA Treatments (if any)	❍Yes ❍No

Daytime Sleepiness

Present	❍Yes ❍No
Sleepy vs. Fatigue	
If Present, Age of Onset	
Precipitants	❍Medical Illness ❍Vaccination ❍Head Injury ❍Behavior Health Issue

	Time of Day	❍Morning ❍Afternoon ❍Evening
	Modifying Factors	❍Pregnancy ❍Caffeine ❍Tobacco ❍Alcohol ❍Drugs (Illegal and Legal if MJ is Allowed) ❍Medications (OTC or Rx)
	Menstrual Hypersomnia	❍Yes ❍No
	Present During School or Work Day	❍Yes ❍No
	Safety Concerns	❍Yes ❍No
	Hyperactivity/Problems with Attention	❍Yes ❍No
	Irritability	❍Yes ❍No
Narcolepsy Symptoms	Sleep Paralysis	❍Yes ❍No
	Hypnopompic/Hypnogogic Hallucinations	❍Yes ❍No
	Cataplexy (Trigger, Body Part(s) Affected, Frequency)	❍Yes ❍No If yes, describe:
KLS Symptoms	Hyperphagia	❍Yes ❍No
	Hypersexuality	❍Yes ❍No
	Other Change in Behavior	❍Yes ❍No
Prior Sleepiness Treatments	OTC (Including Caffeine) and Prescriptions	❍Yes ❍No If yes, what substance, dose, frequency, etc.:
	Alerting or Stimulating Medications	❍Yes ❍No If yes, what substance, dose, frequency, etc.:
Drowsy Driving	Drowsy Driving	❍Yes ❍No
	Near Miss MVC	❍Yes ❍No
	MVCs Due to Sleepiness	❍Yes ❍No
	Countermeasures Used	❍Caffeine ❍Windows ❍Music ❍Other

Insomnia

Pattern	❍Falling Asleep ❍Staying Asleep ❍Early Morning Waking
Trouble Awakening in Morning	❍Yes ❍No
If Present, Age of Onset	
Triggers	❍Stress ❍School ❍Work ❍Family ❍Other:
Curtain Calls (Asking for Drinks, Snacks, etc.)	❍Yes ❍No
Screen Time in Bed (e.g. Laptop, Phone, E-reader)	❍Yes ❍No
Reading in Bed	❍Yes ❍No
Anxiety around Sleep	❍Yes ❍No
Clock-Watching	❍Yes ❍No
Disruptive Environmental/Bedroom Stimuli (Check All That Apply)	❍Shared Bedroom (e.g. People, Pets) ❍Shared Bathroom ❍Night Lights
Can Child Fall Asleep Without a Parent Present	❍Yes ❍No
Does the Child Require Any Specific Associations to Fall Asleep (Co-Sleeping, Rubbing Their Back, Rocking etc.)	❍Yes ❍No
If Child Wakes up in the Middle of the Night, What Does Parent Do To Help Child	
Previous Treatments:	
Current Insomnia Medications (if any) with Timing of Medication:	

Sleep Schedule

	Preferred Circadian Timing	❍Morning Lark ❍Night Owl
Weekday Schedule	Pre-Bedtime Routine	
	Time Into Bed	
	Time Lights Out	
	Estimated Sleep Latency	
	Wake Time	
	Estimated Total Sleep Time	
	Out of Bed (OOB) Time	
	Naps	❍Planned ❍Unplanned
	Nap Timing	❍Morning ❍Afternoon ❍Evening
	Average Nap Length	__ hrs.
Weekend Schedule	Pre-Bedtime Routine	
	Time Into Bed	
	Time Lights Out	
	Estimated Sleep Latency	
	Wake Time	
	Estimated Total Sleep Time	
	Out Of Bed (OOB) Time	
	Naps	❍Planned ❍Unplanned
	Nap Timing	❍Morning ❍Afternoon ❍Evening
	Average Nap Length	__ hrs.

Vacation Schedule	Pre-Bedtime Routine	
	Time Into Bed	
	Time Lights Out	
	Estimated Sleep Latency	
	Wake Time	
	Estimated Total Sleep Time	
	Out Of Bed (OOB) Time	
	Naps	❍Planned ❍Unplanned
	Nap Timing	❍Morning ❍Afternoon ❍Evening
	Average Nap Length	__ hrs.

RLS/PLMD

URGE	Urge to Move	❍Yes ❍No
	Worse with Rest	❍Yes ❍No
	Gets Better with Activities	❍Yes ❍No
	Worse in Evening	❍Yes ❍No
	Patient Reported Leg Discomfort	❍Yes ❍No If yes, patient's description:
	Reported Growing Pains	❍Yes ❍No
	Visible Kicking/Movements Witnessed by Caregivers	❍Yes ❍No
	Frequency	__Nights/Wk
	Severity	❍Mild ❍Moderate ❍Severe
	Time of Symptom Onset (on Typical Day)	
	Symptom Location	
	Timing of Movements (Wake/Sleep)	❍Wake ❍Sleep ❍Both
	Location of Movements	❍Limb ❍Full Body
	Associated Medical HX	❍Neuropathy ❍Iron Deficiency ❍Anemia ❍Renal Disease ❍Other:

Triggers	❍Pregnancy ❍Caffiene ❍Alcohol ❍Non-sleep Medications ❍Other:

Parasomnias

Sleep-walking

Present/Absent	❍Yes ❍No
Age of Onset	❍Yes ❍No
Time of Night	
Frequency: Times per Night	
Sleep Walking	❍Yes ❍No
Frequency: Nights per Week	
Are Events Stereotypical	❍Yes ❍No
Does the Patient Leave the Bed	❍Yes ❍No
Risk of Self-Injury with the Behavior	❍Yes ❍No
Night Terrors	❍Yes ❍No
Bedwetting	❍Yes ❍No If yes, which of the following are present? ❍Constipation ❍Wake Enuresis ❍Wake Frequency ❍Wake Urgency
Dream Enactment	❍Yes ❍No If yes, does patient recall dream content consistent with the observed behavior? ❍Yes ❍No
Sleep Talking	❍Yes ❍No
Other Behaviors or Additional Descriptions	
Triggers	❍Sleep Deprivation ❍Medications ❍Location Change ❍Sleep Schedule Issues ❍Stress ❍Substance Abuse ❍Other:
What Parents Tried and What Worked	

PAST MEDICAL HX

Family History

	OSA	❍Yes ❍No
	Adopted	❍Yes ❍No
	RLS	❍Yes ❍No
	Insomnia	❍Yes ❍No
	Central Disorder of Sleepiness	❍Yes ❍No
	Other Sleep Disorder	❍Yes ❍No
Parasomnia	Bedwetting	❍Yes ❍No
Parasomnia	Sleep Walking	❍Yes ❍No
Parasomnia	Night Terrors	❍Yes ❍No

Social History

	Alcohol	❍Yes ❍No
Nicotine	Nicotine	❍Yes ❍No
Nicotine	Second-hand Smoke Exposure	❍Yes ❍No
	Recreational Drugs	❍Yes ❍No
	Caffeine	❍Yes ❍No
	Opioids	❍Yes ❍No
	Safety Issues at Home	❍Yes ❍No If yes, describe:
Education	Current Grade Level	
Education	Performance	
Education	School	❍Homeschool ❍Traditional

REVIEW OF SYSTEMS

SYSTEM	SYMPTOM	STATUS
Constitutional	Fever	❍Yes ❍No
	Night Sweats	❍Yes ❍No
Eyes	Dry Eyes	❍Yes ❍No
Ears, Nose, Throat	Runny Nose	❍Yes ❍No
	Chronic Nasal Congestion	❍Yes ❍No
	Reported Dental Issues (Worn Down Teeth, Crowded Teeth, Plans For Orthodontia)	❍Yes ❍No
	Grind or Clench Teeth	❍Yes ❍No
Cardiovascular	Racing Heart Beat	❍Yes ❍No
	Chest Pain	❍Yes ❍No
Genitourinary	Nocturia	❍Yes ❍No
	Enuresis	❍Yes ❍No
Respiratory	Chronic Cough	❍Yes ❍No
	Shortness of Breath	❍Yes ❍No
Gastrointestinal	Heartburn	❍Yes ❍No
Musculoskeletal	Joint Pain	❍Yes ❍No
Psychiatric	Nightmares	❍Yes ❍No
	PTSD	❍Yes ❍No
	Depression	❍Yes ❍No
	Anxiety	❍Yes ❍No
	Mood Swings	❍Yes ❍No
	Behavioral Issues at School	❍Yes ❍No
Neurological	Memory Loss	❍Yes ❍No
	Developmental Delay	❍Yes ❍No
	Low Muscle Tone	❍Yes ❍No
	Seizures	❍Yes ❍No
Endocrine	Hot/Cold Intolerance	❍Yes ❍No
	Excessive Hunger/Thirst	❍Yes ❍No
	Sudden Weight Gain	❍Yes ❍No
	Weight Loss	❍Yes ❍No

EXAM

References available **here.**

OSA Evaluation

Constitutional	3+ Vital Signs/Elements		
	Distressed		❍Yes ❍No
	Appearance		❍Sleepy ❍Not Sleepy
Head	Normocephalic		❍Yes ❍No
	Midface Hypoplasia		❍Yes ❍No
Eyes	Appearance		❍Clear ❍Redness ❍Irritation
	Lids		❍Normal ❍Droopy
	Disconjugate Gaze		❍Yes ❍No
Ear/Nose/Throat	Enlarged Turbinates		❍Yes ❍No
	Deviated Septum		❍Yes ❍No
	Mallamptai Airwary Class		❍1 ❍2 ❍3 ❍4
	High-arched Hard Palate		❍Yes ❍No
	Torus Present		❍Yes ❍No
	Elongated Soft Palate		❍Yes ❍No
	Uvula		❍Long ❍Normal
			❍Enlarged ❍Normal
			❍Small ❍Moderate ❍Large
	Tonsil Grade		❍0 ❍1 ❍2 ❍3 ❍4
	Tongue		❍Scalloped ❍Non-scalloped
	Dental	Molar Occlusion	❍1 ❍2 ❍3
		Overbite	❍Yes ❍No
		Overjet	❍Yes ❍No
		Gnathic Status	❍Prognathic ❍Retrognathic
Neck	Symmetric		❍Yes ❍No
	Visually Evident Masses		❍Yes ❍No

Respiratory	Assessment of Effort	
	Respiratory rate	
	Single Breath Count	
	Wheezing or Stridor	❍Yes ❍No
MSK	Digits	❍Normal ❍Clubbing ❍Cyanosis
	Visible Edema in Limbs	❍UE ❍LE
	Gait	❍Normal ❍Abnormal
Skin	Lesions on Face	❍Yes ❍No
	Lesions on Hands	❍Yes ❍No
Neuro	Extraocular Movements Intact	❍Yes ❍No
	Facial Motor Exam Intact	❍Yes ❍No
	Palate Elevates Symmetrically	❍Yes ❍No
	Tongue Midline	❍Yes ❍No
	Shoulder Shrug	❍Symmetric ❍Asymmetric
	Pronator Drift	❍None ❍Right ❍Left
Psych	Normal Judgment for Age	❍Yes ❍No
	Euthymic Affect	❍Yes ❍No

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.