Telemedicine Template: Adult Comprehensive Sleep Evaluation

Unique Aspects for a 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 is on the call (along with other caregivers if present)
3. Confirmation of an appropriate location and timing of visit
4. A statement of the type of visit: (Audio-visual/ phone, synchronous/non-synchronous).
5. Visit initiated by patient or clinician?
6. Time spent in direct communication with patient (Ex: face-to-face if video visit or conversation if telephone visit).
7. Informed Consent for a telemedicine visit (privacy concerns, billing) based on local/regional policies

NEW TELEMEDICINE VISIT

Date of service:	
Referring provider:	

Telemedicine Specifics

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

HISTORY OF PRESENT ILLNESS

Reason for Visit:

OSA Evaluation

Snoring	Frequency	❍Occasional ❍Frequent ❍Nightly
	Volume	❍Soft ❍Med ❍Loud
	Length of Time	___ years
	Snort Arousals	❍Yes ❍No
	Worsening Factors	❍Alcohol ❍Position
Apneas	Apneas Witnessed	❍Yes ❍No
	Gasping/Choking arousals	❍Yes ❍No

Nocturnal Heartburn	❍Yes ❍No
Nocturia (Frequency)	___ times/night
Morning Dry Mouth	❍Yes ❍No
Morning Headache	❍Yes ❍No
Family History of OSA	❍Yes ❍No
Weight Changes	❍Up ❍Down ❍None
Prior Sleep Studies	❍Yes ❍No
Prior OSA Treatments (if any)	

Daytime Sleepiness

EDS Present	❍Yes ❍No
Sleepy vs. Fatigue	❍Sleepiness ❍Fatigue ❍Both
Length of Time for Symptom	
Triggering Factors	❍Illness ❍Vaccine ❍Medication ❍Other
Time of Day	❍Morning ❍Afternoon ❍Evening
Present During Workday	❍Yes ❍No
Safety Concerns	❍Yes ❍No
Prior Sleep Studies	❍Yes ❍No

Drowsy Driving

Drowsy Driving	❍Yes ❍No
Near Miss MVC	❍Yes ❍No
Motor Vehicle Collisions (MVC) Due to Sleepiness	❍Yes ❍No
Countermeasures Used	❍Caffeine ❍Windows ❍Music ❍Other

Narcolepsy Symptoms

Sleep Paralysis	❍Yes ❍No
Hypnopompic/Hypnagogic Hallucinations	❍Yes ❍No
Cataplexy (trigger, body part(s) affected, frequency)	❍Yes ❍No Explanation:

Prior Sleepiness Treatments (if any):	
OTC (including caffeine) and Prescriptions	

Insomnia

Insomnia Present	❍Yes ❍No ___ mos./yrs.
Pattern	❍Falling asleep ❍Staying asleep ❍Early morning awakening
Number of Nights Per Week	___ nights/wk
Triggers: (e.g. stress, work, family)	
Previous Treatments	
Current Insomnia Medications (if any) with Timing of Medication	
Anxiety Around Sleep	❍Yes ❍No
Clock-Watching	❍Yes ❍No
Disruptive Environmental/Bedroom Stimuli	❍Yes ❍No

Sleep Schedule

Preferred Circadian Timing	❍Morning Lark ❍Night Owl
Work Schedule	❍Stable ❍Shift-stable ❍Shift-multiple ❍Frequent Travel
Pre-Bedtime Routine	
Time into Bed	
Time Lights Out	
Estimated Sleep Latency (minutes)	
Estimated Sleep Maintenance (Number of awakenings/triggers/ return to sleep)	
Wake Time	
Estimated Total Sleep Time	

NAPS	Out Of Bed Time	
	Naps	❍Yes ❍No
	If yes, are they planned	❍Yes ❍No
	Timing	❍Morning ❍Afternoon ❍Evening
	Estimated Total Daily Napping Time	
	Other	
	Weekend/Vacation Sleep Schedule	

RLS

URGE	Urge to Move	❍Yes ❍No
	Worse with Rest	❍Yes ❍No
	Gets Better with Activities	❍Yes ❍No
	Worse in Evening	❍Yes ❍No
	Frequency	
	Severity	
	Time of Symptom Onset	
	Symptom Location	
	Associated Medical History (neuropathy, iron deficiency, anemia)	
	Triggers	❍Pregnancy ❍Caffeine ❍Tobacco ❍Alcohol ❍Non-sleep Medications
	Previous Treatments	

Parasomnias

Are Parasomnias Present	❍Yes ❍No
Onset (months/years)	___ mos./yrs.
Time of Night	
Childhood Parasomnias	❍Yes ❍No

Sleep-walking	Dangerous Behaviors	
	Safety/Countermeasures	
	Dream Enactment/Recall	❍Yes ❍No
	Sleep Talking	❍Yes ❍No
	Triggers	❍Alcohol ❍Sleep-deprivation ❍Medications ❍Others

PAST MEDICAL HISTORY

Family History	OSA	❍Yes ❍No
	RLS	❍Yes ❍No
	Insomnia	❍Yes ❍No
	Central Disorder of Sleepiness	❍Yes ❍No
	Other Sleep Disorder	❍Yes ❍No
Social History	Alcohol	❍Yes ❍No
	Nicotine	❍Yes ❍No
	Recreational Drugs	❍Yes ❍No
	Caffeine	❍Yes ❍No
	Opioids	❍Yes ❍No

REVIEW OF SYSTEMS

SYSTEM	SYMPTOM	STATUS
Constitutional	Fever	❍Yes ❍No
	Night sweats	❍Yes ❍No
Eyes	Dry eyes	❍Yes ❍No
Ears, Nose, Throat	Difficulty breathing through nose	❍Yes ❍No
	Grind or clench teeth	❍Yes ❍No
Cardiovascular	Racing heart beat	❍Yes ❍No
	Chest pain	❍Yes ❍No
Genitourinary	Nocturnal urination	❍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
	Depression	❍Yes ❍No
	Anxiety	❍Yes ❍No
Neurological	Memory loss	❍Yes ❍No
	Seizures	❍Yes ❍No
Endocrine	Hot flashes	❍Yes ❍No

EXAM*

Appearance	Awake		❍Yes ❍No
	Distress		❍Yes ❍No
	Sleepy		❍Yes ❍No
Eyes	Clarity		❍Clear ❍Redness ❍Irritation
	Lids		❍Normal ❍Droopy
Ear/Nose/Throat	Mallampati Airway Class		❍I ❍II ❍III ❍VI
	Hard Palate		❍Low ❍Moderate ❍High
	Soft Palate		❍Short ❍Moderate ❍Long
	Uvula		❍Small ❍Medium ❍Large
	Tonsils		❍Class 1 ❍Class 2 ❍Class 3 ❍Class 4
	Tongue		❍Scalloped ❍Non-scalloped ❍Small ❍Moderate ❍Large
	Dental	Molar Occlusion	
		Bite/Jet	
		Gnathic Status	❍Retrognathia ❍Orthognathia ❍Prognathia
Neck	Symmetric		❍Yes ❍No
	Visually Evident Masses		❍Yes ❍No

Respiratory	Assessment of Effort	
	Respiratory Rate	
	Single Breath Count	
	Wheezing or Stridor	❍Yes ❍No
Miscellaneous	Digits	❍Normal ❍Clubbing ❍Cyanosis
	Visible Edema in Upper Extremity or Lower Extremity	❍Yes ❍No
	Gait	❍Normal ❍Abnormal
Skin	Evident Lesions on Face	❍Yes ❍No
	Evident Lesions on Hands	❍Yes ❍No
Neuro	Extraocular Movements Intact	❍Yes ❍No
	Facial Motor Exam	❍Yes ❍No
	Palate Elevates Symmetrically	❍Yes ❍No
	Tongue	❍Midline ❍Deviated
	Shoulder Shrug	❍Symmetric ❍Asymmetric
	Pronator Drift	❍Yes ❍No
Psych	Alert	❍Yes ❍No
	Oriented	❍0 ❍1 ❍2 ❍3
	Affect	❍Euthymic ❍Depressed ❍Anxious

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.