

VISIT CONSULT NOTES & BILLING IN DENTAL REMMANAGER

1. DOCUMENTATION & COLLECTION

- If patient is starting treatment, provide:
 - Rights and Resp
 - Privacy Form
- Check Form/Rpts to confirm
- completed:
 - Registration Assignment Release Form
 - Informed Consent for Treatment
- If not completed, give paper copies to sign

Forms To Be Filled Out	Completed Forms
Primary Insurance	
Epworth Sleepiness Scale	
Comprehensive Health Questionnaire *	
Dental History Questionnaire	
Affidavit for Intolerance to CPAP	
Registration Assignment Release Form *	
Informed Consent for Treatment *	

- Use Sidebar to upload the scanned signed documents

NOTE

- **If a Consult/Records visit:** collect the Disease Management fee.
- **If a Delivery visit:** sign the Proof of Delivery form with a delivery date.
- Use the Sidebar to upload the scanned, signed document, and update the status to **"Ready to Schedule."**

File: Choose File no file selected

Category: -Select-

- Diagnostic Sleep Study
- Prescription
- CPAP affidavit
- Consult Notes
- Patient Registration
- Proof of Delivery
- Lab Slip
- Authorization
- Authorization Requested
- Consent_for_OAT_Treatment
- CPAP_Failure_Notes
- MD_Visit_Notes

2. CONSULT NOTES

- Hover over **"Consults"**
- Select **"Consult Notes"**
- Verify appt type
- Consult Notes template varies by Appt Type
- Fill out all sections of template
- Click **"Save"**
- Click **"Text Editor"**
- Sign
- Or Send for Signature to dentist

Home FAX Referrals Patient Info Insurance Forms/Rpts Schedule **Consults** Other Forms

Consult Note

Appt History

Search and Select Patient / Visit

Patient: Test, Karl ID: rms-KT-16 DOB: 1980-12-31 Visit: 2024-09-13 Type: Consult/Records Stage: Verify

Evaluation Notes, **SUBJECTIVE**

Patient Karl Test is a 44 years old presenting with a desire for evaluation and discussion of treatment options for oral appliance therapy as related to diagnosed Obstructive Sleep Apnea.

History of Present Illness and Chief Complaints:

SOAP format. If you have clinical questions please reach out to your SGS Regional.

PLAN * Plan is what you intend for next step.

☐ Obtain Prior-Authorization for Oral Appliance

☐ Impressions

☒ Oral appliance fitting i.e. if all records taken during consult/records appt, then Delivery is plan

☐ Refer for alternative treatment

Sleep Appt Template -Select-

Addition:

The duration of time spent on the patient encounter on the date of visit was 60 minutes. This may include, but is not limited to, time spent in review of medical history, test results, or consult notes, face-to-face patient consultation, patient education, ordering follow up testing, coordination of care, and/or documentation.

Save Text Editor Cancel

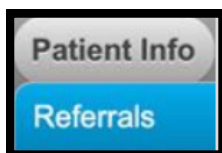
table Words: 647

Save Revert To Form Cancel

or Enter Password to Sign: Sign

3. OPEN A REFERRAL FOR NEXT VISIT

- (Impressions, Delivery, or Follow up) and add to date on Schedule.
- **Note:** Impressions visit only made if unable to take records at consult



Patient Referral(s)

Full details on opening a referral in REMmanager Add Patient document

Open a New Referral: Open Referral

or Select a Referral in the Table Below:

Select	Referrer	Referral Date	Status	Appt Type Requested	Quick Action(s)

4. BILLING SHEET

- Hover over **"Billing"**
- Select **"Billing Sheet"**
- Check services performed
- Typical codes:
 - Consult/Records Appt:
 - 99205 if 1st medical insurance & 60min
 - 92520
 - 92512
 - Delivery Appt:
 - E0486
 - D8210
- Check the diagnosis of OSA.
- Click **"Save."**
- Click the yellow **"Ready to Bill"** button at the top
- If you do not see the yellow button, the Consult Note needs to be signed
- **Note:** If Sleep Impressions is not billing, such as a cash pay, click **"Non-Billable."**
- Fax the patient's physician with an update on treatment (optional)

Home FAX Referrals Patient Info Insurance Forms/Rpts Schedule Consults Other Forms Orders Billing BAM

Rev Mgmt Site Mgmt IA

Search and Select Patient / Visit

Patient: Test, SGS ID: rms-ST-18 DOB: 1980-12-30 Visit: 2024-10-09 Type: Consult/Records Stage: Signed

Patient Billing Info Insurance Claim Ledger

Billing Sheet

Save Ready to Bill Non-Billable

Selected	CPT Code	Diagnostic / Therapeutic Procedure
<input type="checkbox"/>	E0486	Oral device/appliance custom fabrication
<input type="checkbox"/>	D8210	Removeable appliance
<input type="checkbox"/>	70355	Panograph x-ray
<input type="checkbox"/>	99201	New Patient Office or Other Outpatient Services (10 min)
<input type="checkbox"/>	99202	New Patient Office or Other Outpatient Services (20 min)
<input type="checkbox"/>	99203	New Patient Office or Other Outpatient Services (30 min)
<input type="checkbox"/>	99204	New Patient Office or Other Outpatient Services (45 min)
<input type="checkbox"/>	99205	New Patient Office or Other Outpatient Services (60 min)
<input type="checkbox"/>	99211	Established Patient Office or Other Outpatient Services (10 min)
<input type="checkbox"/>	99212	Established Patient Office or Other Outpatient Services (20 min)
<input type="checkbox"/>	99213	Established Patient Office or Other Outpatient Services (30 min)
<input type="checkbox"/>	99214	Established Patient Office or Other Outpatient Services (45 min)
<input type="checkbox"/>	99244	Consultation from referral (45 min)
<input type="checkbox"/>	95806	Sleep study, unattended, simultaneous recording of heart rate, oxygen saturation, respiratory airflow and respiratory effort.
<input type="checkbox"/>	95800	Sleep study, unattended, simultaneous recording: heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time.
<input type="checkbox"/>	92520	Pharyngometry- Acoustic measurement of the pharyngeal airway
<input type="checkbox"/>	92512	Rhinometry - Acoustic measurement of nasal patency

ICD-10	Description
<input checked="" type="checkbox"/> G47.33	Obstructive Sleep Apnea
<input type="checkbox"/> G47.31	Central Sleep Apnea
<input type="checkbox"/> G47.61	Periodic Limb Movement
<input type="checkbox"/> G47.19	Hypersomnia Other -Sleep Apnea
<input type="checkbox"/> G47.10	Hypersomnia Unspecified
<input type="checkbox"/> G47.9	Sleep Disturbance, Unspecified
<input type="checkbox"/> J35.3	Tonsill/Adenoid Hypertrophy
<input type="checkbox"/> R06.83	Snoring
<input type="checkbox"/> G47.30	UARS; Other Sleep Apnea, Unspecified
<input type="checkbox"/> G47.00	Insomnia
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Insurance Authorization Number: _____

Billing Notes:

Save

TYPICAL CODES

Consult & Records Appointment

- 99205

If 1st medical insurance & 60min

- 92520
- 92512
- 99205

Delivery Appointment

- E0486
- D8210