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# **DreamTeam Method**

# **Z**

## **SLEEP HERO HANDBOOK**

powered by **apZme**



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# ACKNOWLEDGMENT OF RECEIPT AND REVIEW

## Sleep Hero Handbook – The DreamTeam Method

This handbook has been provided as a proven method to successfully implement Dental Sleep Medicine into practice operations.

The content outlines essential workflows, processes, and best practices to ensure the effective adoption of The DreamTeam Method, powered by apZme, and achieve positive outcomes for your patients and practice.

### Acknowledgment by Office

I acknowledge receipt of the Sleep Hero Handbook. I confirm that this binder has been provided to our office, and I understand its value in guiding the successful implementation of The DreamTeam Method.

**Signature  
Sleep Hero:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Acknowledgment by Regional Manager

I confirm that I have reviewed the contents of the Sleep Hero Handbook with the office and provided the necessary guidance for its implementation.

**Signature  
Regional  
Manager:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# **ONBOARDING**



# IN-OFFICE TRAINING AGENDA

## DAY ONE

**8:00 AM – 9:00 AM**

### **EccoVision Assembly**

- Regional Manager will assemble the EccoVision.

**\*DO NOT PUT THE ECCOVISION TOGETHER\***

**9:00 AM – 12:00 PM**

### **Review Workflow & Role Play Scenarios | Equipment Training**

- Screening patients
- Entering patients into REMmanager
- Scheduling telehealth appointments
- Hands-on training with EccoVision (including jigs and appliance selection)

**12:00 PM – 1:00 PM**

### **Lunch (Provided by the Office)**

**1:00 PM – 3:00 PM**

### **Workflow and Role-Playing (Continued)**

- Have the office demonstrate logging into REMmanager, entering, and tracking patients
- Ensure the office understands how to utilize the Referrals list to track where patients are in the process
- Patient flow and follow-up

## DAY TWO

**9:00 AM – 9:30 AM**

### **Recap Day One & Answer Questions**

- Team will recap day one training and have an opportunity to ask questions.

**9:30 AM – 12:00 PM**

### **See Scheduled Sleep Patients**

- Schedule 2-3 sleep patients (60 minutes each)
- Work side-by-side with Sleep Hero to complete the initial records/consult visit
- Schedule initial telehealth visit while the patient is in office using new workflow

***\*If no patients are scheduled, roleplay workflow with the team***

**12:00 PM – 1:00 PM**

### **Lunch (Provided by the Office)**

**1:00 PM – 3:00 PM**

### **REMmanager Review**

- How to acquire proper documents
- Importance of tracking and patient follow-up
- Metrics the office will track (initial patients, deliveries)
- Re-enforce the Dream Team role and how this method and workflow will drive a successful sleep program
- Q&A
- Conclude training and set up the next virtual call with the Sleep Hero



# IN-OFFICE TRAINING CHECKLIST

## DAY ONE

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- ☐ Patient flow and follow-up

**Initial:** \_\_\_\_\_

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- ☐ How to acquire proper documents
- ☐ Importance of tracking and patient follow-up
- ☐ Metrics the office will track (initial patients, deliveries)
- ☐ Re-enforce the Dream Team role and how this method and workflow will drive a successful sleep program
- ☐ Q&A
- ☐ Conclude training and set up the next virtual call with the Sleep Hero

**Initial:** \_\_\_\_\_

# ONBOARDING TIMELINE

STEP	TASK	WEEK	DATE COMPLETED
INTRO & KICK-OFF	Sales introduces the Regional Manager	1	
INTRO & KICK-OFF	Kick-Off Call	1	
INTRO & KICK-OFF	apZme welcome box and Sleep Hero box shipped	1	
INTRO & KICK-OFF	Eccovision shipped to to the practice	1	
CREDENTIALING & CONTRACTS	Credentialing Specialist emails the Sleep Impressions (SI) credentialing application	1	
CREDENTIALING & CONTRACTS	Dentist completes credentialling application and sends it to Sleep Impressions (SI)	1	
CREDENTIALING & CONTRACTS	Credentialing team reviews application & approves it as a provider	2	
CREDENTIALING & CONTRACTS	Contract agreement signed via DocuSign	2	
CREDENTIALING & CONTRACTS	SI Initiates commercial insurance credentialing	2	
SLEEP 101 & HST DEVICE	Practice completes Sleep 101 & SI Online Courses	2	
REMMANAGER TRAINING	Sleep Hero and staff handling patient calls and scheduling must attend.	3	
REMMANAGER TRAINING	Virtual Training: Entering patients into REMManager EMR, Referring patients for Home Sleep Test (HST)	4	
REMMANAGER TRAINING	Sleep Hero creates 3 patients within REMManager	4	
ONSITE TRAINING SCHEDULING	Onsite training prep: Arrange schedules and patients.	4	
ONSITE TRAINING	Two-day Training: Eccovision setup, screening protocols, hands-on patient interactions, documentation, and workflow. Regional Manager shadows and provides feedback.	5	

Onboarding 5



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[www.sleepgs.com](http://www.sleepgs.com)  
[www.millenniumsleeplab.com](http://www.millenniumsleeplab.com)  
[www.sleepimpressions.com](http://www.sleepimpressions.com)

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Version 4. 05.08.25



# ONBOARDING TIMELINE

STEP	TASK	WEEK	DATE COMPLETED
VA	VA Orientation	6	
REMMANAGER TRAINING	Dentist and Sleep Hero must complete SI virtual training on REMManager clinic notes, procedures, billing, and ledgers.	6	
LAUNCH	Dentist works with specialist for Medicare enrollment	6	
LAUNCH	Sleep Hero and Regional Manager track patient status on weekly coaching calls	7+	
LAUNCH	Attend weekly apZme Sleep Success Virtual Forum meetings	7+	

# CONTACT PAGE

## REGIONAL MANAGERS

Provides support during the onboarding process, onsite training for Eccovision and clinical procedures, and follow-up coaching.

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## REMANAGER SUPPORT

Provides REMmanager EMR support and training to ensure seamless operations.

### **Sleep Impressions Trainer**

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### **Office Liasion**

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## CONTRACTING & CREDENTIALING

Provides credentialing, contractor agreements with Sleep Impressions, and insurance contact updates/additions.

### **Credentialing Coordinator**

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# CONTACT PAGE

## SLEEP ADVISORS

Acts as a liaison between practices and patients, coordinating scheduling and verifying benefits.

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## VA TEAM

Acts as the central support system between veterans, practices, and VA contacts—coordinating referrals, verifying eligibility and benefits, managing communication, and guiding each case from start to finish.

### **Manager of Veteran Affairs**

#### **Leanne Burkhouse**

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# DENTAL REMMANAGER TRAINING OUTLINE

## TRAINING ONE – OVERVIEW & ADDING PATIENTS

**Purpose:** Learn to enter patients into REMmanager and send to Millennium Sleep Lab (MSL) or Sleep Impressions (SI)

### Workflow

- Review SI Patient Workflow document
- Discuss 2 ways patients start
  - Patient has had a sleep study, diagnosis, and documentation
  - patient has not had a sleep study
- Explain MSL telehealth and testing and “What to Expect”
- Discuss entering and testing “test” patients (staff and spouses)

### REMmanager

- Explain the Home page and Patient Info tabs
- Enter a test patient with contact info and insurance info and refer for a Home Sleep Test (HST)
- For outside referrals, show how to upload documents, enter referring physician info, and Request VOB/Auth from SI
- Show the Referrals tab to track the status of the patient
- Show a shared folder with guides and videos
- Review REMmanager guide

### Office

- Use the link in the email and log to REMmanager for the first time
- Add the first patient

# TRAINING TWO – SCHEDULING AND VISIT NOTES

**Purpose:** Learn how to check patient status, schedule appointments, fill out consult notes, and send to Sleep Impressions to bill.

## Background

- Show SI Patient Workflow document to review the next steps and documents needed
- Open SI Patient Step-by-Step guide

## Schedule and Sent Patient Forms

- Find patients in the REMmanager Referrals list ready to schedule
- Open Contact Info, turn on the patient portal, and call
- Schedule on the calendar and confirm emails sent

## Appointment

- View patient forms and how to print and upload is not completed
- Open the visit template in the Consults tab in REMmanager for a Consult/Records appt
- Fill out the visit note form, switch to text editor, send for signature, or sign
- Create and schedule the next appointment

## Billing

- Check length of visit and services performed/delivered
- Send to Sleep Impressions to bill

## Review

- Repeat with another patient for delivery appt
- Show shared documents including guides and videos

# QUICK GUIDE TO DENTAL REMMANAGER

**Purpose:** Outline each step in the software process for treating and billing a patient for an oral appliance.

## ENTERING NEW PATIENTS

### Collect Patient Information

If the patient screens positive for Obstructive Sleep Apnea (OSA) or cannot use CPAP, get the following from the patient:

- Contact info
- Medical insurance cards
- Physician info

### In Dental REMmanager

- Enter contact info
- Enter insurance info
- Upload card(s)
- Optional: Open a referral for Eval/Screening and schedule

- If the patient **has had a sleep study**:
  - Ask the patient for a copy of the sleep study and the name of the physician
  - If the patient has tried CPAP, have the patient fill out/sign a CPAP Affidavit
    - Upload in the Sidebar
- Fax physician OAT order form and request sleep study & visit notes
- Upload in Sidebar
  - Sleep study
  - MD visit notes
  - OAT order/prescription
- **Open Referral** in Patient Info/Referrals
  - Select Appt type of Consult/Records
  - Click "Request VOB/Auth"

- If the patient **has NOT had a sleep study**:
  - **Open Referral** in Patient Info/Referrals
    - Select Appt type of HST
    - Millennium Sleep Lab (MSL) will
      - Upload documents when the test is complete
    - Sleep Impressions (SI) will
      - Change HST to complete
      - Open referral for Consult/Records
      - Start VOB
- **Monitor the Referrals tab for testing and VOB status, and watch for "Ready to Schedule"**

# SCHEDULING PATIENTS

## Go To The Schedule Tab

- Click on the date in Schedule
- Select the Referral with appt type you are scheduling
- Enter times
- Click Commit
- Enable Patient Portal
  - In Contact Info, enter email
  - Click box for Permission to Email
  - Click Y for Patient Portal

## Schedule and Sent Patient Forms

- Find patients in the REMmanager Referrals list ready to schedule
- Open Contact Info, turn on the patient portal, and call
- Schedule on the calendar and confirm emails sent

# VISIT NOTES & SEND TO BILLING

## Documentation and Collection

- If this is the patient's first visit, give the patient the Rights and Responsibilities and Privacy form
- Check - Form/Rpts to confirm Consent and Patient Registration signed
  - If these forms are not signed, print paper copies to sign, and upload in the Sidebar
- If taking records, collect the Disease Management fee

## Consult Tab

- Fill out all sections of the template
- Save and switch to Text Editor, and Sign (or send to dentist to sign)
- If this is a Delivery visit
  - Sign the Proof of Delivery form with the delivery date
  - Upload to the Sidebar
- Open a referral for the next visit (Impressions, Delivery, or Follow-up)
  - Add to the date on the Schedule
  - Note: Impressions visit only made if unable to take records at consult



## Billing Sheet

- Check services performed
- Check diagnosis of OSA
- Save and click the yellow "Ready to Bill" button
- 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)

## BILLING AND COLLECTIONS (PROVIDED BY SLEEP IMPRESSIONS)

### Submit Claims

- Sleep Impressions will submit claims to insurance for consult, pharyngometry and rhinometry, oral appliance, and AM aligner

### Patient Collections

- Once insurance processes the claim, if there is a remaining patient balance, Sleep Impressions will bill the patient or charge the card on file

### Ledger

- You can see insurance and patient payments in Billing/Ledger

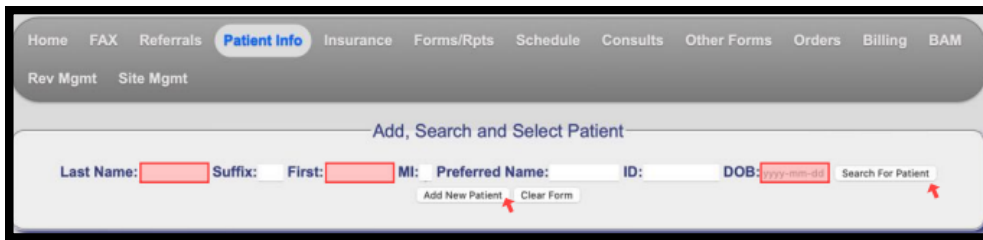
### Collection Reports

- Sleep Impressions will generate reports twice per month for the previous period of insurance payments, patient collections, and write-offs for your patients
- You will receive payment for 80% of the total

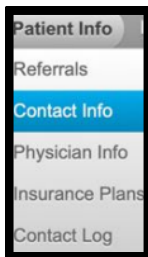
# ENTERING NEW PATIENTS IN DENTAL REMMANAGER

## 1. ADD NEW PATIENT

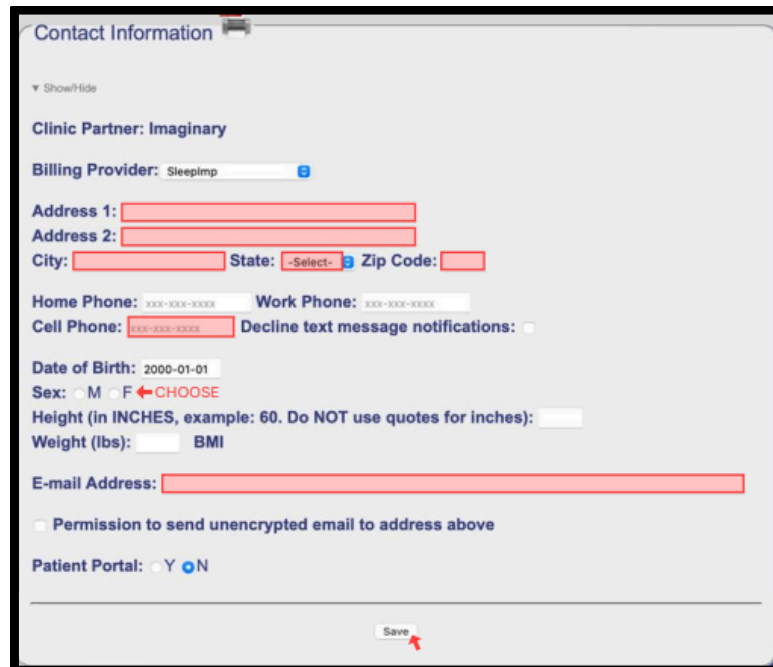
- Click **"Patient Info"**
- Enter info (\*DOB is military yyyy-mm-dd)
- Click **"Search for Patient."**
- If there are no patients found, then click **"Add New Patient"**



## 2. CONTACT INFORMATION



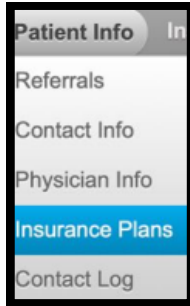
- Hover over Patient Info
- Select Contact Info
- Enter details
- Click **"Save"**



### NOTES

- Clinic Partner should auto-populate to your practice
- Billing Provider should be SleepImp, UNLESS it is a CASH PAY or Medicare patient, then change billing provider to your practice

### 3. INSURANCE INFORMATION



- Hover over **"Patient Info"**
- Select **"Insurance Plans"**
- Enter details
- Click **"Save"**

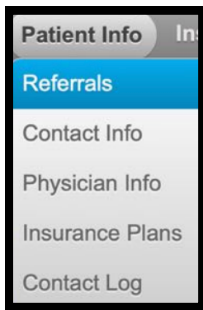
- Use **"Sidebar"** to upload insurance card (back & front)
- **"Choose File"** and find your scan
- **"Select"** Category of Insurance
- Click **"Upload File"**

#### NOTES

- If the patient has an additional insurance, repeat these steps in the "Insurance 2" tab, this time selecting Insurance Type as "Secondary".
- If CASH PAY patient, then choose CASH PAY in the Insurance Plan drop down.

## 4A. OPEN A REFERRAL

IF PATIENT NEEDS A HST (HOME SLEEP TEST) – SKIP TO 4B IF ALREADY TESTED



- Hover over **"Patient Info"**
- Select **"Referrals"**
- Select **"HST"**
- Click **"Save and Exit"**

A screenshot of the 'Patient Referral(s)' form. The 'Referral Date' is set to 'YYYY-MM-DD'. The 'Referrer' is 'Select a Referrer'. The 'Requested Appt Type' dropdown menu is open, showing options: '-Select-', 'Annual Follow-up', 'Consult/Records', 'Delivery', 'Eval/Screening', 'Follow-up', 'HST' (highlighted with a red box), 'HST Results', 'Impressions', 'No Charge', 'Telephone Call', and 'Unavailable'. The 'Pull Insurance Info' checkbox is checked. The 'Equipment/Procedure' section shows 'HCPCS/CPT-4' codes: E0486, 21085, 21110, 99203, and an empty field. The 'Other:' field is empty. The 'Save and Exit' button is highlighted with a red arrow.

- Verify a Status **"Open"**
- For Appt Type **"HST"**

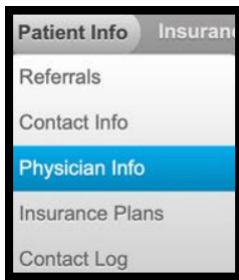
### NOTE

- Once the HST is completed By Millennium, Sleep Impressions will complete 4B for you.

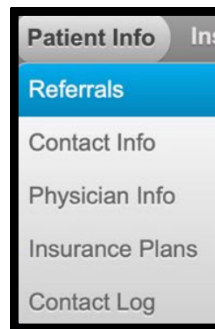
A screenshot of the 'Patient Referral(s)' form showing a table of referrals. The table has columns: Select, Referrer, Referral Date, Status, Appt Type Requested, and Quick Action(s). One row is visible with 'NONE ASSIGNED' as the Referrer, '2024-06-21' as the Referral Date, 'Open' as the Status, and 'HST' as the Appt Type Requested. The 'Quick Action(s)' column shows 'Schedule', 'Cancel', and 'Complete'. Red circles highlight the 'Open' status and 'HST' appt type. A red arrow points from the text 'No action. Just confirm' to the 'Open' status.

## 4B. OPEN A REFERRAL

USE IF PATIENT ALREADY HAD A SLEEP TEST



- Hover over **"Patient Info"**
- Select **"Physician Info"**
- Select **"Referrer"** (MD who signed OAT Prescription)
- Upload in Sidebar
  - Sleep Test
  - MD Visit Notes
  - OAT Prescription
  - \*If patient doesn't have these documents, request from their physician



- Open **"Referrals"**
- Select RequestAppt Type **"Consult/Records"**
- Click **"E0486 & G47.33"**
- Click **"Save and Exit"**
- Click **"Request VOB/AUTH"**
- **DO NOT CLICK UNLESS YOU UPLOADED ALL DOCUMENTS**

### NOTE

- If CASH PAY, do NOT Request VOB/AUTH – your office will collect directly.
- Sleep Impressions will complete VOB, review benefits with the patient, and update status to "Ready to Schedule"

# SCHEDULING A PATIENT IN REMMANAGER

Monitor Referrals tab for testing and VOB status, watch for “Ready to Schedule”

## 1. SCHEDULE

- Click on the **“dot”** to open the patient.
- Go to **“Schedule Tab”**
- Click on a day in the calendar
- Select the Referral with appt type you are scheduling
- Enter Start and End Times
- Click **“Commit.”**
- The patient will automatically be sent an email with the date and time of the scheduled appointment
- \*If no Referral with appt type shows. You must open a referral.
  - See **“Enter Patient”** in REMmanager document.

## 2. ENABLE PATIENT PORTAL

- Hover over “Patient Info”
- Select **“Contact Info”**
- Enter or confirm email address
- Check **“permission”** to email
- Click **“Y”** for Patient Portal
- Click Save button below
- Patient will receive email from **“Patient Portal”** with link and password.

Software 10



# 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
<a href="#">Primary Insurance</a>	
<a href="#">Epworth Sleepiness Scale</a>	
<a href="#">Comprehensive Health Questionnaire *</a>	
<a href="#">Dental History Questionnaire</a>	
<a href="#">Affidavit for Intolerance to CPAP</a>	
<a href="#">Registration Assignment Release Form *</a>	
<a href="#">Informed Consent for Treatment *</a>	

- 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

**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

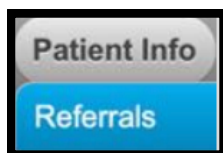
table Words: 647

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

# WEEKLY ACTION REPORTS

Each week Sleep Impressions will send reports of open referrals and past visits that need your action. Below are suggestions steps based on the action needed.

## REFERRALS ACTION NEEDED

### Example: Unable to contact, Ready to Schedule, Missing Docs

- Go to Referrals list
- Search to filter for name or status
- Call or Cancel

Action Required	Patient Last Name	Appt Type
Ready to Schedule	Brady	Consult/Records
Unable to contact	Austria	HST
Unable to contact	Marty	HST
Insurance Updated Needed	Roark	Consult/Records

## VISIT ACTION NEEDED

### Example: Unsigned, Signed Not Billed

- Have the provider go to the Consult tab to sign OR
- Go to Scheduler and Reschedule

### Example: Signed Not Billed

- Go to Billing/Billing Sheet
- Check services and click Ready to Bill

Unsigned or Not sent to Billing	Visit Date	Appt Type	Patient First	Patient ID
Signed not billed	11/19/24	Consult/Records	Christopher	rms-CM-22
Unsigned	12/4/24	Delivery	Christopher	rms-CM-22
Unsigned	1/6/25	Consult/Records	Linda	rms-LB-24

100

**The report will include insurance and patient payments and could include multiple patients, similar to the one below.**

## Check AMT



# LEDGER

Claim #	ICN	Trace	Date	Date	Code	Description	M1	M2	M3	Amount	Units	Remainder	Diag 1	Diag	Diag	Diag	Provider	Payer	Date	Denial	Check	Type	Action
		ID	From	To										2	3	4				Code	No		
RMSNR1D	4222424701838									5,500.00		0.00					Parsons						Pay
			2024-11-04	2024-11-04	E0486	Oral device/appliance custom fabrication	NU	KX		5500.00	1		G4733										Adj
					INSADJ	Insurance Adjustment				-3,000.00									2024-11-12				Delete
					ALLOW	\$2,500.00 Allowable													2024-11-12				Delete
					DEDUCT	\$21.05 Applied to Deductible													2024-11-12				Delete
					CO-INS	\$247.89 Co-Insurance													2024-11-12				Delete
					INSPAYCHC	Insurance Check Payment				-2,231.06							Cigna		2024-11-13			Check	Delete
					PATPAYCRD	Patient Credit Payment				-268.94							Reilly, Nicholas		2024-11-12			Credit	Delete
RMSNR1B										150.00		0.00					Parsons						Pay
			2024-09-30	2024-09-30	99205	New Patient Office or Other Outpatient Services (>60 min)				150.00	1		G47.33										Adj
					COPAY	\$150.00 Copay													2024-11-12				Delete
					PATPAYCRD	Patient Credit Payment				-150.00							Reilly, Nicholas		2024-11-12			Credit	Delete

To view all charges, payments, and adjustments for a patients, go the Billing tab and select Ledger

Grey rows: Claim charges

Green: Payments from insurance or patient

Red: Adjustments

Blue or Purple: Notes from insurance company

Open Balance is in the "Remainder" column

# CUSTOM REPORTS

To run reports of patients visits, or payments anytime, go to the BAM tab and select Custom Reports. All reports can to exported to an Excel csv file.

**Enter Date Range**

Custom Report Selection

Clinic Partner:  Location:  Start Date:  End Date (inclusive):  Report Type:

Uncategorized:

Referrals:

Business Metrics:

Ledgers:

Payments/Charges:

## COMMONLY RUN REPORTS

### Referrals Opened Report

Referrals opened for any visit type in date range

### Patient Visit Log

Visits with date of service in date range, shows status

### All Ledgers

Claims list with all payments and adjustments

### All Payments

Payments and Adjusts in date range for all patients, like Payments report sent with check from Sleep Impressions

# CLIENT RCM CONTRACT UPDATE AND RATE SHEETS

## OVERVIEW

This document provides an update on Revenue Cycle Management (RCM) services, including the onboarding process, contracting details, and rate updates. It serves as a guide to understanding the contracting process, timelines, and key contacts.

### RCM Services Overview

- **Onboarding Process:** Credentialing, payer contracts, and Medicare enrollment.
- **Revenue Cycle Management Services:**
  - Credentialing
  - Payer contracts
  - Medicare enrollment
  - Claims billing
  - Collections

### Contracting Process

- **Monthly Notifications:** Practices will receive monthly updates on the status of commercial contracts.

- **Post-Onboarding Timelines:** Once onboarding is complete, the following timelines apply for payer contracts:
  - **CIGNA:** Effective within 30 days.
  - **UHC:** Effective within 30 days.
  - **AETNA:** Effective within 30 days.
  - **Humana:** Effective within 30 days.
  - **BCBS (Blue Cross Blue Shield):** State-specific requirements apply. Practices will be notified of acceptance or denial within 60 days. In states with closed networks, practices will be notified, and attempts will be made to bill out-of-network.
  - **FEP (Federal Employee Plans):** Require additional approval and may not be in-network.

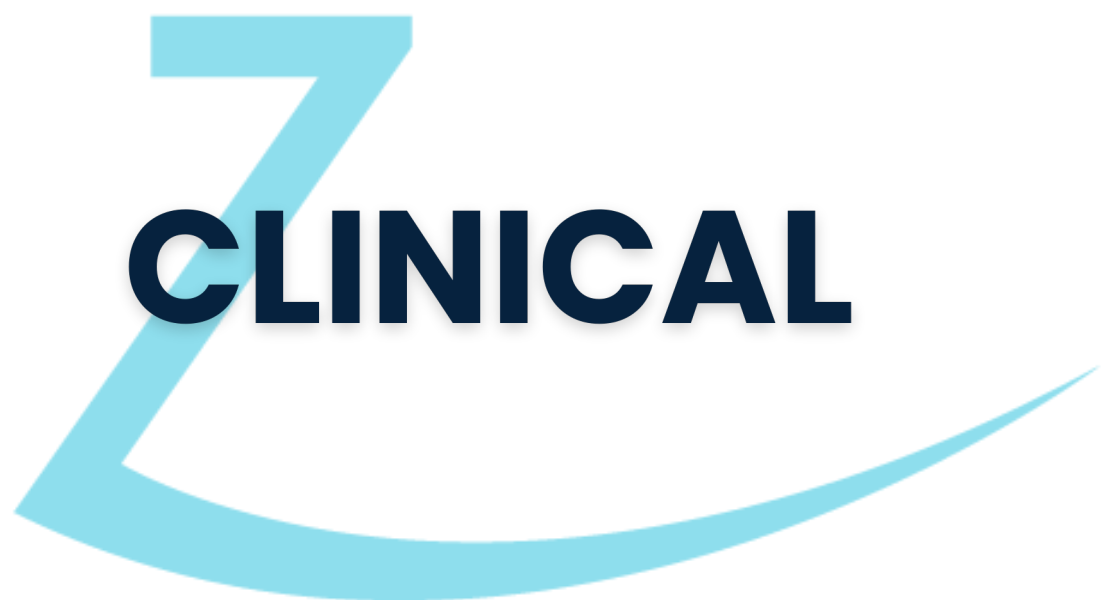
## Contract Updates

- Practices will receive updates via email regarding network status and effective dates.
- **Example:**
  - NEWS FLASH: You are now in-network with [Payer Name].
  - Effective Date: [Date]
  - Rate: [Rate]

## Monthly Scorecard

- **Claim Processing Timelines:**
  - Clean claims (no manual intervention): Processed and paid within 30 days from submission.
  - Claims with submission errors: Resolution times may vary, but are typically processed within 30 days of the last billed date or up to 60 days.
- **Denial Resolutions:** Denials are actively worked on, and resolution times will vary based on payer requirements.
- **Payment Timeline:**
  - Payments received from payers are reimbursed bi-monthly to practices.

*This document outlines key aspects of RCM services to streamline practice operations and optimize payer relationships. For any additional inquiries, please reach out to the contacts listed above.*





# PATIENT WORKFLOW PROCESS

## PATIENT WITHOUT A SLEEP STUDY OR DIAGNOSIS



### STEP 1: INITIAL CONVERSATION

- Patient enters the process through hygiene screening, new patient calling in, OR referral from a physician
- Practice adds patient to Dental REMmanager and schedules Consult/Records appt.
- \*Can be scheduled same day if patient & Sleep Hero are available.
- Practice enables the Dental REMmanager patient portal
- If patient is in office:
  - Sleep Hero explains testing and telehealth virtual visit – covered by most insurance plans; no more than \$75 for first virtual visit.
  - Practice enters contact & insurance info in Dental REMmanager & opens HST referral.
  - Sleep Hero calls Sleep Advisor with patient present to schedule Telehealth – at least 3 days out.
- Patient receives automated emails from software confirming appointments.



### STEP 2: CONSULTATION VISIT

- Dental Office confirms patient before appointment
- Sleep Hero welcomes patient:
  - Reviews medical & dental history
  - Shows appliances & explains treatment
  - Takes records
- Dentist performs consultation (medical, dental, and joint exams)
- If not already scheduled for telehealth:
  - Sleep Hero explains testing and telehealth virtual visit – covered by most insurance plans; no more than \$75 for first virtual visit.
  - Practice enters contact & insurance info in Dental REMmanager
  - Sleep Hero calls Sleep Advisor with patient present to schedule Telehealth – at least 3 days out
  - Patient receives automated email confirmation
- After the patient leaves, Millennium Sleep Lab (Millennium) gets estOOP for HST and OAT coverage to provide at Initial Telehealth



### STEP 3: INITIAL TELEHEALTH

- Patient receives automated email & text reminders
- Dream Team joins Google Meet 5 minutes before appointment time to assist patient in connecting
- Millennium's medical provider sees patient for 15 minute visit and signs order for HST
- Sleep Advisor stays on call:
  - Gives estOOP for HST, coverage of OAT, & financing options
  - Schedules shipment of HST & follow up telehealth appointment
- Recording of visit made available to Sleep Hero and dentist



### STEP 4: HOME SLEEP TEST

- Dental Office confirms patient before appointment
- Sleep Hero welcomes patient:
  - Reviews medical & dental history
  - Shows appliances & explains treatment
  - Takes records
- Dentist performs consultation (medical, dental, and joint exams)
- If not already scheduled for telehealth:
  - Sleep Hero explains testing and telehealth virtual visit – covered by most insurance plans; no more than \$75 for first virtual visit.
  - Practice enters contact & insurance info in Dental REMmanager
  - Sleep Hero calls Sleep Advisor with patient present to schedule Telehealth – at least 3 days out
  - Patient receives automated email confirmation
- After the patient leaves, Millennium Sleep Lab (Millennium) gets estOOP for HST and OAT coverage to provide at Initial Telehealth

## REMINDER!

***We're here to support you every step of the way!***

For questions or additional support, be sure to reach out to your dedicated team of support. For contact information, please see page 12 of the onboarding section.



### STEP 5: FOLLOW-UP TELEHEALTH

- Patient receives automated email & text reminders
- Dream Team joins Google Meet 5 minutes before appointment time to assist patient in connecting
- Millennium's medical provider sees patient, reviews results, & signs order for OAT
- Sleep Advisor and Sleep Hero:
  - Confirm patient acceptance of oral appliance treatment
  - Provide estOOP for OAT (including Disease Management fee)
  - Get credit card for OAT (Sleep Hero charges card for Disease Management fee immediately, Sleep Advisor saves in Dental REMmanager)
- If the records are not already taken, Sleep Hero opens a referral for Impressions and clicks Request VOB/Auth
- If records were taken, Sleep Hero opens referral for Delivery and clicks Request VOB/Auth
- Sleep Hero changes Consult/Records visit to Ready to Bill



### STEP 6: AUTHORIZATION & FINANCIAL REVIEW

- Sleep Impressions biller gets auth and updates estOOP
- If estOOP increases, Sleep Advisor calls to explain difference, otherwise proceed
- Sleep Advisor notifies office & referral changes to Ready to Schedule
- If records not taken, Sleep Hero schedules Impressions visit to take records
- Sleep Hero orders appliance from lab
- Sleep Hero schedules Delivery visit based on expected lab turn around
- Patient receives automated email from Dental REMmanager confirming appointment



### STEP 7: DEVICE DELIVERY VISIT

- Dentist delivers OAT device:
  - Fits and adjusts
  - Instructs on cleaning and exercises
  - Delivers am aligner
- Patient signs Proof of Delivery and Sleep Hero uploads to Dental REMmanager
- Sleep Hero schedules follow up visit to adjust appliance
- Dentist signs note & Sleep Hero changes Delivery visit to Ready to Bill

# SLEEP CARE JOURNEY

## PATIENT STEPS



**Initial Conversation**



**Consultation Visit**



**Initial Telehealth**



**Home Sleep Test**



**Follow-up Telehealth**



**Order & Insurance**

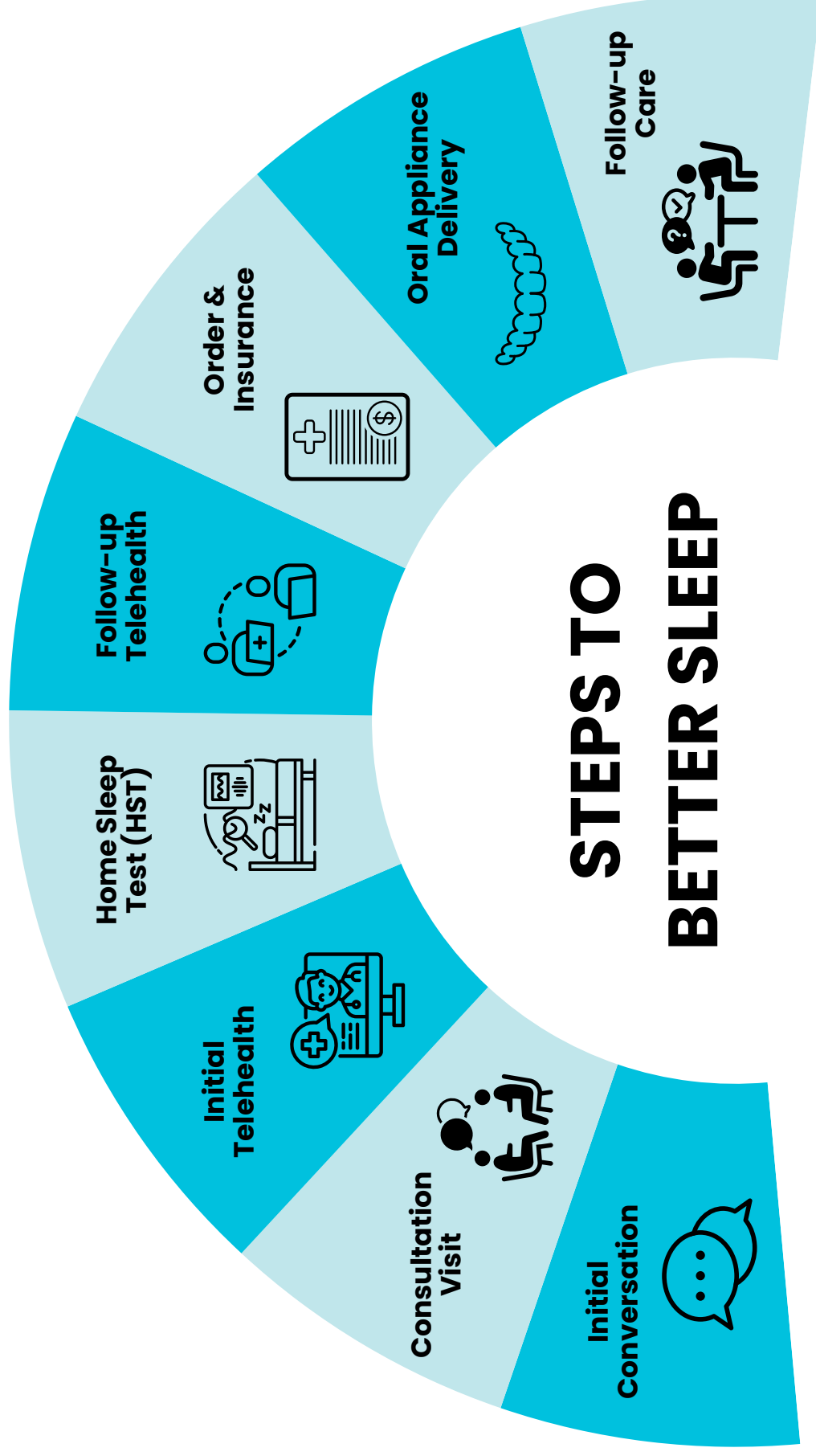


**Oral Appliance Delivery**



**Follow-up Care**

# PATIENT SLEEP CARE JOURNEY



# SLEEP EVALUATION PROCESS

## HOME SLEEP TEST (HST): WHAT TO EXPECT

### INITIAL TELEHEALTH



- Patient is emailed a link to their 1st telehealth appointment with our medical provider.
- The telehealth visit will cover an overview of the patient's symptoms.
- After the call, a home sleep test (HST) is ordered & shipped to the patient via FedEx.
- Patient adds Sleep Advisor's number, 877-933-9470, in their phone contacts for easy recognition.

### HOME SLEEP TEST (HST)



- Patient receives an estimate of their costs for the HST.
- FedEx delivers HST to the patient's home.
- The Sleep Advisor calls the patient to review the HST instructions & answer questions.
- Patient conducts the HST.
- Patient ships completed HST via FedEx in pre-paid packaging.
- Millennium Sleep Lab receives the completed HST and completes an analysis & results.

### FOLLOW-UP TELEHEALTH



- Patient is emailed a link to their 2nd telehealth appointment.
- The telehealth visit will cover a review of the HST results with the Sleep Advisor and our medical provider.
- If the medical provider feels the patient is a candidate for oral appliance therapy, our medical provider will discuss the treatment plan with the patient.

### BILLING & COSTS



- Millennium Sleep Lab bills the patient's insurance for both telehealth appointments and the HST.
- Sleep Advisor provides a breakdown of expected costs for the oral appliance to the patient.
- Our medical provider orders the oral appliance.
- Sleep Advisor schedules date with the patient for in-office pick-up of oral appliance.

**Call to Schedule: 877-933-9470**

# CLINICAL INTAKE PROCESS

## INITIAL PATIENT SCREENING

**Identify High-Risk Patients:** We can't treat patients that we don't screen.

### Use of Questionnaires

- Implement sleep/airway evaluation questionnaires
- Commit to screen all patients
- Ask questions for clarity

### Observation

- Physical signs and symptoms in the mouth may include:
  - Scalloped tongue
  - Clenching and grinding (Bruxism)
  - Mallampati/tonsil score

### Relatable Analogies

- To explain the risk, use analogies.
- *"Think of your airway like a narrow tunnel. If it gets too narrow, it disrupts the traffic flow – similar to how a blocked airway disrupts your sleep."*

### Educational Awareness

#### Importance of Good Sleep Health

- *Just like oral health, your sleep health is crucial. Poor sleep can lead to issues like fatigue, high blood pressure, and even impact your oral health."*

#### Connection Between Oral Health and Sleep Disorders

- *"The mouth is the start of your airway. Issues like a narrow airway can lead to snoring or sleep apnea, much like a clogged pipe can lead to water backup."*

#### Visual Aids

- Utilize diagrams or models showing how a blocked airway can affect sleep.
- *"Here's how a relaxed throat can block air during sleep, leading to snoring and disrupted sleep."*

## Patient-Centric Approach

- Emphasize how identifying and treating sleep disorders can improve their overall health.
- *"By looking at your sleep health, we're not just helping you have a better night's sleep but also preventing bigger health issues down the line."*

## Use of Success Stories

- Share anonymous success stories of patients who have benefited from sleep disorder treatments.
- *"One of our patients, after being treated for sleep apnea, not only stopped snoring but also experienced a significant increase in energy during the day."*

## Conversation Examples

### During Dental Examination

- *"While examining your teeth, I noticed signs that might indicate you're grinding them during sleep. This can sometimes be related to sleep disturbances. Tell me about your sleep habits. Do you often wake up feeling tired?"*

### Post-Questionnaire Discussion

- *"Based on your questionnaire responses, you're experiencing symptoms that could be related to a sleep disorder. It's something quite common and treatable. Let's discuss the next steps."*

### Explaining the Need for Screening

- *"Based on what we've discussed, I believe it would be beneficial to conduct an EccoVision Airway Screening. This test will help us understand more about your airway health, particularly how it might be affecting your sleep."*

## WHY DO WE DO THIS FIRST?

### Building a Case for the Screening

- By collecting detailed information about the patient's medical history, symptoms, and risk factors beforehand, you can use this data to explain the necessity and benefits of the EccoVision screening.
- It helps in justifying the screening process to the patient.



## Informed Decision Making

- With complete background information, patients are more likely to understand their own health situation and the potential risks associated with sleep-related breathing disorders.
- This understanding can lead to more informed consent for the EccoVision screening.

## Efficient Workflow

- Having all relevant information up front allows for a smoother and more organized process.
- It prevents the need for back-and-forth questioning post-screening and ensures that the screening is done with all necessary background knowledge.

## Tailored Screening Approach

- Knowing the patient's full medical history and symptoms can guide the screening process, allowing for more targeted and specific assessments.

## Building Rapport and Trust

- Engaging in a detailed discussion about the patient's health and sleep habits before the screening can enhance the patient-practitioner relationship, building trust and comfort.

# TRANSITION TO ECCOVISION SCREENING

## Introduction to Airway Screening

- *"Now that we've talked about your sleep health, the next step is a quick airway screening. It's a simple, non-invasive test that provides important information about your airway."*

## Duration and Ease

- *"The screening is quick and easy. It takes just a couple of minutes and isn't uncomfortable. All you need to do is breathe normally."*

## Live Data and Collapsibility

- *"This test gives us live data about your airway. It helps us see if your airway narrows or collapses when you breathe, which can disrupt your sleep, much like a roadblock disrupts traffic flow."*

## Next Steps Post-Screening

- *"After the screening, we'll review the results together. If we find anything that needs further attention, we'll discuss the best next steps, which might include further evaluation or treatment options."*

## REFERRAL FOR TELEHEALTH CONSULT

### Preparation for Telehealth

- Call MSL for a telehealth visit.
- Give the patient a "What to Expect" information sheet with appointment and Sleep Advisor info.

### Follow Up Plan

- Discuss with the patient how you will be in touch with them once everything is completed, to discuss any recommendations or treatment plans from the sleep specialist.

### Enter Patient into REMmanager

- Gather contact information and medical insurance
- Enter in Dental REMmanager
- Call to get telehealth scheduled

# ECCOVISION RHINOMETER AND PHARYNGOMETER TESTING

## Rhinometer Test

Left Nostril: Normal / Abnormal  
Right Nostril: Normal / Abnormal

Chart notes:

-----  
-----  
-----

## Pharyngometer Test

### Baseline (Graph 1):

Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

### Averages:

3.2 cm<sup>2</sup> men / 2.8 cm<sup>2</sup> women  
2.0 cm<sup>2</sup> both

### Collapse (Graph 2):

Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

(At risk patients will be less than 1.86 cm<sup>2</sup>) \*

*Collapse Percentage (Airway Stability): This test compares the change in airway size from baseline to collapse and represents the overall stability of the airway. This number is found by isolating the baseline test on the screen and overlaying the collapse test, the % under the mean numbers is the stability percentage.*

## Airway Metrics Results

**Graph 3:** \_\_\_\_\_ ( << vertical/protrusion used ex: 8 E/E)  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 5:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 7:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 9:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 4:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 6:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 8:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

**Graph 10:** \_\_\_\_\_  
Mean \_\_\_\_\_ cm<sup>2</sup>  
Minimum \_\_\_\_\_ cm<sup>2</sup>  
\_\_\_\_\_ = decrease/increase?

Oral Appliance settings:

STARTING POSITION:  
GOAL POSITION:

Vertical \_\_\_\_\_ mm, Protrusive \_\_\_\_\_ mm  
Vertical \_\_\_\_\_ mm, Protrusive \_\_\_\_\_ mm

Notes:

-----  
-----

# AIRWAY & SLEEP EVALUATION FORM

First Name		Middle Initial		Last Name	
Weight	Pounds		Age	Years	Gender
					Male <input type="radio"/> Female <input type="radio"/>
Height	Feet		Inches		Neck Size
Date of Birth	Month	Day	Year	ID Number	Optional

**COMPLETELY FILL IN ONE CIRCLE FOR EACH QUESTION – ANSWER ALL QUESTIONS**

Have you been diagnosed or treated for any of the following conditions?					
High blood pressure	Yes <input type="radio"/>	No <input type="radio"/>	Stroke	Yes <input type="radio"/>	No <input type="radio"/>
Heart disease	Yes <input type="radio"/>	No <input type="radio"/>	Depression	Yes <input type="radio"/>	No <input type="radio"/>
Diabetes	Yes <input type="radio"/>	No <input type="radio"/>	Sleep apnea	Yes <input type="radio"/>	No <input type="radio"/>
Lung disease	Yes <input type="radio"/>	No <input type="radio"/>	Nasal oxygen use	Yes <input type="radio"/>	No <input type="radio"/>
Insomnia	Yes <input type="radio"/>	No <input type="radio"/>	Restless leg syndrome	Yes <input type="radio"/>	No <input type="radio"/>
Narcolepsy	Yes <input type="radio"/>	No <input type="radio"/>	Morning Headaches	Yes <input type="radio"/>	No <input type="radio"/>
Sleeping Medication	Yes <input type="radio"/>	No <input type="radio"/>	Pain Medication e.g., vicodin, oxycontin	Yes <input type="radio"/>	No <input type="radio"/>

**Epworth Sleepiness Scale:** How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the most appropriate box for each situation. (M.W. Johns, Sleep 1991)

	0 = would never doze	1 = slight chance of dozing	2 = moderate chance of dozing	3 = high chance of dozing
Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting, inactive, in a public place (theater, meeting, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Frequency	0 - 1 times/week	1 - 2 times/week	3 - 4 times/week	5 - 7 times/week
<b>On average in the past month, how often have you snored or been told that you snored?</b>				
Never <input type="radio"/>	Rarely <input type="radio"/> +1	Sometimes <input type="radio"/> +2	Frequently <input type="radio"/> +3	Almost always <input type="radio"/> +4
<b>Do you wake up choking or gasping?</b>				
Never <input type="radio"/>	Rarely <input type="radio"/> +1	Sometimes <input type="radio"/> +2	Frequently <input type="radio"/> +3	Almost always <input type="radio"/> +4
<b>Have you been told that you stop breathing in your sleep or wake up choking or gasping?</b>				
Never <input type="radio"/>	Rarely <input type="radio"/> +1	Sometimes <input type="radio"/> +2	Frequently <input type="radio"/> +3	Almost always <input type="radio"/> +4
<b>Do you have problems keeping your legs still at night or need to move them to feel comfortable?</b>				
Never <input type="radio"/>	Rarely <input type="radio"/>	Sometimes <input type="radio"/>	Frequently <input type="radio"/>	Almost always <input type="radio"/>

Clinical 12

# AIRWAY EVALUATION EXAM FORM

## PATIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date \_\_\_\_\_ Chart \_\_\_\_\_  
DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Sex - M/F Height \_\_\_\_\_ Weight \_\_\_\_\_  
Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ Neck: \_\_\_\_\_

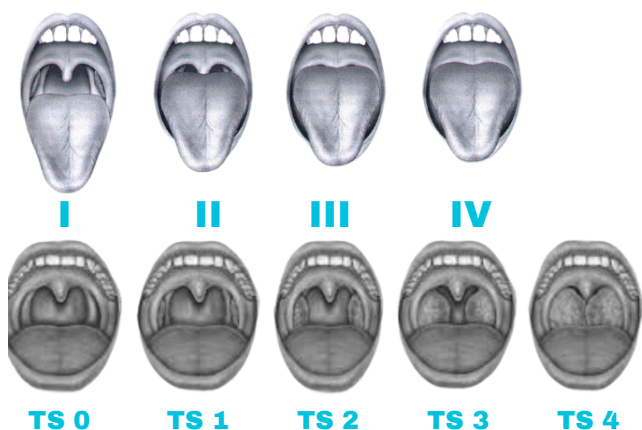
Take hypertension medication? Yes No

Smoke? Yes/No

Chew? Yes /No

## Mallampati Classification (Circle One)

\*Tongue out, but not saying "ahhh" or using a tongue depressor\*



### Tongue Size / Grade

- Normal: Below mandibular occlusal
- Even with mandibular occlusal plane
- Above mandibular occlusal plane
- Overlapping occlusal surface of teeth

## Sleep Disordered Breathing Symptoms

☐ Clenching / Bruxing

☐ Abfractions

☐ GERD(Gastro Esophageal Reflux)

☐ Morning Headaches

☐ Scalloped Tongue

☐ Type II Diabetes

☐ Menopause

☐ C-PAP \_\_\_ Nose \_\_\_ Full Face

☐ PCOS (Polycystic Ovarian Syndrome)

☐ Tonsils \_\_\_ Tonsil Stones \_\_\_ Adenoids

Clinical 13

# AIRWAY EVALUATION RESULTS

## ECCOVISION PHARYNGOMETER/RHINOMETER RESULTS

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

### Rhinometer Test

**Tip:** "Pause your breathing & hold" – approx. 5-second hold – Stop test when All the lines come together across the graph

#### Left Nostril

Normal Abnormal Peppermint Oil

#### Right Nostril

Normal Abnormal Peppermint Oil

Volume: \_\_\_\_\_

Volume: \_\_\_\_\_

Minimum: \_\_\_\_\_

Minimum: \_\_\_\_\_

### Pharyngometer Test

#### Baseline (Graph 1, Green)

**Tip:** Patient holds nose & breathes through the wavetube. Watch the chest rise & fall. After the ding, stop the test ½ out on an exhale.

**Mean:** \_\_\_\_\_ cm<sup>2</sup> (3.2 for Men – 2.8 for Women is the average)

**Minimum:** \_\_\_\_\_ cm<sup>2</sup> (2.0 for BOTH Men and Women)

#### Collapse (Graph 2, Red)

**Tip:** Patient holds nose & breathes naturally through the wavetube. After the ding, instruct the patient to exhale fully and raise their hand when out of breath. Watch the lines on the graph drop and come together. Stop the test when they come together.

**Mean:** \_\_\_\_\_ cm<sup>2</sup>

**Minimum:** \_\_\_\_\_ cm<sup>2</sup> (At risk patients will have a min < 1.86cm<sup>2</sup>)

#### Collapse Percentage (Airway Stability)

Compare the Baseline and Initial Collapse: graphs 1 & 2. This shows the change in the airway and gives the overall stability of the airway. Look at the % under the mean numbers (it will always be less than 100% when done correctly)

**\*Note:** Should not be over 25d

**Airway Decrease%:** \_\_\_\_\_

Clinical 14

# SLEEP STAGING

## Wake/Alert

The person is relaxed. This stage lasts from when the eyes are open to when the person becomes drowsy and their eyes close.

### N1 (NREM Stage 1) Lighter Sleep

**NREM**  
**5%**

**1–5 minutes**

The person is asleep, but their skeletal muscle tone and breathing are the same as when awake.

### N2 (NREM Stage 2) Deeper Sleep

**NREM**  
**45%**

**25 minutes in first cycle**

The length of this stage increases with each cycle.

Bruxism (teeth grinding) may occur.

### N3 (NREM Stage 3) Deepest Non-REM Sleep

**NREM**  
**25%**

**105 minutes in total;  
shared between cycles**

The deepest stage of sleep, this is when the body repairs and regrows tissues, builds bone and muscle, and strengthens the immune system. Sleepwalking, night terrors, and bedwetting may occur. A person is hard to wake. If they are woken at this stage, they may feel groggy for 30–60 minutes after.

### REM Sleep

**REM**  
**25%**

**10 minutes in the first cycle,  
increasing with each cycle;**

Associated with dreaming, REM is not restful sleep. Eyes and breathing muscles are active but skeletal muscles are paralyzed. Breathing may be irregular and erratic.

Usually follows the other stages, starting around 90 minutes after falling asleep.

# STOP-BANG SLEEP APNEA QUESTIONNAIRE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Date \_\_\_\_\_ Sex - M/F \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

STOP		
Do you <b>SNORE</b> loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
Do you often feel <b>TIRED</b> , fatigued, or sleepy during daytime?	Yes	No
Has anyone <b>OBSERVED</b> you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood <b>PRESSURE</b> ?	Yes	No

BANG		
<b>BMI</b> more than 35kg/m2?	Yes	No
<b>AGE</b> over 50 years old?	Yes	No
<b>NECK</b> circumference > 16 inches (40cm)?	Yes	No
<b>GENDER</b> : Male?	Yes	No

TOTAL SCORE		
-------------	--	--

**High Risk OF OSA: Yes 5-8**  
**Intermediate Risk of OSA: Yes 3-4**  
**Low Risk of OSA: Yes 0-2**



# ECCOVISION SCREENING, WELLNESS EVALUATION, TESTING, APPLIANCE DELIVERY & FITTING

## ECCOVISION SCREENING – WELLNESS EVALUATION

### Baseline/Collapse CM #s (What to Look For)

- Baseline Test (breathing normally)
  - Mean
    - Men 3.2 cm
    - Women 2.8 cm
    - Anything less than these numbers could be an "at-risk" patient
  - Minimum
    - Both men & women 2.0 cm
    - Anything less than these numbers could be an "at-risk" patient
  - Collapse Test
    - Breathe normally
    - When the patient is ready, they long-slowly exhale until they have emptied all the air from their lungs
    - Have the patient raise their hand when complete
  - Minimum
    - Anyone (male or female) testing less than 1.86 cm, or more than 25% decrease is "at risk"

### Additional Points for Baseline/Collapse CM #s

#### Contextualizing the Numbers

- Explain to patients that these numbers represent the size of their airway.
- Use simple analogies, like comparing the airway to a tube or tunnel, to make it more understandable.
- *"Think of your airway as a tunnel. The 'cm' number is the width of that tunnel. A narrower tunnel can mean more difficulty for the air to pass through."*

# ECCOVISION SCREENING – WELLNESS EVALUATION

## Explaining Variability

- Make it clear that while these numbers are useful guidelines, there's variability in what's considered normal, and these numbers are just one part of a larger picture.
- *"While these numbers give us a good indication, everyone is different. We consider these alongside your symptoms and health history."*

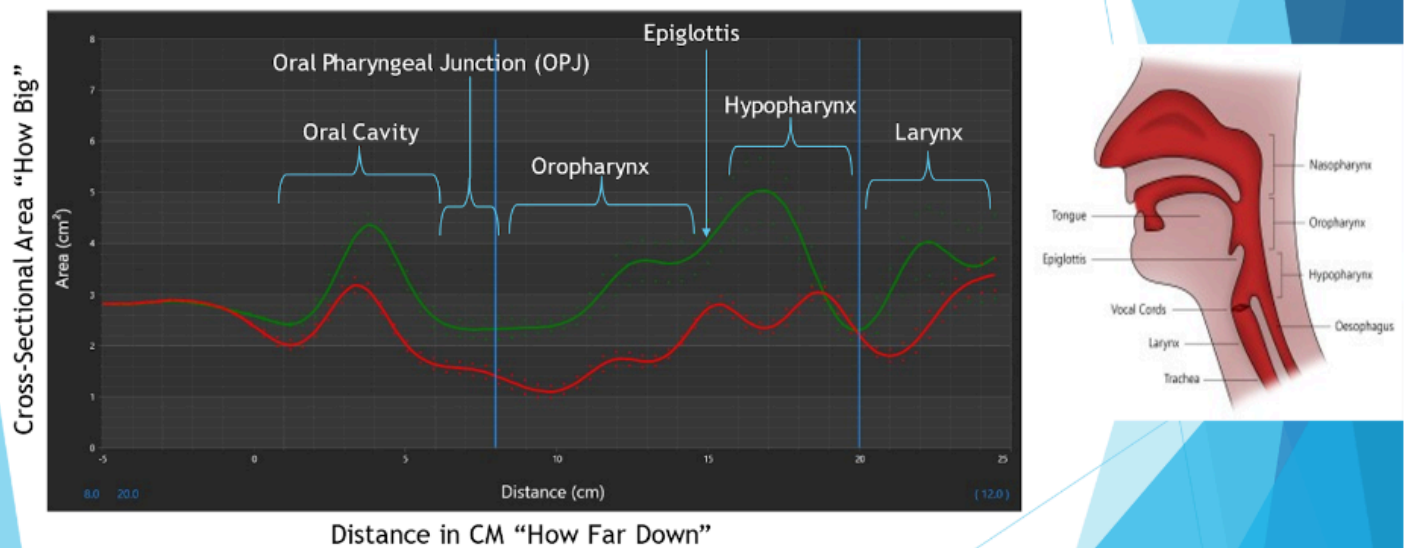
## Risk Assessment

- Clarify that being "at risk" doesn't necessarily mean they have a disorder but indicates the need for further evaluation.
- *"Falling below these numbers suggests a potential risk, but it doesn't diagnose a condition outright. It signals us to investigate further."*

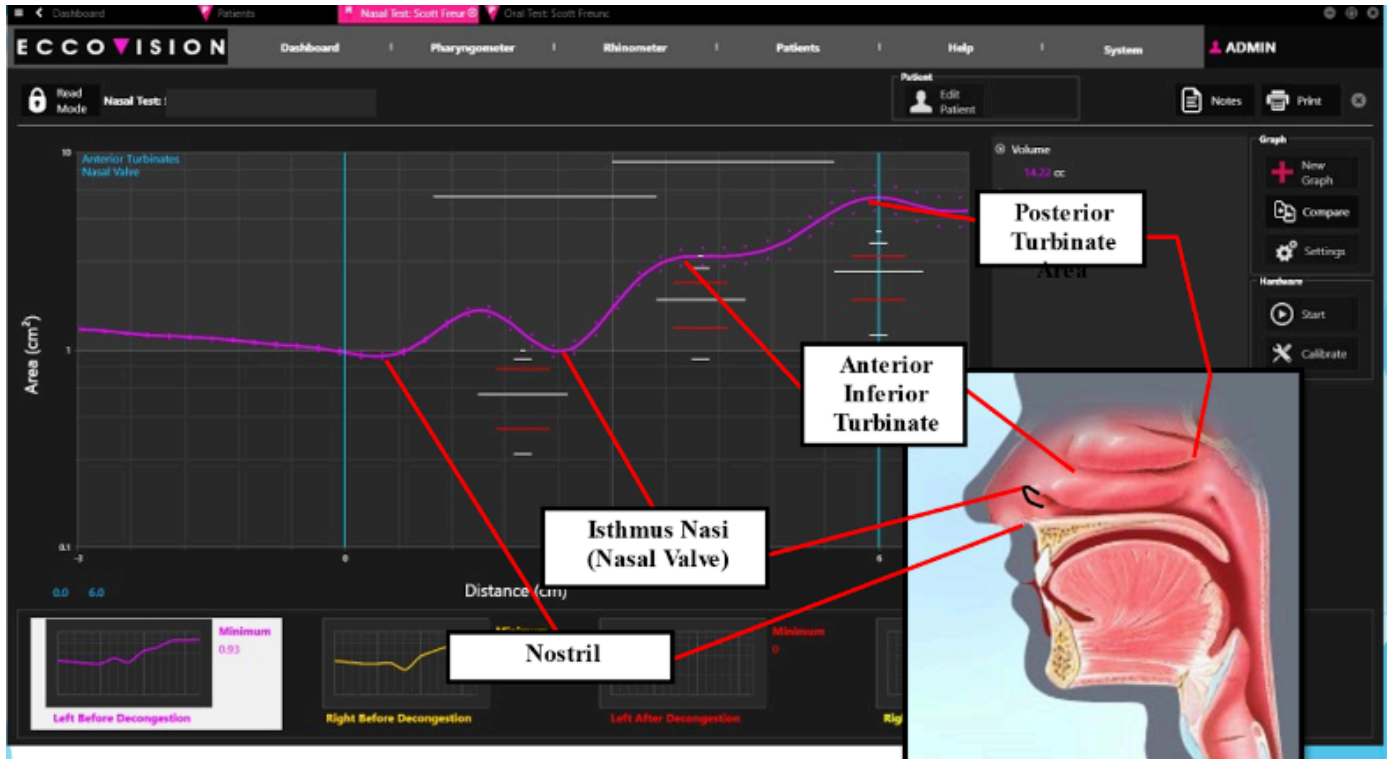
## Patient Reassurance

- If a patient's measurements indicate risk, reassure them about the next steps.
- *"If your measurements fall into the 'at risk' range, don't worry. We'll guide you through the next steps, which may include additional testing or consultations with a sleep specialist."*

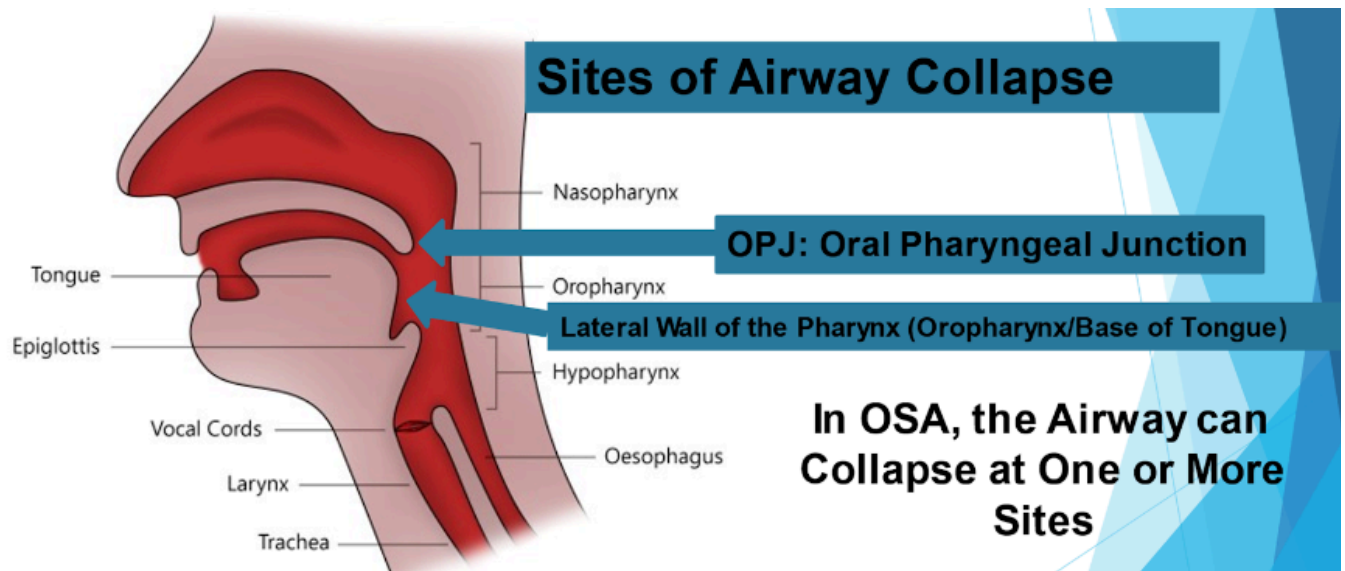
## READING A PHARYNGOMETER GRAPH



## RHINOMETRY LANDMARKS



## WHERE IN THE AIRWAY DO PATIENTS COLLAPSE?



## Pharyngometer “At-Risk” Example

- If the Minimum in compare mode shows 55% then you would let the patient know that they lost 55% of their airway, (over half), and that a sleep study is needed to find out what is causing their airway to collapse like that.
- Any Minimum Decrease of 25% or greater means there is a potential concern for their airway and should be referred for a Sleep Study.

## ABNORMAL RHINOMETRY



## Rhinometer Obstruction Example

- If there is an obstruction in the nasal passages, you will see the lines reach a certain point, and then a sharp drop down indicating a blockage.
- If the patient has a deviated septum, you will see the lines on the graph start off separate, and then cross towards the posterior turbinate.
- Any readings below the Diamond of “Within Normal Limits” warrants further discussion and possible ENT referral.

# CONSULTATION EXAM & APPLIANCE IMPRESSIONS VISIT (APPROX 40 MINS)

## Schedule the Consultation and Sleep Impressions Appointment

- Software will notify you when ready to schedule in the dental office for the next steps in treatment, which may include the fitting of an oral appliance.
- Schedule an appointment for the patient to visit the dental office for further examination and clinical consultation.

## Dental Examination

- During the appointment, perform a comprehensive dental exam to assess oral health status and suitability for an oral appliance.
- Document any dental conditions that may influence the appliance fitting or therapy.

## Clinical Records Collection

- Take impressions or digital scans of the patient's teeth to create a custom oral appliance.
- When scanning, capture 2–3mm of gingiva, palate as far back as the first molar and the hamular notch.
- Use the jig and bite fork to scan for the appropriate bite.

## Airway Metrics Bite Jig Testing for Therapeutic Position

Using Pharyngometry with a mandibular repositioning jig in place lets us see in real time how the airway responds to multiple vertical and protrusive positions and identify an ideal bite position for the appliance.

*\*See detailed description in the guide below for these 3 steps:*

- Baseline and Collapse Test
- Conduct fresh Baseline and Collapse Tests to establish current airway metrics.

## Scheduling Appliance Delivery

- Schedule a follow-up appointment for the delivery and fitting of the oral appliance once it is ready.
- Inform the patient about what to expect during the appliance delivery

## Communication with Lab

- Send scans with bite and detailed instructions, including the chosen vertical and horizontal positions, to your chosen dental lab.
- Clearly communicate the desired appliance position to the lab technicians to ensure precise fabrication.
- Clear communication with the dental lab is crucial. Provide detailed notes to ensure the appliance is crafted to the exact specifications.

Clinical 21

# GUIDE TO USING AIRWAY METRICS JIGS

## Preparing for the Test:

- **Review Previous Test**
  - Begin by reviewing the patient's original test from their Initial Airway Screening Appointment.
- **Pharyngometer Setup**
  - Prepare the Pharyngometer for the Bite Records Test.
  - Create a new test in the system, selecting "Bite Records" as the type.
- **Save Test**
  - Make sure you SAVE every patient's test BEFORE starting a new one!
  - This is on the lower left part of the screen under "save".

## Using Airway Metrics System:

- The 16-piece system: the 16 pieces in the cassette are the primary components beginning with the 15 Mandibular Positioning Simulators (MPS).
- The rows rise in sequence beginning with 4, 6, 8, 10, and 12 mm vertical (V) first row.
- The three columns provide A-P (H) positions beginning slightly anterior of centric to + 7mm protrusive (H).
- Vertical positioning ranges from 4mm to 12 mm V in 2 mm increments.

## Titration Screens and Airway Metric Jigs:

- Utilize the Titration Screens. Name each screen as the specific Jig being used.
- Example: "8V E/E" or "8V 2H".
- To rename a Titration screen for a specific jig position, double click on "Titration", rename, and press ENTER.
- Avoid using the touch screen to save to prevent freezing.
- Place a jig in the patient's mouth, ensuring comfort.
- Use a mouthpiece WITHOUT a tongue depressor for the Titration Test since you will be performing the Collapse Procedure.
- Instruct the patient to place the tip of their tongue under the tip of the jig for consistency.

## Vertical Position Measurement:

- Begin by measuring the vertical position with the jig in place, noting that most appliances can be adjusted horizontally but not vertically.
- Common starting points are 6V E/E (Edge to Edge), 8V E/E, or 10V E/E.
- 4mm Vertical is not very common unless you are treating UARS.



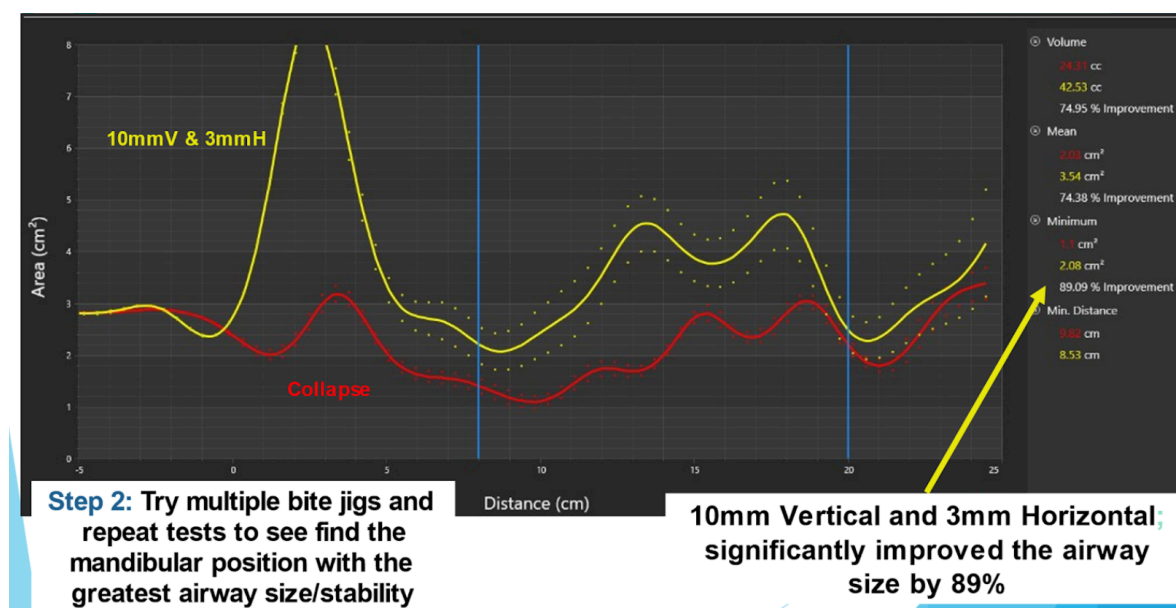
## Horizontal Position Measurement:

- After determining the vertical, measure the horizontal position.
- Start with standard positions such as 6V 2H or 8V 3H and adjust as necessary.

## Titration Screens and Airway Metric Jigs:

- The goal is to find a mandibular position with the jig that improves the Minimum airway size significantly (by at least 1.0 cm<sup>2</sup>) or achieves a reading greater than 1.86 cm<sup>2</sup>.
- If you can increase the Minimum Cross-Sectional Area (MCA) by 1.0 cm<sup>2</sup>, the patient is 35X less likely to have OSA.
- Titrate with small 1mm adjustments in vertical or horizontal alignment, looking for improvements in airway size.
- Remember, a little change can be beneficial, but too much can have adverse effects.

## NEW TREATMENT POSITION: WHAT WE DID TO FIX WHAT WAS WRONG

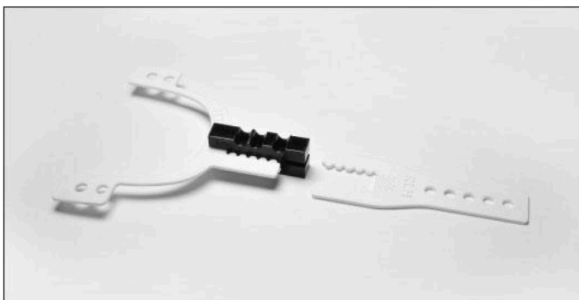


## Optimal Position Confirmation:

- Once a promising position is found, confirm the comfort and airway improvement with the patient before finalizing the bite registration.
- "We've identified a position that improves your airway size, and we'll use this information to craft an oral appliance tailored just for you. This custom fit is key to ensuring you get a restful night's sleep."

## Bite Registration / Recording the Bite:

- Attach the Airway Metrics Scanning Bite Fork and Handle to the jig.
- Insert into the patient's mouth a couple of times so your patient knows exactly what to expect.
- Place a small amount of Bite Paste on the posterior Pads for stability.
- Position in the patient's mouth.
- Remove the handle, scan your bite.
- "I'm going to take an impression of your bite in this new position. It's a quick process and helps us create an appliance that fits you perfectly. Remember to keep your tongue in the right place as we discussed, this helps us get the most accurate reading."



**Avoid autoclaving jigs,** as it may remove the white numbering; use CaviWipes for cleaning.

### DR. JOHN CAROLLO (SLEEP DENTIST) ADVICE:

- Establish the correct bite jig.
- Put the jig in the scanning bite fork and putty in the posterior space,
- Have the patient close their mouth and now have a tri-pod stable opening for the 8mm vertical/3mm horizontal jig chosen for this patient.
- Put putty alongside the jig in the anterior teeth to help the scanning tip see the upper and lower arches.
- "This is my technique, and it works seamlessly".



# APPLIANCE DELIVERY AND FITTING

## Appliance Delivery

- At the scheduled appointment, present the custom-fabricated oral appliance to the patient.
- Check and confirm that the appliance matches the specifications and prescription.
- Re-Check with the Pharyngometer.

## Fitting and Adjustment

- Test the fit of the appliance in the patient's mouth, making necessary adjustments for comfort and effectiveness.
- Instruct the patient on how to insert, remove, and care for the appliance.

## Patient Education

- Educate the patient about the proper use of the appliance, including any precautions or practices to follow for optimal results.
- Discuss the expected outcomes and any potential side effects or discomforts that may occur initially.

## Proof of Delivery and Documentation

- Have the patient sign a Proof of Delivery form.
- Document the appliance delivery, fitting details, and patient education in the REMmanager Software.

## Follow-Up Scheduling

- **1 Week Call Follow Up**
  - Call and see that they are compliant and wearing appliances at night.
- **Patient Follow-up Appointment**
  - During the follow-up appointment, assess the effectiveness of the oral appliance.
  - Check for fit, comfort, and make any adjustments needed.
  - Discuss any concerns or issues the patient may have experienced and address them accordingly.
- **Treatment Efficacy Evaluation**
  - Evaluate the patient's symptoms and any improvements in their sleep quality since starting appliance therapy.
  - Consider recommending a follow-up sleep test if necessary to quantify the treatment's effectiveness.

## Long-term Care and Management

- **Annual Reviews**

- Plan for annual reviews to monitor the long-term effectiveness of the appliance and the patient's overall oral health.
- Educate the patient on the importance of regular follow-ups for the maintenance of their oral appliance and continued management of their sleep disorder.

## Documentation and Records Update

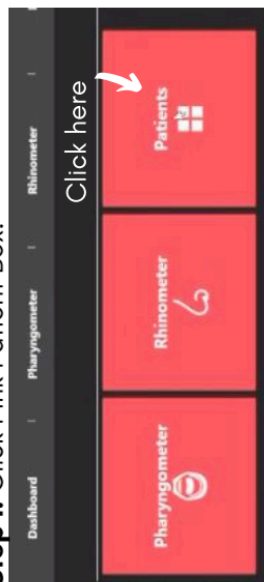
- Update the patient's records in the REMmanager software with all details from the follow-up appointment.
- Document any changes in treatment plans, appliance adjustments, and patient feedback for future reference.
- Once the subjective report of symptoms has improved, re-test with a NON-DIAGNOSTIC Home Sleep Test (HST) to verify appliance success.
- \*This is why you need to have Watch Pat's in your practice to administer.\*
- Annually, follow up with an HST
- Inform the patient about the importance of this follow-up to ensure the success of the therapy.

# ECCOVISION 32000 QUICK REFERENCE GUIDE

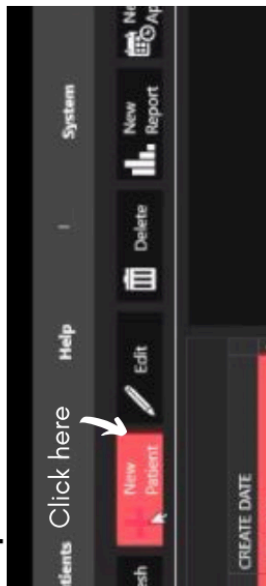
## Eccovision 32000 Quick Reference Card

### Entering A New Patient

**Step 1:** Click Pink Patient Box.



**Step 2:** Click on New Patient.



**Step 3:** Enter in Patient Data and Complete Steps 1-5 with Patient Screening Info.

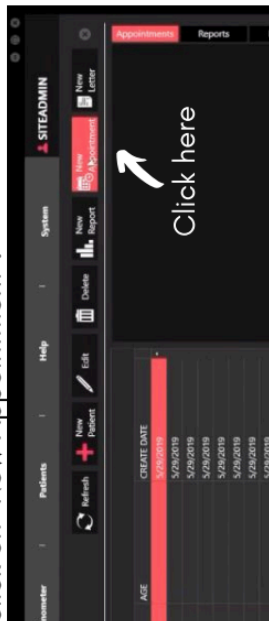
**Step 4:**  
When done  
click the  
Save icon.

Video Tutorial  
available on  
SGS Client  
Portal

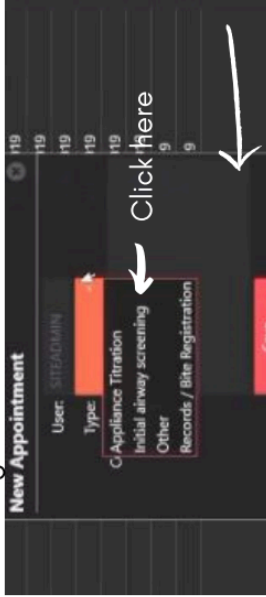
# EccoVision 32000 Quick Reference Card

## Initial Airway Screening

**Step 1:** Highlight the patient you want and click on "New Appointment".

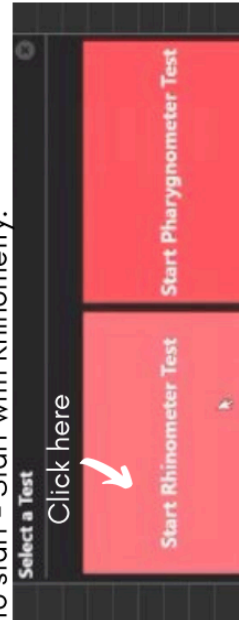


**Step 2:** A pop-up will come up to choose the Appointment type. 1st appt. will be "Initial Airway Screening".



You can enter in comments if you'd like and then you hit **SAVE**.

**Step 3:** A pop-up will appear to choose a test to start - Start with Rhinometry.



Video Tutorial  
available on  
SGS Client  
Portal

## Eccovision 32000 Quick Reference Card

### Rhinometer



- You should see the assigned patient's name on the top of the screen next to "Nasal Test".
- A pop-up will appear to attach calibration tube & to press the "Calibrate" button to continue.
- Place Rhinometer wave tube on flat surface and attach calibration tube – press Calibrate.
- Attach the proper size nose tip to Rhinometer wave tube. →
- Ask patient to pause their breathing & hold Rhinometer wave tube like illustration to the right.
- Make sure you start with Left Nostril and press start/stop button on wave tube.
- Watch the screen till the lines come together, then hit STOP. (this should only take a few seconds)
- Press "graph select" button on wave tube and Repeat for the Right Nostril.
- To compare screens click on the "Compare" icon on the far right of your screen. (compare from left to right)
- Anything marked underneath the bottom markers of the diamonds suggests an obstruction.
- To save just "X" out of that appointment and it will ask "Do you want to save the appointment test?", click "YES".




**Next:** A pop-up will appear to choose the next test – Pharyngometer.

Video Tutorial  
available on  
SGS Client  
Portal

## Eccovision 32000 Quick Reference Card

### Pharyngometer



- Pharyngometer will calibrate on it's own and make sure you are on the Initial Baseline graph.
- Attach a full mouth piece to Pharyngometer wave tube.
- Hold Pharyngometer wave tube parallel to floor like illustration. 
- Ask patient to place tongue under depressor, bite down and wrap lips around mouth piece.
- Instruct patient to plug their nose and breathe normally. Stop test after end of exhale after a few breaths. (please keep the mouthpiece in the patients mouth)
- Click on the next graph - "Initial Collapse".
- Instruct "Do just as you did before by breathing normally and then when you are ready, take a good sized breath in and slowly and smoothly push all of your air out until you don't think you can push anymore. Raise the hand that is not plugging your nose when you've exhausted all of your air but don't stop exhaling".
- Stop the test when the line settles and reaches its lowest point. You may have to wait 2 or 3 seconds after the patient raises their hand to let the graph make one final drop. Make sure the patient does not breathe out and then pause, ensure they keep the exhale going.

Video Tutorial  
available on  
SGS Client  
Portal

## Eccovision 32000 Quick Reference Card

### Pharyngometer (cont.):

- To compare screens click on the "Compare" icon on the far right of your screen and compare the Baseline and Collapse Screen. Make sure you are comparing screens from Left to Right. Example: When comparing choose Baseline first because it's the most far left screen - always compare from L to R.
- Collapse Percentage: Look at the "Minimum" section - The % you see there is the percentage of the patients airway that they lost (decrease).
- To save just "X" out of that appointment and it will ask "Do you want to save the appointment test?", click "YES".

**DON'T FORGET**

### Baseline

- \*Mean Value for Male: > 3.2 cm!
- \*Mean Value for Female: > 2.8 cm!
- \*Minimum - Male & Female: > 2.0 cm!

### Collapse

- \*Minimum - Male & Female: > 1.86 cm!



# Eccovision 32000 Quick Reference Card

## Bite Records

**Patients Dashboard**

ID#	FIRST NAME	LAST NAME	GENDER	AGE	CREATE DATE
	Randy	Randerson			5/29/2019
	Brody	Broseph			5/29/2019
	Chad	Broseph			5/29/2019
	Brock	Broseph			5/29/2019
	Andy	Deermann			5/29/2019
	Nancy	Nomad			5/29/2019
	Sandy	Reaches			5/29/2019
	Grey	Le Tigre			5/29/2019
	Grey	Bakama			5/29/2019
	Grey	Stucki			5/29/2019
	Grey	CONNER			5/29/2019
	Grey	Merrill			5/29/2019
	Grey	Mouse			5/29/2019

**New Appointment**

User: SITEADMIN  
Type: Initial Airway :  
Comment:  
Save

**Search**

**Video Tutorial available on SGS Client Portal**

**You will find the appointment they did for Initial Airway Screening here (with their original Baseline and Collapse)**

**To create their second appointment please click on the 'New Appointment' button above (see yellow box above) and choose the "Bite Records" appointment type.**

**DO NOT TEST AGAIN ON THE INITIAL AIRWAY TEST - It will NOT save!**

When patient comes back you can look up the patient by clicking on "Patients" and use the search field (see yellow highlighted box on top left corner) to find them. When you find your patient click on it so it highlights in grey (see example above for a Randy Randerson). Once you do that you will see that patient's appointments to the right in the black area (where I have the yellow rectangle).



## Eccovision 32000 Quick Reference Card

### Bite Records

- After you create the new appointment please have the patient re-do the Rhinometry test and the Baseline and Collapse test with the mouth piece with tongue depressor attached (for current data). Then you will need to have your Airway Metric Jigs out and a mouth piece with the tongue depressor ripped off.
- You will need to find the best vertical position first, start with a 4 E/E (end-to-end) jig (no protrusion).
- Place the bottom part of the jig on the patients lower tooth (midline) and have the patient slowly bite down over the "E". (see illustration A)
- Perform the "Collapse" test on the Pharyngometer (mouth piece must have the tongue depressor removed in order for the jig to fit.
- Go to another Titration screen and redo the "Collapse" test using another jig position such as 6 E/E jig.

End to End Jigs

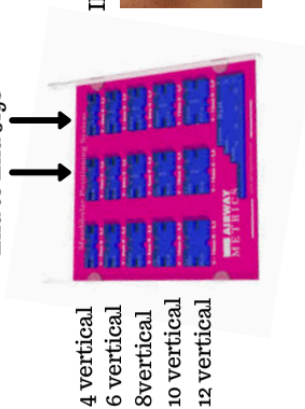


Illustration A

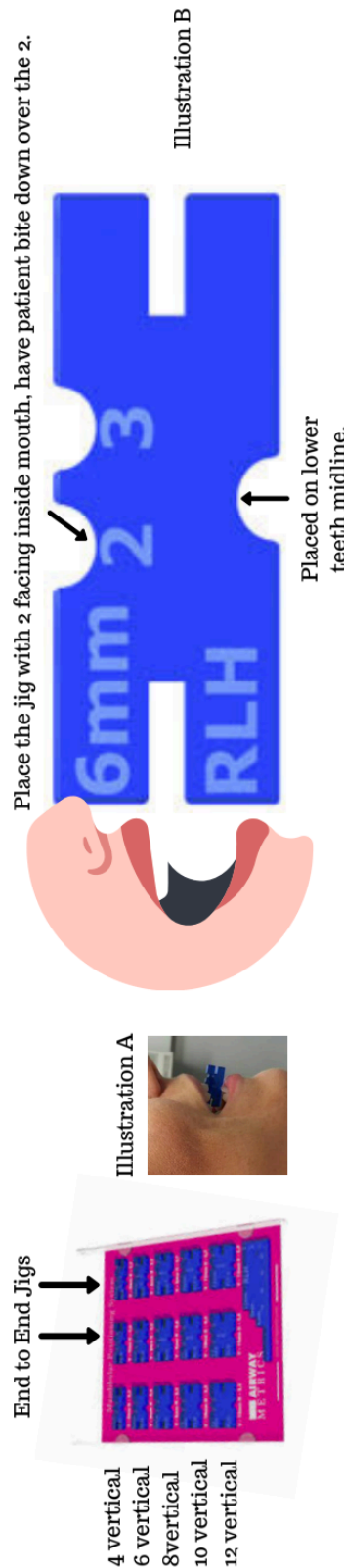


- Recommended to rename the Titration screen to enter in the position of the jig you are using: just double click on the word "Titration", backspace to delete that word, rename the screen as you wish and then hit ENTER. This will rename your Titration screen. Do not click the screen to save because it will freeze. Just hit ENTER and you should be good to go. Example "4 EE" for 4 vertical end-to-end.
- Repeat until you find a desired position that improves the Initial Collapse by at least 1 cm ideally.

## Eccovision 32000 Quick Reference Card

### Bite Records

- Repeat until you find the best performing vertical position that the patient is ALSO comfortable with.
- Remember that compliance is key!
- If we do not see a desired improvement with just vertical then you can move on to advancement using the best vertical first. Example: If a patient's airway performed best at 8mm vertical but we need to see better improvement, then you will then continue with 8 vertical-2 advance, then 8 vertical - 3 advance and so on.
- Remember goal is to ideally improve a patients Initial Collapse by at least 1cm. If a patients Initial collapse was 0.94 then we would like to see the Collapse read at at least 1.94 when using the jigs.
- When advancing make sure the advance number is facing inside the patients mouth. Example: If we have a 6mm jig and need to advance them by 2 mm, the 2 needs to face inside the patients mouth. See Illustration B.



## Eccovision 32000 Quick Reference Card

### Bite Records

- Once you find the best performing jig position you will need to take bite registrations with the jig. You can use a bite fork to obtain a bite registration at the desired Anterior/Vertical starting position. (See Illustration E)
- Place the jig (make sure the jig is centered) in the patients mouth and have them bite down.
- Take your bite registration material (quick set works) and start posterior and fill in the space up to one side of the jig. The start on the other side posterior and fill in the space up to the jig. (See Illustration C)
- Make sure the jig stays horizontal to the ground when doing bite registration.
- Once the material is firm have the patient open their mouth just a bit to remove the jig and have the patient bite back down. (DO NOT SEND THE JIG TO THE LAB, they will not send it back)
- Using a fresh tip, fill in the center gap with material and let it set. (See Illustration D)
- Once the material is set firmly (make sure your bite registration captured all the teeth - molar to molar) remove from the patients mouth. Send BR, impressions, Rx & lab sheet with bite position to the lab of your choice.

Illustration C



Illustration D



Illustration E



Video Tutorial  
available on  
SGS Client  
Portal

## Eccovision 32000 Quick Reference Card

### SGS Contact Information

**To order supplies for your Eccovision, home sleep test device and marketing:** Client Care **954-606-6960** or [customercare@sleepgroupsolutions.com](mailto:customercare@sleepgroupsolutions.com)

**To troubleshoot your Eccovision or home sleep test device:** Client Care **954-606-6960** or [customercare@sleepgroupsolutions.com](mailto:customercare@sleepgroupsolutions.com) (If we cannot troubleshoot for you we will transfer you to our Tech department).

**Please call Client Care and they will assist you. Client Care is there to help and support all SGS Clients.**

**SGS Client Portal:** This hosts training videos, documents, letter templates and more. Please contact Client Care for the updated password <https://join.sleepgroupsolutions.com/client-portal-gate/>

**SGS Facebook Study Club group:** This group is where SGS clients can ask for advice, share cases or ask DSM questions to their fellow dental sleep medicine peers <https://www.facebook.com/groups/sgrps>



# **PRACTICE DEVELOPMENT**

# WEEKLY SUPPORT MEETINGS & EVENTS

## APZME SLEEP SUCCESS VIRTUAL FORUM

This weekly forum is a 1-hour Zoom meeting dedicated to maximizing apZme's proven workflow systems, expanding your sleep patient base, and sharing best practices—all while keeping you updated on industry trends in an engaging, expert-led environment.

 Every Thursday  2 pm EST  Zoom

**Each week features a new expert speaker and topic!**

## DENTAL REMMANAGER VIRTUAL FORUM

This weekly forum is a 1-hour Zoom meeting designed to tackle the challenges you face. Dive into in-depth discussions, gain expert tips to master REMmanager faster, streamline your workflow, and receive real-time solutions—no question is too big or small. This is your dedicated space to connect, learn, and optimize your use of REMmanager.

 Every Monday  1 pm EST  Zoom

**Hosted by:** **Amma Offenhauer**, Sleep Impressions Trainer  
**Christina Williams**, Office Liaison

**Look out for a weekly e-newsletter containing the Zoom registration links. For more information, reach out to your Regional Manager.**



**Stay updated!**

**Join our social groups: apZme Sleep Success Forum**

 **Facebook**



# COACHING EXPECTATIONS

## HELLO TEAM!

We are committed to supporting your success and ensuring that we meet our shared goals.

To that end, I will be conducting weekly check-ins with you to review key performance indicators (KPIs) and ensure we are on track to deliver the highest level of care to our patients.

### Purpose of the Weekly Check-In

The purpose of these weekly meetings is to provide a consistent opportunity to review your progress, address any challenges, and plan for the week ahead. Together, we will focus on key areas crucial to your practice's success, including:

#### Patient Interactions

- Reviewing the number of patients screened for sleep disorders
- Number of outside referrals
- Marketing efforts

#### Home Sleep Testing (HST)

- Tracking the completion of home sleep tests and ensuring timely follow-up

#### Oral Appliance Deliveries

- Monitoring the progress of oral appliance therapy, including appliance deliveries and patient satisfaction

#### KPI Review

- Analyzing key metrics that impact the overall efficiency and growth of the DSM practice.

## MEETING STRUCTURE

**Frequency:** Weekly

**Duration:** 30–45 minutes

**Agenda:**

- Review of the previous week's performance (patients screened, HSTs completed, appliances delivered)
- Identifying areas of improvement or challenges
- Setting goals and action steps for the coming week

## EXPECTATIONS

Your active participation in these meetings is critical to the continued success of our dental sleep medicine program.

Please come prepared with any relevant data or insights on the discussed KPIs, and feel free to bring up any questions or concerns you may have.

By staying aligned on these key areas, we can ensure our practice thrives while delivering exceptional care to our patients. Thank you for your commitment to this process. I look forward to our continued collaboration and success.



# WEEKLY COACHING CALL

## CHECK-IN

- What's going well?
- What could be going better?
- Have you attended the weekly apZme Sleep Success Forum?
- Do you belong to our Facebook or LinkedIn private groups?
- Have you attended weekly REMmanager training?
- What are your goals for this week?

## LET'S TALK MEASURABLES

- Where are they posted?
- (Insert device delivery goal timeline)
- Number of new/hygiene patients
- Number of patients screened
  - Who owns the screening?
- Number of patients scheduled for telehealth
  - Who owns calling for telehealth appointments?
- Number of appliance deliveries
  - Who is delivering/documenting notes
- Reviewing "Next action by" in REMmanager daily
  - Who owns this?

## DECISIONS

- What have we decided needs to change/improve?

## COMMITMENTS

- What are we committing to do to see a positive change?

## ACTIONS

- Who's doing it?
- By when?

**NEXT MEETING DATE:** \_\_\_\_\_

# REMMANAGER DAILY TRACKING AND FOLLOW-UP CHECKLIST

## Check the Referral List in REMmanager daily

**Purpose:** Ensure that no patient falls through the cracks and process runs smoothly.

## Review the "Next Action By" Column

- If you see **\*\*Dental Office\*\*** listed in this column, there is a task pending for your team.
- Follow up as needed based on the reason:
  - **Patient Could Not Be Contacted**
    - **Action:**
      - Double-check that the contact information is correct in REM Manager.
    - **Next Step:**
      - Attempt to reach out to the patient from your office.
  - **Patient Declined Treatment**
    - **Action:**
      - Reach out to the patient to understand their concerns.
    - **Next Step:**
      - Offer potential solutions or assistance to help the patient proceed with treatment if possible.
  - **Out of Network**
    - **Action:**
      - Contact the patient to discuss out-of-network options.
    - **Next Step:**
      - Offer a cash fee alternative or work with Sleep Impressions to determine the correct fee.
  - **Ready to Schedule**
    - **Action:**
      - The patient has agreed to treatment and is ready for the next steps.
    - **Next Step:**
      - Contact the patient immediately to schedule the required appointments.

## Daily Tracking of Active Referrals

- Ensure that all active referrals are being followed up consistently.

### GOAL

Maximize the patient experience by promptly addressing their needs, ensuring they transition into oral appliance therapy quickly.



# APPLIANCE DELIVERY GOALS

3 MONTHS AFTER ONBOARDING:	1 appliance delivered per month
9 MONTHS AFTER ONBOARDING:	5 appliances delivered per month
15 MONTHS AFTER ONBOARDING:	10 appliances delivered per month
18 MONTHS AFTER ONBOARDING:	20 appliances delivered per month

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# **APPLIANCES**

# ORAL APPLIANCE GENERAL CLEANING INSTRUCTIONS

## Cleaning and Storage of Your Oral Appliance

- Rinse your appliance in **COLD** water
- Clean with a toothbrush for 30 seconds
- Do NOT use toothpaste as it contains abrasives
- Let your cleaned appliance air dry before storing in storage container

## Once a Week

- Soak your appliance in partial/denture cleaner for no more than 10 minutes in **COLD** water.
- You may do this up to 3 times weekly (as needed).

## Daily

- It is important to properly clean your teeth before inserting your appliance to prevent tooth decay and periodontal problems.
- Place your appliance in your mouth, upper piece first, then lower piece.
- Press down on both sides of the appliance with your fingers to ensure it is seated securely.
- Remove your lower appliance first, then remove your upper appliance (You may eventually be able to remove it as one piece)
- It is important to contact us **immediately** if you experience bite problems or changes.

## Additional Instructions

- Keep your appliance away from **any** pets - **unless it's a goldfish**
- **DO NOT** use hot or boiling water as it will damage the device
- **DO NOT** use mouthwash to clean the device
- **DO NOT** drink coffee, tea, or soda with the device in place
- It is normal to have jaw soreness and tooth tenderness in the morning
  - Your bite should feel back to normal by midday
  - To help with this in the morning, you may remove your appliance and exercise your jaw for 5 minutes as needed
- Remember, you have 90 days of adjustment appointments
- Please contact us if you need anything

**If you have any pain associated with wearing your appliance:  
DISCONTINUE USE and contact our office for an appointment IMMEDIATELY.**

100

[illegible]

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# **FOLLOW-UP**

# PATIENT OAT FOLLOW UP QUESTIONNAIRE

**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HT:** \_\_\_\_\_ **WT:** \_\_\_\_\_ **BP:** \_\_\_\_\_

How are you doing with oral appliance therapy?

\_\_\_\_\_

Do you have any questions or concerns regarding your therapy?

\_\_\_\_\_

**For each of the following symptoms, please rate your progress using the following:**

**Some, None, Worse, Same, Better**

1. Snoring that you are aware of? \_\_\_\_\_
2. Snoring that disturbs your bed partner or housemate? \_\_\_\_\_
3. Waking up gasping for breath? \_\_\_\_\_
4. Breathing stoppages noticed by bed partner or housemate? \_\_\_\_\_
5. Coughing/choking in the middle of the night or morning? \_\_\_\_\_
6. Waking up at night or in the morning with a sour taste or reflux? \_\_\_\_\_
7. Frequent nighttime urination? \_\_\_\_\_
8. Excessive movement at night? \_\_\_\_\_
9. Restless Leg Syndrome (feeling the need to move when still)? \_\_\_\_\_
10. Nighttime clenching or grinding teeth? \_\_\_\_\_
11. Vivid dreaming? \_\_\_\_\_
12. Waking up feeling unrested? \_\_\_\_\_
13. Daytime sleepiness? \_\_\_\_\_
14. Forgetfulness/memory problems? \_\_\_\_\_
15. Difficulty falling asleep at bedtime? \_\_\_\_\_

## Updated Epworth Score

**For each of the circumstances below, please rate how likely it would be for you to fall asleep since starting treatment.**

**0 - Would never fall asleep 1 - Slight chance of dozing**  
**2 - Moderate chance of dozing 3 - High chance of dozing**

- |  |       |
|--|-------|
| Sitting and reading (even at night)                            | _____ |
| Watching television  | _____ |
| Sitting inactive in a public place (Ex. waiting room, theater) | _____ |
| A passenger in a car for an hour without a break               | _____ |
| Lying down to rest in the afternoon when possible              | _____ |
| Sitting quietly after lunch without alcohol                    | _____ |
| Sitting and talking to someone                                 | _____ |
| In a car stopped for a few minutes in traffic                  | _____ |

**TOTAL SCORE** \_\_\_\_\_

Follow-up 1



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_

**Have you had any medical visits, medication, or health changes since your last appointment?**

\_\_\_\_\_

**How long have you had this oral appliance?** \_\_\_\_\_

**Is the appliance still in good condition?** YES / NO

**Do you use your appliance every night? (If no, why not?)** \_\_\_\_\_

\_\_\_\_\_

**What percentage of your sleep time do you wear your appliance?** \_\_\_\_\_ %

**Do you find your sleep to be more refreshing?** \_\_\_\_\_

**Do you have any tooth tenderness?** \_\_\_\_\_

**Do you have jaw soreness or tenderness in the morning?** \_\_\_\_\_

**Does your bite feel off in the morning?** \_\_\_\_\_

**(If yes) How long does it take to go back to normal?** \_\_\_\_\_

**Can you breathe well through your nose at night?** \_\_\_\_\_

**Circle how you would rate your progress with your appliance:**

Fantastic / Good / Average / Fair / Struggling

**(Clinical Team Only) Any adjustments made today / Next steps**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# **SUPPORTING DOCUMENTS**

# PROOF OF DELIVERY (POD) FOR CUSTOM ORAL APPLIANCE

## RECEIPT OF DME GOODS



**Supplier: Sleep Impressions, LLC** (or it's affiliate Millennium Sleep Lab, LLC)

### Administered by:

I certify that I have received the item(s) marked below in good condition. This equipment is medically necessary and not substandard. This device was fitted and sized and the device fits well. I have received verbal and written instructions for use of the equipment, the warranty, and complaint resolution information.

\_\_\_\_ Custom Fabricated Oral Appliance for Obstructive Sleep Apnea (E0486) - Qty 1

Brand/Manufacturer: \_\_\_\_\_

\_\_\_\_ Repositioning appliance for AM alignment (S8262/D8210/L3999) - Qty 1

\_\_\_\_ Other Item: \_\_\_\_\_

Date Received \_\_\_\_\_

Patient Name (Please Print)

\_\_\_\_\_

Patient Signature

\_\_\_\_\_

Date \_\_\_\_\_

Supporting Documents 1



www.apzme.com  
www.sleepgs.com  
www.millenniumsleeplab.com  
www.sleepimpressions.com

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A. Notifier:

B. Patient Name:

C. Identification Number:

## Advance Beneficiary Notice of Non-coverage (ABN)

**NOTE:** If Medicare doesn't pay for D. consult & aligner below, you may have to pay. Medicare does not pay for everything, even some care that you or your health care provider have good reason to think you need. We expect Medicare may not pay for the D. consult & aligner below.

D.	E. Reason Medicare May Not Pay:	F. Estimated Cost
Consultation visit	Dentist is not a Medicare Part B individual provider	\$150
Repositioning / am aligner device	Not a Medicare covered benefit	\$150
Follow up visits after 90 days	Dentist is not a Medicare Part B individual provider	No Charge

### WHAT YOU NEED TO DO NOW:

- Read this notice, so you can make an informed decision about your care.
- Ask us any questions that you may have after you finish reading.
- Choose an option below about whether to receive the D. consult & aligner listed above.

Note: If you choose Option 1 or 2, we may help you to use any other insurance that you might have, but Medicare cannot require us to do this.

### G. OPTIONS: Check only one box. We cannot choose a box for you.

- ☐ **OPTION 1.** I want the D. consult & aligner listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.
- ☐ **OPTION 2.** I want the D. consult & aligner listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.
- ☐ **OPTION 3.** I don't want the D. consult & aligner listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.

### H. Additional Information:

This notice gives our opinion, not an official Medicare decision. If you have other questions on this notice or Medicare billing, call 1-800-MEDICARE (1-800-633-4227/TTY: 1-877-486-2048).

Signing below means that you have received and understand this notice. You also receive a copy.

I. Signature:

J. Date:

CMS does not discriminate in its programs and activities. To request this publication in an alternative format, please call: 1-800-MEDICARE or email: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0566. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# ORAL APPLIANCE THERAPY ORDER FORM    FAX to: 888.834.8786

## Patient Demographics:

Name: \_\_\_\_\_ ☐ M ☐ F    DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_    SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

### Signs and Symptoms: *Please check all that apply*

- ☐ **Excessive daytime sleepiness (ESS) evidenced by**  
ESS > 10, or daytime napping, or interfere with daily activities
- ☐ **Hypertension**
- ☐ **Heart Disease**
- ☐ **Diabetes**
- ☐ **Obesity with a BMI > 30**
- ☐ **Mood Disorders**
- ☐ **CPAP Intolerance or Non-compliance**
- ☐ **CPAP Refusal**

### ATTACH COPIES OF:

- ☐ **Sleep Study Results**
- ☐ **Applicable Office Notes**
- ☐ **Front and Back of Primary and Secondary Insurance Cards**

R<sub>x</sub>

**Treatment Ordered:** Oral Appliance Therapy, including mandibular advancement device, realignment appliance, and referral for consult and follow-up

**Diagnosis:**    G47.33 Obstructive Sleep Apnea confirmed by sleep study

**Treatment Plan:** Options were discussed with patient and oral appliance was agreed upon

## Referring Physician Demographics:

Physician Name: \_\_\_\_\_ UPIN: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Due to the potentially dangerous consequences of disturbed sleep and sleep deprivation, which include the possibility of falling asleep in critical situations, and the patient's intolerance or refusal of CPAP, Oral Appliance treatment is considered necessary rather than elective for a long term to lifetime duration.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am the patients treating physician and I have ordered this prescription based upon office visit.



**PHONE: (877) 933-9470**



# **VETERAN AFFAIRS**



# VA MANUAL

## WELCOME TO THE NEXT PHASE!

We're excited to support you as you begin this next level of your journey with us. As a key part of our mission to serve those who have served, you're now stepping into a more advanced role in helping veterans access the care they've earned. This guide walks you through the veteran referral process—step by step—to ensure every veteran you connect with receives the support, resources, and treatment they deserve. Your involvement plays a powerful role in making a difference in the lives of those who've sacrificed so much.

### Important

Before getting started, please take a moment to familiarize yourself with the following terms and acronyms. Understanding these will give you better clarity and confidence as you move through the VA patient process.

- NPI: National Provider Identifier
- SEOC: Standard Episode of Care
- CCN: Community Care Network
- HST: Home Sleep Test
- PCP: Primary Care Physician
- RFS: Request For Service



# VA TEAM CONTACT PAGE

## VA TEAM

Acts as the central support system between veterans, practices, and VA contacts—coordinating referrals, verifying eligibility and benefits, managing communication, and guiding each case from start to finish.

### Manager of Veteran Affairs

**Leanne Burkhouse**

Email: [leanneb@mslathome.com](mailto:leanneb@mslathome.com)

Main Office: 877-933-9470

### Sleep Advisor

**Karlee Scholtes**

Email: [karlees@mslathome.com](mailto:karlees@mslathome.com)

Main Office: 877-933-9470

**For additional support or questions unrelated to the VA, please get in touch with your dedicated apZme regional manager at (954)606-6960.**

Dr. Tom Gotsis is a Boarded Diplomate of the American Academy of Dental Sleep Medicine and the American Sleep and Breathing Academy. He has also served as president of the Missouri Sleep Society and currently practices at the Midwest Dental Sleep Medicine Institute in Bridgeton, Missouri.

As Dental Clinic Director at apZme, Dr. Gotsis brings over three decades of clinical expertise and leadership in Dental Sleep Medicine. A proud U.S. Army veteran and retired Army Colonel, he is passionate about improving access to quality care for fellow veterans through effective, non-invasive treatment for sleep apnea. In his role, Dr. Gotsis provides strategic insight and one-on-one coaching to apZme-affiliated dental practices across the country. He equips providers with the tools and knowledge needed to successfully treat veterans through the VA Community Care Network, helping practices deliver impactful results for their patients and their business.

**At apZme, Dr. Gotsis leads with a mission:** to ensure veterans have access to customized, non-invasive sleep solutions that improve their health, quality of life, and long-term wellness. His background in military healthcare and deep understanding of VA protocols make him an invaluable resource for both providers and patients.

In addition to supporting practice success, Dr. Gotsis actively coaches dental teams on best practices, workflow optimization, and patient communication—all through the lens of delivering consistent, high-quality care to veterans.



## CONTACT INFORMATION

**Dr. Tom Gotsis, DDS**

Email: [dentaldirector@sleepimpressions.com](mailto:dentaldirector@sleepimpressions.com)

# MONTHLY SUPPORT MEETINGS

## VA ROLEPLAYING WITH DR. TOM GOTSIS

As part of the apZme Sleep Success Forum, **one Thursday a month**, Dr. Tom Gotsis will lead a focused 1-hour Zoom session dedicated to reviewing the VA manual, offering expert guidance, and roleplaying real-life VA patient scenarios. These sessions are designed to deepen your understanding, boost your confidence, and prepare you to navigate the VA referral process with clarity and precision.



Once a Month



Thursday



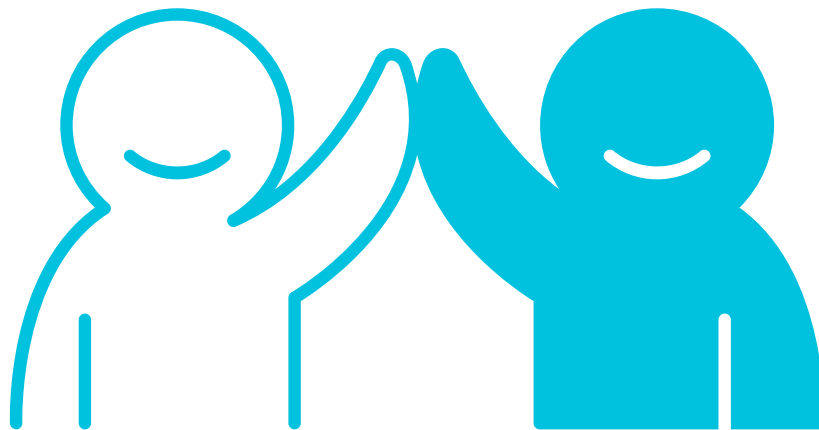
Evening



Zoom

**Look out for a weekly e-newsletter containing dates and the Zoom registration link.**

**For more information, reach out to your Regional Manager.**



**Stay updated!**

**Join our social groups: apZme Sleep Success Forum**



Facebook

# VETERAN MANUAL

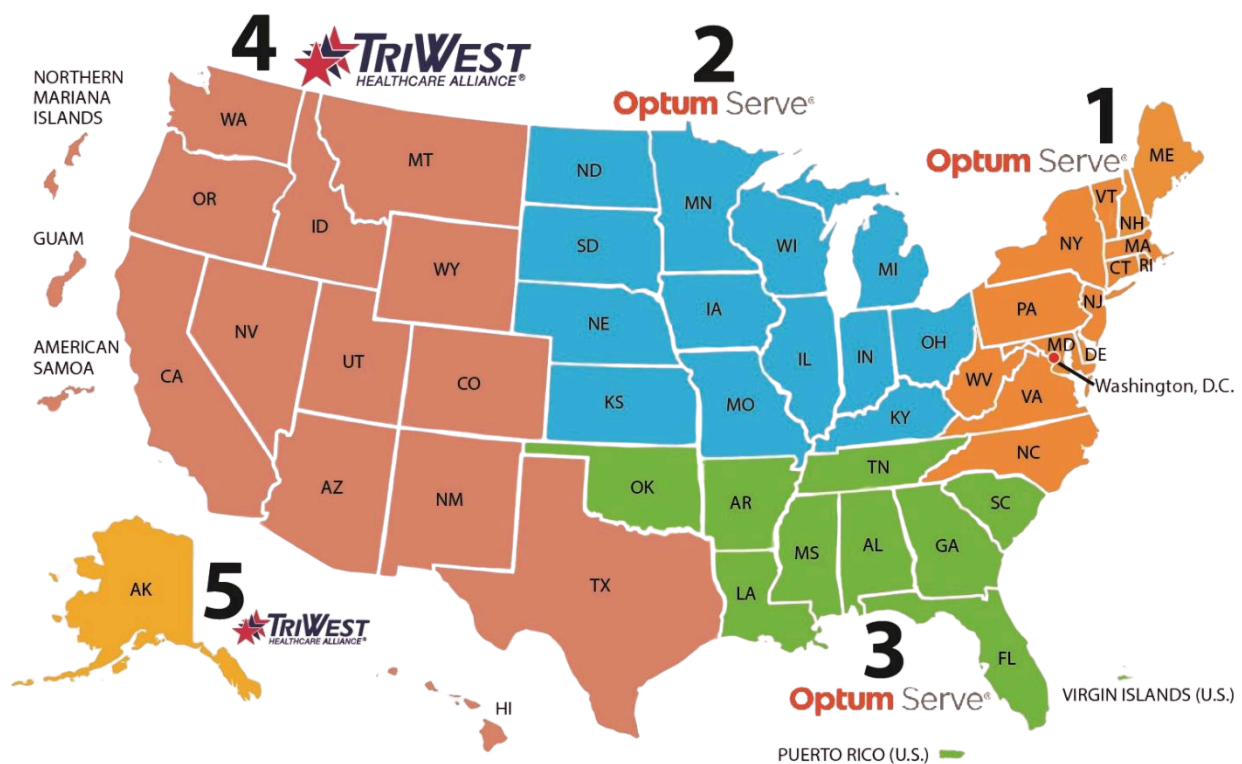
This guide outlines the process for supporting veterans through the Community Care Network (CCN). If you have any questions throughout the process, please contact the VA Team.

## Understanding the VA System

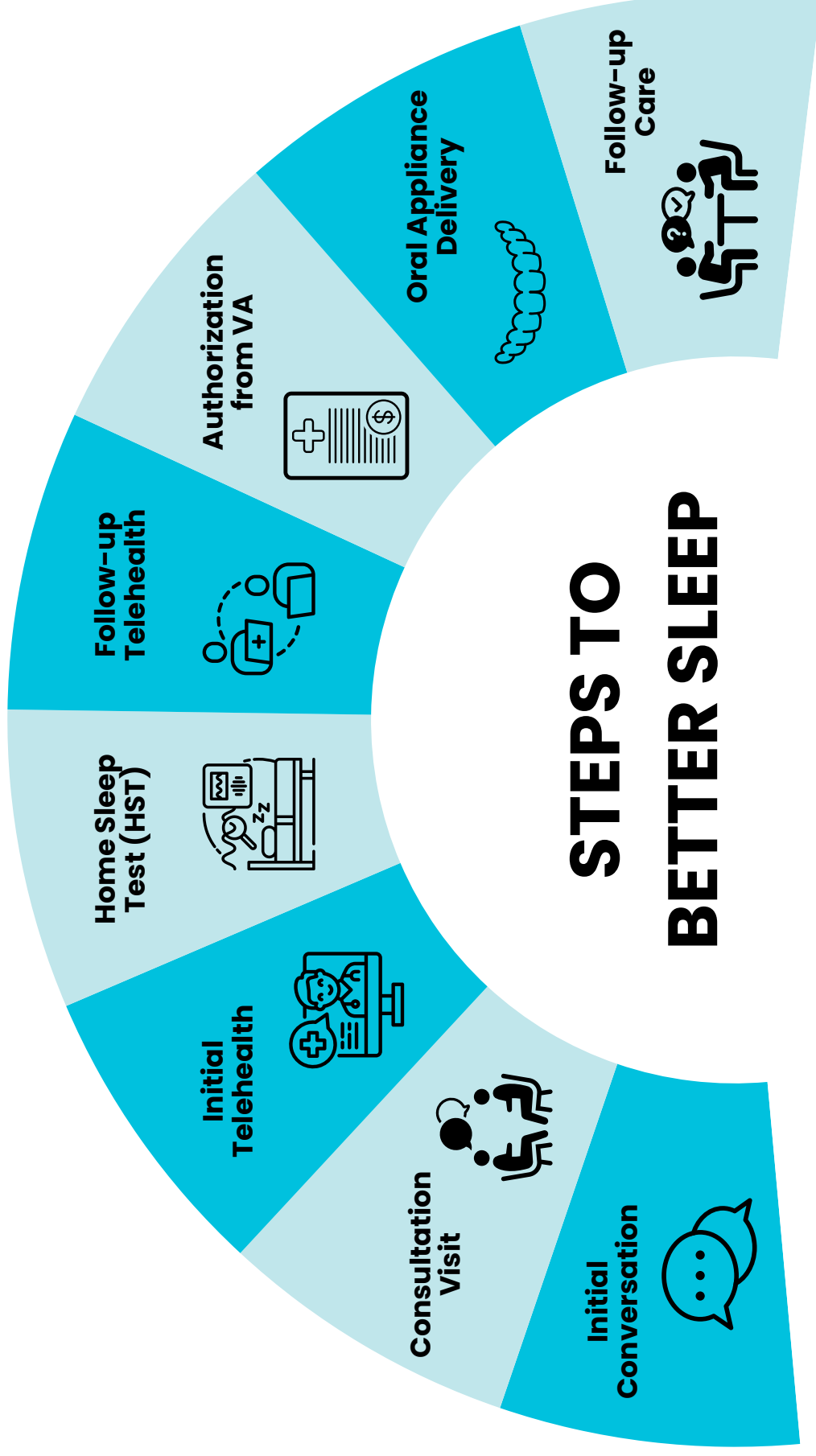
- The VA Healthcare System includes the Veterans Health Administration (VHA), Community Care, and Contracted Services.
- Veterans may qualify for Community Care Network (CCN) referrals under the MISSION Act if the VA cannot provide timely care or the service is not available in-house.

### There are two CCN administrators:

- Optum – Regions 1, 2, and 3
- TriWest – Regions 4 and 5



# VA PATIENT SLEEP CARE JOURNEY



Veteran Affairs 6



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[www.sleepgs.com](http://www.sleepgs.com)  
[www.millenniumsleeplab.com](http://www.millenniumsleeplab.com)  
[www.sleepimpressions.com](http://www.sleepimpressions.com)

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# IDENTIFYING AND PREPARING VA PATIENTS FOR TREATMENT

## INITIAL STEPS

- Credentialing is to be completed before accepting VA patients.
- Identify a veteran in your practice who needs an oral appliance to assist with the coordination process in the local VA.
- Enter the patient into Sleep Impressions, but do not “Open” a referral.
- Enter information about the patient and any VA contact information into the contact log.

### What to do when you identify VA patient?

1. Is the veteran established with their local VA Hospital?
  - a. If not established, the veteran can call the main phone line of the local VA Hospital and choose the prompt for “Eligibility”.
  - b. If established, the veteran can schedule an appointment with their Primary Care Physician (PCP) or any other physician they currently see through the VA.
2. Does the veteran have a sleep study with an Obstructive Sleep Apnea (OSA) diagnosis within the past 5 years?
  - a. If not, the veteran will speak with their physician and request an in-home sleep study for diagnosis.
  - b. If yes, the veteran will speak with their physician and request an oral appliance/mandibular repositioning device.



# REFERRAL INFORMATION

## OPTUM REFERRAL INFORMATION

### 1. Sleep Study referral sent to:

Millennium Sleep Lab  
NPI- 1316226897  
SEOC-1.1.12  
Category of Care- SLEEP MEDICINE

### 2. Oral Appliance/Mandibular Repositioning Device sent to:

Sleep Impressions  
NPI- 1134547912  
SEOC 1.3.4  
Category of Care- SLEEP MEDICINE

## TRIWEST REFERRAL INFORMATION

### 1. Sleep Study referral sent to:

Millennium Sleep Lab  
NPI- 1316226897  
SEOC- 1.1.12  
Category of Care- SLEEP MEDICINE

### 2. Oral Appliance/Mandibular Repositioning Device sent to:

Millennium Sleep Lab  
NPI- 1316226897  
SEOC 1.3.4

# WHAT DOES THE SEOC COVER?

## Sleep Medicine\_REV\_PRCT SEOC 1.1.12 Duration: 180 Days

**Description:** This authorization covers services associated with the specialty(s) identified for this episode of care, including all medical care listed below relevant to the referred care specified on the consult/referral order.

1. Outpatient evaluation, treatment, and follow-up visits for the referred condition on the consultation/referral order.
2. Diagnostic studies relevant to the referred condition on the consult/referral order.
3. Labs and pathology relevant to the referred condition on the consult/referral order
4. Up to (3) sleep studies/tests.
5. Pre-procedure medical and basic cardiac clearance, as indicated (including H+P/labs, EKG, CXR, echo) **NOTE:** cardiac testing or evaluation outside of the above CXR, EKG, and echo will require an RFS for a cardiology referral.
6. Sleep procedures performed by the sleep medicine provider relevant to the referred condition on the consult/referral order, including but not limited to: hypoglossal nerve neurostimulator and programming.

## Oral Appliance or Mandibular Repositioning Device\_PRCT SEOC 1.3.4

One oral evaluation or re-evaluation for an oral appliance or mandibular repositioning device as prescribed for obstructive sleep apnea, as indicated on the consult/referral order.

Fabrication of 1 oral appliance or mandibular repositioning device as prescribed for the diagnosis of obstructive sleep apnea. The only allowed codes on the Standardized Episode of Care (SEOC) for the fabrication and fitting of the device include the following items: materials, professional services, radiology and laboratory costs incurred in fabricating and fitting the device, as well as adjustments and professional services required during the 90-days following the initial placement of the device, to assure appropriate fit.



# WHAT HAPPENS WHEN YOU GET A REFERRAL?

The VA Sleep Advisor will notify your office when a VA patient is marked as “Ready to Schedule” in the Referrals section of Sleep Impressions’ software.

- **Check your Referrals list daily.**
- **Expedite scheduling:** Veterans must be seen within 28 days. Prompt scheduling helps meet the VA’s timeliness goals and may strengthen your clinic’s reputation within the referral network.
- **Notify our VA staff of the appointment date and time.** This information must be relayed to the VA. Once scheduled, the VA authorization will be extended to 90 days from the date of the first appointment.
- **Complete and sign the consult and delivery notes promptly.** The VA often requests records on the day of the scheduled appointment. Timely documentation helps maintain efficiency and satisfaction within the VA system.
- **Always verify the VA authorization expiration date before scheduling the next appointment.** This information can be found under the “Insurance” tab, where the authorization number, start date, and expiration date are listed.

# REQUEST FOR SERVICE

**A Request for Service (RFS) is a VA form that can be completed by referencing a previous VA authorization to request a new service.**

- For example, if the veteran had a sleep study completed through Millennium Sleep Lab, we can submit the RFS using the sleep study's VA authorization number to request an oral appliance (mandibular repositioning device).
- If your patient needs additional services after the initial 90-day period, an RFS can be submitted to request more visits. This also applies if they lose their device or need a replacement.
- If your patient needs a home sleep study for efficacy testing, let us know. The apZme VA team will complete the RFS and upload the results into Sleep Impressions for your office to access.

**Find a blank copy of the Request for Services (RFS) Form on the next page.**



PREVIOUS AUTHORIZATION NUMBER:

TODAY'S DATE (MM/DD/YYYY):

NOTE: The Request for Services (RFS) Form 10-10172 must be submitted via an approved method (HSRM, Electronic Fax, Direct Messaging, Traditional Fax, or Mail) to your local VA community care office. Completion of this form is REQUIRED and MUST BE SIGNED by the requesting provider for further care to be rendered to a Veteran patient.

## SECTION I: VETERAN INFORMATION

1. VETERAN'S LEGAL FULL NAME (First, MI, Last):

2. DOB (MM/DD/YYYY):

3. VA FACILITY:

4. VA LOCATION:

## SECTION II: ORDERING PROVIDER INFORMATION

5. REQUESTING PROVIDER'S NAME:

6. NPI #:

7. SPECIALTY:

8. OFFICE NAME &amp; ADDRESS:

9. SECURE EMAIL ADDRESS:

10. PHONE NUMBER:

11. FAX NUMBER:

☐ 12. INDIAN HEALTH SERVICES (IHS) PROVIDER?

## SECTION III: TYPE OF CARE REQUEST

**13. PLEASE INDICATE CLINICAL URGENCY** (Urgent care is only applicable for requests that require less than 3 days to process. If care is needed within 48 hours or if Veteran is at risk for Suicide/Homicide, please call the VA directly on the same day as completed RFS form submission. Do NOT mark urgent for administrative urgency):

☐ ROUTINE ☐ URGENT

14. DIAGNOSIS (ICD-10 Code/Description):

15. DATE OF SERVICE (MM/DD/YYYY) &/OR  
ANTICIPATED LENGTH OF CARE:

16. CPT/HCPCS CODE &amp;/OR DESCRIPTION OF REQUESTED SERVICES (Include units/visits, add second list page, if needed):

17. HOW MANY VISITS HAVE OCCURRED SO FAR? (If known)

18. IS THIS A REFERRAL TO ANOTHER SPECIALTY?

☐ YES (If "YES," please fill out the Servicing Provider/Specialty information below) ☐ NO

19. SERVICING PROVIDER'S NAME:

20. NPI #:

21. SPECIALTY:

22. OFFICE NAME &amp; ADDRESS:

23. SECURE EMAIL ADDRESS:

24. PHONE NUMBER:

25. FAX NUMBER:

## SECTION IV: TYPE OF SERVICE REQUESTED

26. OUTPATIENT CARE: ☐ PT ☐ OT ☐ SPEECH THERAPY27. SURGICAL PROCEDURE: ☐ INPATIENT ☐ OUTPATIENT

FREQUENCY &amp; DURATION:

FACILITY NAME:

28. ☐ IN-OFFICE PROCEDURE29. INPATIENT CARE: ☐ LTACH ☐ ACUTE REHAB ☐ BH30. ☐ ADDITIONAL OFFICE VISITS (List # needed):31. ☐ EXTENSION OF VALIDITY DATES32. ☐ EMERGENCY ROOM CARE33. ☐ LABS (If done outside of office, please provide facility name above in box #27)34. ☐ RADIOLOGY/IMAGING (If done outside of office, please provide facility name above in box #27)35. ☐ PRE-OP LABS ☐ CHEST XRAY ☐ EKG  
☐ OTHER:

36. JUSTIFICATION FOR REQUEST (To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &amp;/or medications to support the medical necessity of services requested).

VETERAN'S LEGAL FULL NAME (First, MI, Last):

**SECTION V: GERIATRICS AND EXTENDED CARE SERVICES (If applicable)**

37. ☐ COMMUNITY ADULT DAY HEALTH CARE ☐ COMMUNITY NURSING HOME ☐ HOMEMAKER/HOME HEALTH AIDE  
☐ HOME INFUSION ☐ HOSPICE/PALLIATIVE CARE ☐ RESPITE  
☐ SKILLED HOME HEALTH CARE ☐ OTHER: \_\_\_\_\_

FREQUENCY & DURATION: \_\_\_\_\_

38. JUSTIFICATION FOR REQUEST (To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &/or medications to support the medical necessity of services requested).

**SECTION VI: HOME OXYGEN INFORMATION (If applicable)**

39. PAO2 AT REST:

40. O2 SAT AT REST:

41. OXYGEN FLOW RATE:

42. EXTENT OF SUPPORT (Continuous, Intermittent, Specific Activity):

43. OXYGEN EQUIPMENT (Stationary/Portable):

44. DELIVERY SYSTEM (Cannula, Mask, Other):

**SECTION VII: DME & PROSTHETICS INFORMATION (If applicable)**

45. HCPCS CODE(S) FOR ITEM(S) BEING PRESCRIBED:

46. BRAND, MAKE, MODEL, PART NUMBERS:

47. MEASUREMENTS:

48. QUANTITY:

49. ICD-10:

50. PROVISIONAL DIAGNOSIS:

51. DELIVERY/PICKUP OPTIONS:

- ☐ DELIVER TO ORDERING PROVIDER'S ADDRESS ☐ VETERAN WILL PICKUP AT THE VA MEDICAL CENTER  
☐ DELIVER TO COMMUNITY VENDOR FOR DELIVERY & SETUP FOR DME ☐ DELIVER TO VETERAN'S HOME

**SECTION VIII: DURABLE MEDICAL EQUIPMENT (DME) EDUCATION & TRAINING (If applicable)**

Please see [DME/Pharmacy Requirements—Information for Providers - Community Care \(va.gov\)](#) for URGENT DME requests.

NOTE: Failure to thoroughly complete the RFS for DME will result in delayed patient care & prevent the VA from DME fulfillment.

52. BEFORE DME WILL BE ISSUED, EDUCATION, TRAINING, &/OR FITTING OF DME (as applicable for the specific DME being ordered) TO THE VETERAN MUST BE COMPLETE. PLEASE INDICATE WHETHER THE FOLLOWING HAS BEEN COMPLETED FOR THE VETERAN.

**NOTE:** If not completed, DME will be mailed to requesting provider's address to coordinate an alternative time for proper instruction on DME use.

A. EDUCATION: ☐ YES ☐ NO

B. TRAINING: ☐ YES ☐ NO ☐ N/A

C. FITTING: ☐ YES ☐ NO ☐ N/A

53. JUSTIFICATION FOR REQUEST (To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &/or medications to support the medical necessity of services requested).

VETERAN'S LEGAL FULL NAME (First, MI, Last):	
<b>SECTION IX: THERAPEUTIC FOOTWEAR ASSESSMENT INFORMATION (If applicable)</b>	
54. FILL OUT THE INFORMATION BELOW (If applicable): <input type="checkbox"/> LEFT FOOT <input type="checkbox"/> RIGHT FOOT <input type="checkbox"/> BILATERAL <input type="checkbox"/> PREFABRICATED THERAPEUTIC FOOTWEAR <input type="checkbox"/> CUSTOM THERAPEUTIC FOOTWEAR	NOTE:For prescription of therapeutic footwear due to disease pathology resulting in neuropathy or peripheral artery disease.  55. CHECK APPROPRIATE DIABETIC/AMPUTATION RISK SCORE: <input type="checkbox"/> <b>RISK SCORE 2:</b> PATIENT DEMONSTRATED SENSORY LOSS (inability to perceive the Semmes-Weinstein 5.07 monofilament), DIMINISHED CIRCULATION AS EVIDENCED BY ABSENT OR WEAKLY PALPABLE PULSES, FOOT DEFORMITY, OR MINOR FOOT INFECTION, & A DIAGNOSIS OF DIABETES.  <input type="checkbox"/> <b>RISK SCORE 3:</b> PATIENT DEMONSTRATED PERIPHERAL NEUROPATHYWITH SENSORY LOSS (i.e., inability to perceive the Semmes-Weinstein 5.07 monofilament), AND DIMINISHED CIRCULATION, AND FOOT DEFORMITY, OR MINOR FOOT INFECTION & A DIAGNOSIS OF DIABETES, OR ANY OF THE FOLLOWING BY ITSELF: (1) PRIOR ULCER, OSTEOMYELITIS OR HISTORY OF PRIOR AMPUTATION; (2) SEVERE PERIPHERAL VASCULAR DISEASE (PVD) (intermittent claudication, dependent rubor with pallor on elevation, or critical limb ischemia manifested by rest pain, ulceration or gangrene); (3) CHARCOT'S JOINT DISEASE WITH FOOT DEFORMITY; & (4) END STAGE RENAL DISEASE.  NOTE:Only patients who are experiencing medical conditions noted in the risk scores can be prescribed therapeutic/diabetic footwear.
NOTE:For prescription of therapeutic footwear for severe or gross foot deformity which cannot be accommodated with conventional footwear. DESCRIBE FOOT DEFORMITY AND ADDITIONAL DETAILS:	
*ATTESTATION:I do hereby attest that the forgoing information is true, accurate, & complete to the best of my knowledge & I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. I do hereby acknowledge that VA reserves the right to perform the requested service(s) if the following criteria are met: (1) The patient agrees to receive services from VA (2) Service(s) are available at VA facility & are able to be provided by the clinically indicated date (3) It is determined to be within the patient's best interest. Upon completion of the requested service(s), VA will provide all resulting medical documentation to the ordering provider. If all criteria listed are not true & VA agrees the service(s) are clinically indicated, VA will provide a referral for services to be performed in the community. I do hereby attest that upon receipt of order/consult results, I will assume responsibility for reviewing said results, addressing significant findings, & providing continued care.	
56. REQUESTING PROVIDER SIGNATURE (Required):	57. TODAY'S DATE (MM/DD/YYYY):

To facilitate timely review of this request, the most recent office notes & plan of care must accompany this signed form.

For more information please visit: <https://www.va.gov/COMMUNITYCARE/providers/Care-Coordination.asp>.

For additional contact information, please visit: <https://www.va.gov/COMMUNITYCARE/providers/Care-Coordination-Facilities.asp>.

**Additional Resource: Clinical Determinations and Indications**

VA Clinical Determinations and Indications (medical policies) describe standard VA health care benefits for services and procedures that community providers may recommend as necessary for a Veteran. Prior to providing care, providers should use Clinical Determinations and Indications (CDIs) as a reference when determining if a Veteran meets VA clinical criteria. When additional services are requested, Clinical Determinations and Indications will be used to determine approval by a clinical reviewer.

Clinical Determinations and Indications, as well as supporting information, can be found at:  
<https://www.va.gov/COMMUNITYCARE/providers/Medical-Policy.asp>

# COMMUNITY CARE REQUIREMENTS TO RECEIVE ORAL APPLIANCE OUTSIDE OF THE VA

**There are several reasons a veteran may be approved for community care instead of being treated directly within the VA:**

- The VA may not offer the service internally, which will start the community care process as soon as the referral is placed.
- The VA may only offer the service to 100% disabled veterans. If the patient doesn't qualify, they can still receive full coverage through community care. This helps reduce delays within the VA.
- The patient may live too far from a VA facility and choose community care instead. They'll be given options, so it helps if they recognize the names Sleep Impressions and Millennium Sleep Lab.
- If the wait time at the VA is more than 28 days, the patient will be offered community care.
- If your service is arguably better than what's available internally, the patient and your team can bring that to the attention of the VA. Share what makes your care different—Eccovision, for example, is a patented technology with better imaging than standard upright scans.

# OPTUM EXAMPLE: VETERAN SERVICE REQUEST

**This is an example of what the VA patient would provide to their VA physician. This differs from the Request for Service (RFS) form you'll find on page 12 on the VA Manual.**

**Oral Appliance Therapy (OAT):** A VA-Covered Alternative to CPAP What is it? Oral Appliance Therapy (OAT) is a custom-made dental device that keeps the airway open by repositioning the jaw during sleep. It's quiet, comfortable, and effective for many patients with obstructive sleep apnea (OSA), especially those who struggle with CPAP.

## **Ideal for Veterans Who:**

- Are diagnosed with OSA (G47.33)
- Are non-compliant or intolerant of CPAP
- Have comorbid PTSD, TBI, or anxiety
- Travel frequently or cannot tolerate bulky equipment

## **VA Coverage:**

- OAT is a covered benefit through VA Community Care when prescribed for a qualifying diagnosis and CPAP intolerance
- Referral Instructions for VA Providers

## **How to Submit a Referral via Community Care:**

**Network (CCN):** Optum

**Practice Name:** Sleep Impressions

**NPI:** 1134547912

**SEOC:** 1.3.4

**Phone:** 877-933-9470

**Fax:** 844-242-9966

**Email:** veteranaffairs@apzme.com

**Diagnosis Code:** G47.33 – Obstructive Sleep Apnea (Adult)

**CPT Code:** E0486 – Oral appliance, custom fabricated

# TRIWEST EXAMPLE RFS INFO PAGE

**This is an example of what the VA patient would provide to their VA physician. This differs from the Request for Service (RFS) form you'll find on page 12 on the VA Manual.**

**Oral Appliance Therapy (OAT):** A VA-Covered Alternative to CPAP What is it? Oral Appliance Therapy (OAT) is a custom-made dental device that keeps the airway open by repositioning the jaw during sleep. It's quiet, comfortable, and effective for many patients with obstructive sleep apnea (OSA), especially those who struggle with CPAP.

## **Ideal for Veterans Who:**

- Are diagnosed with OSA (G47.33)
- Are non-compliant or intolerant of CPAP
- Have comorbid PTSD, TBI, or anxiety
- Travel frequently or cannot tolerate bulky equipment

## **VA Coverage:**

- OAT is a covered benefit through VA Community Care when prescribed for a qualifying diagnosis and CPAP intolerance
- Referral Instructions for VA Providers

## **How to Submit a Referral via Community Care:**

**Network (CCN):** Triwest

**Practice Name:** Millennium Sleep Lab

**NPI:** 1316226897

**SEOC:** 1.3.4

**Phone:** 877-933-9470

**Fax:** 844-242-9966

**Email:** veteranaffairs@apzme.com

**Diagnosis Code:** G47.33 – Obstructive Sleep Apnea (Adult)

**CPT Code:** E0486 – Oral appliance, custom fabricated



# MARKETING VA SUPPORT PROGRAM

## ONCE YOU'RE VA CREDENTIALLED

- **Digital Press Release announcing your DSM partnership with apZme**
  - Shared on major news sites, the apZme website, and across all social media channels
- **Access to a VA-specific Digital Marketing Library:**
  - **Patient-Facing Materials:**
    - Library of patient posters
    - Library of patient trifold
    - Flyer templates (OAT/OSA)
    - Library of social media content
    - Templates for patient email marketing
  - **MD-Facing Materials:**
    - Flyer templates (OAT)
    - Templates for MD referral email marketing

## HOW TO ACCESS THE MARKETING CONTENT LIBRARY

Each month, you will receive an email newsletter containing direct links to access all digital materials. This includes all library materials listed above within the apZme marketing support program. Stay up to date with fresh content and ensure your practice remains engaged with the VA community.

**Add our marketing support email to your contact list to ensure you receive all future emails and updates for access to all content libraries:**  
**[marketing@apzme.com](mailto:marketing@apzme.com)**

### Need Additional Assistance?

**We are always here to support you!**

If you have any additional questions, please contact customer care at 954-606-6960.

# TIPS TO HELP YOU MARKET OAT TO VETERANS

**Please note:** These are optional marketing ideas provided as guidance only. apZme does not implement these strategies on your behalf.

## Looking to grow awareness and reach more veterans in your community?

Below are some recommended strategies that other dental practices have found helpful when promoting oral appliance therapy (OAT) for sleep apnea care. These ideas are meant to support your independent outreach efforts.

### Need materials?

apZme offers a library of digital content your practice can use to support your marketing efforts. To access, view the marketing content library.

### Partner with Veteran-Owned Businesses

Connect with local veteran-owned establishments such as barber shops, tattoo parlors, gun ranges, gyms, and coffee shops. Leave brochures or flyers to build awareness—many veterans actively support fellow vets.

### Collaborate with Veteran-Focused Podcasts or YouTube Channels

Reach out to channels or shows that focus on veteran health, PTSD, or military life. These platforms can help you share educational information about OAT with a wider audience.

### Get Featured in VA Newsletters or Base Publications

Many VA hospitals and military bases distribute newsletters or host health events. Reach out to submit a short article or participate in local health promotions.

### Engage Local VA Staff

Build genuine relationships with referral coordinators or case managers. A simple coffee or lunch drop-off is a great way to ask what tools or materials they need. Be sure to leave a printed Referral Cheat Sheet for easy reference.

A large, stylized, light blue 'Z' graphic that serves as a background for the text. It starts with a horizontal top bar, a diagonal stroke down to the left, and a curved bottom stroke that sweeps from left to right.

# **MARKETING**

# MARKETING SUPPORT PROGRAM & TIMLEINE

## WHAT TO EXPECT

At apZme, we've developed a complete marketing system to support your practice in reaching both patients and medical doctors (MDs) for referrals. Our structured approach ensures you receive high-quality marketing materials, digital assets, and ongoing support to help grow your dental sleep medicine program effectively.

### Within the first two weeks:

- **Marketing Materials Delivered via UPS:**
  - 1 Pop-up Banner
  - 3 Posters, 450 Trifolds (Sleep Related Content)
  - 10 Branded Sleep T-Shirts
- **Digital Press Release announcing your DSM partnership with apZme**

### After Your Installation is Complete:

- **Your practice added to:**
  - apZme's Website Location Finder
- **Access to a Comprehensive Digital Marketing Library:**
  - **Patient-Facing Materials:**
    - Library of patient posters (print-ready)
    - Library of patient trifolds (print-ready)
    - Flyer templates (OAT/OSA)
    - 4x6 postcard
    - Library of sleep newsletters
    - Library of social media content
    - Templates for patient email marketing
    - Website Content (OAT/OSA)
  - **MD-Facing Materials:**
    - Flyer templates (OAT)
    - Templates for MD referral email marketing

*\*Instructions how to access library content below.*

### After Full Credentialing with Insurance & VA:

- Digital Press Release announcing credentialing with the VA
- VA Marketing Posters shipped to your practice
- MD Referrals Direct Contacts
  - Receive a curated list of MDs in your county actively submitting HST claims
  - Includes full contact details, practice names, claims data, and more

*\*Speak to your regional manager for information on how to access your MD referrals list.*

## HOW TO ACCESS THE MARKETING CONTENT LIBRARY

To access all digital marketing materials, log in to the client portal you've been given access to and navigate to the Marketing Support section to find all available libraries.

**Be sure to add [customercare@apzme.com](mailto:customercare@apzme.com) to your contact list** so you never miss an update. This ensures you'll receive important announcements and alerts when new materials are added or existing resources are updated.

**To order additional printed materials, please visit [thesleepmall.com](https://thesleepmall.com) or contact customer care.**

### Need Additional Assistance?

**We are always here to support you!**

If you have any additional questions, please contact customer care at 954-606-6960.