Protocol for RUSleeping RTS and SnoreSilencer Pro

Insurance coverage of screening and treatment for snoring and obstructive sleep apnea (OSA) typically requires both an objective and a subjective evaluation in order to refer for a diagnostic polysomnogram (PSG)

1. Complete a patient medical history and exam, including administering a sleep scale survey. Rule out any dental issues that would prevent the use of an oral appliance.

2. Send the patient home with the overnight RUSleeping RTS to assess for sleep-disordered breathing (SDB), or to determine a baseline if the patient has had a polysomnogram and was referred by a physician for oral appliance therapy. Recommend a two-night usage with the RUSleeping RTS to verify results. Ask the patient to phone in the data.

   a. If the results of the RUSleeping RTS are > 15, there is a high pretest probability of OSA. Refer the patient to a sleep lab for a polysomnogram.

   b. If the results of the RUSleeping RTS are ≤ 15 AND the patient exam is suggestive of no OSA, there is a low pretest probability of OSA. Consult with a sleep physician to establish an appropriate treatment path before treating the patient with the SnoreSilencer Pro.

   c. If the results of the RUSleeping RTS are ≤ 15, and the patient exam is suggestive of OSA, consult with a sleep physician to discuss an appropriate diagnostic path.

   d. If the patient has had a polysomnogram, record the results of the RUSleeping RTS for a baseline score to aid you in titration for future correlation to the verification PSG.

3. Proceed with oral appliance therapy on the patient upon approval from a sleep physician, if applicable.

4. Schedule follow-up visits (at two and four weeks) with the patient for SnoreSilencer Pro titration and to assess the comfort, fit and effectiveness of the appliance.

5. Provide the RUSleeping RTS once the patient has adjusted to the maximum level of comfortable advancement. Compare this score with the baseline score.

   Continue with adjustments until the final RUSleeping RTS score is ≤ 50% of baseline, or until you believe you have reached maximum mandibular advancement for the patient or have reached an optimum apnea hypopnea (AH) score in relation to patient comfort.

   Note: The RUSleeping RTS device is a screening tool and only a sleep study can verify where the patient is on an apnea hypopnea Index; and although good, the correlation between this screener and a PSG is not perfect.

6. Refer the OSA patient for a follow-up sleep study and let the sleep physician determine if the SnoreSilencer Pro is providing adequate treatment for your patient.

   The following conditions have been shown to be co-morbidities of OSA. If you are treating "snoring-only" patients, and they are on medications for any of these conditions, you should ensure that the sleep physician is aware of the medications being taken.

   Co-morbidities:
   - Daytime sleepiness
   - Hypertension
   - Heart disease
   - Migraine headache
   - Diabetes

IMPORTANT: Guidelines are intended to serve only as a reference. The guidelines are not intended to supersede established medical protocols.

PHILIPS
RESPIRONICS

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