THE BACKGROUND

An estimated 1B people suffer from obstructive sleep apnea (OSA), and exponentially more have insomnia, both of which cause poor downstream health outcomes.

Patients often face barriers to diagnosis and treatment, including fragmentation and poor coordination of health care services.

On whole, there is little personalization or responsiveness in sleep care and with so many different players involved, costs balloon and outcomes suffer.

THE COMPANY’S SOLUTION

Dreem, an IMPACT Member, is a virtual first sleep clinic, integrating all steps of the patient journey remotely. It provides consults and diagnosis, and insomnia and OSA virtual first care that integrates data and technology to improve health outcomes.

Reconstructing the sleep care pathway enables Dreem to optimize many of the unique benefits of V1C. In addition to improved access, Dreem offers a more cost effective experience to insurance companies that matches or exceeds traditional care outcomes.

Dreem built its entire patient journey using existing CPT codes, which makes it easier to work with payers that use traditional payment models and allows Dreem to promote greater accessibility.

WHY IT MATTERS

Leveraging a Fee for Service (FFS) payment model, in which individual, visit-based services are covered by traditional CPT codes can pose challenges for V1C, as common components, including including app-based activities, coaching, async interactions, and RPM to name a few, don’t fit into traditional coding.

The IMPACT Resource to Use

Building a patient journey around current reimbursement can be done by using the V1C Coding Library*, which pulls codes relevant to virtual first care into a single library.

*Given the rapid evolution of V1C and our commitment to keeping pace, we invite you to submit updates and additions to the library.