

# Dental Sleep Medicine & Insurance Reimbursement

An Educational Pamphlet from the American Academy of Dental Sleep Medicine

## Introduction ♦♦♦

Dental sleep medicine is the unique and relatively new area of practice that partners physicians and dentists in the recognition, diagnosis, and treatment of Sleep Disordered Breathing (SDB). As dentists, we have a unique opportunity to participate in the treatment of Obstructive Sleep Apnea (OSA), a disease that, left untreated, will otherwise contribute to serious co morbidities, as well as the patient's early demise. It is extremely gratifying to help patients breathe better, sleep better, and to see their quality of life improve greatly.

Very few, if any, dental insurance companies will cover oral appliance therapy. Almost without exception, oral appliance therapy should be filed under the patient's medical insurance.

## Financial Arrangements ♦♦♦

Before proceeding with the fabrication of an oral appliance, it would be prudent to secure financial arrangements, in writing. As a patient, you should know what you can expect in time, service, appliance and follow up, and what the dentist expects as a fee in return for his services.

## Patients Want To Know ♦♦♦

Most patients will want to know what their medical insurance will pay for oral appliance therapy. This requires time and work on the part of the dental staff. The terms "pre determination" and "pre authorization" are used interchangeably here. Sometimes this can be done over the phone and within a few minutes time. Other times it requires submitting a substantial amount of information via fax or mail. Some insurance companies require that this service be pre authorized before you can begin treatment. Others do not, but you may still want to know.

## Insurance Companies Want To Know ♦♦♦

Insurance companies want to know that they are paying for something that the patient needs. Does the patient have a diagnosis? Has there been adequate testing done to confirm this diagnosis? Is there a medical necessity? Is there a prescription involved? What is the cost? What is the appliance's longevity? Keeping these questions in mind the office has a plan on what information to have ready to provide the insurance company when the telephone call is made to verify benefits.

Copy of Polysomnogram (PSG or sleep study)  
(includes AHI or RDI and lowest oxygen desaturation)  
Diagnosis code(s) used by physician  
Copy of prescription for oral appliance from physician  
Letter of medical necessity from physician  
Treatment code(s) used by dentist

Some insurance companies will give you an authorization number over the phone almost immediately. Others will require that you fax the information above to a medical specialist who will review your request, then get back to you within 7 to 10 business days. The authorization number they give you is then used on the standard insurance claim form (CMS 1500). The information you receive with an authorization is whether or not what you are doing is a covered service and if it is, what percent of their allowed fee they will cover. However, most insurance companies will not reveal their allowed fee so until there is some history with each company it is not possible to give patients exact numbers only percentages of usual and customary fees.

## Standards of Care ♦♦♦

Medical insurance companies are expected to adhere to the American Academy of Sleep Medicine Practice Parameters. Published in 2006 the Practice Parameters state that oral appliances are indicated for use in patients with mild to moderate obstructive sleep apnea who prefer oral appliances to CPAP, or who do not respond to CPAP, are not appropriate candidates for CPAP, or who fail treatment attempts with CPAP or treatment with behavioral measures such as weight loss or sleep position changes.

## Appealing Denials of Benefits ♦♦♦

It is possible to reverse a denial of benefits if the patient's policy does not specifically exclude oral appliance therapy. Again, this requires time and effort on the part of the patient and the dentist's staff. Patients should write a letter asking for further explanation of the denial. The dentist can request a peer to peer telephone conversation with the medical reviewer. Remember to have all of your information on hand.

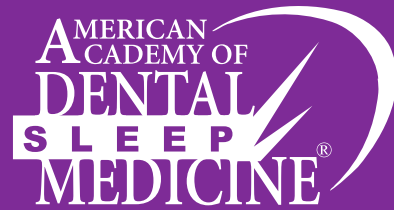
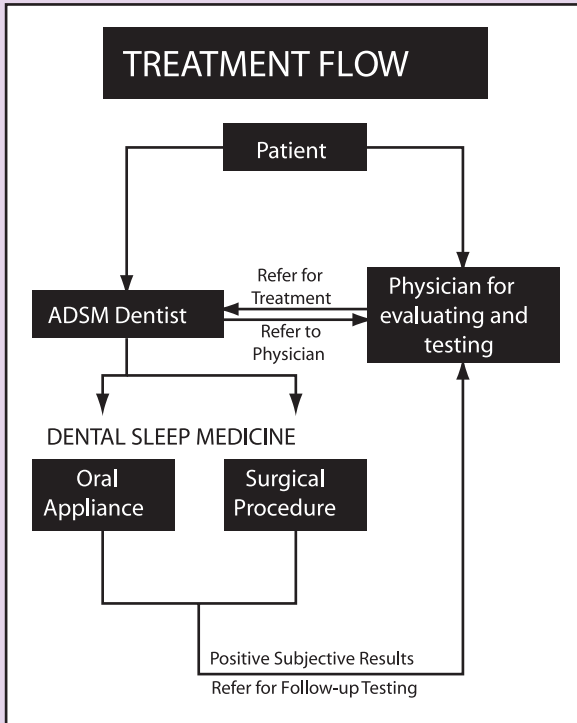
## American Academy of Dental Sleep Medicine ♦♦♦

Your American Academy of Dental Sleep Medicine dentist and sleep physician will work together with you to determine the best course of therapy and do what they can to help you get insurance coverage for this treatment.

To learn more about dental sleep medicine, please talk to your dentist, physician or visit the American Academy of Dental Sleep Medicine Web site at [www.aadsm.org](http://www.aadsm.org).



# American Academy of Dental Sleep Medicine Treatment Flow Chart



## American Academy of Dental Sleep Medicine

One Westbrook Corporate Center, Suite 920

Westchester, IL 60154

Tel: 708-273-9366

Fax: 708-492-0943

[www.aadsm.org](http://www.aadsm.org)