

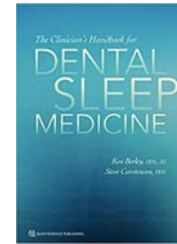
Airway Therapy for the Dental Team

Steve Carstensen DDS

Diplomate, American Board of Dental Sleep Medicine



DISCLOSURES



Dr. Steve Carstensen

Director of Sleep Education
The Pankey Institute



Guest Presenter
Spear Education
Louisiana State Dental School
University of the Pacific

SPEAR

Advisory Board for:
Sleep ArchiTx Inc.
Beddr Sleep
Resonea Inc.



29 Million Americans
Have Obstructive Sleep Apnea

<http://www.aasmnet.org/articles.aspx?id=6426>

9 out of 10 Children
Display at least one symptom of
Sleep Disordered Breathing

<https://dentalsleeppractice.com/getting-started/healthy-start-system-effective-addressing-sleep-disordered-breathing-children/>



\$150 Billion
Annual Economic Burden
Undiagnosed OSA in Adults

<http://www.aasmnet.org/articles.aspx?id=6426>



Dentists
Can Help

ADA American Dental Association®
America's leading advocate for oral health

ADA Adopts Policy on Dentistry's Role in Treating Obstructive Sleep Apnea, Similar Disorders
House of Delegates adopts official policy statement at ADA 2017 – America's Dental Meeting
October 23, 2017

Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history


CHICAGO, October 23, 2017 — The House of Delegates approved an American Dental Association (ADA) policy statement addressing dentistry's role in sleep-related breathing disorders (SRBD), developed as a result of a 2015 resolution calling for the action.

The adopted policy emphasizes that "dentists are the only health care provider with the knowledge and expertise to provide oral appliance therapy (OAT)."

SRBDs are a set of potentially serious medical conditions – snoring, upper airway resistance syndrome (UARS), obstructive sleep apnea (OSA) and others – characterized by disruptions in normal breathing patterns. Metabolic, cardiovascular, respiratory, dental and other diseases have been associated with OSA.


The adopted policy statement outlines the role of dentists in treating SRBD. Key components include assessing a patient's risk for SRBD as part of a comprehensive medical and dental history and referring affected patients to appropriate physicians; evaluating the appropriateness of OAT as prescribed by a physician and providing OAT for mild and moderate sleep apnea when a patient does not tolerate a continuous positive airway pressure (CPAP) device; recognizing and managing OAT side effects; continually updating dental sleep medicine knowledge and training; and communicating patients' treatment progress with the referring physician and other healthcare providers.

WHAT DENTISTS NEED TO KNOW



Identify

Communicate



Treat

Follow



"High perceived benefit is the first, and perhaps the most important, step on the road to therapeutic acceptance and utilization."

Principles and Practices of Sleep Medicine, 5th ed.
Chapter 142: Monitoring Techniques for Evaluating Suspected Sleep-Disordered Breathing
Hirshkowitz and Kryger



OAs and PAP have similar efficacies

The best treatment for OSA is one that the patient will actually use

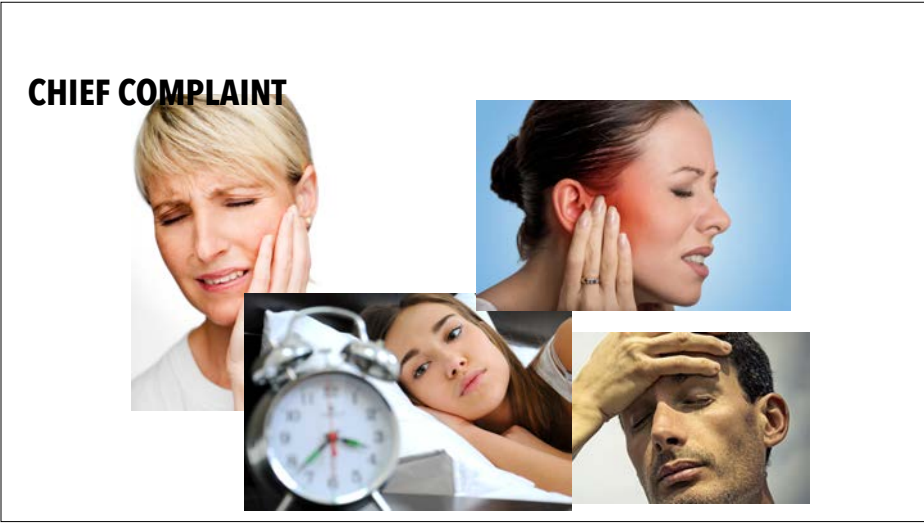
Patient education, treatment selection, and individualization of care are key to improving outcomes.

C Letteri AADSM 2016

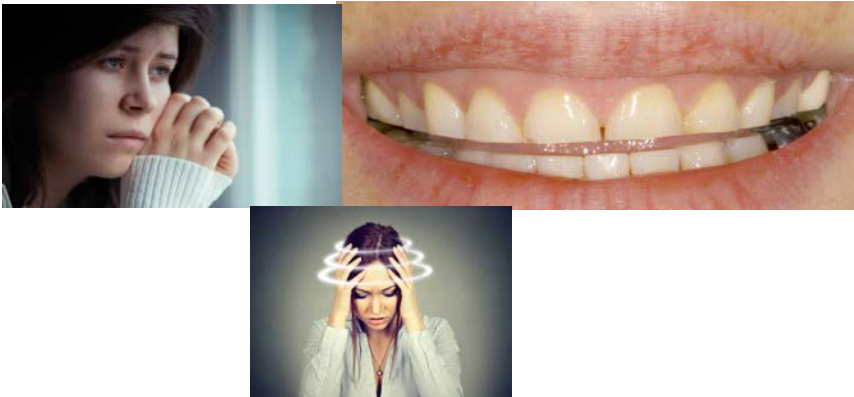


dentfy

CHIEF COMPLAINT



WHAT ELSE?



FIND SLEEP PATIENTS

With Pittenger, DDK, MS
Dental Sleep Therapy

PLAZA
Pittenger, DDK, MS
Dental Sleep Therapy

Patient Intake Form

Patient Information

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Date of Birth: _____ Age: _____
 Religion: _____
 How did you hear about us? _____
 In case of emergency, who should be notified? _____
 Primary Care Physician: _____
 Sleep Physician: _____
 Sleep Facility: _____
 Date of Baseline Sleep Study: _____

Patient Chief Complaint and Patient Expectations

Briefly describe your problem with your sleep as you see it. _____
 What is the nature of assistance you expect or desire? _____

Scale of Primary Problem Acknowledgment

Understood that, under the Health Insurance Portability and Accountability Act, the patient's privacy rights are protected by the Health Insurance Portability and Accountability Act (HIPAA) and that the patient understands the nature and extent of the protection of all information at any time at the PLAZA of Primary Problem.

Patient Name: _____
 Patient Signature: _____
 Date: _____

PLAZA

PLAZA
Pittenger, DDK, MS
Dental Sleep Therapy

1-800-368-3688

ASK ABOUT...



Heart
Disease
TMD



Heart Attack/
Stroke
Chronic Pain



Depression/
Weight Gain
Diabetes

AIRWAY HEALTH

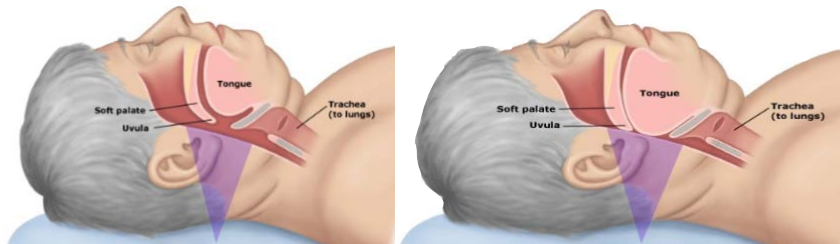


SNORE



DIAGNOSED WITH OSA

OBSTRUCTIVE SLEEP APNEA



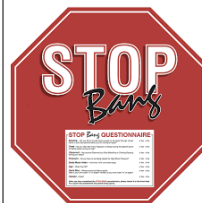
Open Airway

Blocked Airway

SCREENING

AND

DIAGNOSIS



CHANGE YOUR EXISTING MEDICAL HISTORY

Do you snore?

Have you ever had your sleep evaluated?

Have you ever been told to wear Positive Airway Pressure (PAP) therapy?



SLEEP SCREENING QUESTIONNAIRES

Epworth - How likely are you to doze off or fall asleep in the following circumstances, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Sitting and reading

Watching television

Sitting inactive in a public place (i.e. a theater)

A passenger in a car for an hour without a break

Lying down to rest in the afternoon when possible

Sitting quietly after a lunch without alcohol

In a car while stopped for a few minutes in traffic

Overall quality of sleep- poor, average, good TOTAL

Patient Signature: _____ Date: / /

EPWORTH

SCALE

- 0 - Would Never Fall Asleep
- 1 - Slight Chance of Dozing
- 2 - Moderate Chance of Dozing
- 3 - High Chance of Dozing



- | | |
|-------------------------------|--------------------------------------|
| ▶ STOP Questionnaire | ▶ BANG |
| • Snoring | • BMI >35 |
| • Tiredness | • Age >50 |
| • Observed you stop breathing | • Neck circumference >40 cm (>15.7") |
| • Blood Pressure | • Gender male |

High risk: Yes to ≥3 items → Refer for sleep testing

STOP BANG

SLEEP SCREENING QUESTIONNAIRES



ELBOW TEST

Snoring? OR of AHI >5: 3.9
 Stopped breathing? OR of AHI >5: 5.8
 Sensitivity: 65% Specificity: 76%
 Positive Predictive Value 90%

Chest. 2014 Mar 1;145(3):518-24. doi: 10.1378/chest.13-1046.

The utility of the elbow sign in the diagnosis of OSA.

Fenton ME, Heathcote K, Bryce R, Skomro R, Reid JK, Gjevre J, Cotton D.

HOW TO GET YOUR PATIENTS TESTED



POLYSOMNOGRAPHY (PSG)

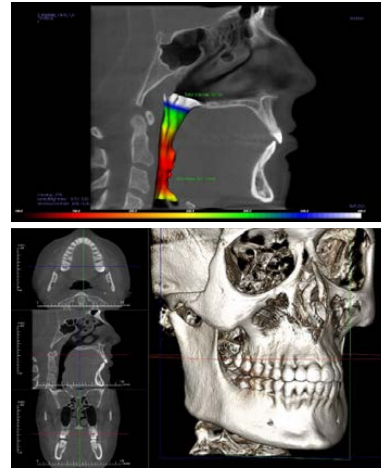


HOME SLEEP APNEA TEST (HSAT)

EQUIPMENT



IMAGING



ACTIONS YOU CAN TAKE



PHYSICIAN OUTREACH



DIAGNOSIS OPTIONS



SCREENING PROCESS



Communicate

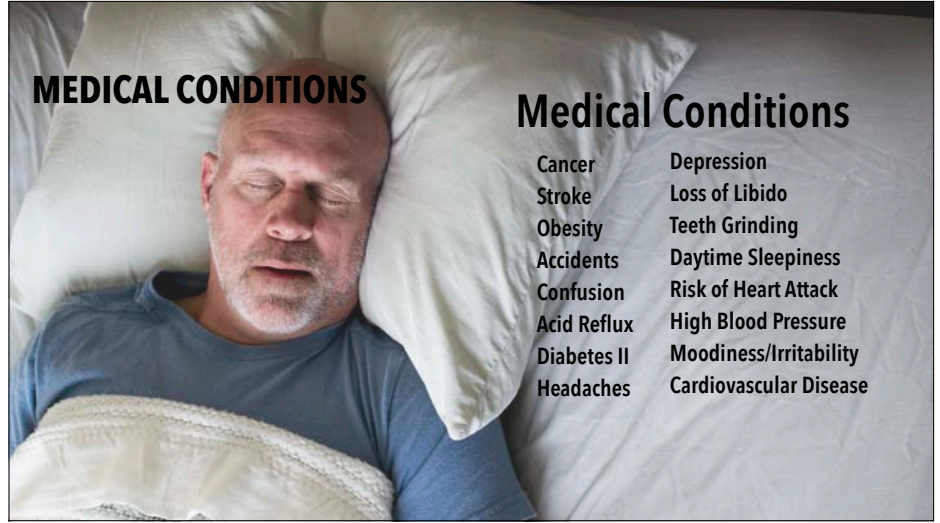
Airway Health

Anatomy

Muscle Function

Arousal Threshold

Ventilatory Control

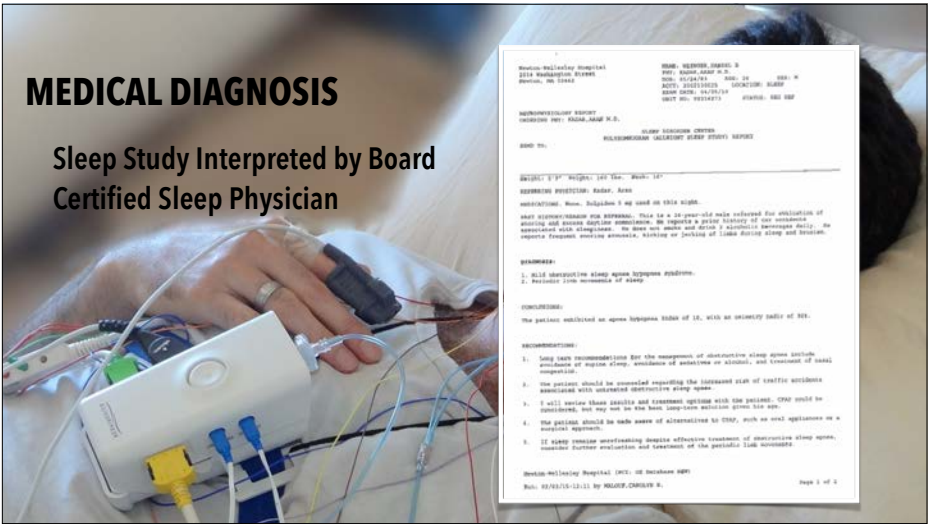


MEDICAL CONDITIONS

Cancer	Depression
Stroke	Loss of Libido
Obesity	Teeth Grinding
Accidents	Daytime Sleepiness
Confusion	Risk of Heart Attack
Acid Reflux	High Blood Pressure
Diabetes II	Moodiness/Irritability
Headaches	Cardiovascular Disease

MEDICAL DIAGNOSIS

Sleep Study Interpreted by Board Certified Sleep Physician



HOME SLEEP APNEA TESTS

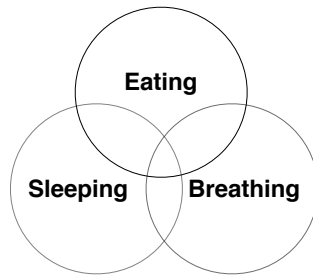
Most Insurance Requires This vs. In-Lab PSG

Check State Law

Check Dental Board



Human Survival

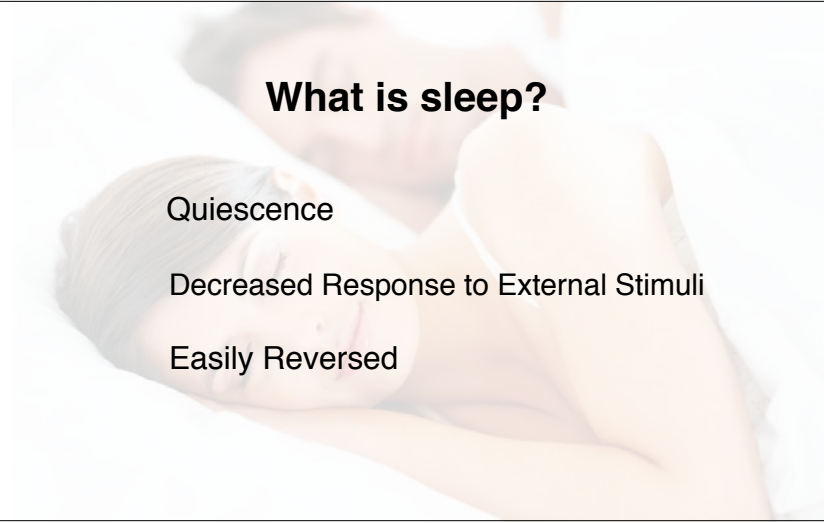


What is sleep?

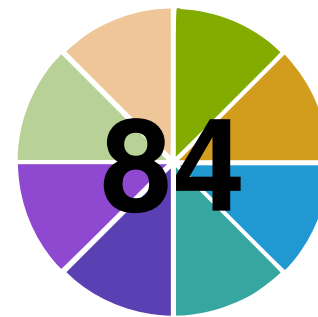
Quiescence

Decreased Response to External Stimuli

Easily Reversed

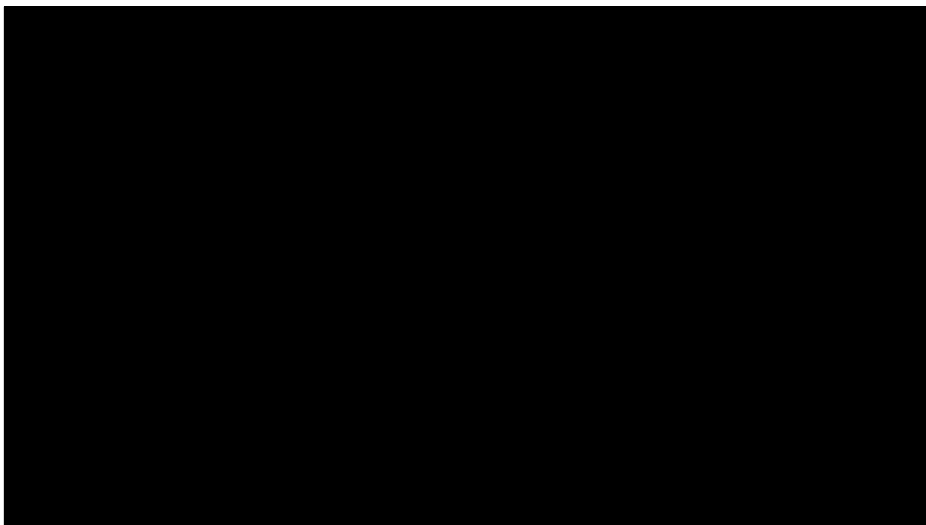


Sleep Disorders Categories



Obstructive
Sleep Apnea

Sleep Related
Movement
Disorders





Typical Patient Flow ...currently

Risk ID

Sleep Doc

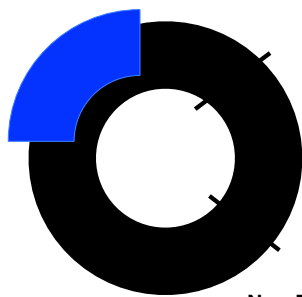
Sleep Test

What else?

Useful

PAP

Not
Useful



Non-REM

REM

Non-Rapid Eye Movement (NREM) Sleep
(aka: quiet sleep or synchronized sleep)
neuronal quiescence

Rapid Eye Movement (REM) Sleep
(aka: active sleep or desynchronized sleep)
generalized neuronal activity

NREM

Stage N1: "Gateway to sleep"
Appears at the onset of sleep (short time)

Stage N2: Conscious awareness of the external surroundings is gone.

Stage N3 : "Deep Sleep" (Delta)
These stages are the deepest sleep
Brain activity is slowed
Autonomic activity
Lower respiratory rate, heart rate & b/p
Sleepwalk
Difficult to awaken

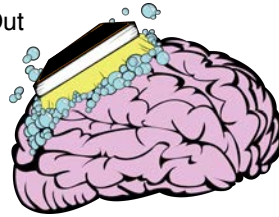
One Benefit of Sleep

Cortex Tissue Shrinks While Quiet

Waste Products Flushed Out

Cleans Neuron Pathways

Readies Brain for Activity



REM

Phasic eye movements

Hallucinations (dreams)

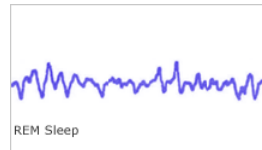
Sensory isolation

Motor deactivation

Paralysis (except for the diaphragm)



REM



Memory:

Transfer of information from volatile to non-volatile sites

Learning:

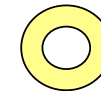
Formation and maintenance of neuronal circuitry

Mood:

Sense of well being and rosy outlook



Apnea



Hypopnea



Apnea-Hypopnea Index



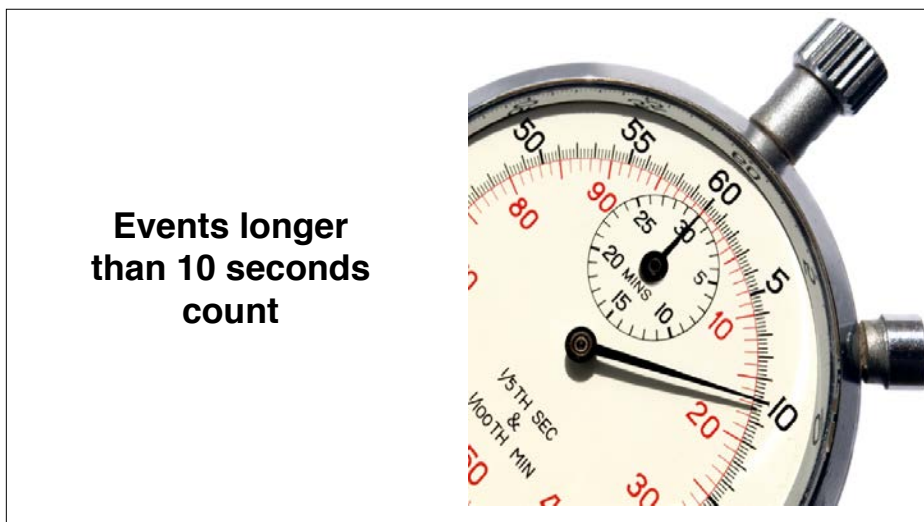
AHI (REI)



Sleep Disordered Breathing

Can't Breathe =
Obstructive Sleep Apnea (OSA)

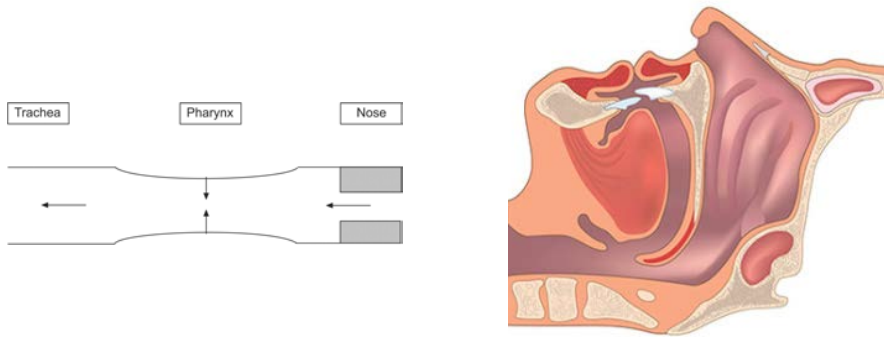
Won't Breathe =
Central Sleep Apnea (CSA)



High Upper Airway Resistance:
Sustained pharyngeal narrowing during inspiration causing obstructive alveolar hypoventilation

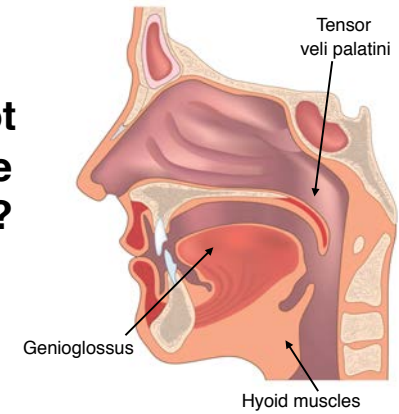
Sleep Apnea:
Recurrent pharyngeal occlusion causing **transient** respiratory events

Starling Resistor



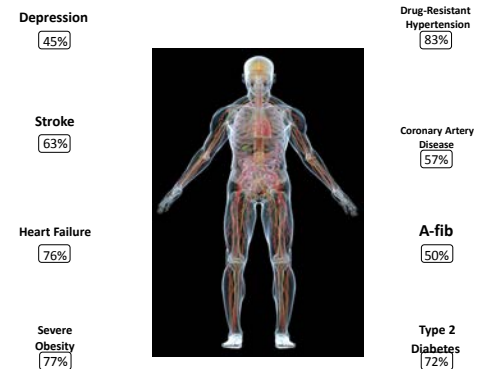
Action of the upper airway dilator muscles

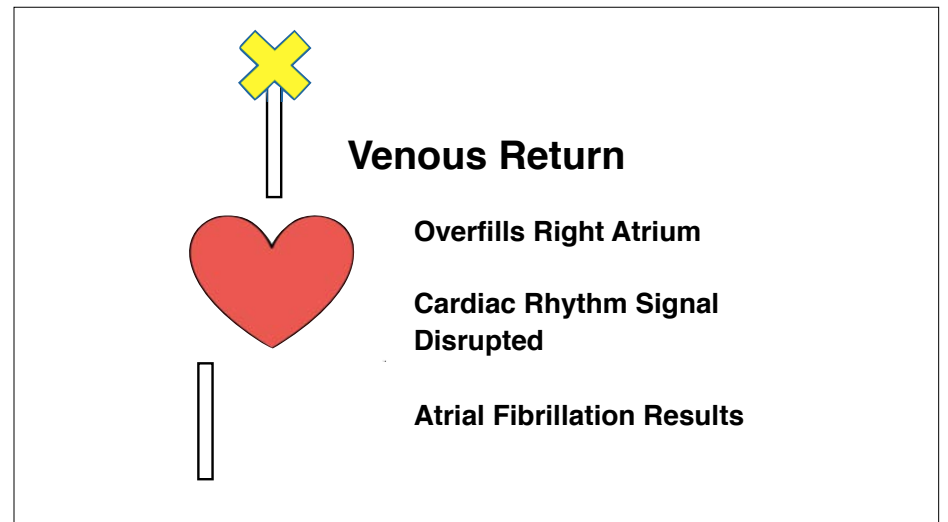
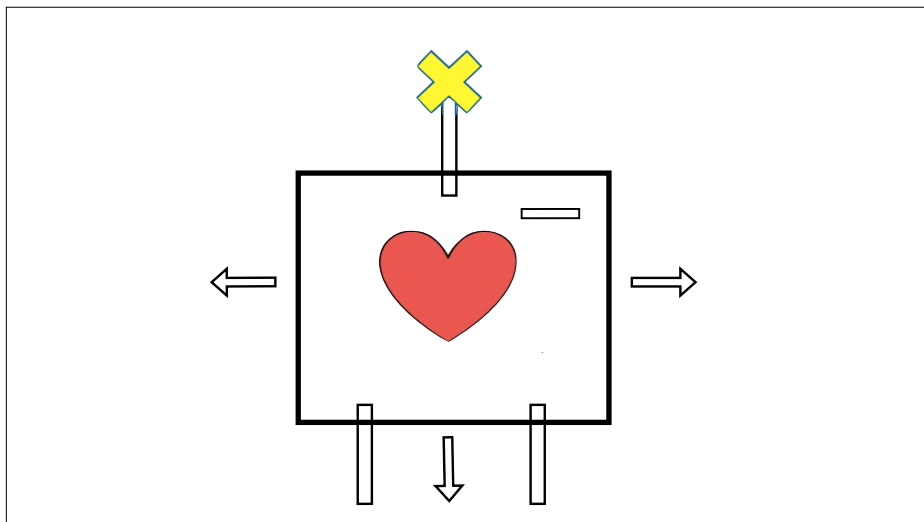
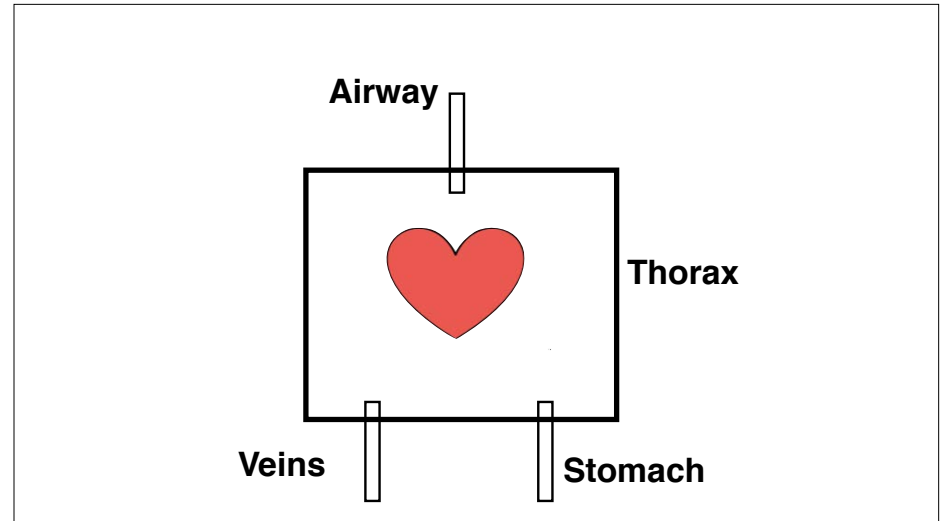
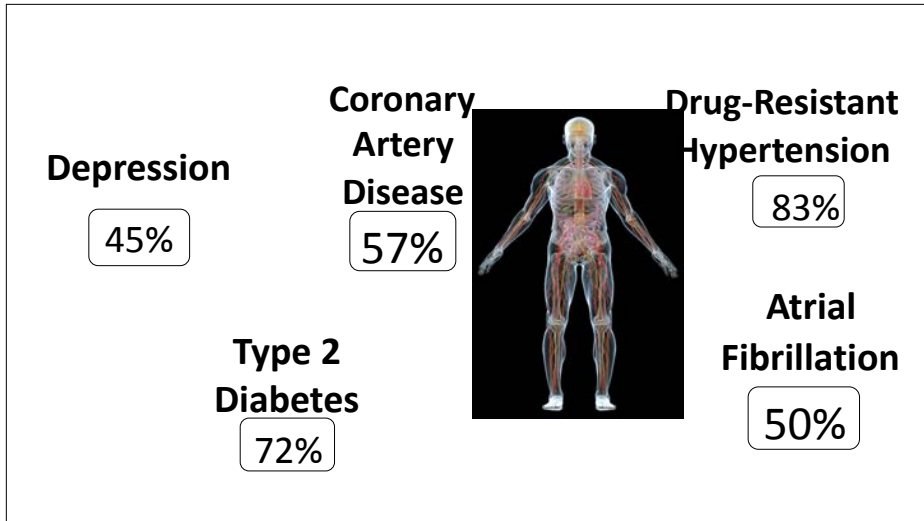
Why Not Daytime Apnea?



Does This
Mean
Anything Besides
Noise?

Importance





Chronic Non-Infectious
Managed Diseases
Airway Therapy Helps

The Effects of Airway Pressure Changes at
Different Life Stages



SLEEP IMPACT

What in Your Life is Worse
Because of Your Airway Problem?

How Will Your Life Improve
When This Problem is Gone?



OSA SIGNS AND SYMPTOMS

Color, size and shape should all be considered regarding the airway anatomy. Form follows function.



Look for:

- Enlarged or discolored uvula
- Enlarged or discolored soft palate
- Enlarged or discolored tongue
- Enlarged or discolored tonsils
- Scalloped tongue (teeth indented)
- Pharyngeal grade
- Malampatti score
- Retrognathic jaw
- Missing teeth including bicuspsids for orthodontic treatment
- Overall limited space in the mouth
- Crowded teeth
- Malocclusion
- High palatal vault
- Narrow arches
- Signs of bruxing, grinding or teeth clenching

EXAMINATION FOR ORAL APPLIANCE THERAPY (OAT)

What Do You Need to Know?

TMD Screening

Muscle Palpation
Joint Stability
ROM
Bruxism History

Patient				
Name				
Age				
Gender				
Address				
Phone No.				
1 - Muscle palpation				
a - Deep masseter	101	111	121	131
b - Superficial masseter	102	112	122	132
c - Anterior temporal muscle	103	113	123	133
d - Middle temporal muscle	104	114	124	134
e - Posterior temporal muscle	105	115	125	135
f - Medial pterygoid	106	116	126	136
g - Lateral pterygoid	107	117	127	137
h - Lower esophageal pterygoid	108	118	128	138
i - TMJ	109	119	129	139

Oral Exam

Cancer Screening
Periodontal Stability
Tooth Stability

AIRWAY EXAM



MALLAMPATI CLASSIFICATION

AIRWAY EXAM



TONSILS



NASAL TURBINATES



TONGUE SIZE, ARCH SHAPE, ETC.

MANDIBULAR PROTRUSION





EXAMINATION FOR ORAL APPLIANCE THERAPY (OAT)

MONO-BLOCK



HINGE-BASED
ARTICULATION



COMPRESSION-BASED
ARTICULATION

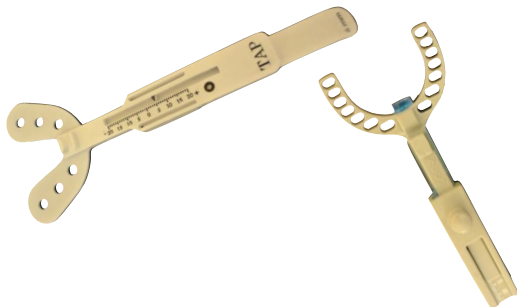


TRACTION-BASED
ARTICULATION



TRACTION-BASED
ARTICULATION

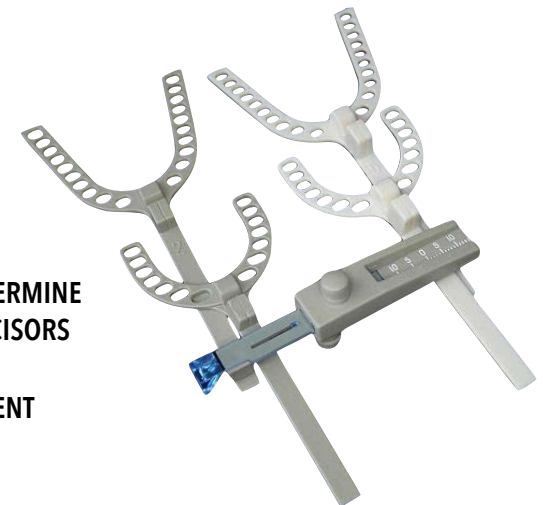
3D JAW POSITION RECORD



GEORGE GAUGE

2 AND 5 MM FORKS DETERMINE
DISTANCE BETWEEN INCISORS

SIMPLE MEASUREMENT

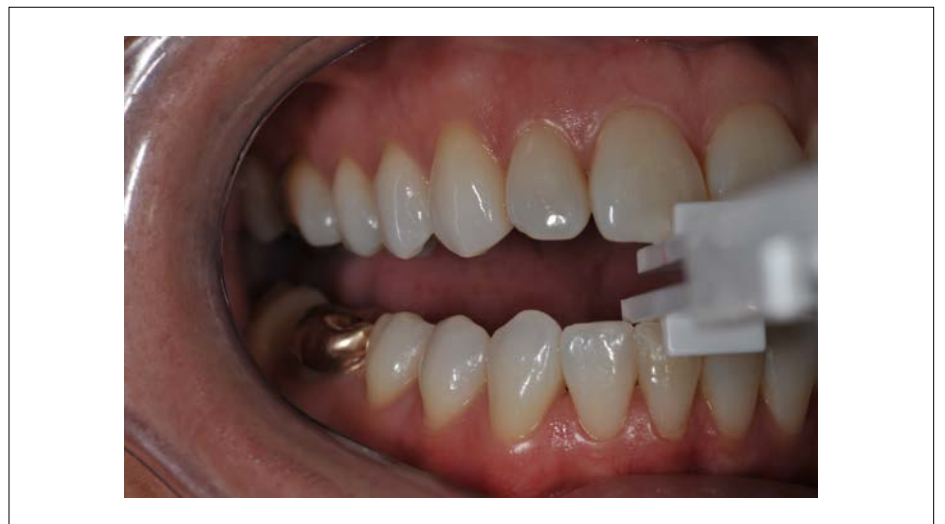


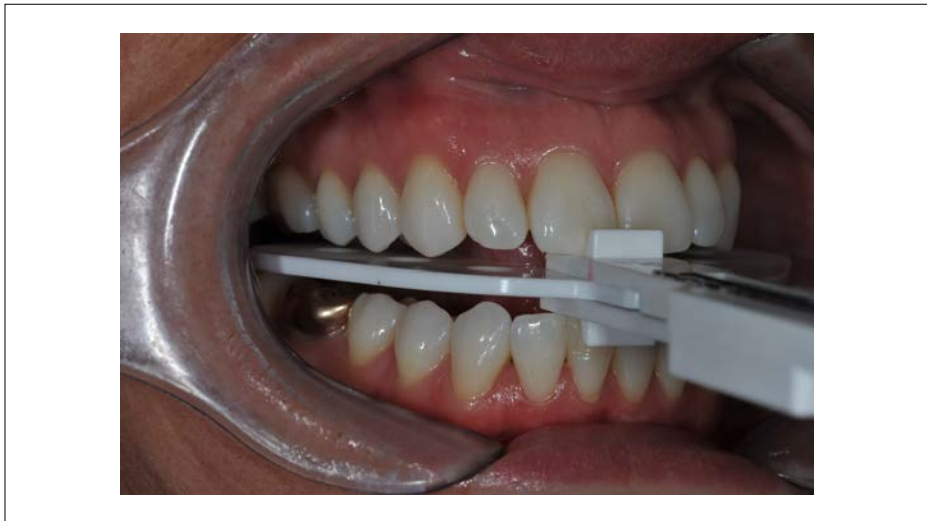


PRO GAUGE

6, 9 AND 12 MM FORKS DETERMINE
DISTANCE BETWEEN INCISORS

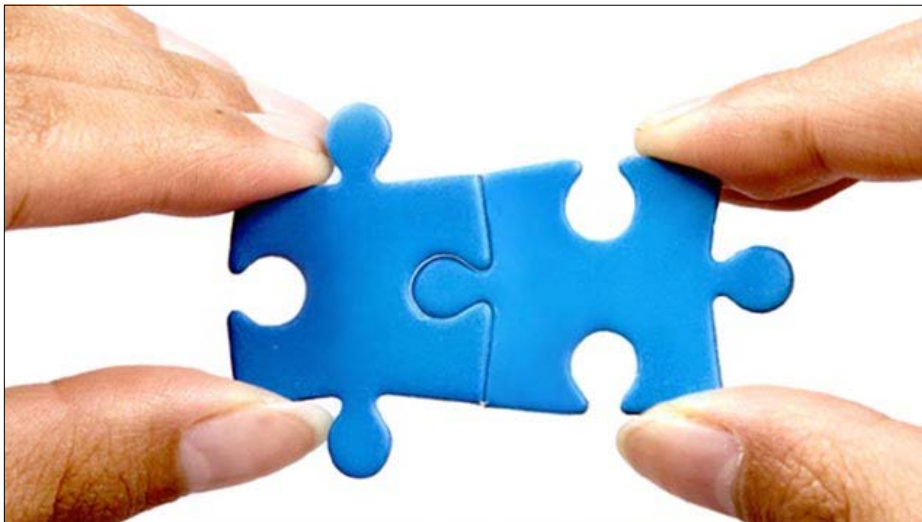
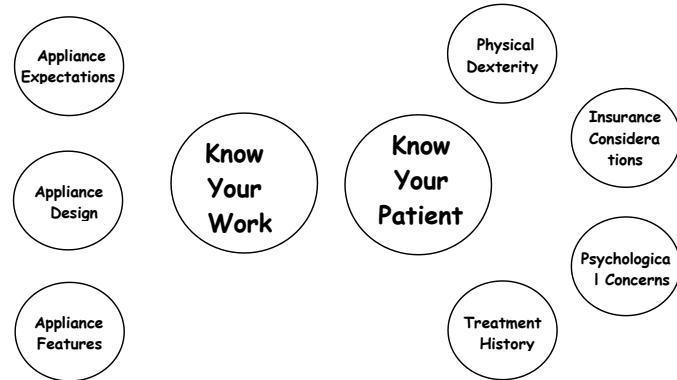
SIMPLE MEASUREMENT







PATIENT - APPLIANCE MATCHING



FIRST, THERE IS PAP

CPAP
BiPAP
APAP
ASV



HISTORY

**HAVE THEY
WORN AN
APPLIANCE
BEFORE?**



DEXTERITY / VISION

**CAN THEY MAKE
THE ADJUSTMENTS?**



MOBILITY

**CAN THEY OPEN
WIDE ENOUGH?**



TOOTH SUPPORT

**PERIODONTIALLY STABLE?
ENOUGH TEETH?**



RETENTION

**WILL THE APPLIANCE STAY
IN PLACE?**



TOUGHNESS

**WILL THE APPLIANCE TAKE
WHAT THEY WILL DISH OUT?**



BELIEF



APPLIANCE CATEGORIES

TEMPORARY ORAL APPLIANCES



myTAP



- SMALL PROFILE
- READILY REMOLDABLE
- FULLY ADJUSTABLE
- EXTERNAL EXTENSION
- TITRATABLE IN LAB
- MORE MOVEMENT POSSIBLE
- LOW MAINTENANCE

EMA

- FRAGILE - NOT FOR BRUXERS
- EASY TO ADD VERTICAL
- USER FRIENDLY
- NO TONGUE SPACE BULK
- STRAPS CAN STRETCH, REDUCING ADVANCEMENT



SLEEP HERBST



- Concerns About Mechanism
- Well Tested Widely Available
- Easy to Adjust
- Free Mandibular Movement
- Minimal Tongue Space Interference
- Great for TMD Patients

DORSAL DEVICES

- Can Add More Protrusion
- Allows Mouth Opening unless
- Elastics are Added
- Retention Not Critical
- Very Good Patient Acceptance
- Watch for Asymmetric Adjustment
- There are many Similar Designs

TAP DEVICES



- EASY TO ADD MORE PROTRUSION AND VERTICAL SUPPORT
- SOMEWHAT RIGID MANDIBULAR POSITIONING
- NEEDS EXCELLENT RETENTION
- NEW BASE MATERIAL EASY TO WORK WITH
- VERY GOOD PATIENT ACCEPTANCE
- VERY EASY ADJUSTMENTS
- CUSTOMIZABLE TO ADD PAP

ProSomnus



- METHYLMETHACRYLATE
- THREE ADJUSTABLE DE
- CAD-CAM
- REPRODUCIBLE



PANTHERA D-SAD



- ALL DIGITAL WORKFLOW
- SPECIAL NYLON MATERIAL
- ADJUSTABLE WITH NYLON STRAPS
- CAD-CAM
- REPRODUCIBLE

AVANT



ALL DIGITAL WORKFLOW
MILLED HARD SHELL WITH SOFT LINER
ADJUSTABLE WITH NYLON STRAPS
CAD-CAM
REPRODUCIBLE

**You Must Master More
Than One Appliance**

Become Adept at Several

RECORDS

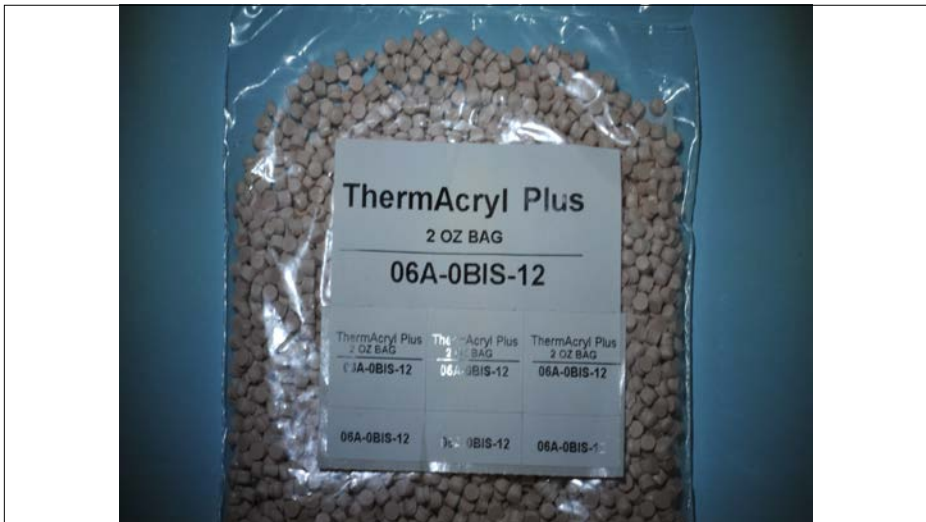
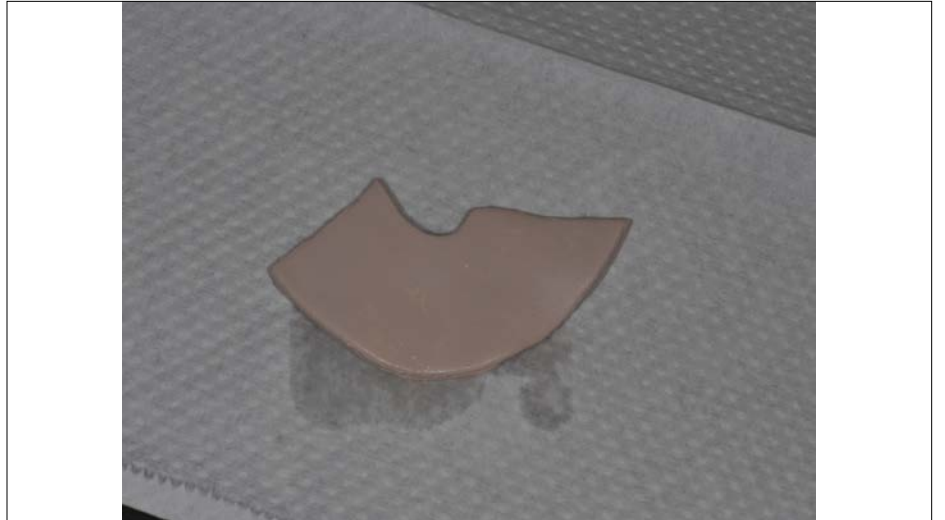
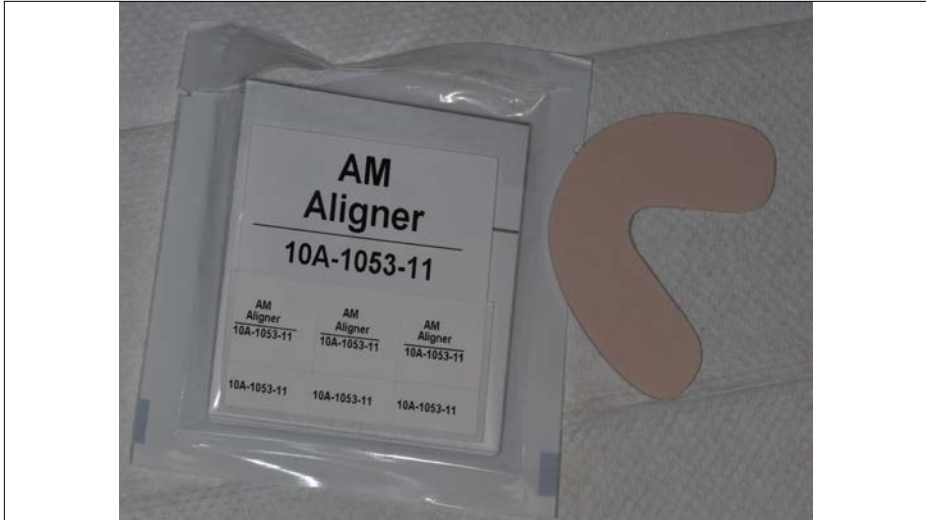


EXCELLENT IMPRESSIONS



3D JAW POSITION RECORD

Their Bite the
Next Morning
Will Not Be The
Same







Follow

records
success
insurance
physician
relations
team

DOES IT WORK?

106 patients mean 57 yrs

2/3 male all PAP failures

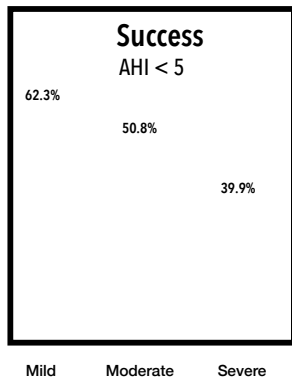
Moderate AHI: 69% success

Severe AHI: 77% success



J Oral Rehabil. 2016 Apr;43(4):249-58. doi: 10.1111/joor.12376. Epub 2015 Dec 27.
Oral appliance treatment in moderate and severe obstructive sleep apnoea patients non-adherent to CPAP.
Gjerde K1, Lehmann S1,2, Berge ME1,3, Johansson AK4, Johansson A1,3.

DOES IT WORK?



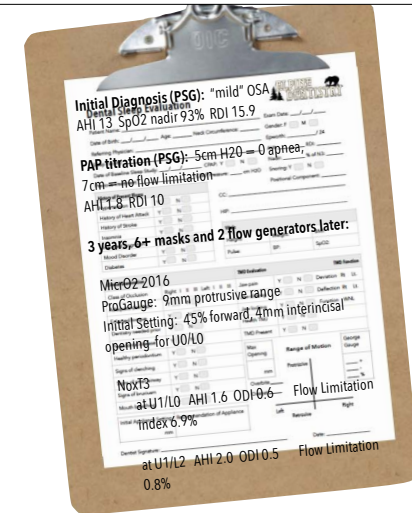
"Success"

Can mean different things to patients than to sleep physicians

Study A: Holley et al. Chest 2011 retrospective, CPAP vs MAS n=378
 Study B: Phillips et al. AJRCCM 2013 RCT crossover CPAP vs MAS n=108

Lettieri, Almeida, Cibulka and Carr. Principles and Practice
 Parameters of Sleep Medicine, 2015, Chapter 151

Susan



MEDICAL BILLING FOR OSA

Procedure must be
 MEDICALLY
 NECESSARY

Bill using two codes
 ICD- diagnostic code (reason)
 CPT- procedure code (action)



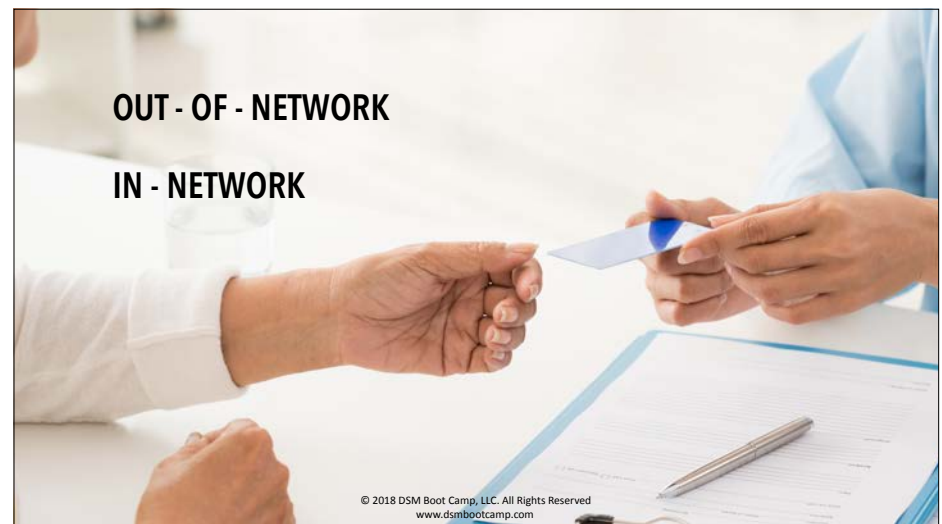
File claim properly and electronically is best

Always keep documentation on file

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OUT - OF - NETWORK

IN - NETWORK



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Your patient is responsible for your services.

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Medical necessity is PAID

Pain Accident Infection or Dysfunction

↓

ICD-10 code (within the scope of your dental license)

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MEDICAL POLICY

Oral Appliances

Mandibular advancement oral appliances to reduce upper airway collapsibility or tongue retaining devices are considered medically necessary for members who have sleep test results that meets one of the following criteria:

- 1 The AHI or RDI is greater than or equal to 15 events per hour with a minimum of 30 events; or
- 2 The AHI or RDI is greater than or equal to 5 and less than 15 events per hour with a minimum of 10 events and documentation of:
 - 1 Documented history of stroke; or
 - 2 Documented hypertension (systolic blood pressure greater than 140 mm Hg and/or diastolic blood pressure greater than 90 mm Hg); or
 - 3 Documented ischemic heart disease; or
 - 4 Documented symptoms of impaired cognition, mood disorders, or insomnia; or
 - 5 Excessive daytime sleepiness (documented by either Epworth greater than 10 or MSLT less than 6); or
 - 6 Greater than 20 episodes of oxygen desaturation (i.e., oxygen saturation of less than 85 %) during a full night sleep study, or any 1 episode of oxygen desaturation (i.e., oxygen saturation of less than 70 %).
- 3 If the AHI is greater than 30 or the RDI is greater than 30 and meets either of the following:
 - 1 The member is not able to tolerate a positive airway pressure (PAP) device; or
 - 2 The use of a PAP device is contraindicated.

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OBSTRUCTIVE SLEEP APNEA (OSA)

Snoring

A Partial Obstruction of the Airway

Vibration of Airway Anatomy

NO APNEA (AHI 0)

MILD (AHI 5-15)

MODERATE (AHI 15-30)

SEVERE (AHI 30+)

Apnea

An Obstruction Causing No Airflow

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No Dental Benefit
No Cross-Code

MEDICAL BENEFIT:

Procedure must be MEDICALLY NECESSARY ✓

Bill using two codes ✓

ICD- diagnostic code (reason) G47.33 ✓

CPT- procedure code (action) appliance E0486 NU ✓

OSA Diagnosis Must Be DIAGNOSED BY PHYSICIAN

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FDA Cleared Oral Devices

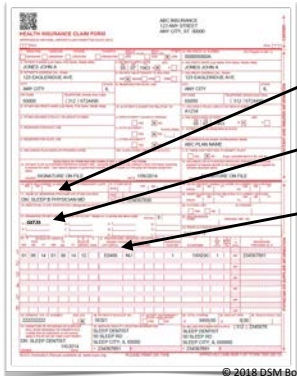
Durable Medical Equipment (DME)

Used to Reduce Upper Airway Collapsibility Custom

Fabricated (included 90 days of fitting and adjustments)

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MEDICAL BILLING FACTS:



Oral appliance for OSA must be Ordered by physician


ICD- Obstructive Sleep Apnea OSA G47.33

CPT- Oral Appliance E0486 NU*

* New appliance as opposed to used Durable Medical Equipment (DME)

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DOCUMENTATION




Sleep Study Report
Medical Diagnosis

Written Prescription from Physician

Medical Records
SOAP Report

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MEDICAL BILLING STEPS:

- ① Establish Medical Necessity
- ② Verify Benefit Eligibility
- ③ Prepare Claim & Submit
- ④ Track Claim & Post

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OSA MEDICAL CODES



Procedures

Description	ICD	CPT
Non-Diagnosed Patient Evaluation	N/A	N/A
Diagnosed Patient Evaluation	G47.33	99201, 99202, 99203
Records for Durable Medical Equipment (DME)	G47.33	70355 Pano
Insertion of DME (oral appliance)	G47.33	E0486
Follow Up	G47.33	99211, 99212, 99213
Home Sleep Tests	G47.33	95806
Repair of DME	G47.33	L4210, L4205
Nasal Guidance (MaxAirNoseCones.com)	N/A	N/A

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EVALUATION AND MANAGEMENT

E/M coding is the process by which physician-patient encounters are translated into five digit CPT® codes to facilitate billing. CPT stands for “current procedural terminology.”

Office Visits Based on 4 Criteria

1. **History** (3 components/4 levels)
2. **Examination** (3 types/2 components/4 levels)
3. **Medical Decision Making** (3 components)
4. **Counseling & Coordination of Care** (1 component)



E & M Codes

Established Patient 9921_

CPT code	Time in minutes	Requirements
99211	5	SOAP note <input checked="" type="checkbox"/>
99212	10	Problem focused HPI <input checked="" type="checkbox"/> Problem focused Exam Straightforward medical-decision making
99213	15	Expanded problem focused HPI Expanded problem focused Exam Low complexity medical decision-making
99214	25	Detailed HPI Detailed Exam Moderate complexity medical decision-making
99215	40	Comprehensive HPI Comprehensive Exam High complexity medical decision-making

E & M Codes

New Patient 9920_		
CPT code	Time in minutes	Requirements
99201	10	Problem focused HPI Problem focused Exam <input checked="" type="checkbox"/> Straightforward medical decision-making
99202	20	Expanded problem focused HPI Expanded problem focused Exam <input checked="" type="checkbox"/> Straightforward medical decision-making
99203	30	Detailed HPI <input checked="" type="checkbox"/> Detailed Exam <input checked="" type="checkbox"/> Low complexity medical decision-making
99204	45	Comprehensive HPI Comprehensive Exam Moderate complexity medical decision-making
99205	60	Comprehensive HPI Comprehensive Exam High complexity medical decision-making

PHYSICIAN RELATIONS

Orders Sleep Test

Interprets Study

Written Rx

Medical Conditions

Oversees Care



You

**Say More
About Me**

From Jim Pride:

**Benefit Statements
Enhance Communication**

B + P + F

Benefit + Procedure + Features

“So that you can do a proper diagnosis of this patient I've screened in my dental office, can I refer them to your office? ”

Their STOP-BANG was 4 and ESS 12.”

Don't Call Asking for Referrals for MAD Call Bearing Gifts

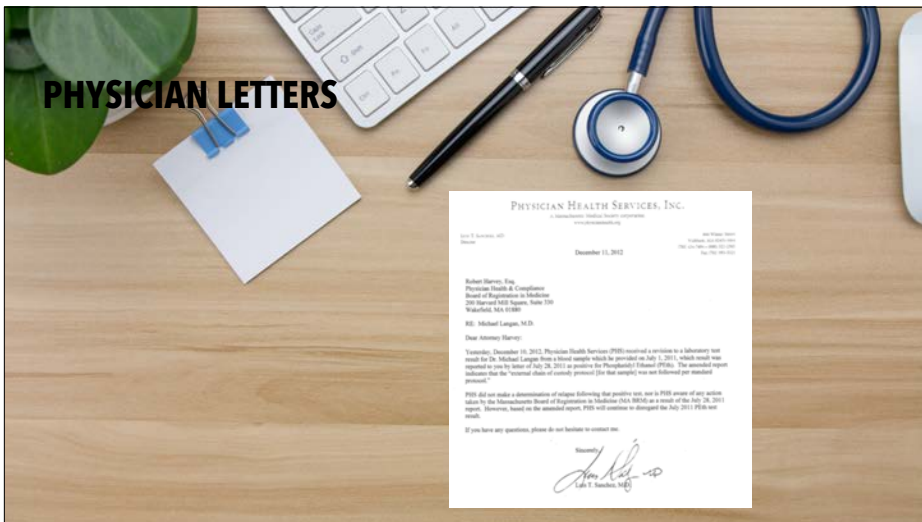


After the referral Docs want to know...

- Did you see my patient?
- What was their decision regarding treatment?
- Where are they in the treatment sequence?
- When will the MD see the patient again?



PHYSICIAN LETTERS



CREATE SYSTEMS

Diagnosed OSA

Non- Diagnosed OSA



- START**
- PHONE INQUIRIES
 - SCREENING FORMS
 - NEW PATIENT EXAMS
 - HYGIENE VISITS
 - PHYSICIAN REFERRALS
- COMMUNICATION

Organizing Your Practice

Do you need a Specialized Software Package?

Dental vs. Medical Notes

Software Driven
No One Checks

GIGO

- Very Specific
- Defined Terms
- Two Codes
- Audits
- Sets Up Payment

Thinking Dental, Acting Medical

Dental

Production

Daily Goals

Code-Driven

Ongoing Revenue

Collection %

Medical

Encounters

Patient Count

E&M

Upfront Revenue

Global Assessment

How Many Visits?

Initial Consultation

Records

Delivery

First Follow-up

Efficacy

6 month or Annual

How Many Visits

Do You Get Paid For?

1. Initial Consultation

Records

3. Delivery

First Follow-up

Efficacy

6. 6 month or Annual

1. Initial Consultation

Records

3. Delivery

First Follow-up

Efficacy

6. 6 month or Annual

MD Letters

Requesting MD notes

Sleep Studies

Benefit Checks

Pre-Authorizations

Lab Communications

Admin Time



History

S - What the Patient Reports



Physical Examination

O - What you Find



Medical Decision Making

A - What You Decide

P - What You Prescribe

The Medical Encounter

5 Steps

Check-In - Intake - Exam - Sign-Off - Checkout



Check In

Insurance Card

Verify Benefits

Online Resources



The Physical Exam

Not much more than what you do now

Add Airway Details



Physical Exam Checklist

Three vital signs	Inspection of conjunctiva and eyelids
General appearance	Examination of gait and station
Inspection of lips teeth and gums	Inspection of skin and subcutaneous tissues
Examination of oropharynx, oral mucosa	Assessment of range of motion
Examination of neck	Description of patient's judgment and insight
Orientation x3	Assessment of nasal mucosa, septum, and turbinates

Action You Can Take

Create a Template, Form, or Page

Chief Complaint

Physical Exam and Medical Decision-Making

Procedure

Evaluation and Management

Durable Medical Equipment

Evaluation and Management

9920x 1 - 5 for New Patients

9921x 1 - 5 for Existing Patients

Evaluation and Management

Level 1: no doctor

5 Levels

Level 2: doctor involved

Level 3: detailed

Evaluation and Management

Level 4: very detailed documentation

Level 5: not possible for dentists

Durable Medical Equipment



E0486



Sign -Off and Checkout

The Doctor must sign all notes

Collections, Future Appointments

Action Items

Create Your "Why"
Involve Your Team
Choose your Screening Plan

Action Items

Involve Your Team -
Create a Task Force
Decide on Specialized vs.
Existing Software

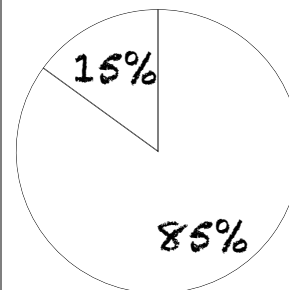
Action Items

Decide on Medical Billing or
Cash Practice

(There are billing services to help you)

Make It About the Patient

Most Important Fact



Only 15% of
patients at risk
are diagnosed

Each Year

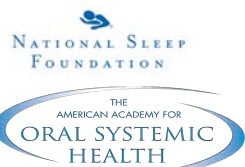
1,700,000 PAP sold

820,000 PAP abandoned

110,000 claims for E0486



Are You a Joiner?



Steve's Suggestions



AASM.org

AADSM.org

Airwayhealth.org



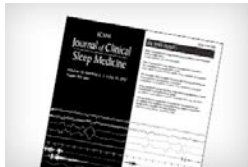
Aapmd.org

Keeping Up with Education

PubMed Results for search: Sleep Apnea
2018: 2836

2019: 2016 as of August 1st

Amazon Results for search
'Sleep textbooks': >1000



COLLABORATION CURES

October 17-19, 2019
Nashville, TN



DDSs, MDs, PTs, and other Healthcare Practitioners

Learn more about Airway / Sleep and Dentistry

What practitioners of different disciplines do

Why, When, and How to Collaboration Effectively

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6 Learning Tracks
One Registration Provides
Access to All
Presentations
Workshops, Receptions,
90+ Exhibitors

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Airway Health

A New Challenge for Your Team

A New Life for Your Patients



You Can't Unlearn This These Are Your Patients

What Are You Going To Do?

GO HOME AND HELP THEM!



Steve Carstensen DDS

Diplomate, American Board of Dental Sleep Medicine

SeattleSleepEducation.com

SeattleSleepEd@gmail.com