


Wisconsin Sleep Society Annual Conference



The Business of Dental Sleep Medicine

Reimbursement Guide for Oral Appliance Therapy for Obstructive Sleep Apnea

American Academy of Dental Sleep Medicine



DSM reimbursement 101 from soup to nuts

- The following comments/recommendations do not represent an official position by the Wisconsin Sleep Society
- The comments herein are a compilation of observations and consequent recommendations from my own personal experience and that of numerous dental offices involved in providing DSM therapy.
- There are a number of consultants who specialize in medical reimbursement for DSM and I recommend that the dental office new to DSM consider employing such services for the first year or so of providing treatment of the nature

This is MEDICAL people, and we are DENTAL, so we need a little help at first.

CMS 1500 Form

- Standard paper claim form used to submitted to a payer requesting reimbursement to a provider
- Claims may be submitted electronically using the same information submitted on the paper 1500 claim form

When you are just getting started, consider a Medical Billing service for the 1st year.

RECOGNIZED INDUSTRY LEADERS IN DENTAL MEDICAL BILLING SLEEP SYSTEMS • 866.602.6550 • TALK TO OUR EXPERTS TODAY

THE DEADLINE TO COMPLY WITH AFFORDABLE HEALTHCARE ACT APPROACHING • CLICK FOR IMPORTANT INFORMATION

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WE'VE GOT YOU COVERED

FROM A TO PAID.

www.medicalbillingfordentists.com

When you are just getting started, consider a Medical Billing service for the 1st year.



www.niermanpm.com

When you are just getting started, consider a Medical Billing service for the 1st year.



www.dentalleepsolutions.com

There is no debate: these things work!



Ramar, K., et al. "Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015." Journal of Dental Sleep Medicine 2.3 (2015): 71-125.

Summary

- OATs may be effective in improving sleep parameters and outcomes of OSA, and there is little likelihood of harm.
- Although they are not as effective as PAP therapy, the benefits of using OAs outweigh risks of not using OAs.
- Thus, a **"STANDARD"** strength of recommendation to use OAs was provided



"GRADING" Scheme: Assigning Strength of Recommendations

Term	Definition
Standard	This is a generally accepted patient-care strategy that reflects a high degree of clinical certainty and generally implies the use of Level 1 evidence, or overwhelming Level 2 evidence.
Guideline	This is a patient-care strategy that reflects a moderate degree of clinical certainty and implies the use of Level 2 evidence or a consensus of Level 3 evidence.
Option	This is a patient-care strategy that reflects uncertain clinical use and implies either inconclusive or conflicting evidence or conflicting expert opinion.



Recommendations: Summary

1. We recommend that sleep physicians prescribe oral appliances, rather than no therapy, for adult patients **who request treatment** of primary snoring (without obstructive sleep apnea). **(STANDARD)**
2. When oral appliance therapy is prescribed by a sleep physician for an adult patient with obstructive sleep apnea, we suggest that a qualified dentist use a custom, titratable appliance over non-custom oral devices. **(GUIDELINE)**
3. We recommend that sleep physicians consider prescription of oral appliances, rather than no treatment, for adult patients with obstructive sleep apnea who are intolerant of CPAP therapy or prefer alternate therapy. **(STANDARD)**



Ramsey K, Datt LC, Kohn SB, Lettner CJ, Hamed CG, Thomas SM, Chrousos RP. Clinical practice guidelines for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015. *J Clin Sleep Med* 2015; 11(7):773-83.7.

Recommendations (cont.):

- 4. We suggest that qualified dentists provide oversight—rather than no follow-up—of oral appliance therapy in adult patients with obstructive sleep apnea, to survey for dental-related side effects or occlusal changes and reduce their incidence. (GUIDELINE)
- 5. We suggest that sleep physicians conduct follow-up sleep testing to improve or confirm treatment efficacy, rather than conduct follow-up without sleep testing, for patients fitted with oral appliances. (GUIDELINE)
- 6. We suggest that sleep physicians and qualified dentists instruct adult patients treated with oral appliances for obstructive sleep apnea to return for periodic office visits—as opposed to no follow-up—with a qualified dentist and a sleep physician. (GUIDELINE)

Ramark K, Durr LG, Hu YG, Jethani J, Hamed G, Thomas SM, Chervin RD. Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: update for 2015. J Clin Sleep Med 2015;11(17):773-827.

Getting paid: Insurance Basics

2 Types of codes used for medical insurance

1. DIAGNOSIS CODES:

ICD-10: (International Classification of Diseases) – “what’s broken”

2. TREATMENT CODES:

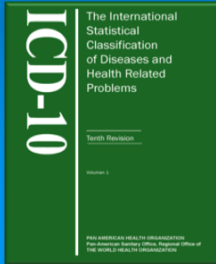
CPT: (Current Procedural Terminology) – “What you did to fix it”

Medicare Writes the Rules

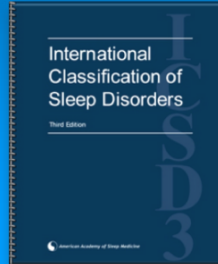


Must-have references

International Classification of Diseases: 10th Revision (ICD-10)



International Classification of Sleep Disorders: 3rd Edition (ICSD-3)



Procedural Coding Manuals

Current Procedural Terminology (CPT)



Health Care Common Procedural Coding System (HCPCS, Level II)



Diagnosis Codes

- The most common billable diagnostic code for DSM cases:
 - **G47.33** : "Obstructive Sleep Apnea w/ Hypersomnia"
- Another common billable diagnostic code for DSM cases if using Acoustic Reflection is:
 - **Q38.2** : "Macroglossia"
- You can put up to 4 ICD codes on the claim form always put G47.33 first, as the primary diagnosis

Medical Terms Frequently Encountered

- Obstructive Sleep Apnea (OSA)
- Apnea & Hypopnea (A) (H)
- Apnea-Hypopnea Index (AHI)
- Polysomnogram (PSG)
 - Diagnostic
 - Split Night Study with CPAP Titration
- Home Sleep (Apnea) Test (HSAT, aka: HST)



Insurance Terms Frequently Encountered

- **Premium**
The fee paid to maintain the health insurance and is paid monthly or annually
- **Deductible**
An additional cost that the policy holder will also incur.
Set amount the insured person must pay before the benefits of the policy start
- **Copayment or Coinsurance**
Costs charged to the policy holder for office visits and other services



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Insurance Terms Frequently Encountered

Pre-certification

Process of confirming with an insurer that a test or procedure is a covered service paid for by the insurer

Pre -Authorization

Process of confirming with an insurer about a covered service an whether or not it is considered medically necessary for the patient

Pre-Determination

Process of determining how much an insurer will pay for a given test or procedure



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Effective July 1, 2012 the accepted coding for Oral Appliances used for the treatment of Obstructive Sleep Apnea (OAOSA) is E0486.

- Only oral appliances used for the treatment of obstructive sleep apnea (OSA) that fulfill the definition of durable medical equipment (DME) are eligible for Medicare reimbursement by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs)
- **Definition of Durable Medical Equipment (DME):**
 - is any equipment that provides therapeutic benefits to a patient in need because of certain medical conditions and/or illnesses.



www.dmeptac.com/resources/articles/2012/07_12_12.html



So, what is required for an OAT to fulfill the criteria of a DME (E0486)?

1. Code E0486 may only be used for custom fabricated mandibular advancement devices
2. Have a fixed mechanical hinge (see below) at the sides, front or palate
3. Be able to protrude the mandible beyond the front teeth when adjusted to maximum protrusion
4. Incorporate a mechanism that allows the mandible to be easily advanced by the beneficiary in increments of one millimeter or less



www.dmeptac.com/resources/articles/2012/07_12_12.html

DME (E0486) cont.

- Retain the adjustment setting when removed from the mouth, and
- Maintain the adjusted mouth position during sleep, and
- Remain fixed in place during sleep so as to prevent dislodging the device, and
- Require no return dental visits beyond the initial 90-day fitting...in order to maintain effectiveness



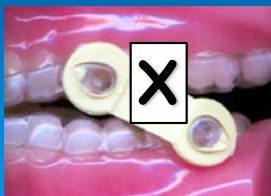
www.dmeptac.com/resources/articles/2012/07_12_12.html

"Fixed Mechanical Hinge at the sides"

Herbst (Mechanism)



EMA (Durometers)



- A fixed mechanical hinge: "a mechanical joint containing an inseparable pivot point."
- Interlocking flanges, tongue and groove mechanisms, hook and loop or hook and eye clasps, elastic straps or bands, etc. **do not meet this requirement**.

DSM REIMBURSEMENT STEP-BY-STEP

Screening* appointment w/ PSG on file:

- If PSG on file, verify benefits with patient's medical insurance
- ALL insurance companies will require authorization for oral appliance so **get the phone# for the authorization dept**
- Authorization cannot be done until *after* the screening* appointment
- Since PSG on file, schedule patient for follow-up appointment at least 2 weeks from screening appointment

DSM REIMBURSEMENT STEP-BY-STEP

- If PSG is NOT on file because it is never been done, you will need to make arrangements for a PSG or HST to be performed and scored.
- You will have to contact PCP for a formal request for PSG/HST to be performed
- After that has been arranged, you can essentially take over the management of the patient
- If you refer the patient to his/PCP to manage this, make certain that:
 - The patient is scheduled with your office to return for OAT
 - Inform the PCP that you would appreciate his/her office referring the patient back to you with the proper referral form * because the patient want to proceed with OAT
 - Allow a minimum of 6-8 weeks for the patient to have the PSG/HST – SCORING, and in some cases (Insurance company-specific), CPAP-trial/intolerance must be accomplished FIRST!

DSM REIMBURSEMENT STEP-BY-STEP

Contact insurance company to submit for authorization for oral appliance

- If no authorization is required for the oral appliance, ALWAYS ask to submit for a predetermination that way you have something in writing that the oral appliance is a covered benefit under the patient's policy

You will need to submit clinical information to the insurance company for their review.

- Include your request in writing, the PSG, office notes, affidavit for non-tolerance of CPAP (if applicable)
- Keep your fax confirmation & document patient's account.



DSM REIMBURSEMENT STEP-BY-STEP (CONT.)

- Once authorization has been received, contact patient to advise them of benefit coverage per their policy benefits and calculate an estimated due (out of pocket) portion

IF AUTHORIZATION IS DENIED

- If authorization has been denied, follow the denial letter to appeal
 - Peer to peer review
 - Letter of medical necessity from ordering doctor to support medical necessity

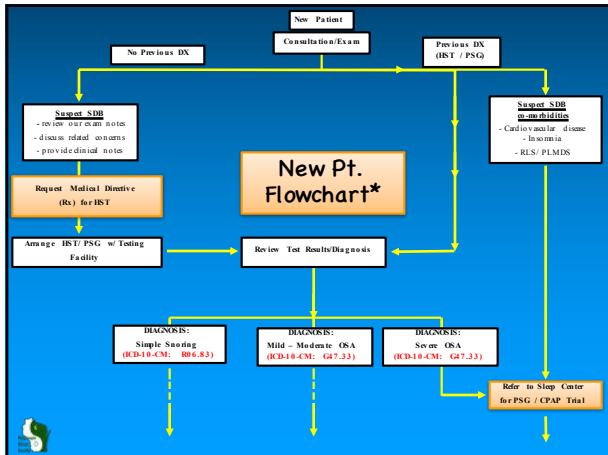


DSM REIMBURSEMENT STEP-BY-STEP

Member appeal

- Response from the insurance company for approval/denial of authorization is typically 2 weeks from date of submission- call them to f/u on the status
 - Some policies (which are written in the patient's benefits) may require use of CPAP prior to coverage of oral appliance
 - If a patient has tried a CPAP and failed, it is helpful to have the patient complete an affidavit of non-tolerance to CPAP at their first appointment.
 - This needs to be submitted to the insurance company when authorization has been initiated





Initial Sleep "Screening" Forms*

SCREENING (SNOBING) (SLEEP APNEA)

Name: _____ Date: _____

Request from (P/O): _____ No. of visits: _____ Other dx: _____

History: _____

Physical Exam: _____

Diagnosis: _____

Referral: _____

Next Review Date: YES NO

Next Visit Date: YES NO

Screening notes: _____

Dr: _____ Signature: _____

Sleep Apnea Risk Screening

Height: _____ Weight: _____

BP: _____ BMI: _____

Neck circumference: _____ inches

Palatal arch form: _____ normal _____ shallow _____ deep

Mandibular arch width: _____ normal _____ wide _____ narrow

Tongue & alveolar: _____ resting _____ protruding _____ large

Tongue: Anterior _____ medial _____ distal

Palatal: Anterior _____ medial _____ distal

Mouth: Sub. only _____ Upper _____ Lower _____ Incomplete _____ Other _____

Malocclusion: R M P P C C C C P P M M A

Tongue: Ret. _____ Mid. _____ Tip _____ No _____

Pharyngeal grade: I _____ II _____ III _____ IV _____

Sampson-Young Pharyngeal Grade

Gr. I Gr. II Gr. III Gr. IV

Mallampati Classification

Class I Class II Class III Class IV

Additional Vertical needed? _____ Y _____ N _____

Review of Systems*: Critical for higher level reimbursement!

YOUR SYSTEM

History of Present Illness

Review of Systems

Physical Exam

Diagnosis

Referral

Next Review Date

Next Visit Date

Screening notes

Dr: _____ Signature: _____

YOUR SYSTEM

History of Present Illness

Review of Systems

Physical Exam

Diagnosis

Referral

Next Review Date

Next Visit Date

Screening notes

Dr: _____ Signature: _____

YOUR SYSTEM

History of Present Illness

Review of Systems

Physical Exam

Diagnosis

Referral

Next Review Date

Next Visit Date

Screening notes

Dr: _____ Signature: _____

-
-
-
-
-
-

AFFIDAVIT OF CPAP INTOLERANCE*

Affidavit of Intolerance to CPAP
(Confession: Positive Air Pressure)

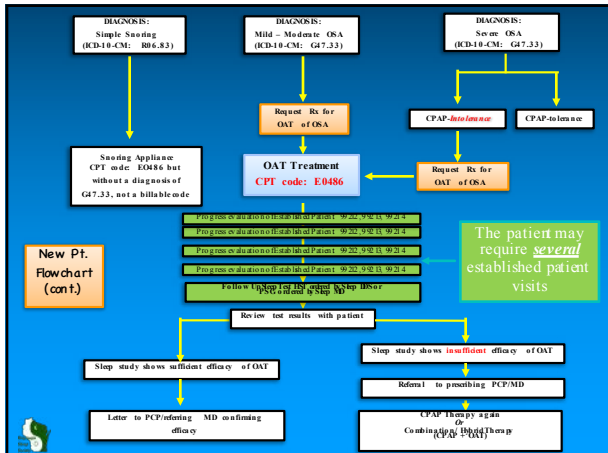
I have attempted to use nasal CPAP to manage my sleep disordered breathing (obstructive sleep apnea) but find it intolerable to use on a regular basis due to the following reason(s):

- CPAP is not effective in controlling my symptoms.
- I am unable to sleep with the CPAP equipment in place.
- The noise from the device disturbs my sleep or my bed partner's sleep.
- I cannot find a comfortable mask.
- The mask leaks.
- I develop rashes / blisters / sores / itchy skin lesions.
- I am allergic to materials in the mask and head straps.
- Claustrophobia
- I continuously remove the CPAP apparatus at night.
- The pressure of the mask and straps causes tissue breakdown.
- My job and/or lifestyle prevent this form of therapy (e.g. Active Army / National Guard duty)
- Prior thoracic surgery made CPAP intolerable.
- Other _____

Because of my inability to tolerate CPAP and my need to control the signs and symptoms of OSA, I wish to use an alternative method of treatment. This form of therapy is oral appliance therapy (OAT).

Sign: _____

Date: _____



Evaluation and Management

- Evaluation and Management (E&M) are CPT codes that describe services provided by dentists**

* Patient visits the dentist with an illness typically described as obstructive sleep apnea

* Dentist takes patient history, provides exam and determines if they are a candidate for oral appliance therapy

* Additional tests or procedures may require other additional codes

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Every visit warrants a charge -NO GLOBAL FEES-

DATE(S) OF SERVICE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	NOT COVERED
06/22/12	Established Pt Visit 99214	\$200.00	
06/22/12	Pharyngometry 92520	\$200.00	10-20 mins.
06/22/12	Rhinometry 92512	\$200.00	10-20 mins.
CONTROL # [REDACTED]		\$600.00	
SUBTOTAL:			

PAID TO PROVIDER	RISK CD	PATIENT RESP
\$180.00		
\$200.00	NB	
\$200.00	NB	
\$560.00		\$40.00
\$660.00		



Every visit warrants a charge -NO GLOBAL FEES-

aetna

Claim Status Information
 Claim Reference #: [REDACTED]

TIN: [REDACTED]
 RPT #: [REDACTED]
 Check or Trace Number: 0922-01617961
 Claim Amount Issued to Member:
 Claim Amount Issued to Provider: \$202.00
 Check Issue Date: May 26, 2014
 Clean Claim Date: May 26, 2014

Patient Name: [REDACTED]
 Address: [REDACTED]
 Claim ID: EP06450000
 Received Date: May 05, 2014
 Processed Date: May 27, 2014
 STATUS: Completed

Patient ID: [REDACTED]
 Member ID: [REDACTED]
 Medical Product: [REDACTED]
 Dental Product: DPVQ
 Medical Group Number: 03634-01-00011
 Dental Group Number: 13430-01-00101

Service Date	PL	Service Code	Units	Submitted Charge	Allowable / Reasonable Amount	Co-pay	Inductible	Co-insurance	Patient Resp	Provider Amt
03/24/2014	11	99214-25	1	\$300.00	\$181.00	\$0.00	\$0.00	\$119.00	\$119.00	\$144.00
03/24/2014	11	E0480-KX	1	\$6000.00	\$6000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5057.2
03/24/2014	11	E0480-KX	1	\$6000.00	\$6000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5057.2
TOTAL				\$12300.00	\$12181.00	\$0.00	\$0.00	\$119.00	\$119.00	\$10601.20

Summary:
 Total Patient Responsibility: \$10601.20
 Claim Amount Issued to Provider: \$512.00



Don't submit low fees!

PATIENT: [REDACTED]
 AGE: 44
 CLAIM NO: 000010108057430C

IDENTIFICATION NO: [REDACTED]
 PATIENT NO: PA001

FROM / TO DATES	PROC PS** TSK CODE	AMOUNT BILLED	AMOUNT PAID	DEDUCTIONS/OTHER INELIGIBLE	SERVICES NOT COVERED
12/29/12-12/29/12	03 99R E0466	2,559.00	2,559.00	0.00	0.00



- It's good that it was paid, but they would have likely paid more.
- Insurance companies typically adjust every fee down to an "allowable" amount
- If they pay 100% of a fee you bill it means their allowable was more than what you billed

Some will be more, some will be less

DATE(S)	DESCRIPTION OF SERVICES	AMOUNT CHARGED	NOT COVERED	PROVIDER DISCOUNT	AMOUNT ALLOWED	Deduct	COPAY	PLAN COW	PAID TO PROVIDER	RISK CD	PATIENT ID
02/22/15	MEDICAL SUPPLIES	\$5,600.00			\$5,500.00			100%	\$5,500.00		
03/22/15	99211	\$140.00	\$100.00						\$0.00		
05/22/15	65612	\$100.00			\$100.00			100%	\$100.00		

PLEASE SEE NEXT PAGE FOR MORE INFORMATION
Page 1 of 3

STD - EO-3-890062039-08141116

Page 1 of 3

[illegible]

PH 72733935

DATE: 03/26/12

PAY \$*5,870.00***

PA

Anthem  Blue Cross

Blue Cross

ISSUE DATE
02/26/2013

PAGE 1 of 1

1 of 1

PATIENT'S NAME: [REDACTED]

SERVICE DATE: 01/25/2013-01/25/2013

TOTAL BILLED: \$6,660.00

CLAIM STATUS: Finalized

PROVIDER OF SERVICES: \$6.60

PLACE OF SERVICE: Office

PATIENT ACCOUNT NUMBER: NONE

SEQUENCE NUMBER:

PROVIDER ID: [REDACTED]

IDENTIFICATION NUMBER: [REDACTED]

GROUP NUMBER: XXXXXXXXXX

PRODUCT: Prudent Buyer Incentive

CLAIM PROCESSED DATE: 02/23/2013

CLAIM NUMBER: [REDACTED]

Amount Paid: \$5,277.14 To: [REDACTED]
Check Number: [REDACTED] Check Amount: \$5,277.14

Check Number: XXXXXXXXXX Check Amount: \$5,277.14

Service Dates	Type of Service	Total Billed	Patient Savings/ Mgt	Applied to Deductible	Coinurance/ Copayment Amount	Other Amount/ Mgt	Payment Amount
01/25/2013	Office Visit	\$160.00	\$0.00	\$0.00	\$30.00	\$27.86	\$102.14
01/25/2013	Oxygen/Respir	\$6,500.00	\$0.00	\$750.00/03	\$575.00/04	\$0.00	\$5,175.00
TOTAL THIS CLAIM:		\$6,660.00	\$0.00	\$750.00	\$605.00	\$27.86	\$5,277.14

TOTAL THIS CLAIM:	\$6,600.00	\$0.00	\$750.00	\$605.00	\$27.86	\$5,277.14
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If you are *not* in network, you have to bill a sufficient amount until you learn what they will pay!

NOV-06-2013 23:07 From:

To:1600003051

Page:2/3

United HealthCare Services, Inc.
GREENSBORO SERVICE CENTER
PO BOX 740802
ATLANTA, GA 30374-0802
PHONE: 1-877-642-3210

10-11164727000304-PM-12352-1207Co)ASOR-QATOPS
57D-57E

UnitedHealthcare®

United with Drug Company

DATE: 10/29/13

724

GROUP NUMBER:

GROUP NAME

CHECK NUMBER:
CHECK AMOUNT: \$6,500.00

**PROVIDER
EXPLANATION OF
BENEFITS**

UHC was billed for \$6500 and they paid \$6500!
Again, what might this indicate?

PATIENT											
MEMBER NAME:				CONTROL NUMBER:							
MEMBER ID:				DATE RECEIVED: 10/18/13							
PRODUCT:				PROVIDER OF SERVICE:							
PATIENT ACCOUNT:											
DATE OF SERVICE	DESCRIPTION OF SERVICES	AMOUNT CHARGED	NOT COVERED	PROVIDER DISCOUNT	AMOUNT ALLOWED	DEDUCT	COPAY	PLAN CSM	PAID TO PROVIDER	DATE	PATIENT RESP
10/14/13	MEDICAL SUPPLIES	\$6500.00			\$6500.00			100%	\$6500.00		
	CONTROL # 421170090001	\$6500.00			\$6500.00				\$6500.00		\$0.00
	SUBTOTAL										
TOTAL PAYABLE TO PROVIDER									\$6500.00		

Page 2 of 3

If you are *not* in network, you have to bill a
sufficient amount until you learn what they will pay!

Patient Name: [REDACTED]			DOB: [REDACTED]		Appt Nbr: 22058		Group: 062509	
Claim ID: 123456789								
SERVICE DATE(S)	PROCEDURE NUMBER	UNITS OF SERVICE	BILLED AMOUNT	ALLOWED AMOUNT	NOT ALLOWED AMOUNT	DEDUCTIBLE AMOUNT	COINSURANCE CO-PAYMENT AMOUNT	CLAIMS PAYMENT
09/26/13	ED444	001	\$9,000.00	0.00	2,700.00101			\$6,300.00
TOTAL THIS CLAIM			\$9,000.00	0.00	2,700.00	0.00	0.00	\$6,300.00

Administered on behalf of Anthem Blue Cross Life and Health Insurance Company

FOR INFORMATION CALL: 800-637-6869

Codes & Fees for a typical case

Initial Consultation/Evaluation (1 hour) @ N/C
 Comprehensive Exam (1 hour) 99214
 • Tomographic film (with interpretation) 76102
 • Cephalometric film 70350
 • Panoramic film 70355

Appliance Delivery (45 minutes)
 Oral Appliance E0486
 Established Patient Visit 99213
 Follow-up Care Office Visits (30 minutes)
 1 week check-up @ N/C
 1 month Established Patient Visit (30 minutes) 99213
 3 month Established Patient Visit (30 minutes) 99213
 6 month Established Patient Visit (30 minutes) 99213
 12 month Established Patient Visit (30 minutes) 99213
 Annual Established Patient Visits (30 minutes) 99213