Why Every Dental Practice Needs to Implement Sleep Medicine
By: Crystal May

Speaker Disclosure
Crystal May has been paid an honorarium by Henry Schein One to teach a continuing dental education session at this conference.
Crystal May
COO at Devdent

Medical Billing
All specialties

Dentistry
Found my passion and saw the medical billing potential

Sleep
Saw the future of dentistry and created a successful process

Build and Share
Developed tools to share my knowledge with the industry

Conflicts of Interest

• I am the COO and co-founder of Devdent
• I am the co-developer of Imagn Sleep and Imagn Billing Software
• I do not own any other products that will be discussed
• I am not compensated for the sale of any other products that will be discussed
Why Sleep Treatment in Dentistry?

OVER 50% OF THE SYMPTOMS OF SLEEP DISORDERS SHOW UP IN THE MOUTH

No other profession can impress or deliver oral appliances

Dentists are seeing the public - 65% of adults saw a dentist last year

Dentists are the ones evaluating above the shoulders

Dentists deliver the most cost-effective, conservative care

AADSM and AASM recommend oral appliances for OSA treatment

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

GLENDALE, Oct. 23— 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 2016 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.
“Sleep is that golden chain that ties health and our bodies together.”

Thomas Dekker

The Basics of Health

We know how to do two of these better

Sleep

Diet

Exercise

Stages of Sleep:
- Light Sleep - 50%
- Deep Sleep - 25%
- REM Sleep - 25%

Deep Sleep:
- Hormones regulate
- Immune system repairs
- Energy is restored
- Appetite is regulated

REM Sleep:
- Cognitive function
- Memories organized
- Alzheimer’s protein
- Mood is regulated
- Dreaming
- Body is paralyzed

It’s More than Sleep - It’s Quality of Life
What Affects Sleep

Arousals – Interruptions in sleep
- Pain
- Noise
- Temperature
- Breathing – poor airway
- Medications
- Bed partner

Sleep Fragmentation:
- Arousals break the sleep cycle
- Brain can never organize memories
- Hormones can’t regulate
- Mood and behavior are altered
- Body can’t recharge

What is Sleep Apnea?

Sleep Apnea Cycle = One Incident

Oxygen Desaturation of 4%+ for 10+ Seconds
Severity Of Sleep Apnea Using AHI

\[ \frac{\text{Apneas + Hypopneas}}{\text{Hours Of Sleep}} = \text{AHI (Apnea Hypopnea Index)} \]

- **5-14** Mild
- **15-29** Moderate
- **30+** Severe

Number Of Incidents Per Hour

Resistance in Breathing While Sleeping

RERA Cycle = Incident

- Sleep
- Apnea Effort
  - Pleural pressure $\Delta$
  - Sympathetic activation
- Arousal

Ventilation

No Oxygen Desaturation Disruption in Sleep Architecture
Severity of Sleep Apnea Using RDI

\[
\frac{\text{AHI} + \text{RERA}}{\text{Hours Of Sleep}} = \text{RDI (Respiratory Disturbance Index)}
\]

- **5-14** Mild
- **15-29** Moderate
- **30+** Severe

Number Of Incidents Per Hour

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Sleep Apnea Incident
3 Types of Sleep Apnea

**OBSTRUCTIVE**
Most common type of apnea. Occurs when the airway collapses or is blocked, typically caused by the tongue falling back as the muscles relax during sleep. Weight, oral anatomy and gender have an impact as well. Treatment can be CPAP and/or Oral Appliance, but without an appliance, Bruxism and arousals still interfere with the sleep cycle.

**CENTRAL**
Occurs because the brain doesn’t send proper signals to the muscles that control breathing. Treatment is typically CPAP. Addition of an oral appliance can increase sleep quality.

**COMPLEX**
A combination of Central and Obstructive. Treatment is typically a CPAP. Addition of an oral appliance can increase sleep quality and decrease CPAP pressure.

Oral appliances are indicated for use with patients with mild to moderate OSA who prefer them to continuous positive airway pressure (CPAP) therapy, or who do not respond to, or are not appropriate candidates for, or fail treatment attempts with CPAP. No treatment is not an option.

AASM - Oral appliance practice parameters.

Obstructive Sleep Apnea - OSA

**Non-Obstructed Airway**
While asleep, muscles retain their tone, and the lower jaw and tongue fall backwards, but not enough to block the airway. Ruling out SDB does not mean that no other sleep disorders are present.

**Obstructed Airway**
SDB: While asleep, muscles relax and the lower jaw and tongue fall backwards. This causes the airway to collapse or become blocked, known as an obstruction. This results in oxygen desaturation, interruption of sleep, and adverse effects on the cardiovascular system.
The Downword Spiral of Health

“A superior doctor **prevents** sickness; A mediocre doctor **attends** to impending sickness; An inferior doctor **treats** sickness.”

Poor Sleep Affects Health

- **77%** have hypertension
- **76%** have congestive heart failure
- **90%** more likely to have a stroke
- **87%** report poor sleep
- **80%** report loud snoring
- **61%** of obese people develop OSA
- **80%** have sexual dysfunction
- **38%** have heart disease
- **30%** are more likely to suffer sudden death
- **58%** have cardiac arrhythmia
- **25%** have coronary artery disease
- **30%** have congestive heart failure
- **48%** have nocturia
- **80%** have sexual dysfunction
Top 10 Leading Causes of Death in the US

1. Heart Disease
2. Cancer
3. Accidents
4. Chronic Respiratory Disease
5. Stroke
6. Alzheimer’s Disease
7. Diabetes
8. Influenza/pneumonia
9. Nephritis
10. Suicide

Alzheimer’s Disease

Tied with a large number of negative health outcomes — including heightened risk of heart attack and type 2 diabetes — obstructive sleep apnea may also be linked to an increased risk of Alzheimer’s disease in the older population, new research suggests.

The study which was published in the American Journal of Respiratory and Critical Care Medicine, shows that older people affected by obstructive sleep apnea have higher levels of amyloid beta, the peptides involved in the brain plaque buildup that is characteristic of Alzheimer’s disease.

Medical News Today Published Friday 10 November 2017
Sleep and Pregnancy

Hormones - increase mucous membrane of upper airway that becomes congested and increases the likelihood of OSA

One study shows patients with OSA are up to 3X more likely to require a C-section and have their babies require NICU treatment, often for breathing problems.

Another study of 148 pregnant women—some with sleep apnea, some snorers, and some in a healthy control group—to show the correlation between these conditions and normoblastemia - oxygen shortage of a fetus. Using placental slides, 6% of the control group showed evidence of normoblastemia in comparison to 35% of snorers and 57% of sleep apnea sufferers.

OSA during pregnancy increases the risk of:
- Hypertension
- Headaches
- Stroke
- Obesity
- Gestational diabetes
- Depression
- Heart failure
- Preeclampsia
- Low birthweight babies

Opioid Epidemic

How the Epidemic of Drug Overdose Deaths Rippled Across America

Overdose deaths per 100,000

- 4
- 6
- 8
- 10
- 12
- 14
- 16
- 18
- 20

1. Asthma  
2. Type 2 Diabetes  
3. High Blood Pressure  
4. Chronic Pain  
5. Liver Disease  
6. Psychiatric Care  
7. Acid Reflux  
8. Weight Gain  
9. Snore  
10. Chest Pains  
11. Cold Sores  
12. FM HX of Sleep Apnea  
13. Headaches  
14. Daytime Tiredness  

Actual Patient

The Dentist Role In The Sleep Market

$32.4 billion in sales
Understanding The Medical System

General Practice MD
- Have very little training in sleep
- Get no monetary benefit for in lab testing or CPAP
- Often have no formal screening protocol, even within pain clinics
- Are generally unaware of Oral Appliances and the treatment options for their patients for both bruxism and OSA
- Have been surprisingly open to the idea of dentists getting involved
- We are not competing with them, but helping fill a **HUGE** need

Current Medical Process

- See MD with sleep concern
  - $Office Visit
- If split night not complete,
  - 2nd PSG for CPAP titration
  - $2000 for Tipitation PSG
- Evaluate for 12 months
  - CPAP can be denied by insurance if not compliant.
  - $Office Visits (3-4)
- Referred to Sleep Specialist or Lab. Screen for PSG
  - $Office Visit
- Referred to DME Company for CPAP or equivalent
  - $2000 - $6000 for CPAP
- Follow up with Specialist
  - $Office Visit
- PSG, if apnea (15+) in first 2 hours, start split night
  - $2000 + for PSG
- Replacement supplies, every 3 months - Indefinitely
  - $1700 Annual
- $Office Visits

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CPAP Treatment

It’s estimated that up to 83% of CPAP users are non-compliant.

Compliance is considered 4 hours a night, 4 out of 7 nights a week.

Dental Process

See DDS for hygn or NP, take sleep screening
Included in dental exam

If needed, HST sent home with patient
$150-$350 – Same Day

Results sent electronically to specialist for diagnosis
(48 hours)

DDS sees pt for consult to review results and tx options

Oral Appliance – impression, delivery and titration
$1500 – $3000 for OAT

Efficacy HST to confirm success in treatment
No added $ to pt

CPAP – Refer to PCP Usually no additional test
$ Office Visit
Dental Sleep Medicine Workflow

- SCREEN
- SLEEP TEST
- FINANCIAL PRESENTATION
- TREATMENT
- DELIVERY
- POST-OP CARE

Screening Is The Key To Success
How to Identify Sleep Disorders in your Patients
It all starts with Medical History

**Medical History**
- Stroke
- Diabetes
- Hypertension
- Acid Reflux
- Headaches
- Thyroid Problems
- Chronic Pain

**Sleep Specific**
- Irritable
- Change in Mood
- Memory Loss
- Neck Size
- Age and Gender
- BMI – Weight Gain
- Pregnancy
- Daytime Tiredness
- Snoring
- Gasping for Air
- Morning Headaches
- Awakening
- Insomnia
- Sleep Deprivation
- Difficulty Staying Asleep

Imagn Sleep Screening Tool

Imagn Sleep Screening
- Effective at screening for all severities of sleep disorders like OSA.
- Takes into consideration medical history, gender, age, BMI and sleep specific questions.
- Auto-calculates based off the medical correlation.
How to Identify Sleep Disorders in your Patients
Evaluating Above the Shoulders

**Indicators**
- Damaged Teeth
- Bone Loss
- Recession
- Abfractions
- Worn Teeth
- Retrognathic Mandible
- Tori
- Bicuspid Extractions
- Malocclusion
- Tongue Size
- Tonsil Size
- Posture
- Mallampati
- Hard Palate

**Symptoms**
- Tooth Pain
- Headaches
- Head and Neck Pain
- Jaw Pain or Popping
- TMD
- Dry Mouth
- Chapped Lips

Intra and Extra Oral Evaluation

**Soft Tissue**
- Tongue
  - Large
  - Small
  - Corrugated

**Oropharynx**
- Tonsils
- Mallampati

**Hard Palate**
- High
- Low

**Soft Palate**
- Long
- Inflamed

**Lingual Tori**
- Small
- Medium
- Large

**Extra Oral Exam**
- Jaw Relation
  - Sleep Mandibular Plane
  - Retrognathia
- Posture
  - Head Forward
- Neck
  - Short
  - Loose Skin
- TMJ
  - Clicking
  - Popping
  - Pain
  - Jaw Deviation
- Muscles Tender to Palpation
  - Masseter
  - SCM
  - Pterygoid
  - Temporals
  - Trigus
- Lips
  - Chapped
## BEARS Pediatric Screening Tool

<table>
<thead>
<tr>
<th>BEARS Component</th>
<th>Toddler/preschool (2-5 years)</th>
<th>School-aged (6-12 years)</th>
<th>Adolescent (13-18 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bedtime problems</td>
<td>Does your child have any problems going to bed? (P) Does your child have any problems at bedtime? (C) Do you have any problems falling asleep at bedtime? (C)</td>
<td>Does your child have any problems going to bed? (P) Does your child have any problems at bedtime? (C) Do you have any problems falling asleep at bedtime? (C)</td>
<td>Do you have any problems falling asleep at bedtime? (C)</td>
</tr>
<tr>
<td>2. Excessive daytime sleepiness</td>
<td>Does your child seem overtired or sleepy a lot during the day? Does she still take naps?</td>
<td>Does your child have difficulty waking in the morning, seem sleepy during the day or take naps? (P) Do you feel tired a lot? (C)</td>
<td>Do you feel sleepy a lot during the day? In school? While driving? (C)</td>
</tr>
<tr>
<td>3. Awakenings during the night</td>
<td>Does your child wake up a lot at night?</td>
<td>Does your child seem to wake up a lot at night? Any deepwalking or nightmares? (P) Do you wake up a lot at night? Have trouble getting back to sleep? (C)</td>
<td>Do you wake up a lot at night? Have trouble getting back to sleep? (C)</td>
</tr>
<tr>
<td>4. Regularity and duration of sleep</td>
<td>Does your child have a regular bedtime and wake time? What are they?</td>
<td>What time does your child go to bed and get up on school days? Weekends? Do you think he/she is getting enough sleep? (P)</td>
<td>What time do you usually go to bed on school nights? Weekends? How much sleep do you usually get? (C)</td>
</tr>
<tr>
<td>5. Snoring</td>
<td>Does your child snore a lot or have difficulty breathing at night?</td>
<td>Does your child have loud or nightly snoring or any breathing difficulties at night? (P)</td>
<td>Does your teenager snore loudly or nightly? (P)</td>
</tr>
</tbody>
</table>

**Keys:**
- **B** = bedtime problems
- **E** = excessive daytime sleepiness
- **A** = awakenings during the night
- **R** = regularity and duration of sleep
- **S** = snoring

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### What Shapes Our Anatomy?

**It's All About Tongue Position**

![Image of dental anatomy showing tongue position]
Mouth Breathing

Affects:

- Facial Growth and Development
- Sleep Quality
- Oxygen Saturation
- Speech
- Tooth Position and Crowding
- Behavior

The tongue has to be up and forward to develop the maxilla. If mouth is open, tongue can’t be in the correct position.

½ inch of open mouth, closes oropharynx 6 mm.
Mouth Breathing

- Introducing open cups as early as possible
- Develop the jaws before suture is formed
- We used to have room for 32 teeth

Pediatric Development

- If thumb sucking persists after the primary teeth have erupted, it can change the growth patterns of the jaw, and cause significant misalignment of the teeth.
- Open bite caused by thumb sucking
- Introducing open cups as early as possible
- Develop the jaws before suture is formed
- We used to have room for 32 teeth
Additional Evaluation Tool

- Airway Anatomy
- TMJ
- Tonsils and Adenoids
- 3D Anatomy
- Nasal Airway
- Panoramic
- Sinuses
- Medical Record

Dental Sleep Medicine Workflow

- SCREEN
- SLEEP TEST
- FINANCIAL PRESENTATION
- TREATMENT
- DELIVERY
- POST-OP CARE
Polysomnography (PSG), also called an in lab sleep study. Records your brain waves, the oxygen level in your blood, heart rate and breathing, as well as eye and leg movements during the study. 12 channels requiring a minimum of 22 wire attachments. EEG, EOG, EMG, ECG, Nasal Cannula, Belts, Pulse Ox and Sound Probe.

Home Sleep Test (HST) Records the oxygen level in your blood, heart rate, snoring and breathing. Some devices record sleep staging and bruxism. Uses 3-7 channels.

Devdent has a network of MD’s. Price varies from $40 - $120 per interpretation. This fee is usually included in the HST fee to the patient. Not required on efficacy.
Case Studies

38-Year-Old Male

6’ 5” 231 lbs. BMI 27.3  Medical History: Snoring and Frequent Headaches. Pt is a computer programmer, active lifestyle, and five young children. Seen regularly by his MD with no mention of his snoring, daytime tiredness, or routine headaches. Scored a 25 on the image Sleep scale. Completed a home sleep test, diagnosis of mild obstructive sleep apnea. AHI 8.5 and RDI 11.8. He would have gone untested and undiagnosed for years, probably until his condition was in the moderate to severe range. Treated with an oral appliance, efficacy test shows AHI 1.8 and RDI 3.9. Treatment reduced snoring, headaches, and increased energy and potentially prevented a lifetime of health conditions associated with OSA.

Obese and obviously unhealthy patients only make up about half of the apnea population. The average mild and moderate apnea patient has only a few symptoms.

Before and After
Case Studies

68-Year-Old Male

5’ 8” 165 lbs. BMI 25.1. Medical History: Hypertension, Acid Reflux and Snoring. Pt is small business owner and in relatively good shape. Seen regularly by his MD for management of his hypertension with medication. MD hasn’t mentioned his snoring, daytime tiredness or difficulty staying asleep. Scored a 38 on the imagi Sleep scale. Completed a home sleep test, diagnosed with severe obstructive sleep apnea. AHI 34.4 and RDI 35.3. He would have gone untreated and undiagnosed for years. Treated with an oral appliance, efficacy test shows AHI 6.2 and RDI 6.9.

Before and After
Case Studies

64-Year-Old Female
5' 3" 174 lbs. BMI 30.9
Medical History: Hypertension, Acid Reflux, Snoring and Daytime Tiredness. Pt is self employed and lives a fairly sedentary life style. Seen regularly by her MD for management of her hypertension with medication. MD hasn’t mentioned her snoring, daytime tiredness or acid reflux. Scored a 52 on the imag Sleep scale. Completed a home sleep test, diagnosed with severe obstructive sleep apnea. AHI 54.4 and RDI 54.4. She would have gone untested and undiagnosed for years. Treated with an oral appliance, efficacy test shows AHI 16.5 and RDI 17.4.

Before and After

<table>
<thead>
<tr>
<th>Sleep Study Report</th>
<th>Oxygen Saturation Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>Minimum: 94</td>
</tr>
<tr>
<td>Heart Rate (BPM)</td>
<td></td>
</tr>
<tr>
<td>Event Number</td>
<td>74</td>
</tr>
<tr>
<td>Total</td>
<td>22.4</td>
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<tr>
<td>Respiratory Indices</td>
<td></td>
</tr>
<tr>
<td>REM</td>
<td>NREM</td>
</tr>
<tr>
<td>pRDI:</td>
<td>50.9</td>
</tr>
<tr>
<td>pAHI:</td>
<td>50.4</td>
</tr>
<tr>
<td>ODI:</td>
<td>42.2</td>
</tr>
</tbody>
</table>

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<td></td>
</tr>
<tr>
<td>REM</td>
<td>NREM</td>
</tr>
<tr>
<td>pRDI:</td>
<td>45.7</td>
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<tr>
<td>pAHI:</td>
<td>45.0</td>
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<td>ODI:</td>
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What’s Your Profit?

<table>
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<tr>
<th>Home Sleep Test</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Revenue</td>
<td>$200</td>
</tr>
<tr>
<td>Disposable</td>
<td>-$10</td>
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<tr>
<td>Interpretation</td>
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<tr>
<td>Profit</td>
<td>$140</td>
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</table>

<table>
<thead>
<tr>
<th>Oral Appliance</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$2500</td>
</tr>
<tr>
<td>Lab Bill</td>
<td>-$300</td>
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<tr>
<td>Efficacy Test</td>
<td>-$10</td>
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<tr>
<td>Billing Fee</td>
<td>-$200</td>
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<tr>
<td>Profit</td>
<td>$1990</td>
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</tbody>
</table>

Monthly Revenue Per Case

<table>
<thead>
<tr>
<th>Cases Per Month</th>
<th>Home Sleep Test</th>
<th>Oral Appliance</th>
<th>Total Profit</th>
</tr>
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<tbody>
<tr>
<td>2</td>
<td>$280</td>
<td>$3980</td>
<td>$4260</td>
</tr>
<tr>
<td>5</td>
<td>$700</td>
<td>$9950</td>
<td>$10,650</td>
</tr>
<tr>
<td>10</td>
<td>$1400</td>
<td>$19,900</td>
<td>$21,300</td>
</tr>
</tbody>
</table>

EOB for Sleep Appliance

Billed for Sleep Apnea Appliance. Allowed $3000, Paid 95% = $2850
Billed for Sleep Apnea Appliance. Allowed $3000, Paid 100% = $3000

Billed: 5/18/19   Paid: 6/19/19

CPT: E0486 - Oral Appliance Therapy
Total Billed: $6500.00
Total Allowed: $3225.00
Total Paid to Provider: $1580.00
Approved Preauthorization on File
Billed: 3/15/19    Paid: 4/10/19

CPT: E0486 - Oral Appliance Therapy
Total Billed: $6500.00
Total Allowed: $1950.00
Total Paid to Provider: $1850.00
Approved Preauthorization on File

EOB for CBCT

Billed for CBCT. Allowed $300, Paid 100% = $300
What Can You Bill to Medical?

- Office Visits
- 3D Imaging
- Appliances
- Oral Surgery, Perio, Screenings and More
- Procedures Due to Trauma
What Can You Bill?

*Everything!* It’s not about the *what*, it’s all about the *why*.

If You Can Document Medical Necessity, Even Veneers Can be a Medically Covered Procedure.

6 Categories of Medical Billing

1. Exams & Radiographs
2. Screening & Diagnostic
3. Sleep & TMD
4. Trauma
5. Surgical & Laser Treatment
6. Systemic Relation
Why Bill Medical Insurance?

- **Increase** case acceptance by decreasing patient portion
- Leave dental benefits for **future** dental procedures
- Get **paid** for what you are doing
- Medical has no **maximums** or frequency limitations*
- **Separate** your practice from others

Why NOT Bill Medical Insurance

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Where to Start

- **Take a Course**
- **Clinical Training** – Learn the Basics
- **Train Your Team**
- **Online or Onsite Training**
- **Select a Software**
- **How will you screen, track and bill?**
- **Implement Sleep**
- **Sleep screening and protocols implemented.**

*Disclaimer: Medical insurance coverage and benefits may vary based on individual policies and cannot be guaranteed.
Solutions for Dentistry

**Education, Training and Implementation**
- Continuing Education
- On-site Team Training
- Coaching & Consulting
- Home Sleep Test
- Credentialing
- Marketing
- MD Networking

**Cloud-Based Sleep Software**
- Screening
- Tracking
- Forms & Letters
- Reports
- Medical Billing
- Electronic Signature
- Paperless Solution

**Medical Billing Software and Service**
- One-Click Billing
- Smart Coding
- VOB & Pre-Auths
- GAP Exceptions
- Claims
- Appeals

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**Implementation - First 30 Days**

**Screen**
Week 1 - Screen family and friends. Dr, hygienist, and assistants’ practice on each other.

**Sleep Test**
Week 2 - Test friends and family. Practice conversations about need for testing, how to use the machine, and reviewing results. Identify a few things from each test that stand out.

**TX Presentation**
Week 3 - Entire team has value for the service offered. All fees set, basic medical insurance understanding, and role play overcoming financial objections. Set any payment options or discount plans.

**Appliance**
Week 4 - Choose a lab partner and choose a few top appliances. Comfortable with delivery and titration. Set appliance goal for next 30 days, 10 appliances.
Dental Sleep Medicine Simplified.
By Joe Magness D.D.S. & Crystal May

Learn:
• The Dentist’s Role in Sleep
• Step-by-Step Implementation
• The Digital Workflow of DSM
• How to Get Paid
• PLUS: Complimentary Provider One-Night Sleep Test

www.devdent.com

Start Medical Billing and Boost Case Acceptance
By Laurie Owens CPC CPB

Learn:
• When to bill Medical Insurance
• What medical codes to use
• How to properly document
• The process and protocols for VOB, Pre-Auth, and Claims

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Thank You!

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Medical Billing for Dental Practices – Imagn Billing

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