

COMPREHENSIVE DENTAL CARE EMPHASIZING PREVENTION, RESTORATION, AESTHETICS

Insurance Documentation Suggestions for Oral Appliance Therapy

Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances were first established by the American Sleep Disorders Association March 5, 1995 then updated in 2005. They are published in their Journal Sleep, volume 29, number 2. The American Sleep Disorders Association now known as the American Academy of Sleep Medicine represents the specialty of sleep medicine; they are, therefore, the authority for setting for Standards of Care for Oral Appliance Therapy (OAT) in the treatment of snoring, obstructive sleep apnea and related disorders. It is of utmost importance to recognize that denial of insurance coverage for oral appliance therapy in the treatment of obstructive sleep apnea, when the indications for this treatment comply with those established in these parameters of care, unless this treatment is excluded from the insurance plan, is to deny a patient the standard of care. Such denial can have legal consequences for the insurance carrier.

State insurance commissions regulate the ability of an insurance company to conduct business in each state. Part of their role is to protect the consumer in situations where the insurance carrier is unreasonably or illegally impeding treatment coverage. The suggested documentation for seeking OAT coverage and reimbursement is designed to provide copies of the official parameters of care and other documents indicating that all indications for this treatment have been met. It is also critical to provide detailed documentation of treatment procedures, including narrative description of them, their related fees and codes (while not official medical codes for OAT, since they have not been established) developed by the Academy of Dental Sleep Medicine (ADSM), the international organization that represents dental profession members, in the US and abroad, who have special interest and training in this treatment.

Documentation for approval of coverage should include a copy of:

- 1. A <u>prescription for oral appliance therapy from the referring physician</u>. This must include the patient's name, their obstructive sleep apnea related diagnosis, a recommendation for <u>oral appliance therapy</u> as treatment to open the airway to aid breathing during sleep, and reason's for this recommendation. It should fit the indications of the practice parameters, and it should be able to serve as a <u>letter of necessity</u>.
- 2. The <u>actual documentation for this information</u> in the prescription, which can be found in the <u>sleep physician's</u> report/s on the sleep disorder diagnosis. The patient or the referring physician can contact the insurance carrier to determine whether a copy of this is required.
- 3. The first two pages of the actual <u>OAT Practice Parameters</u>. Circle and/or highlight the treatment indication category (page 3) that best applies to the patient.
- 4. The <u>treatment flow diagram</u> and the "<u>narrative of the treatment sequence</u>". These provide specific descriptions, codes and fees. The more generalized treatment flow diagram without fees or codes can also be included. All of these are in the information packet that has been provided Physically or in the Patient Information section of www.amstraussdds.com.