Medicare, Medical Insurance & OAT: How Important Is It?

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Speaker: JC Goodwin, DMD

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Quick Bio

- Public Health practice, 1984-87
- Private practice general dentistry, 1987-2011
- Dental Sleep Medicine practice since 2006 and full time since 2011.
- Have currently worked with > 1,700 OSA patients
- Full participating Medicare provider

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- It has been said that OSA may be the greatest public health challenge facing our health care system. National Sleep Awareness Project, Sept, 2014
- Greater than MI, stroke, diabetes, and related to all of them to one degree or another.
- Affecting maybe 50% of us over the age of 55. Apneos estimates 40 million affected or 16% of total population.
- Undiagnosed moderate-severe OSA may cause $3.4 billion in additional medical costs. Kapur, et al, Sleep, 1999

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- >80% of OSA cases remain undiagnosed. Why?
- Lack of information, misinformation, or apathy regarding the health consequences of OSA, from both physicians and patients
- Fear of PAP
- Lack of awareness of OAT therapy option
- Minimal number of OAT providers
- Cost of OAT/ Lack of insurance coverage

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If you remember nothing else from this presentation, know that oral appliance therapy **is covered** by Medicare and most major medical insurance

- Determination uses same criteria as for CPAP
- Requires a diagnosis, written referral, F2F note, affidavit of PAP intolerance and possibly some other records
- Does **not** usually require trial and failure with CPAP

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- Unfortunately, very few dentists are able and willing to bill medical insurance
- Even fewer are willing to participate with Medicare

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Arizona statistics (US Census Bureau)

- 6.4 million residents
- 865,000 are 65+
- 4,643 licensed dentists
- 61 are AADSM or ACSDD members
- 11 are Diplomates
- <10 would bill Medicare
- Assume 4-500,000 have OSA

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How big of a problem is the lack of Medicare providers?

- In AZ, I believe there may be fewer than ten dentists who are Medicare providers
- Phoenix metro has no more than five that I have been able to identify to serve > 3 million
- Tucson has one who is applying to the system to serve > 1 million.
- In rural AZ I am aware of two providers including myself

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Result: Barrier of access to care for persons with OSA who might otherwise be successful with OAT

Why is it so hard for a dentist to bill medical insurance?

- Dental insurance and medical insurance are different animals – cross training is difficult
- Medical requires diagnostic codes in addition to procedure codes
- Different software and forms may be required
- Not used to preauthorization/predetermination process, or unable to achieve in-network status for approval
- Medicare participation requires extensive and complicated application process

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It may be even harder for a dentist to incorporate OAT into a busy general dental practice than you think

- It is much more than making impressions and delivering 'snore guards'
- Much, or all, of the impression, delivery and follow-up time may be all on the dentist without much assistant support
- Many dentists don't have adequate background in facial pain management.
- Lack of understanding interpreting sleep reports
- Lack of adequate titration techniques or objective measurement of efficacy
- Lack of sleep center cooperation and support

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It is not difficult to understand why this barrier of access to care exists when physicians can't find a dentist to provide the OAT service

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How do we fix this?

- We need more dentists who are better trained in OAT
- We need better, and more open, dialogue between physicians and dentists
- We need more dentists willing to work with medical insurance and especially Medicare
- We need more full-time sleep medicine dentists

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- It is also true that the referral to a primary care physician from the sleep physician may not include OAT as a potential therapy option
- The language often reads something like "…has been diagnosed with moderate obstructive sleep apnea. I advise CPAP therapy. Alternatives include surgery, weight loss or positional therapy."

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The day a dentist becomes a Medicare provider is the day they go from delivering 1-3 devices a month to doing 30-50

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From the insurance side:

- Work to become an in-network provider with the major medical carriers in your area. This can be challenging.
- Hire a trained medical billing person on staff, or establish a relationship with a medical billing service
- Get help with the Medicare application
- Decide whether to be a Full-Par or Non-Par Medicare provider. Either will help to lower the financial part of the barrier of access to care.

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From the Clinical Side:

- Study and learn more about OSA, dental sleep medicine and facial pain management
- Train your staff well and be willing to delegate some of the steps.
- Lower fees means higher volume. Develop a practice model consistent with this philosophy
- Do not work without a diagnosis and support from the physician/medical community
- **Communicate!**

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The American Academy of Dental Sleep Medicine (AADSM) has an eight page synopsis of Medicare and OAT. Info@aadsm.org

Medicare has four different jurisdictions and four different fee schedules. This may affect you decision to be Full-Par or Non-Par. Medicare is very easy once you are in the system

- Quick electronic payments
- No need for preauthorization
- Requires EHR

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Medicare fees range from approximately $1,100 to 1,500

- This reimbursement rate will affect how much time and how many appointments you can devote to each case
- Affects device selection. PDAC approved devices and laboratories.
- Lab fees need to be controlled
- Delegation of responsibility may be considered

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Predictions (as presented by a major medical device co.; research commissioned from Frost & Sullivan)

- Medical insurance reimbursement will come more into line with Medicare payment ($1,100-1,800)
- Financial pressure will prohibit general dentists from participating in the OAT arena
- OAT may become the standard of care, though currently is only 6% of U.S. market (>50% in Scandinavian countries)
- By 2020, most OAT will be provided by fewer than 1,000 dentists. Necessitates developing practice model to increase volume at lower fees

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With Medicare applications, use the right form (855i, v 855s)
Get DME and Part B PTAN numbers
When billing with the CMS 1500 , learn the proper modifier codes

- NU = New device
- KX = All necessary documents are on file

The new diagnosis code for OSA is GS47.33 (327.23 is not valid)

The procedure code for the MAD is E0486

Other procedures are often billable such as panorex, pharyngometer, and office visits

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Attorney Dan Brown published “Taking a Bite Into OAT” in Sleep Review, July, 2011

This has a very good synopsis of insurance definitions, codes, regulations, etc. including Medicare

http://www.sleepreviewmag.com

Lee A Surkin, MD and Ken Mogell, DMD collaborated on a Webinar aired June 30, 2016. “Bidirectional Referrals Between Dentists and Physicians, Simplified” http://www.sleepreviewmag.com

- Please consider becoming involved in Dental Sleep Medicine
- Though challenging, it can be very profitable, and is very rewarding
- Save lives. Change lives
- If you're going to do it, do it right
- Don't work without a diagnosis
- Develop a protocol to obtain objective titration of your devices
- Work to incorporate medical and Medicare insurance into your practice

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References

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