

DENTAL  
SLEEP  
MEDICINE

# Insider

MAGAZINE

JULY 2016

Issue 13

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## The Herbst Mechanism is Changing

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## The 7 Sins of 3rd Party Billing

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### HST: THAT HUMBLE GIANT

Efficacy Home Sleep Tests are necessary to demonstrate OAT effectiveness. What does that mean for your bottom line?

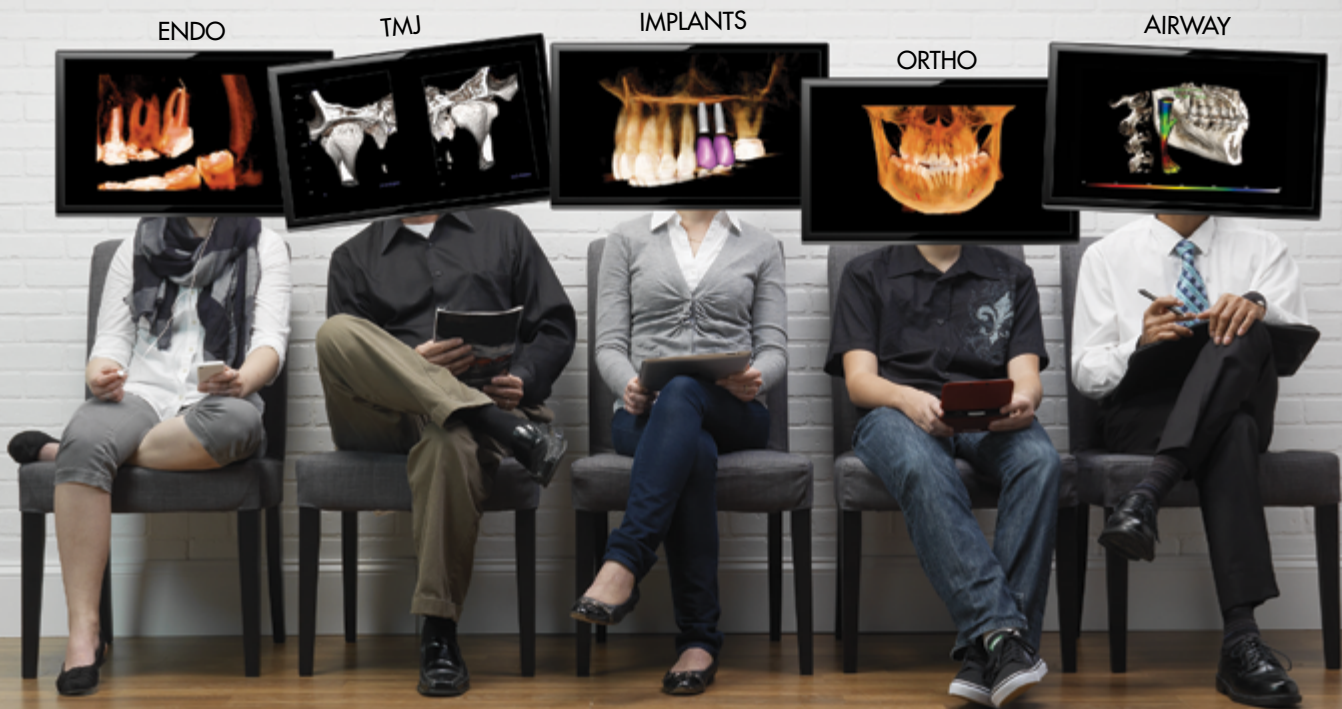
### THE COST OF NOT HAVING CBCT

CBCT can be viewed as cost-prohibitive. Dr. Tarun Agarwal explains why you've got it all wrong.

### LIFE AFTER GENERAL DENTISTRY...

What does life look like after health issues preclude general dentistry from your life? Read Roy Novack's story here!

# WHAT KIND OF OPPORTUNITIES ARE IN YOUR WAITING ROOM?



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Jason Tierney  
Editor-in-chief



The Dental Sleep Medicine Insider  
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THE KEY TO  
[SUCCESS]...  
IS THE ABILITY TO  
COMMUNICATE.

# SLEEPING WITH THE EDITOR

Along with technical mastery, it is imperative to build your communication skills. In fact the key to a successful dental practice, one that allows dentists to use their technical ability to their greatest potential is the ability to communicate.” – L.D. Pankey

Every reader has the first part of Dr. Pankey’s quote perfected. You know how to ensure perfect margins, build a smile with the perfect VDO, and deliver a sleep apnea device that isn’t too tight, isn’t too loose, and doesn’t impinge the soft tissue. You are the expert.

It’s the second half of Dr. Pankey’s quote that is typically lacking and it’s particularly glaring as it pertains to Dental Sleep Medicine (DSM) implementation. I’ve heard the following quotes innumerable times:

“When I talk to my patients about sleep, they don’t want to hear it. They’re here to get their teeth cleaned.”

“After I screen them and tell them they need to get a sleep test, they tell me they’ll think about it.”

“The patients are interested in treatment until I have to discuss the financial aspects with them.”

“I came back from the course pumped to implement DSM but my team says this won’t work in our practice.”

Do any of these sound familiar to you?

If so, you’re not alone. I’ve heard each of these so many times, they’re virtually tattooed on my brain. The issue isn’t insurance or home testing. The issues are communication, trust, and expectations.



The key to overcoming each of these issues is clear communication. It’s paramount to communicate clearly, to set expectations, and then over-communicate. Unfortunately, this isn’t an exact science that can be measured in tenths of millimeters. It requires a level of comfort with ambiguity and uncertainty. There are a lot of dots and there isn’t necessarily one definitive way to connect them all. We’re dealing with people, with expectations, with frames of reference. It’s so important that you and your team adopt a consultative approach. Empathize, Discover, Advocate, and Support. This can be learned and it will help you communicate more effectively, not just as it relates to DSM or even dentistry, but in all facets of your life.

If you want to know more about this, please let me know. If the response warrants it, I’ll cover each of these 4 pillars of consultative communication in subsequent issues. As a result, you will gain more trust and increase your case acceptance. Trust me.



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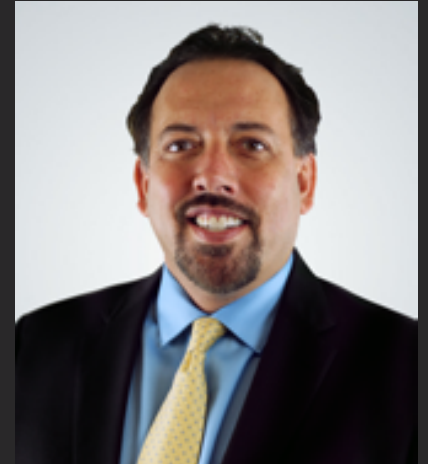


# KENTUCKY ENGINEERING & THE TAP 3 ELITE

Dealing with dental devices requires equal parts artistry and science. Prior to dental school, engineering was my thing which means I'm prone to tinkering. I successfully use the **TAP 3 Elite** for many of my patients, but every once in a while, I'll have one where after some wear and tear, the hook begins retruding at night. Of course, I could always send it back to the lab but depending on the

amount of time the patient has had the device, the warranty may not apply. More importantly, the patient will be without their TAP for several nights.

In this video, I'll demonstrate a bit of Kentucky engineering using **ThermAcryl** so you can have your team member quickly fix the issue and sleep soundly with their appliance that night.



Dr. Gy Yatros  
ABDSM DIPLOMATE  
CO-FOUNDER OF DSS & DS3



# The North American Dental Sleep Medicine Symposium

Topics are focused on the nuts and bolts of successful Dental Sleep Medicine Practices. Hear dentists that have successful dental sleep medicine practices teach you EXACTLY how they did it! No high level academia. No fluff. Learn. Grow. Implement.

- Create Sleep Ambassadors out of your Existing Team
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- Introduce Hybrid Therapy
- Screen Your Patients to Identify OAT Patients
- Mitigate and Manage Side-Effects
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### Date:

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### Time:

Friday: 8am-5pm

Saturday: 8am-1pm



### Venue:

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### Registration:

Dentists: \$495

Team Member: \$195

DS3 Member \$295

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Richard Drake, DDS



John Remmers, MD



Gy Yotros, D.M.D.



Erin Elliott, DDS



Keith Thornton, DDS



Stacey Layman, DDS



Barry Glassman, D.M.D.

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# TIME IS MONEY

## WANT MORE OF IT?



What's the most valuable, yet scarcest resource in your practice? **TIME**. I've heard it innumerable **times** from practices. They want to make dental sleep medicine a more integral part of the practice but lack the **time**. They lack the **time** to train appropriately, the **time** to implement systems, and the **time** to manage all the processes inherent to managing dental sleep medicine patients. I want to give you more **time**. If you heed my advice, I guarantee you will be the proud owner of more **time**. More **time** will generate more patients and increased production in the office.

So, what's the catch? The catch is called a "Sleep Ambassador." This individual is responsible to define & navigate the flow of sleep medicine treatment from initial contact to completed treatment. So who is this invaluable "Sleep Ambassador" and where do you find one?

I've worked closely with Sleep Ambassadors that entered practices from numerous different paths:

- Existing team members looking for something new and interesting
- Hygienists that have tired of prophys, scaling, and root planning
- Former retail clerks or customer service reps

What's most important is that a candidate for the esteemed title of Sleep Ambassador should possess each of the following traits:

- *Organized*
- *Goal-oriented*
- *Patient-centric*
- *Self-starter*
- *Committed learner*

Your Sleep Ambassador will be responsible to ensure the following list of initiatives is executed properly:

- *All patients are screened*
- *Testing protocol is fluid*
- *Financial discussions are well-scripted and properly delivered*
- *Other team members firmly grasp their roles in the dental sleep portion of your practice*
- *Patients appointed properly and insurance documentation relayed correctly*
- *And much more*

Please note that currently these tasks fall within your purview. This prevents you from focusing on patient care. If you've been savvy enough to delegate many of the above tasks already, it's important that each team member firmly understands exactly what they're supposed to do. Relying on your Sleep Ambassador to minimize most of the obstacles before appropriately delegating to the team is a good idea.

Your Sleep Ambassador will ensure that correct documentation is procured, communication is properly relayed to both the patient and physicians, claims are submitted properly, and marketing efforts are ongoing. Hoping and praying that the numerous valued staff members you already have in place will collectively step up to the plate to ensure each of the aforementioned tasks are completed properly is frankly...a waste of time.

Send me an email by 8/15/16 with the number of **times** the word "**time**" appears in the article and I will send you a FREE in-office Marketing Kit. The **TIME** is now.



**KIMMY MOONEY**

Member Support Expert

[kimmy@dentalsleepsolutions.com](mailto:kimmy@dentalsleepsolutions.com)



**DAVID WALTON**

# THE HERBST MECHANISM IS CHANGING

Originally designed for orthodontics, the Herbst components are now widely used in mandibular advancement devices and are one of the most widely used designs in the industry. As more dentists become registered with Medicare the demand for a Herbst-style device has increased. This is not a bad thing as there are many advantages to a Herbst design, such as freedom of vertical movement, lateral movement, simple titration, and Respire even offers micro versions for patients with small mouths.

## **What is being improved?**

The manufacturer of the Herbst component, Scheu Dental have added a locking bolt so that the titration mechanism cannot migrate back, or retrude, while the patient is wearing the device. Although we have seen this occur in only a few cases, there was feedback that the mechanism needed to be tighter

to maintain the desired position. Respire listened and improved the design.



## **How does it work?**

There are now 2 bolts on the advancement arm. In the image below we have numbered them #1 and #2. #1 is a locking bolt and #2 is an advancing bolt. You would use #2 to advance to the desired position, as you normally would, then advance #1 the same number of turns until it meets up with bolt #2.

To finally lock the bolts together, you turn them in opposite directions. We have provided a video to help explain this process. On the Respire designs, we include millimeter markers so that you can gauge how far the device has been adjusted, these are now to be lined up with bolt #2.

## **Can I choose the original design?**

Scheu Dental have discontinued the original design with immediate effect, through their exclusive U.S. distributor, Great Lakes Orthodontics so whichever lab you use, they will be switching in time. However, there will be no price increase for this new development. Just as dental sleep medicine continues to evolve so does Respire.

If you have any further questions on this change, please feel free to contact me at: [David@respiremedical.com](mailto:David@respiremedical.com).





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1. Take your patient's impressions and  
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**TUESDAY**

2. We fabricate the appliance.

**WEDNESDAY**

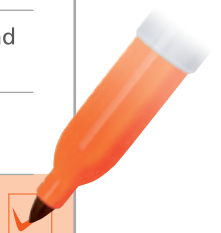
3. You receive the completed device  
by 10:30am!



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FRIDAY

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# MEDICARE: DID YOU KNOW?

I recently experienced a rather unusual occurrence with a Medicare beneficiary. We had a dentist that prescribed a device for a Medicare beneficiary who unfortunately passed away before the device was delivered. Now what to do?

**A.** Can you still bill Medicare for the device since it was not actually delivered to the patient?

**B.** Do you have to “eat” the cost?

The answer is “A!” You can still bill Medicare for the device.

In the DME MAC Jurisdiction C Supplier Manual Chapter 5, page 3 under **Artificial Limbs, Braces, and Other Custom-Made Items Ordered but Not Furnished**, it reads:

“If a custom-made item was ordered but not furnished

to a beneficiary because the individual died or because the order was canceled by the beneficiary or because the beneficiary’s condition changed and the item was no longer reasonable and necessary or appropriate, payment can be made either on an assigned or unassigned claim basis, based on your expenses. If the beneficiary, for any other reason, canceled the order, payment can be made to the supplier only. In such cases, the expense is considered incurred on either:

- The date the beneficiary died;
- The date that you learned of the cancellation of the item; or
- The date that you learned that the item was no longer reasonable and necessary or appropriate for the beneficiary’s condition.

The allowed amount is based on the services furnished and

materials used, up to the date you learned of the beneficiary’s death or of the cancellation of the order or that the item was no longer reasonable and necessary or appropriate. The DME MAC determines the services performed and the allowable amount appropriate in the particular situation, taking into account any salvage value of the device.”

Please let me know if you have any questions. I’d love to hear from you.

Lori Skipper



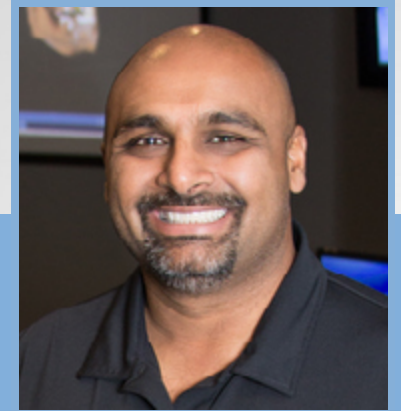
**LORI SKIPPER**

Insurance and Member  
Support Specialist

For further questions, contact your third party biller, or feel free to call me at (941)251-0393.  
You can also email me at [lori@dentalsleepsolutions.com](mailto:lori@dentalsleepsolutions.com).



# WHO'S WHO



## TARUN "T-BONE" AGARWAL, D.D.S.

**Brandie:** What led you to begin using CBCT for sleep and airway evaluation?

**Dr. Agarwal:** About 3 - 4 years ago I started learning more about DSM myself. One of the challenges I was facing was how to get begin the discussion with my patients. 90% of the patients with OSA don't even know they have it. We have to create awareness. Using the larger Field of View (FOV) CBCT we're able to capture the airway in the cone beam image itself.

Before, we were simply using a black and white image to show them the airway as it was captured. There was no segmentation or ability to do anything, but it was a way for me to show the patient what their airway looked like. Now, with airway segmentation software, we are able to seg-

ment out the airway and have a color rendition. This allows us to show the patient exactly how large their airway is. Using it as a conversation starter is what ultimately led me to begin using it for sleep.

**Brandie:** How does CBCT fit into your sleep patient workflow?

**Dr. Agarwal:** Personally, CBCT imaging has 3 main purposes for sleep apnea and in our practice, it's a team-driven workflow.

**1. Create awareness.** We take a 3D image on all our new patients as appropriate based on age, cancer conditions, etc. It has completely replaced the panorex in our practice. In the hygiene room or in the consultation session, team members will utilize it to show the airway through segmentation.

**2. Digital fabrication of an appliance.** When the patient is diagnosed with OSA through a sleep test, we're able to use the airway software combined with digital impressions to fabricate our sleep appliances. Instead of taking a traditional George Gauge bite, we take a scan with the patient in the bite position. We then take digital impressions of the arches. The software combines those and virtually mounts that into the airway position. We are able to see the jaw joints in the treatment position, allowing us to determine if the bite position is potentially causing stress on the joints or putting them in an unfavorable position.

**3. Post-op objective evaluation of any airway changes.** Since we have a pre-treatment airway analysis, we're now able to have a post-treat-

ment airway analysis with the appliance titrated in place and we can physically see any changes in the airway.

I would like to make sure the readers are absolutely clear that a CBCT is not diagnostic for OSA. The only method to diagnose this is through a PSG or HST.

referred or a patient that has responded to one of our signs in the practice about sleep, to now, where we are creating awareness among patients that didn't even know they had the condition. We have nearly doubled our appliances by integrating CBCT to increase awareness of sleep apnea.

have medical insurance pay for it. We are seeing about 20% of our 3D scans being paid by medical insurance, and our average reimbursement is from \$250-\$400 for each 3D scan we take. That alone could easily pay for the technology. If you look at the ability to do more implants than you were, then that's quite easy. The first step to monetizing it is to own it. The second step is to utilize it and you have to have a plan of action to be able to make it happen.



#### INTERVIEWED BY

*Brandie Havell*  
Senior Account Manager  
[brandie@dentalsleepsolutions.com](mailto:brandie@dentalsleepsolutions.com)  
877.95.SNORE

**Brandie:** Financially, what impact have CBCT and sleep had on your practice?

**Dr. Agarwal:** It has really helped jumpstart our sleep practice because the number one challenge for dentists to integrate sleep into the practice is creating awareness.

There's no question that the need is there, that the patients are there, and that it's a condition in our patient population. We now have a workflow, protocols in place, and technology that allows us to easily show the patient what we're seeing.

We know exactly what we need to do based on if they have an existing sleep study or if they need one. So financially, this has led us to go from doing sleep appliances every once in a while, on patients directly

**Brandie:** What would you say to a colleague concerned about the cost of a unit and the ability to monetize it?

**Dr. Agarwal:** I personally believe these technologies are, in a way, free because there are so many ways to pay for them. The typical CBCT is anywhere from \$80,000-\$130,000 so one has to look at how it will:

- *Enhance the visibility and awareness of your practice*
- *Enable you to add procedures and services to your practice*
- *Be directly reimbursed*

Until 2 years ago, I didn't understand that you can utilize medical billing to help pay for the CBCT scans when medically necessary. In other words, you can oftentimes

**Brandie:** Lastly, I have to ask; how did you get the name T-Bone?

**Dr. Agarwal:** When I first met my wife in 2000, my real name is Tarun and apparently for Americans, that's a harder name to say. So, when she was introducing me, she would just call me T-Bone and the name stuck. In college I was just T, but now after being called T-Bone, I just went with it.

Dr. Tarun Agarwal represents the next generation of leadership for the dental profession. As a respected speaker, author and opinion leader, he is changing the way general dentists practice. His common sense approach to business, dedication to clinical excellence, integration of technology and down to earth demeanor has made him a recognized educator. Contact him or visit his website listed below.

[DrA@3D-Dentists.com](mailto:DrA@3D-Dentists.com)  
[www.3d-dentists.com](http://www.3d-dentists.com)



# Sleep Apnea Implementation

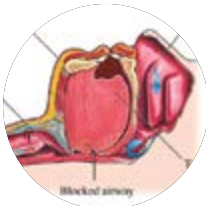
Predictable Workflow for the General Practice

## Do you realize that nearly 1 of 15 patients in your practice has sleep apnea?

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### OSA Fundamentals

Understand the fundamentals of dental sleep medicine. Stages of sleep, recognizing candidates, the sleep exam, and more.



### Appliance Therapy

Understand how to choose the right oral appliance, follow up protocol, when to titrate, and what to watch out for.



### Home Screening

Learn to implement an in-office screening protocol to fast track your patients and learn to decipher sleep test results.



### MD Referrals

Learn how to nurture sleep referrals, how to properly communicate treatment through letters, and how to speak sleep medicine.



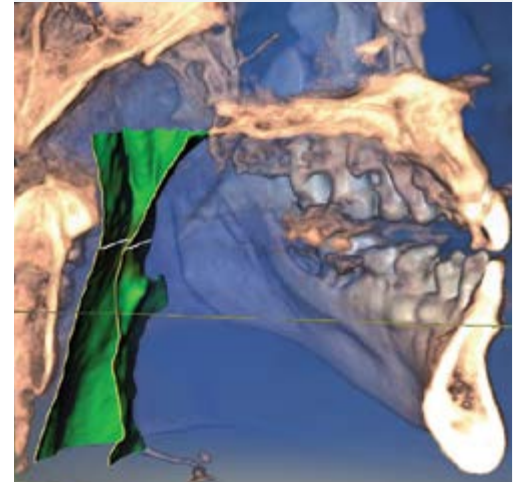
### Medical Insurance

Learn a proven workflow for sleep medicine benefit checks, pre-authorizations, claim submission, and letters of medical necessity.



### 3D Integration

Learn to use your CBCT and CEREC to digitize oral sleep treatment and measure treatment outcomes.



Dr. Tarun Agarwal



Dr. Erin Elliott

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DENTISTS

**Presenters**

Dr. Gy Yatros, DMD, ABDSM Diplomate  
Dr. Richard B. Drake, DMD, ABDSM



Dr. Gy Yatros has been practicing sleep dentistry for over ten years with offices devoted exclusively to the treatment of sleep disordered breathing. Dr. Yatros is a Diplomate of the American Board of Dental Sleep Medicine and is an Affiliate Assistant Professor of the Department of Internal Medicine with the University of South Florida, College of Medicine.



Dr. Richard B. Drake has been in private practice in San Antonio, Texas, since 1989. For over ten years, he has devoted his private practice to entirely the treatment of sleep disordered breathing. He has served as President-Elect and Secretary-Treasurer of the American Academy of Dental Sleep Medicine, is a Diplomate of the American Board of Dental Sleep Medicine, and is Clinical Assistant Professor at the Center for Dental Sleep Medicine at the University of Texas Health Science Center at San Antonio.

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**July 26, 2016**

**Role of CBCT in Dental Sleep Medicine**

Whether you currently own a CBCT unit or are considering one for your specialty, this webinar will teach you how to further monetize the unit while providing a life-saving treatment modality.

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This activity has been planned & implemented in accordance with the standards of the Academy of General Dentistry Program Approval for Continuing Education (PACE) through the joint program provider approval of National Dentex Corp. and Dental Sleep Solutions. National Dentex Corp is approved for awarding FAGD/ MAGD credit.

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National Dentex Corporation is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. National Dentex Corporation designates this activity for 1 continuing education credit.



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# THE 7 SINS OF 3<sup>RD</sup> PARTY BILLING: AVOID THESE PITFALLS

At GoGo Billing, we've worked with hundreds of dentists over the past 7 years. Every day, we encounter issues that negatively impact productivity and workflow. Sometimes it's due to internal issues or insurance company headaches, but it's often attributable to practices committing the "7 Sins of 3rd Party Billing." The motivation behind each of them is admirable but they actually slow down the claim cycle. My aim here isn't to point the finger outwards. If you can help us help you, then everyone wins.

## SLOTH

When faxing documents, please ensure they're all facing upwards and in the same direction. When they're faxed haphazardly, we have to stand on our heads to read one page of the sleep study, use the "rotate" function on the next page, and, well, you get the picture. This is time consuming and prevents us from processing your claims as quickly as we should be. At GoGo, we ARE honing our upside down reading skills, but we are fast turning into hunchbacks.

## PRIDE

You cannot sign your own Letter Of Medical Necessity (LOMN) or RX for the appliance. Only a physician can do this. When we receive an LOMN signed by the dentist, we have to contact you to resolve the issue. That means that we're not processing your

claims or anyone else's. Instead we're listening to Talk 102.5 on your hold greeting. We appeal pre-authorizations and claims daily but if we are not armed with a strong file we will lose. Reach out to those PCP's and sleep doctors and let them know who you are and what you're doing. It's routine, guarantees your documentation is in order, and it's also a simple, effective marketing opportunity.

## WRATH

We hate paperwork. So do you. It's obvious when you send incomplete superbills with illegible handwriting and scribbles that look like hieroglyphics. We can't decipher who it's from because there's no doctor's name. Patient name? Who needs it, right? Wrong. Will sending the superbill with no patient name, an illegible doctor name, and an upside down, poorly photocopied insurance card expedite your claim? To the contrary, my friend. We'll likely be unable to discern who sent the information and it will sit in our Cold Case Files until you angrily call us wanting to know why you haven't been paid yet. For what it's worth, if you switch to DS3, then we can eliminate the need for superbills and faxing entirely.

Please know that I'm sharing this with you because I want to help you. These issues aren't inherent to your office or our billing company. Whether you work with

GoGo or another billing firm, I urge you to avoid these sins. Stay tuned for the next issue when I'll cover Greed, Gluttony, Envy, and Lust. We want to appropriately process as many of your claims as possible in as little time as possible. We just need you to help us help you.

## LESIA CRAWFORD



CEO of GoGo Billing

GoGo Billing offers help with Tricare registration for no charge and Medicare credentialing services for DME, Part B and Ordering and Referring. Enter code DS3100 for \$100.00 off DME and Part B credentialing.

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or call (877)874-4646 ext. 1.



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FRIDAY, OCTOBER 21ST, 2016  
Course to be Hosted in Scottsdale, AZ

# 2016 MEDICAL BILLING COURSE

PRESENTED BY:  
DR. STACEY LAYMAN  
LESIA CRAWFORD

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## MEDICAL BILLING IN THE DENTAL PRACTICE IS AN EVER CHANGING FIELD

which requires thorough understanding of protocols and systems. This can be an extremely rewarding service to offer your patients for sleep apnea, TMD, and many other procedures. Having a plan in place means more revenue for your practice and higher case acceptance.

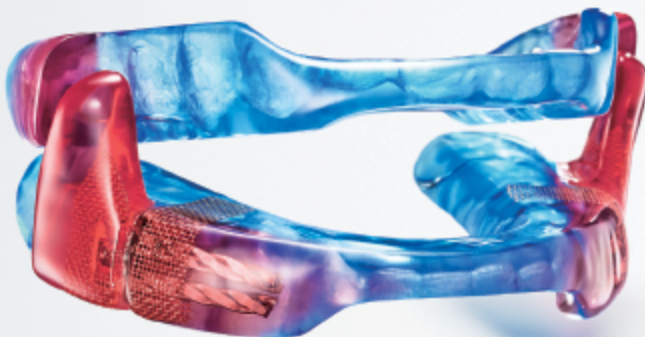
**The course will include** one exciting, informative full day lecture with tons of attendee participation including roleplaying and teach-backs. Attendees will also receive a step-by-step claim processing guide, CMS 1500 forms, personalized insurance set-up guide for their office location, Medicare guidelines for treating sleep apnea, and much more. Lunch will be provided.

- **Understand** medical billing terminology & communicate effectively with the different medical plans
- **Know** for which services dental offices can bill medical
- **Process** Pre-authorizations, GAP exceptions, claims, and appeals
- **Fill out** a medical claim form accurately and completely
- **Document** and code properly
- **Receive** a Step by Step Guide to start billing medical insurance in-office on Monday

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## Whole You Sleep Appliance Respire Blue

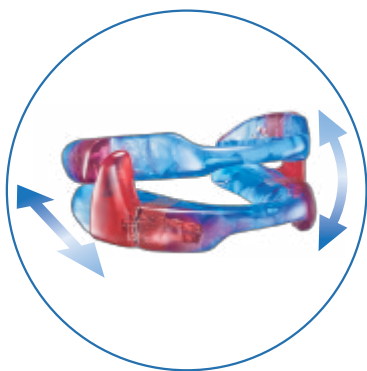


- ✓ Ergonomically designed
- ✓ Personalized fit
- ✓ Comfort to wear

### Three reasons to choose the Respire Blue

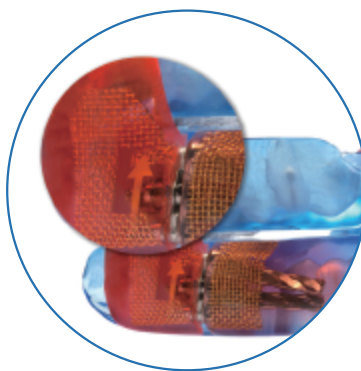
1

Comfortable fit  
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2

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3

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# HAVE YOU LOOKED IN YOUR WAITING ROOM?

I'm commonly asked, "How can we get more Dental Sleep patients?" The simple answer is, **"YOU HAVE SEVERAL IN YOUR OFFICE EVERY DAY."** Many of your current patients are likely at risk and they are just flowing through your practice every day without anyone addressing the issue with them. Ever had a patient fall asleep in the chair? Those same sleepy patients then get behind the wheel of a car to drive home.

Your patients know you. They trust you. You care about them. This generally makes your patients more comfortable and receptive to a conversation about their overall health, namely the

quality of their sleep.

DS3 makes broaching the topic of OSA with your patients a seamless, efficient process at each appointment using the Patient Screener. This feature, easily provided via a tablet, gives your patients a visual depiction of their risk assessment. It asks the questions for you so you can have an informed conversation with them based on their results. It also eliminates the possibility of not asking enough questions, too many questions, or the wrong questions.

The DS3 Patient Screener is easy to use, effective, and used by



hundreds of dentists across the country as the first step to identifying at risk patients in restorative dentistry practices. After the screening, ordering a Home Sleep Test is as easy as the click of a button, too. I'll save that discussion for another article. Contact me to learn more about what DS3 can do for your practice.



**FRANCES ROMERO**

Member Support Expert  
Certified Dental Assistant  
Former Treatment Coordinator  
[frances@dentalsleepsolutions.com](mailto:frances@dentalsleepsolutions.com)



# THE JOURNEY OF ROY NOVICK

## PART ONE: DECISIONS



**DR. ROY NOVICK**

Dr. Novick is the National Clinical Trainer and Advisor for N3Sleep. Originally from Mount Vernon, NY, Dr. Novick graduated from Johns Hopkins University with a Bachelor's Degree in Natural Science, as well as a Doctorate of Dental Surgery from Georgetown University. Dr. Novick had a highly successful private practice in Northern Virginia for 35 years. He regularly attends advanced sleep seminars and lectures and provides dental sleep training and consulting services to practices across the U.S.

**but that wasn't always the case.**

On June 11, 2015, one day before my 61st birthday, I treated my last patient and retired from dentistry. That wasn't my plan.

For many years I suffered from Degenerative Disc Disease in my lower back, which made my job difficult and painful. After enduring various treatment methods – each of which provided little or no relief – I faced two options: I could subject myself to a no guarantee, invasive surgery, or I could close the doors to my practice of thirty-five years.

While my days of leaning over patients had ended, I found myself unwilling to accept retirement. I wanted to remain productive and continue to contribute to the dental field. After all, thirty-five years of knowledge and experience were worth a great deal, and I didn't want to watch them go to waste.

I began researching various career paths for dental consulting, but came up empty-handed – it seemed like everywhere I looked, the job required me to act as a part-time dentist, leaning over patients once again. That wasn't where my heart... or my back were anymore.

Eventually, a good friend directed me to the world of dental sleep medicine, a subject I only knew little about. My exposure to the

topic during my career consisted of brief interactions with my doctor: “Hey doc, my wife has been telling me that I snore really loud. I hear that dentists can make a mouthpiece to fix that. Can you help me?”

I have no doubt most of us have experienced this.

*While I wasn't sure where to begin, I knew I wanted to be a part of it.*

Soon after meeting with my friend, I began researching sleep breathing disorders, and the role that dentists and their staff play in combating this epidemic. I learned I could contribute to the field I loved and make a difference doing something worthwhile. While I wasn't sure where to begin, I knew I wanted to be a part of it.

The same friend recommended that I attend an Introductory Course presented by Dental Sleep Solutions. I decided to travel across the country and give it a shot. That one course changed the direction of my career, tying together so many points and inspiring me to learn more. Now, I am on the right path. Join me next issue as I share what happened next.

**TO BE CONTINUED...**



## Ready for your sleep practice to take off?

N3Sleep is a full service sleep therapy consulting firm offering tailored solutions designed to fit your practice. Our program covers the whole dental sleep therapy cycle: screening, testing, treatment and medical billing. Even if you currently don't treat sleep, N3Sleep can have you screening your first patients in 30 days. If you already treat sleep, we can help you take your practice to the next level.

**N3 Sleep offers face-to-face, hands-on training:** in your office, with your staff:

- ✓ Overcome barriers to screening
- ✓ Implement sleep testing
- ✓ Bill through medical insurance
- ✓ Deliver treatment
- ✓ Follow-up care
- ✓ Consumer marketing support

N3Sleep delivers truly hands-on training with unparalleled access to expert consultation to help you achieve your sleep therapy goals. We have a proven track record of helping dental practices implement successful, profitable sleep therapy programs in record time. From start to screening in 30 days.

Call **1.844.363.7533** or visit **n3sleep.com** to take your sleep practice to the next level.





# THE EFFICACY HOME SLEEP TEST: THAT HUMBLE GIANT



**AUTUMN BODILY, RDA**  
**Director of Education**  
**and Training**  
*Ez Sleep In-Home Testing*

Proving a point is something we do quite well in a debate. We cite resources and collaborate with professionals to back up our findings. As caregivers we want proof that the treatment we are providing is actually working. Otherwise, what's the point?

Recommending an efficacy home sleep study to prove the benefits of oral appliance therapy is one of the great contributors to the increased compliance rate of patients undergoing OAT. Aside from the American Academy of Sleep Medicine recommen-

dation that "sleep physicians should conduct follow-up sleep testing to improve or confirm treatment efficacy... for patients fitted with oral appliances," patients are far more willing to continue treatment with a therapy they have documented proof is working.

Question	Yes	No	Never	Sometimes	Often
Do you ever wake up with a headache?					
Do you ever wake up with a dry mouth?					
Do you ever wake up with a sore throat?					
Do you ever wake up with a cough?					
Do you ever wake up with a runny nose?					
Do you ever wake up with a stuffy nose?					
Do you ever wake up with a sore eye?					
Do you ever wake up with a red eye?					
Do you ever wake up with a watery eye?					
Do you ever wake up with a swollen eye?					
Do you ever wake up with a bruised eye?					
Do you ever wake up with a sore nose?					
Do you ever wake up with a red nose?					
Do you ever wake up with a swollen nose?					
Do you ever wake up with a bruised nose?					
Do you ever wake up with a sore lip?					
Do you ever wake up with a red lip?					
Do you ever wake up with a swollen lip?					
Do you ever wake up with a bruised lip?					
Do you ever wake up with a sore chin?					
Do you ever wake up with a red chin?					
Do you ever wake up with a swollen chin?					
Do you ever wake up with a bruised chin?					

Let's take the example of a 45 year old patient, Kyle, whose wife urged him to seek OAT to treat his obtrusive snoring. First off, at 150 lbs., Kyle didn't look like someone with sleep apnea, but his wife was beginning to sleep in the guest room! Kyle said he snored like every other man in his family. His wife quickly reminded him that every other man in his family has suffered a stroke by age 65. After being screened and baseline tested for OSA he was surprised to see an AHI of 12. Kyle began oral appliance

therapy and his wife moved back into their bedroom. His dentist prescribed an efficacy home sleep test. What's interesting here is what happened next. During the week between taking the efficacy test and his consultation with the dentist, Kyle stopped wearing his appliance nightly. His wife asked why. He said he didn't think it was worth it, he slept fine to begin with and he didn't hear the snoring anyway.

After sitting at the oral appliance efficacy consultation with his dentist and seeing, with his own eyes, his AHI had been reduced to 4. He told his dentist he had no idea it was as effective a treatment as it truly was. He was able to see, in black and white, his snoring volume reduced dramatically. He vowed then and there to wear his appliance nightly. He understood, empirically, that without this little appliance he was robbing himself of life giving oxygen. His wife leaned over and whispered, "Among other things."

## “THE OTHER GUYS”



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# TONE DEAF

Let me describe a patient who is in your practice nearly every single day and in whom you can make a profound difference toward quality of life and health. Usually, a female, and she's tired and sleepy; grumpy; irritable; poor sleep quality; forgetful; seems overly stressed. Sometimes, fibromyalgia, or another autoimmune disease. Often, a generalized "hurt all over" kind of patient, but no one can find anything wrong with her. She's had a battery of medical tests, and they all come back negative. She's starting to think to herself,

"Am I crazy?" Usually, TMD is involved in some form or fashion. Likely, you've already made her a night time splint. It helped some, for a while. You're a student of dental sleep medicine, and you suspect she may have a sleep disordered breathing (SDB) problem, so you recommend to her and her PCP that she get a sleep study. You're the first health care provider who has recommended this.

Reluctantly, she does, maybe 9 months later. She comes back with an AHI of 2.1 and an RDI of 5.8; she desats to 90%. Her diagnosis: Primary



snoring. Another dead end, or is it? What do you do? Do you recommend any treatment at all? A mandibular advancement device?

Her first two questions are, "What does it cost, and will my insurance cover it?" You say, "It's \$2500 and no, your insurance will not cover it."

I believe this is how most sleep apneics start out; Snoring. Upper Airway Resistance Syndrome (UARS). Inspiratory Flow Limitation (IFL). But her numbers don't meet our criteria for a diagnosis of SDB, so every healthcare practitioner out there writes off her sleep study as another dead end. Except you.

Our bodies are amazing in so many ways, and we adapt to all types of situations in order to survive. Adaptive capacity. You can live weeks





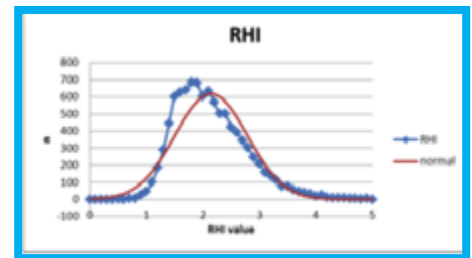
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without food, days without water, but only minutes without oxygen. You gotta breathe! Life depends on it. Early on, with IFL and UARS, the body has yet to be sensitized to abrupt or severe changes in O2 saturation, so minimal closures in our airway bring about minor changes in breathing and oxygen levels, which then triggers our brains, our pituitary glands, to give us that jolt of adrenalin, and our airways respond by contracting and dilating, and we resume normal breathing until it happens again. This patient arouses and has disrupted sleep and all the ill effects the same as a severe

sleep apneic, yet she has few detectable apneas or hypopneas, so she does NOT get diagnosed with sleep disordered breathing. It's a crack in our system, and many patients, regrettably, fall through it. Payers set guidelines and levels and markers about everything. I get it.

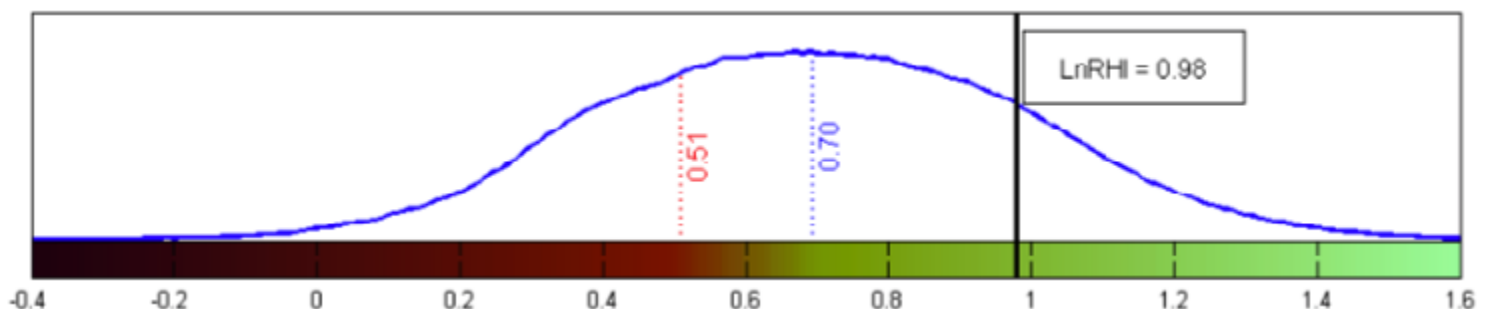
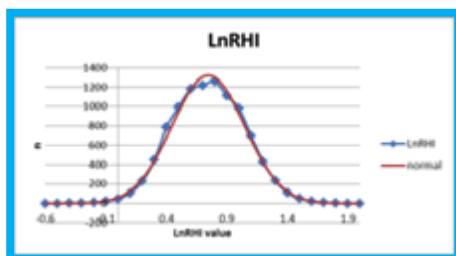


You've got to draw the line somewhere. I just happen to think they've drawn it in the wrong place when they decide who they'll pay to treat when it comes to sleep disordered breathing.



So you've got to take this on yourself, head on. Convince the patient that you may have a solution to her problem. Yes, that little piece of plastic CAN make a huge difference in how you sleep, oxygenate, and feel. We hear it every day in our office, "Man, when I first came in, I thought this was all a bunch of BS...but, that little piece of plastic has changed my life!"

Make it happen. Change a life today.



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**Craig Pettengill, DDS**  
San Jose, CA

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i-CAT Next Generation

# CBCCT

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**T**hanks to used imaging distributors such as Renew Digital, in-office cone beam imaging is now an affordable reality for dental and dental specialty practices like never before. Dr. Craig Pettengill from San Jose, CA discusses how the addition of cost-effective certified pre-owned CBCCT has revolutionized his dental sleep practice.

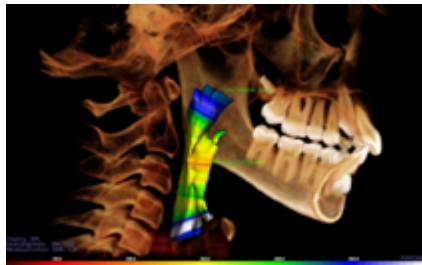
"When conducting my research for cone beam systems, I found that the only significant difference in newer cone beam technology was shorter scan times — you still get the latest software with your system. With my used I-CAT cone beam, the scans are still quicker than some digital panoramic x-ray systems and I get all of the software tools I need to make a faster and be more confident in my diagnosis," comments Dr. Pettengill.

Not only can I use my cone beam system for sleep apnea applications, but I also apply it to TMD and facial pain cases.

Dr. Pettengill continues, "Not only can I use my cone beam system for sleep apnea applications, but I also apply it to TMD and facial pain cases. My ability to treat and diagnose conditions quickly — without the need of sending a patient to an imaging center — has elevated my practice to another level. By having the image I need at the time of the patient's first appointment, I can save time and continue my thought process in making a diagnosis."

"Staff training was also an important consideration when implementing 3D technology," stresses Dr. Pettengill. "I personally do not have the time in a normal day to scan the patient and manipulate the software and/or send the imaging to radiologists to read the image or to surgeons for implant placement. The Renew Digital team trained our staff to take care of those tasks so I can stay focused on my patients."

"Renew Digital made it possible to implement cone beam in my practice much more affordably," says Dr. Pettengill, "I was able to pay less than half the price of a new system and got the latest in cone beam software technology. Plus, the unit came with a comprehensive warranty and outstanding service, training and support for complete piece of mind. I cannot continue to practice without it."



3D airway study captured with i-CAT cone beam and Tx Studio software powered by Anatomage.



i-CAT Cone Beam  
by Imaging Sciences International



### ABOUT DR. PETTINGILL

Craig Pettengill, D.D.S., M.A.G.D. is a former assistant clinical professor at UCSF School of Dentistry. He currently practices general dentistry in San Jose, CA. He is the course co-director for the UCSF Mini-residency in Dental Sleep Medicine and the co-director of the Roundtable Seminars in Clinical Dentistry (a dental seminar series for general dentists), currently starting the 14th year. He has published several articles and lectured in TMD and Orofacial Pain as well as Dental Sleep Medicine. He has a Diplomate from the American Board of Orofacial Pain and belongs to several professional organizations.



### ABOUT RENEW DIGITAL

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