

# Guidelines for Obstructive Sleep Apnea (OSA) Patients

Bucks County Smiles offers the following guidelines to assist with your interest in an oral appliance for obstructive sleep apnea. Our team can expedite fabrication of an oral appliance (mandibular advancement splint) when all necessary information has been gathered.

By far, the *most significant* factor that may delay treatment is medical benefit policy. Specific documentation is required by medical insurance carriers for pre-authorization or eligibility status.

While stabilized dental health is necessary, our team can often have these restorative treatments completed quickly; our goal for our patients is to avoid long waiting periods to receive dental restorations or periodontal therapies.

## How Your Process Will Begin:

Dr. Scholl will establish whether you are an appropriate candidate for the appliance from an oral health perspective. To perform a comprehensive evaluation, our team will:

1. Ask for a complete/current medical history form (which can be completed on your smart phone or in our office if you require assistance)
2. Review a full set of dental x-rays (full mouth series or panoramic radiograph) \*required to be less than one year old
3. Complete a dental examination (by Dr. Scholl). During this examination, we are screening for infections, compromised tooth structure, periodontal (gum/bone) problems, or TMJ issues.

\*Please note: We do not routinely prescribe oral appliances for patients who wear full dentures (each jaw must have some back teeth to support the appliance).

## Our Interdisciplinary Process to Your Care:

We work together with your specialists to obtain all the necessary information, such as:

1. a full copy of the sleep report or sleep study performed *within the last 11 months* (data summary as well as interpretation and/or clinical notes from the physician)
2. copy of sleep study or sleep report demonstrating CPAP trial was completed, or documentation asserting that CPAP trial is not appropriate for you
3. letter of Medical Necessity and/or prescription for oral appliance (E0486) as recommended therapy



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