Sleep Apnea FAQ's

*Does my insurance cover treatment?* It depends on the type of insurance you have. If you have an HMO, you are required to get clearance from your primary care physician for initial evaluation, referral to the sleep lab for the diagnosis, and referral to the dentist for the oral appliance. If you have a PPO or Traditional insurance, it will depend on the policy coverage.

*How much does the treatment cost?* The total cost of treatment will depend on the course of treatment, whether or not you have insurance, and what type of insurance coverage you have.

*Does Medicare cover the treatment?* Yes, but it is a different process than other insurance; however, oral appliance therapy does tend to be covered.

*How long does the treatment take?* From the first time that the patient receives the diagnosis of Obstructive Sleep Apnea and sees the dentist, the length of treatment is three to six weeks depending on the availability of the patient for appointments.

*Will I be required to return to the same dental office for follow-up care?* The patient is encouraged to return to the dental office on a six month basis for the first year and then yearly after that to determine the efficacy of the appliance.

*I have full upper and lower dentures, can I still have an oral appliance?* Yes. Duplication of the upper and lower dentures can be completed in the dental office and the oral appliance is fitted directly to the duplicated dentures.

*I have not had dental care in quite some time. Will I be required to complete all dental care prior to the appliance being inserted?* A provisional or transitional appliance can be fabricated prior to the dental treatment being completed. This will allow the patient to have the oral appliance throughout any subsequent dental care.

*Is there an extra fee for the provisional appliance?* Provisional appliances are usually in the $300 to $600 range and can be fabricated in one office visit.

*Do I need to have an overnight study in the sleep lab?* Yes. The purpose of the sleep study (Home Sleep Testing or In-Clinic Sleep Study) is to eliminate any other neurological problems that may be coexisting with the obstructive sleep apnea.

*If I am claustrophobia, can I still have an oral appliance?* There are many appliances that deal with patients who have claustrophobia to allow for adequate tongue movement to ensure that the condition is not a problem.

*I have a latex allergy, can I have an oral appliance?* Yes. Most appliances are either vinyl or acrylic and will not cause any allergic reaction.

*I am presently taking medication for reflux. Will the oral appliance help or reduce my use of the medication?* There is sufficient literature to show the high percentage of reflux is directly related to Sleep Apnea. Successful treatment may lead to reduced usage of the medication.

*I am presently taking medication for hypertension. Will the oral appliance help or reduce my use of this medication?* Your blood pressure will be monitored at every appointment in this dental office. You will be referred back to your cardiologist (or other specialist whose care you are under) to determine if there is a need to reduce or eliminate the hypertensive medication.
**Will this oral device help my snoring?**  Oral devices have been used since the early 1980's for patients with snoring. The initial device will reduce the amount of snoring to a point that it is tolerable for the bed partner and hopefully will eliminate snoring completely.

**Are there any long-term problems with the use of an oral appliance?**  Yes. Oral appliances that are not fabricated correctly can cause gum disease, space between teeth and/or change in the biting surface of the teeth. However, if the appliance is fabricated by a dentist following accepted protocol, this will be kept to a minimum if not totally eliminated.

**What are the side effects of use of an oral appliance?**  Initially, there will be an increase in saliva which will normally cease in one to two weeks. The patient may also experience some sore teeth until the appliance is adjusted properly. If any jaw pain results upon waking, the patient is instructed to return to the dental office immediately.

**How do I know that the oral appliance will benefit me?**  The dentist will evaluate you to determine whether or not the jaw position change will be beneficial. If sufficient improvement in the airway is not possible, then the patient will not be deemed a candidate for oral appliance therapy at this time. The dentist has a 95% chance of obtaining success using oral appliance therapy.

**I have been told that I need a surgical procedure to correct my problem.**  Prior to surgical procedures being done, the American Academy of Sleep Medicine recommends a trial period of usage of an oral appliance to see if the severity of the apnea can be reduced.

**How long have oral appliances been used to treat OSA?**  In 1995, the American Academy of Sleep Medicine (ASM) issued a position paper stating that oral appliance were the second line of treatment for CPAP non-compliance patients. In February 2006, however, the ASM published a position paper stating that oral appliances are now the gold standard for mild to moderate cases of Obstructive Sleep Apnea and should be used prior to opting for a surgical procedure for severe Obstructive Sleep Apnea.

**How often will my appliance have to be remade, and will my insurance cover it?**  Patients frequently have extensive dental work done which will require the oral appliance to be remade. However, a dentist can get a pre-determination from the patient's insurance carrier explaining the reason for the re-fabrication of the appliance. In most instances, the medical insurance carrier will replace oral appliances on a three-to-five year basis with an explanation as to the reason for replacement.

**Does my dental insurance cover any of this treatment?**  No. All of these fees will be submitted under your medical insurance. Any deductibles that are required by the medical insurance company must be satisfied.