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Credentialed by the Academy of Dental Sleep Medicine

Insurance coverage

Dear Patients,

The majority of medical insurance companies will not certify dentists as medical providers. This means that you must contact your insurance company to determine if you require prior authorization to guarantee coverage for your appointment.

Harvard Pilgrim: They consider all dentists out-of-network. To arrange coverage for your evaluation appointment, you must call the 'pre-certification' number on the back of your insurance card, and request authorization to see Dr Demko on the date of your appointment. Her 'out-of-network provider number' is: 000000210729. They will ask for a diagnosis code, tell them 780.53, and the procedure code is #9089. If you are part of a PPO they will enforce your out-of-network deductible which may require you to pay the entire fee for your initial visit. All payments are made to you, the patient, and you are expected to pay at the time of your visits. Minimum payment accepted is \$150.00.

Humana: Requires a waiver to see an out-of-network provider. This means you need to call the customer service number on the back of your card and request a waiver for your first appointment. This allows them to pay more than the normal 80% of coverage, and decreases your co-pay. **Humana HMO** patients must ask their primary care physicians office to call and request a waiver. They often cover part of the evaluation fee, but to date they have erroneously considered oral appliance therapy a dental procedure and do not cover it under medical insurance. Since there is no way to bill this procedure to your dental insurance, you may have to fight hard for coverage. They are the most reluctant payer.

Medicare: Covers evaluation appointments only, not appliances. For coverage, I require the UPIN # of your referring physician

MPlan (MMG): I am a participating member and your sleep physician can send the proper authorization for coverage of your appointments.

Cigna, Aetna, Sagamore and others: Will pay up to 80% of their allowed fee, minus any deductibles and co-pays **ONLY IF YOUR PLAN HAS OUT-OF-NETWORK BENEFITS.**

Since there are very few medical insurance companies who have 'in-network' providers, you should make the argument with your company that: If they pay for oral appliance therapy, **AND** they do not have an in-network provider, then they should pay benefits at the level of in-network care.

If your insurance company has an in-network provider, it is wise to make sure that the selected provider uses oral appliances which are FDA accepted for the treatment of obstructive sleep apnea. There are 65 oral appliances on the market. Only 17 of them have received FDA acceptance for the treatment of Obstructive Sleep Apnea. Nineteen of them have received acceptance for the treatment of snoring **ONLY.** A list of FDA accepted appliance can be found on my website at SleepApneaDentist.com. No 'prefabricated' appliances are FDA accepted for the treatment of Obstructive Sleep Apnea.

All requests for the oral appliance therapy, billed under durable medical equipment, are made by Dr. Demko's office (MPlan /MMG does not require a separate prior authorization)

(Most UAW Insurance Plans and others related to the auto industry specifically refuse coverage for oral appliance therapy)