AADSM FACILITY ACCREDITATION STANDARDS

AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE

Dental Sleep Medicine
Facility Accreditation Standards

Table of Contents

Introduction

The facility accreditation standards are aligned with and require compliance with guidelines that the American Academy of Dental Sleep Medicine (AADSM) has developed to help dentists treat snoring and obstructive sleep apnea using oral appliance therapy. The AADSM's Standards for Practice can be found at https://www.aadsm.org/docs/Levine_Article_Final.pdf.

Legend

MANDATORY	In order to achieve accreditation, facilities must fully comply with standards labeled mandatory. Non-compliance with any one of these standards will result in denial of accreditation. Non-compliance with standards that do not have this symbol may result in accreditation with provisos that must be corrected to earn and maintain full accreditation.
PP	Standards with this symbol require a written policy and procedure.

Professional Conduct (A)

Standard A-1 Professional Conduct (MANDATORY) (PP)

1. The facility follows the *American Dental Association Principles of Ethics and Code of Professional Conduct* and has a hard copy on hand or the ability to access an electronic version.

2. The facility uses standards of conduct that ensure that the facility, dental director, and administrative and clinical support staff involved with the dental sleep medicine component of the practice comply with applicable federal, state, and local laws and regulations. The standards of conduct are available for review in written or electronic format.

Standard A-2 Fraud, Waste, and Abuse (MANDATORY) (PP)

1. The facility implements policies to prevent and control fraud, waste, and abuse.

Administrative and Billing (B)

Standard B-1 Administrative and Billing (PP)

The facility:

1. Has guidelines in place to ensure that the most current HCPCS/ICD-10 codes are utilized in billing oral appliance therapy services.

2. Has guidelines for obtaining insurance pre-approval for oral appliance therapy.

3. Provides the patient with a clear and detailed statement of the patient's financial responsibility prior to treatment.

Physical Facility Requirements (C)

Standard C-1 Physical Address (MANDATORY)

1. The facility has a permanent, physical address recognized by the United States Postal Service. The address may not be solely a P.O. Box, although a P.O. box may be included in the address for mailing purposes.

Standard C-2 Contact Information

The facility:

1. Has a publicly listed telephone number.

2. Does not exclusively use a mobile phone or answering machine.

3. Maintains posted hours of operation.

4. Displays the facility's contact information including address and phone number on any distributed patient education materials or advertisements.

Standard C-3 Treatment and Consultation Rooms

1. All treatment rooms are hygienic.

2. All treatment rooms provide good light and oral access for a thorough intraoral and extraoral evaluation.

3. Patient consultations are provided in a private environment.

Standard C-4 Use of Space (MANDATORY)

1. A DSM facility is defined as the physical space used for providing services related to dental sleep medicine. All the elements required to provide evaluation, treatment, and follow-up care related to dental sleep medicine must be contained within the defined space.

2. Up to 2 additional locations are permitted to be accredited as satellite clinical locations under the accreditation of the primary location as long as the dental director is the same for all locations.

3. The facility may have administrative office space that is separate from the clinical site(s). In such circumstances, the administrative offices must also meet all applicable accreditation standards.

Standard C-5 Satellite Clinic Locations (MANDATORY)

Note: This standard is mandatory only if a facility has satellite clinical locations.

1. Satellite clinical locations must be under the same federal tax ID number as the primary location. The primary location must provide at least 80% of the DSM patient care hours, meaning the satellite clinical locations may provide no more than 20% of the DSM patient care hours.

2. The dental director must be physically present in each satellite clinical facility during DSM patient care hours for at least 25% of each satellite clinical location's available patient care hours.

3. Each satellite clinical location must meet all applicable accreditation standards.

Emergency Preparedness (D)

Standard D-1 Emergency Procedures (PP)

1. The facility has written emergency procedures for at least the following types of emergencies:
   - Medical emergencies
   - Hazards, such as fire or inclement weather
   - Belligerent patients

   The written emergency procedures delineate:
   - How to contact emergency personnel
   - The dental sleep medicine facility staff to be contacted in an emergency
   - Procedures for responding to after work hours questions and technical problems encountered by patients
   - The specific responsibilities of all staff in the various types of emergencies

Standard D-2 Emergency Phone

1. The facility has an outbound phone accessible to all staff to contact the appropriate emergency personnel.

Qualifications and Education (E)

Dental Director

Standard E-1 Dental Director Qualifications (MANDATORY)

1. The facility designates a single dentist as dental director.

2. The dental director has a dental license valid in the state of the facility and in all states in which patients are seen.

3. The dental director is either:
    - A dentist who is a Diplomate of the American Board of Dental Sleep Medicine
      OR
    - A dentist who meets the Qualified Dentist designation requirements established by the American Academy of Dental Sleep Medicine

Standard E-2 Dental Director Responsibilities (MANDATORY)

1. The dental director is present in the facility on a regular basis and not less than 40 hours each month.

2. The dental director is responsible for:
    - Oversight of patient evaluation, treatment, and follow-up care
    - Proper handling, storage, maintenance, and ongoing assessment of oral appliances
    - Ensuring the qualifications of all associate dentists and clinical support staff are current
    - Oversight of the facility's quality assurance program

3. The dental director serves as dental director of no more than three DSM facilities regardless of ownership interests or the accreditation status of the facilities.

Standard E-3 Dental Director Continuing Education (MANDATORY)

1. The dental director participates in at least 15 hours of ADA CERP recognized or AGD PACE approved credit in dental sleep medicine or AMA PRA Category 1 CME in sleep medicine every three years. For new accreditation applications, this credit must be obtained within the three years prior to application.

2. CE verification letters from each course are maintained in the dental director's files.

Clinical Support Staff

Note: Clinical support staff may include dental assistants, dental hygienists, nurses, and other auxiliary personnel as allowed under state law. These standards do not prescribe specific job descriptions or titles that dental sleep medicine facilities must use for staff in these roles. These accreditation requirements are in addition to any state or local requirements.

Standard E-4 Clinical Support Staff

1. The facility has an adequate number of clinical support staff to assure patient safety and address the dental sleep medicine workload.

2. If the facility employs clinical support staff, they are appropriately trained, supervised, and licensed, where required by state law.

Standard E-5 Clinical Support Staff Continuing Education

1. Each member of the clinical support staff completes continuing education in dental sleep medicine from
    - ADA CERP recognized or AGD PACE approved providers, or
    - Education sessions conducted at the facility

2. For new accreditation applications, each clinical support staff member has documentation of five hours of continuing education within the 12 months prior to application.

3. For reaccreditation applications, each clinical support staff member has documentation of ten hours of continuing education over a three-year period.

4. The AADSM Clinical Support Staff CE Attendance Sheet is used to document each education session conducted at the facility and is signed by the dental director.

5. Education sessions conducted at the facility are conducted by the dental director, a Diplomate of the ABDSM, an AADSM Qualified Dentist, or a physician.

CPR Certification

Standard E-6 CPR Certification

1. The dental director and each clinical support staff member have valid American Heart Association or American Red Cross certification, or its equivalent, in cardiopulmonary resuscitation.

2. The level of CPR training is suitable for healthcare professionals.

3. CPR training includes both skills and cognitive training.

4. CPR cards are signed by the cardholder as required by the provider of the certification.

Patient Rights, Acceptance and Screening (F)

Standard F-1 Patient Rights (PP)

1. Patient rights are protected during all interactions with the facility.

2. The patient has the right to considerate and respectful service without regard to race, creed, national origin, sex, age, disability, diagnosis, or religious affiliation.

3. Staff provides patients and prospective patients with sufficient information to base a decision regarding facility selection.

Standard F-2 Patient Acceptance (PP)

Note: The AADSM recognizes that concern for patient safety, clinical judgment, or other appropriate reasons may limit a dental sleep medicine facility from accepting all patients.

1. The facility has a written policy addressing patient acceptance.

2. Patient acceptance policies include:
    - A mechanism for acceptance
    - Criteria for exclusion
    - Information required from a physician prior to treatment.

Standard F-3 Patient Screening (PP)

Note: Diagnoses of sleep-related breathing disorders must be made by a physician.

1. The facility screens patients in accordance with the practices described in the Standards for Practice paper, including:
    - Using an established screening tool
    - Using criteria to trigger a referral to a physician for evaluation and diagnosis
    - Documenting the elements of the screening process as outlined in the Standards for Practice paper.

Standard F-4 Patient Exam (PP)

1. The facility conducts a comprehensive exam in accordance with the Standards for Practice paper to identify key physical features associated with sleep-related breathing disorders.

2. Baseline measurements are recorded as recommended in the Standards for Practice paper.

3. If oral appliance therapy is anticipated, the facility obtains photographs as recommended in the Standards for Practice paper, including pretreatment photographs.

4. Dental study casts or a digital form of them are retained in the patient record.

Standard F-5 Referral for Diagnosis (PP)

1. Patients suspected of having a sleep-related breathing disorder are referred to a physician for evaluation and medical diagnosis.

2. For patients prescribed oral appliance therapy by a physician, the facility obtains:
    - A letter of medical necessity
    - A copy of the sleep study

Collaboration (G)

Standard G-1 Care Collaboration (PP)

1. For patients receiving oral appliance therapy, the facility collaborates with the patient's physician as recommended in the Standards for Practice paper to:
    - Develop a properly sequenced treatment or referral plan
    - Begin managing the disease using oral appliance therapy or other agreed on treatment modalities

Standard G-2 Long-term Follow Up (PP)

1. Progress notes, follow-up reports and other pertinent information is shared with the patient's physician and appropriate healthcare providers on a regular basis.

2. The facility notifies the treating physician in writing whenever it becomes aware that any patient has discontinued oral appliance therapy for a sleep-related breathing disorder.

Patient Education (H)

Note: Patient education and instructions may be provided in any of the following formats: written, pictorial, verbal, or electronic.

Standard H-1 Sleep-Related Breathing Disorder Education (PP)

1. Patients receive necessary education on sleep-related breathing disorders (SRBDs) outlined in the Standards for Practice paper, including:
    - Overview of SRBD disease process and how oral appliances treat SRBDs
    - Risk factors for OSA and comorbid conditions
    - Severity of patients' SRBDs and factors that may affect OAT success
    - Risk modifiers and sleep hygiene

Standard H-2 Oral Appliance Education (PP)

1. Patients receiving an oral appliance for treatment of sleep-related breathing disorders receive education on the following:
    - Effective use of oral appliances
    - Benefits of oral appliance treatment
    - Possible side effects and complications related to oral appliances
    - Appliance insertions
    - Oral appliance care and use instructions
    - Calibration instructions, post-delivery, short-term and long-term follow-up

Patient Safety (I)

Standard I-1 Oral Appliance Safety Policy (PP)

1. The facility has a written policy that promotes the safe use of oral appliances.

2. The oral appliance safety policy addresses at least the following:
    - The safe use of oral appliances
    - Minimizing safety risks, infections, and hazards both for the staff dispensing the appliances and for patients

Standard I-2 Adverse Event Investigation (PP)

1. The facility investigates all adverse events that result in acute injuries, accidents or hospitalization in which the facility may have contributed to the event.

2. The facility maintains a log or database that documents:
    - The number of adverse events
    - Event outcomes
    - Resolutions

3. The investigation is initiated as soon as possible and within two business days after the facility becomes aware of any adverse event.

4. The investigation includes:
    - Documentation of all necessary information
    - Pertinent conclusions
    - Whether changes in the systems or processes are needed

5. The dental director reviews any events.

6. The dental director documents any necessary policy or procedure changes that are developed to prevent future occurrences.

Standard I-3 Oral Appliance Failure, Repair and Maintenance (PP)

1. The facility has a written policy for identifying, monitoring and reporting (where indicated) failure, repair and preventive maintenance of oral appliances provided to the patient.

Standard I-4 Patient Complaints (PP)

1. When a written patient complaint is received, the facility notifies the patient within five calendar days that it has received the complaint and has initiated an investigation of the incident.

2. The facility provides written notification to the patient within fourteen calendar days of the result of the investigation.

3. A copy of the patient notification of investigation results is included in the patient record.

4. The facility maintains documentation of the following
    - All complaints received
    - Findings from prior and current investigations
    - Complaint resolutions

5. Based on the results of each investigation, the facility maintains evidence that procedures have been developed to correct the problem identified to prevent future occurrences.

Patient Records (J)

Standard J-1 Patient Records

1. The facility maintains a record for each patient it evaluates or treats.

2. Patient records are maintained in accordance with the privacy and security standards of the Health Insurance Portability and Accountability Act (HIPAA).

3. Patient records include documentation of all patient interactions, including:
    - Initial evaluation
    - Diagnosis
    - Treatment
    - Testing
    - Follow-up
    - Miscellaneous encounters, such as phone calls and letters related to treatment

4. The patient record for patients receiving oral appliance therapy includes an order from the referring physician documenting the medical necessity of the oral appliance.

5. Prior to initiating treatment, the patient record includes the following:
    - Physician prescription
    - Prior overnight sleep study results
    - Patient questionnaires
    - Patient history
    - Clinical examination
    - Documentation of informed consent

6. The patient record for patients receiving oral appliance therapy includes documentation of the following:
    - Benefit of oral appliance treatment recommendations
    - Digital or analog impressions and protrusive bite record
    - Potential risks and complications related to oral appliance treatment recommendations
    - Oral appliance care and use instructions
    - Calibration instructions

7. The patient record for patients receiving oral appliance therapy includes documentation of all post-delivery follow-up contact with the patient, including at minimum:
    - Post-delivery follow-up contact within one week of oral appliance delivery.
    - Short-term follow-up as outlined in the Standards for Practice paper.
    - Long-term follow-up as outlined in the Standards for Practice paper.

8. If the facility provides combination therapy, the patient record for patients prescribed positive airway pressure (PAP) treatment in combination with oral appliance therapy includes documentation of physician management of the PAP component.

Oral Appliance Therapy (K)

OAT Initiation

Standard K-1 Oversight (MANDATORY)

Note: This standard can be met by either a dental director or another dentist on the staff who is a Diplomate of the ABDSM or who meets the Qualified Dentist designation requirements established by the AADSM.

1. A qualified dentist provides a face-to-face meeting prior to the fitting of an appliance.

2. A qualified dentist is physically present in the DSM facility whenever patients are being seen.

Standard K-2 Plan of Care

1. The facility provides the patient with a written plan of care following the initial evaluation and prior to fabricating an oral appliance for treatment of sleep-related breathing disorders.

Standard K-3 Informed Consent

1. The facility obtains informed consent from the patient as recommended by the Standards for Practice paper before initiating oral appliance therapy.

2. The process of informed consent includes
    - Disclosing appropriate information so the patient can make a voluntary choice about treatment
    - Allowing the treatment plan to be modified as needed
    - Allowing the patient to ask questions about the risks of treatment
    - Informing the patient of the risk of no treatment
    - Informing the patient of alternate therapies

3. Documentation of informed consent is signed in front of the dentist or facility staff, countersigned by the dentist and maintained in the patient record.

OAT Selection, Fabrication, and Delivery

Standard K-4 Manufacturer Information for Oral Appliances (MANDATORY)

1. The facility has the available manufacturer features, warranties and instructions for the oral appliances that it provides.

Standard K-5 Oral Appliance Selection (MANDATORY) (PP)

1. The facility provides oral appliances that are FDA-cleared and meet the AADSM's definition of an effective oral appliance.

2. The facility has a procedure for selecting oral appliances based on both the qualified dentist's assessment and patient's preferences as outlined in the Standards for Practice paper.

Standard K-6 Oral Appliance Fabrication

1. The facility collects accurate digital or analog impressions and a protrusive bite record.

Standard K-7 Receipt of Oral Appliances (PP)

1. The facility informs the patient of the expected delivery time for the prescribed oral appliance.

2. A qualified dentist verifies fit and comfort and personally checks and documents the structural integrity of the appliance.
   Note: This standard can be met by either the dental director or another dentist on the staff who is a Diplomate of the ABDSM or meets the Qualified Dentist designation requirements established by the AADSM.

3. A qualified dentist takes measures to minimize the development of dental changes, jaw discomfort and muscle fatigue.
   Note: This standard can be met by either the dental director or another dentist on the staff who is a Diplomate of the ABDSM or meets the Qualified Dentist designation requirements established by the AADSM.

4. The facility reviews calibration instructions, homecare instructions and warranty with the patient.

5. The facility provides a written copy of instructions and written warranty for the appliance that delineates the support included in the appliance fee and any services likely to be needed at an additional cost. These should be signed and dated by both the patient and facility staff with one copy to the patient and the other to the patient record.

6. The patient's receipt of the appliance is documented in the patient record.

7. The facility provides daytime and after-hours contact information to each patient at the time of delivery of the prescribed appliance.

Standard K-8 Post-Delivery Follow Up (PP)

1. The facility staff must place a phone call, send an email or otherwise attempt to directly contact the patient within one week of delivering a new oral appliance.

2. During the post-delivery follow-up contact, the patient is given the opportunity to review instructions, express concerns and provide feedback.

OAT Calibration and Short-term Follow Up

Standard K-9 Short-term Follow-up (PP)

1. The facility offers face-to-face follow-up within 30 days of initiating therapy to patients who are prescribed oral appliance therapy to assess the comfort and efficacy of the oral appliance.

2. The facility has a written procedure for the calibration of oral appliances that includes how to determine an appropriate endpoint to the oral appliance advancement process.

3. The facility has a written procedure for referring patients back to physicians for assessment of OAT following final calibration and sending any notes or findings.

4. The facility has a written procedure for patients who are sub-therapeutic following assessment by physician.

OAT Long-term Follow-up Care and Management

Standard K-10 Follow-up Care

1. The facility provides appropriate follow-up services to the patient and caregiver consistent with the type of oral appliance and service provided.

Standard K-11 Long-term Adherence with Oral Appliance Therapy (PP)

1. The facility encourages long-term follow up to patients who are prescribed oral appliance therapy.

2. The facility maintains a follow-up protocol that includes a face-to-face patient evaluation every six months for the first year and at least annually thereafter.

3. The annual recall exam evaluates the following:
    - Efficacy
    - Occlusal stability
    - Structural integrity of the oral appliance
    - Patient adherence
    - Side effects
    - Symptoms
    - The need for additional calibration
    - The oral appliance for signs of wear, fractures, bacterial or fungal growth

Policies and Procedures (L)

Standard L-1 Policies and Procedures (PP)

1. The facility maintains a policy and procedure manual that is accessible to all staff members.

2. The manual supports compliance with all federal and state regulations pertaining to the business.

3. The manual contains all policies, procedures, and protocols specific to the dental sleep medicine facility, including, at a minimum, the policies, procedures and protocols required by these facility accreditation standards. Policies adhere to all current AADSM guidelines.

4. The manual includes the education, training, responsibilities, certifications, and licensures required for all dental sleep medicine staff.

5. The dental director reviews the manual annually and makes updates as warranted.

Quality Assurance (M)

Standard M-1 Quality Assurance Program (PP)

The facility measures at least the following:

1. Patient satisfaction. The facility collects data about patient satisfaction with:
    - Access to care
    - Delivery of the appliance
    - Service

2. Patient adherence with oral appliance use. The facility collects data on patients' use of the oral appliance by tracking the average hours of use per night.

3. Follow-up care. The facility collects data on follow-up care by tracking the percentage of patients that complete their scheduled follow-up visits.

4. Billing and coding errors. The facility collects data on the frequency of billing and coding errors, by tracking claims denials and the reasons for any denials.

5. The dental director reviews and signs a quarterly quality assurance report that includes:
    - A goal for the results of each measure
    - Actual performance on the measure
    - Where actual results did not meet or exceed the goal, the report documents the actions to be taken to improve performance

Ownership Disclosure (N)

Standard N-1 Disclosure (MANDATORY)

1. The facility's accreditation application includes current information for all individuals and companies holding an ownership or controlling interest of 5% or more. In addition, the facility must report to the AADSM any agent relationship and managing employee interest in the facility as well as subcontractor relationships with other DSM facilities.

