

AAOMS TODAY



March / April 2023
VOLUME 21, ISSUE 2

A publication of the
American Association of Oral and Maxillofacial Surgeons

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AAOMS TODAY

March / April 2023

Volume 21, Issue 2

AAOMS Today is published six times a year by the American Association of Oral and Maxillofacial Surgeons. Unless specifically stated otherwise, the opinions expressed and statements made in AAOMS Today do not imply endorsements by, nor official policy of, AAOMS.

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By the numbers

*Adding up all the reasons
to attend 2023 Annual Meeting*

*Members can expect to learn about the
latest and greatest innovations in every
scope of OMS practice.*

*– AAOMS President
Paul J. Schwartz, DMD*

HOUSE OF DELEGATES**15****House composition changes***Delegate allocation determined by membership totals.***ADVANCED EDUCATION****23****Residents benefit from SCORE***Learning management system offers about 90 OMS modules.***ADVANCED EDUCATION****25****Become an OBEAM facilitator***Volunteers needed to lead the anesthesia simulation module.***FOR WHAT IT'S WORTH****26****Extramural corporatization***Dr. James Hupp shares his reservations about non-OMS ownership of OMS practices.***OMS FOUNDATION****29****A mutually beneficial relationship***Academic sector served by OMS Foundation in many ways.***CAPITOL CONNECTION****30****New sessions underway***State legislatures to address CRNAs and dental loss ratios.***OMSPAC****31****Contributions up in 2022***Political action committee recaps member participation, candidate support.***PRACTICE MANAGEMENT MATTERS****35****Prepare for active shooters***What OMS practice staff should do to train and prepare for incidents.***PRACTICE MANAGEMENT NOTES****39****Driving practice success***Change the mindset to focus on customer/patient experience.***CODING CORNER****44****Coding anesthesia services***Specific guidelines describe levels of sedation, start/stop times and time increments.***HEALTH POLICY PERSPECTIVES****46****Understanding federal IDR process***Rules establish process for out-of-network payment disputes.***ABOMS NEWS****49****Guiding the examination process***Sections, co-chairs, CM committee and content experts all have roles.***AAOMS Today: Award-winning AAOMS member magazine**

2021: Awards of Excellence for Writing
2019: Grand Award winner in Magazine category
2018: Most Improved Magazine

HealthcareADAWARDS

2022: Gold Award
2021: Gold Award
2020: Merit Award
2019: Gold Award
2018: Bronze Award



2022: Gold Award
2020: Platinum Award
2019: Platinum Awards for Magazine/Writing



2019: Silver Scroll Division I winner
2018: Newsletter Division I winner



2022: Platinum Award for Design and Gold Awards for Association Magazine and Writing
2021: Platinum Awards for Feature Articles and Gold Awards for Association Magazine and Cover Design
2020: Platinum Award for Feature Article and Gold Award for Association Magazine
2019: Platinum Award for Association Magazine



Paul J. Schwartz, DMD
AAOMS President

The most important thing is that there can be no change without our actions, without our engagement and without our advocacy.

IN MY VIEW

Advocacy key to preserving,

As members of the healthcare delivery system, we all know we operate within a profession that is highly regulated to protect patient safety and the public at large. Too often, we fail to engage with those who make the decisions that affect our practices and our patients. We all have our reasons – life is chaotic, our schedules are busy or we are uncomfortable with what we do not know. But it is our lack of involvement in the political system that makes us feel so helpless.

Maya Angelou said it best, “When you do nothing, you feel overwhelmed and powerless. But when you get involved, you feel the sense of hope and accomplishment that comes from knowing you are working to make things better.”

Every level of government has influence on our practices, from the local level that stipulates our building codes all the way to the federal level that addresses drug policy and guidance over federal payment systems. The most important thing we can do for our profession is to engage with influencers on every level that have a say over our practices and how we treat our patients. Such actions are the key to preserving, promoting and serving our profession’s future.

Path to advocacy greatness rests with us

Advocacy is certainly not a one-size-fits-all endeavor, and there are a multitude of activities that can be tailored to individual abilities and time commitments. The most important thing is that there can be no change without our actions, without our engagement and without our advocacy.

These are just some of the many pathways to add your mark to the specialty’s advocacy goals:

- **Engage with colleagues** – The simplest way to promote the specialty is through casual conversations with other healthcare professionals. Many of our greatest challenges to anesthesia and scope of practice stem from a lack of understanding from other healthcare professionals on OMS training and experience. Discuss your personal experience, show off your office and spread knowledge on the full scope of OMS practice.
- **Respond to advocacy alerts** – Periodically, issues arise that require us to send pre-drafted messages to our elected officials, urging them to take specific action. Respond to these email calls to action as they are critical to making sure the decision-makers hear our opinion. To



promoting and serving our profession's future

participate in campaigns visit AAOMS.org/TakeAction or download the free VoterVoice app via the Google Play or Apple App Store and follow the prompts to select "American Association of Oral and Maxillofacial Surgeons."



- **Participate in OMSPAC** – U.S. citizens who are fellows, members or resident members of AAOMS are eligible to contribute to the Association's political action committee, OMSPAC. Personal contributions are used to support candidates approved by the OMSPAC Board of Directors while corporate contributions are used for administrative expenses. Visit OMSPAC.org for more information.
- **Engage with your state OMS society** – State OMS societies are the specialty's first line of defense on state-level issues. Reach out to your state OMS society for opportunities to get involved in the process and how you can help promote the specialty's interests.
- **Participate in state dental associations** – Like our state OMS societies, state dental associations need and want our involvement. Participate in advocacy opportunities and volunteer for association committees. Dental associations need to hear our voice in the process. Ensure the specialty's position is considered during

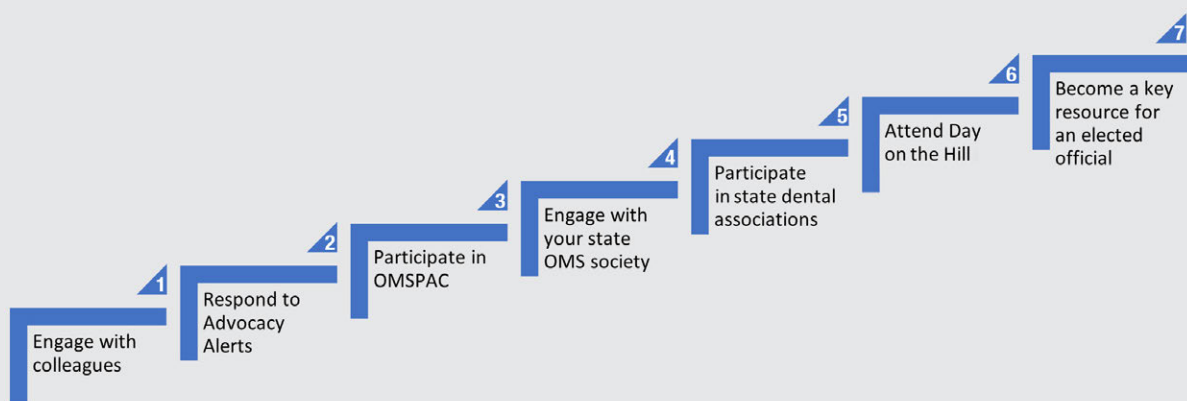
important deliberations by influencing the organizations from the inside.

- **Attend Day on the Hill** – Take your advocacy efforts to the next level by participating in AAOMS's annual Day on the Hill. This one-and-a-half day event not only provides attendees with a chance to hear firsthand from political insiders but also the opportunity to meet face-to-face with decision-makers. Visit AAOMS.org/DayontheHill for more information.
- **Become a key resource for an elected official** – For the most impact, form a close relationship with an elected official and serve as a resource on healthcare matters. Many legislators do not come from a healthcare background and rely on constituent experts to guide their decision-making. Be one of those voices and be a driving force for OMS priorities. Once you have made a connection, be sure to share your relationship with AAOMS at AAOMS.org/Relationship.

No action too small

Every action – no matter how great or small – makes a difference. These are just some of the many ways you can be the force that drives change. The most important thing is that you take that first step. Remember the important words of Margaret Mead, "Never underestimate the power of a small group of committed people to change the world. In fact, it is the only thing that ever has." ■

Increasing commitment to advocacy efforts



Possible advocacy activities with increasing time and resource commitment.



By the numbers

*Adding up all the reasons
to attend 2023 Annual Meeting*

The top reasons oral and maxillofacial surgeons, residents and allied staff attend the AAOMS Annual Meeting year after year varies from person to person.

Some say it's the top-notch clinical education or practice management training. Others look forward to discovering the latest research or having opportunities to network with peers.

The 2023 Annual Meeting – being held Sept. 18 to 23 in San Diego, Calif. – offers all of those experiences... and more.

To support the needs of all attendees, AAOMS again is providing two registration options:

- **San Diego with online access** for those attending in-person with access to the full library of on-demand content and session recordings. Select non-ticketed sessions will be available online until Dec. 31.
- **Online-only access** that includes a limited number of livestream sessions and select offerings of on-demand courses.

The theme of this 105th AAOMS Annual Meeting, Scientific Sessions and Exhibition is Innovations in OMS: Patient Care and Practice Strategies.

"Members can expect to learn about the latest and greatest innovations in every scope of OMS practice," said AAOMS President Paul J. Schwartz, DMD. "AAOMS's annual gathering is an opportunity for all aspects of our specialty to bring forward the most cutting-edge research in treatment planning, surgical techniques and products."

"New this year is a multi-year roadmap in which the plenary sessions will be designed by pairing two 'clinical track' topics with the goal of creating a more robust educational experience for our members," said Luis G. Vega, DDS, Chair of the Committee on Continuing Education and Professional Development. "Traditionally, our meeting has relied on 'isolated' plenary sessions

Members can expect to learn about the latest and greatest innovations in every scope of OMS practice.

*– AAOMS President
Paul J. Schwartz, DMD*

for each scope of practice. These new pairings will recognize the modern practice of oral and maxillofacial surgery."

A running tally

While additional offerings are still being worked out, AAOMS is adding up all the myriad reasons to attend the 2023 Annual Meeting in San Diego.

1 Anesthesia Safety Program: A Review of Closed Claims – A panel will review OMSNIC closed case examples illustrating patient safety and risk management principles.

2 days of coding education to help OMSs and their staff code more efficiently to improve billing and reimbursement. The Beyond the Basics Coding Workshop will cover CPT, CDT and ICD-10-CM coding for the full scope of oral and maxillofacial surgery, documentation guidelines and clinical case studies.

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4 hands-on courses:

- **ACLS and PALS** – Using the American Heart Association curriculum for Advanced Cardiovascular Life Support (ACLS) and Pediatric Advanced Life Support (PALS), these courses will include a lecture, skills stations and interactive case-based scenarios. Participants receive provider cards after successful completion of skills testing and the written exam. Pre-course preparation is necessary.
- **How Many Oral Surgeons Does It Take to Repair a Nerve Injury?** – This course is intended to provide an introduction to the materials and techniques used to perform nerve repair. The hands-on session will be supplemented with a comprehensive lecture

on nerve injuries and technical videos of various microneurosurgical techniques.

- **Digital Full-arch Techniques for Predictable Implant Outcomes Workshop** – Attendees will be led through a comprehensive step-by-step program on digitally restoring full-arch hybrid implant cases using a digital workflow.

5 networking events to encourage connection with OMS colleagues, including:

- **Opening Ceremony, Awards Presentation and Meeting Dedication** – Dozens of OMS innovators and colleagues will be honored and recognized for their research, advocacy, education and support of the specialty.

- **Welcome Reception** – All Annual Meeting attendees are invited to the complimentary kickoff event.
- **Clinical and Special Interest Groups (CIGs/ SIGs)** – Members are encouraged to participate in conversations with peers during lunchtime Thursday and Friday in the Exhibit Hall.
- **Exhibit Hall Reception** – Meet with exhibitors one-on-one during a complimentary Happy Hour in the Hall reception.
- **President's Event** – Being held at the USS Midway Museum, enjoy a night of food, drinks and music with colleagues and friends at the meeting's premier social event.

7 hours of intensive head and neck education – While not offered as a clinical track this year, this full-day preconference brings together leaders in oncologic and reconstructive surgery to discuss current surgical and scientific developments and controversies in head and neck oncology.

8 Clinical Tracks with 11 Clinical Topics

Collaboration will be important during this year's Annual Meeting. Clinical education will be offered in a redesigned track format that allows for new topic rotations every year. Each track will include abstracts and Hot-off-the-Press articles from medical and dental journals – including *The Journal of Oral and Maxillofacial Surgery*. This year's eight tracks will cover 11 clinical topics, including:

- **Anesthesia** – This year's focus is on the geriatric patient and using inhalational agents in the provision of outpatient OMS procedures. For the patient topic, the discussion will cover the new sets of challenges OMSs see as a result of an increase in the number of geriatric patients they see and treat in their offices.
- **Pediatrics and OSA** – This session will highlight the diagnostic, surgical and non-surgical management for obstructive sleep apnea in the pediatric population.
- **Cosmetic Surgery** – Presentations will focus on minimally invasive modalities and surgical options – including adjunctive specialized facial surgeries – to enhance orthognathic surgical practice. Presenters include experts with experience in a variety of clinical



105th AAOMS Annual Meeting, Scientific Sessions and Exhibition

Innovations in OMS: Patient Care and Practice Strategies

Sept. 18 – 23

AAOMS.org/AnnualMeeting

The 2023 AAOMS Annual Meeting will be available both in-person and online. Registration will open in mid-April.

settings, including academic, private and specialized practices.

- **Dental Implants** – This session will provide updates on 1) the current status of the effect on a precision fabricated interface to decrease peri-implant disease, 2) the use of photogrammetry to efficiently fabricate a full arch provisional without an intraoperative pickup, 3) combination therapy for augmenting bone defects and 4) a refined approach for treating bone defects in the esthetic zone.
- **Dentoalveolar** – The plenary session will highlight recent innovations in diagnostics, imaging, surgical technique and sedation to provide advanced care in everyday practice.
- **Orthognathic and TMJ** – The management of combined temporomandibular joint disorders and dentofacial deformities will be explored.

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- **Pathology** – Thought leaders will review the history, presentation, pathophysiology, prevention and treatment of medication-related osteonecrosis of the jaw (MRONJ). New observations of MRONJ occurring in children will be discussed. Panel members also will offer treatment recommendations on case presentations.
- **Trauma and Reconstruction** – Lecturers will discuss the three most common mechanisms of soft-tissue injuries – motor vehicle collisions, firearm injuries and injuries from animal attacks (particularly canine bites) – with each offering its own set of challenges. Then in a panel discussion, they will explore how the injuries diverge in their management as well as overlap in their treatments.

8 offerings of **Office-Based Emergency Airway Management (OBEAM) anesthesia simulation modules** – OBEAM uses intensive, real-life experiences to allow participants to practice and master critical techniques for administering and monitoring office-based anesthesia. Eight two-hour sessions are scheduled.

9 stations at the **Anesthesia Assistants Skills Lab** that provide OMS assistants with hands-on clinical training in airway management, intubation, venipuncture, defibrillation, preparation of emergency drugs and crash carts. OMS anesthesia assistants also will learn about airway adjuncts, critical cardiac dysrhythmias and defibrillation as well as using a peak flow meter and glucometer.

14 on-demand practice management sessions will be available, each lasting 60 minutes. Sessions will cover topics such as instrument reprocessing, team retention, OSHA, practice performance indicators and office emergency preparedness.

16 in-person Master Classes, Team-based and How I Do It sessions will cover safe office anesthesia, contemporary management of pediatric craniomaxillofacial injuries, tissue engineering and incorporating mock drills into a busy practice.

23 practice management sessions will be offered in-person – **5** of which will be livestreamed. Topics include communication strategies to reduce risk, oral surgery financial trends and DSO decisions.

30 lecture-only tickets available for the cadaver course on zygoma implants – with another **30** spots reserved for those who register for the full-day comprehensive hands-on course.

30+ restored aircraft and helicopters available to see at USS Midway Museum during the President's Event. AAOMS President Dr. Paul Schwartz and his wife, Olga, will be celebrated at this social event.

44 on-demand Master Classes, Team-based sessions will be available beginning Sept. 18. Most of these sessions are new to the Annual Meeting program. Among topics: Robotic Dental Implant Surgery in a Private Practice Setting; Microsurgery on a 3D TV using Exoscope; The Future, The Joy Ride that is Being a Junior Faculty; Effect of Various Osteotomies on Airway Expansion; and Pearls and Pitfalls in Necrotizing Fasciitis.

~55 CDE/CME for on-demand and **~25** CDE/CME for in-person continuing education credits available through the in-person and online access to Annual Meeting education. (The final numbers were not available at press time.)

60 minutes of the latest science on trauma and aging during the Keynote Lecture by **Todd Kilbaugh, MD**. The "Preservation of Life is Not Survival" focus will lead the audience through Dr. Kilbaugh's pioneering research discussing the effects of trauma and aging on the brain, and reversal of normal aging and cognitive decline.

71st annual Chalmers J. Lyons Memorial

Lecture will again explore a topic important to the specialty and/or healthcare. This lecture has been a key part of Annual Meeting education since 1952, with past presentations including topics such as facial transplantation, stem cells for skeletal regeneration and global epidemics.

~94 organizations that represent the specialty around the world will inspire the discussions during the Global Health Café. The Café concept allows for group discussion over case studies, best practices and solutions to common diagnoses and care in oral and maxillofacial surgery.

100+ days of access to meeting platform

Both in-person and online meeting participants will have access to the meeting platform from Sept. 18 through Dec. 31 to allow for greater comprehension and participation in the educational content.

105 years of Annual Meetings – What began in 1918 as a small gathering of 29 dentists specializing in exodontia has grown into an annual gathering of more than 4,000 participants – from across the United States and the world – who focus on the education, training and research of oral and maxillofacial surgeons.

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110+ **Exhibitors** will give attendees a chance to explore the latest OMS practice products and technology while offering special show discounts and dedicated one-on-one interactions with vendors. The exhibition also will feature vendor-sponsored Eat, Drink and be Industry-Educated sessions (Breakfast and Learn, Lunch and Learn, and Snack and Learn) on Thursday and Friday to discuss and highlight exhibitors, products and services as well as a complimentary lunch on Friday. New this year, attendees can play AAOMSopoly to try to win valuable prizes.

120 slots available to record a **practice promotion video at the OMS Experts video recording studio** – In-person registrants will have the opportunity to record videos – at no cost – for use at their practice and the OMS Experts series (part of the AAOMS Informational Campaign). Watch for emails and future *AAOMS Today* stories for details.

450 seats available for popular **Anesthesia Update** – This preconference session will introduce several new anesthetic modalities and review everyday challenges faced by the OMS in an office-based practice – including pediatric emergencies, illicit drug use management and medication interactions. ■





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House composition changes in 2023

In accordance with the Bylaws, allocation of Delegates and Alternates for states and counterparts to the AAOMS House of Delegates is determined based upon the distribution of fellows, members and life fellows and life members as of Jan. 1 of the year in which the House convenes.

The Bylaws state the total members of the House of Delegates shall be 102 – with two of them OMS residents representing the ROAAOMS Executive Committee separate and apart from any District. Regardless of its total fellows, members, life fellows and life members, each of the following is to be represented by one Delegate and one Alternate to start:

- Each state
- The District of Columbia
- Each branch of the five federal dental services
- The U.S. territories (Virgin Islands, Guam) and Commonwealth of Puerto Rico combined

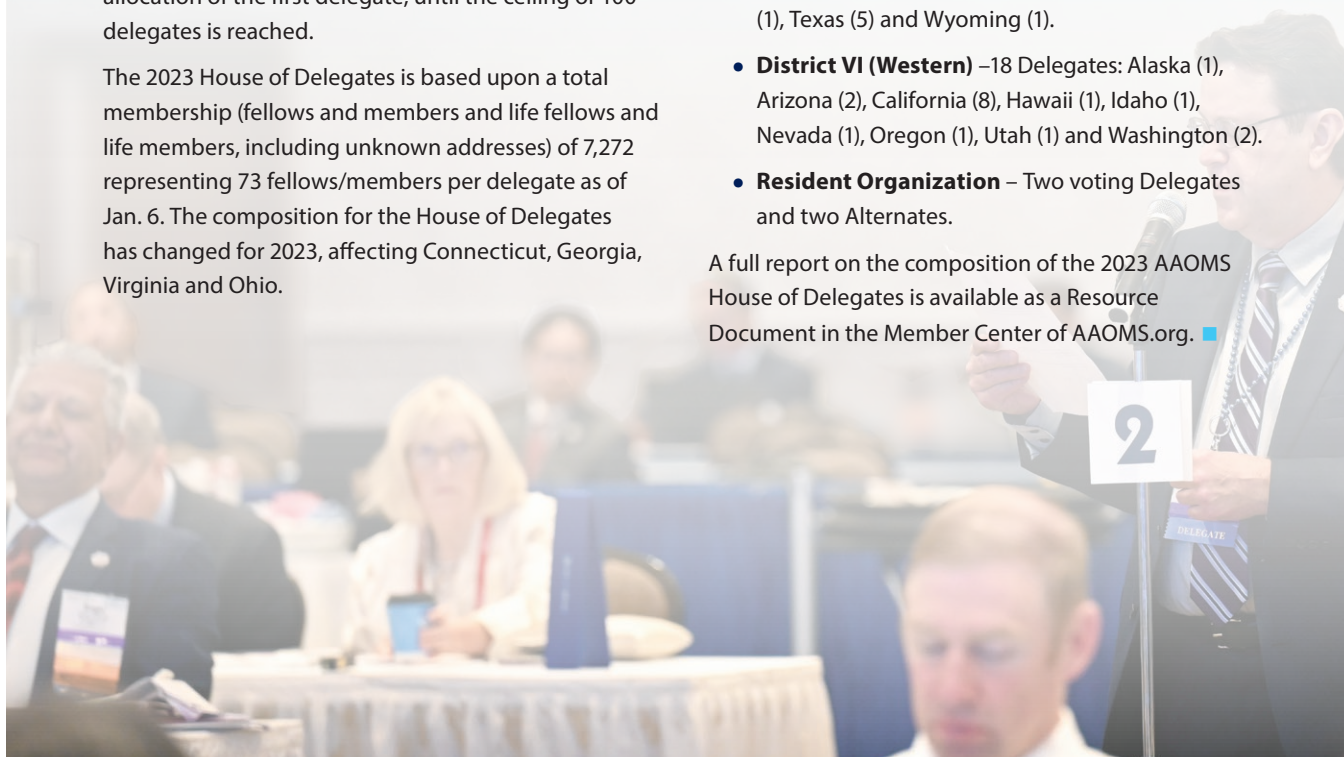
Additional delegates and alternates are granted based upon the remaining number of aforementioned categories to the remaining number of delegates, after allocation of the first delegate, until the ceiling of 100 delegates is reached.

The 2023 House of Delegates is based upon a total membership (fellows and members and life fellows and life members, including unknown addresses) of 7,272 representing 73 fellows/members per delegate as of Jan. 6. The composition for the House of Delegates has changed for 2023, affecting Connecticut, Georgia, Virginia and Ohio.

The composition of the 2023 House of Delegates is:

- **District I (Northeastern)** – 13 Delegates: Connecticut (1), Maine (1), Massachusetts (2), New Hampshire (1), New York (6), Rhode Island (1) and Vermont (1).
- **District II (Middle Atlantic)** – 14 Delegates: Delaware (1), District of Columbia (1), Maryland (2), New Jersey (3), Pennsylvania (4), U.S. Air Force (1), U.S. Army (1) and U.S. Navy (1).
- **District III (Southeastern)** – 22 Delegates: Alabama (1), Florida (5), Georgia (3), Kentucky (1), Louisiana (1), Mississippi (1), North Carolina (2), Puerto Rico and U.S. Territories (Virgin Islands and Guam) (1), South Carolina (1), Tennessee (2), Virginia (3) and West Virginia (1).
- **District IV (Great Lakes)** – 13 Delegates: Illinois (3), Indiana (2), Michigan (2), Ohio (2), Wisconsin (2), Veterans Administration (1) and U.S. Public Health Service (1).
- **District V (Midwestern)** – 20 Delegates: Arkansas (1), Colorado (2), Iowa (1), Kansas (1), Minnesota (2), Missouri (1), Montana (1), Nebraska (1), New Mexico (1), North Dakota (1), Oklahoma (1), South Dakota (1), Texas (5) and Wyoming (1).
- **District VI (Western)** – 18 Delegates: Alaska (1), Arizona (2), California (8), Hawaii (1), Idaho (1), Nevada (1), Oregon (1), Utah (1) and Washington (2).
- **Resident Organization** – Two voting Delegates and two Alternates.

A full report on the composition of the 2023 AAOMS House of Delegates is available as a Resource Document in the Member Center of AAOMS.org. ■



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Innovations in OMS: Patient Care and Practice Strategies

**Registration
opens
in April!**



Sept. 18 – 23

San Diego, Calif.

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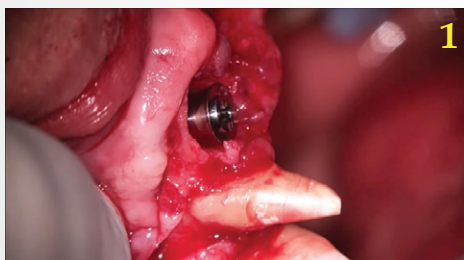
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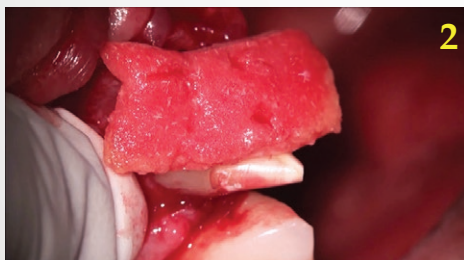
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CLINICAL CASE EXAMPLE



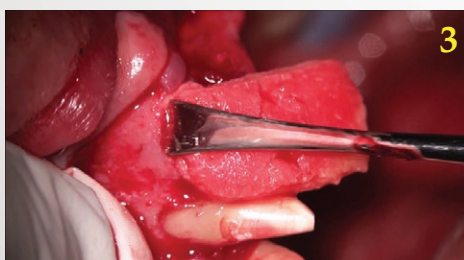
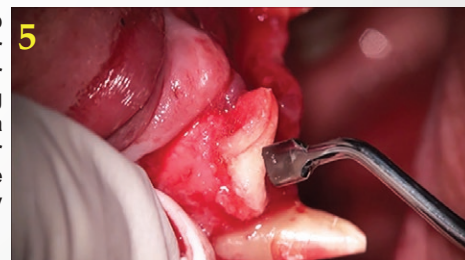
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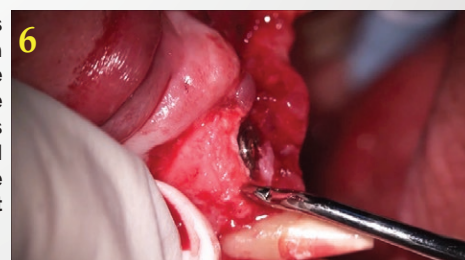
2 OsteoGen® Strip is hydrated with patients blood from the surgical site and, if desired, autologous serum or other growth factors prior to delivery

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3 Buccal plate is reinforced by feeding the OsteoGen® Strip downwards in between the implant and the buccal wall

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Clinical images courtesy of Robert Miller, MA, DDS, FACD, DABOI



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- **Medicare 101 for OMS** – Focuses on Medicare payment policies, billing procedures and enrollment options.
- **Medical Terminology and Oral Facial Anatomy 101** – Teaches basic OMS anatomy, physiology and terminology.
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New affiliate welcomed by journal

The *Journal of Oral and Maxillofacial Surgery* (JOMS) welcomed a new affiliate on Jan. 1 – the American Academy of Craniomaxillofacial Surgery (AACMFS) – joining AAOMS and the Canadian Association of Oral and Maxillofacial Surgeons (CAOMS) as the organizations officially represented by JOMS.


“This affiliation recognizes the growth that has resulted in today’s full-scope oral and maxillofacial surgery practice,” said AAOMS President Paul J. Schwartz, DMD. “The oral and maxillofacial surgery specialty has made its mark as a unique medical-dental domain that brings the most advanced surgical techniques and technologies to the treatment of craniofacial deformities and cancers of the head and neck.”

“As the premier scientific journal for oral and maxillofacial surgery, JOMS is the natural publishing platform to report the leading-edge research being performed by members of AACMFS,” said JOMS Editor-in-Chief Thomas Dodson, DMD, MPH, FACS.

AACMFS President Timothy A. Turvey, DDS, FACS, said his organization is honored to have JOMS as the destination of their research output. AACMFS aims to advance the science and knowledge of treating the most challenging afflictions to the head and neck, such as craniomaxillofacial malformations and deformities, surgical oncology and reconstruction, facial esthetic surgery and craniomaxillofacial trauma.

The new affiliation began with the January issue with the addition of the AACMFS logo on the cover and masthead of JOMS. ■








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*20% discount applies to the 2023 and 2022 editions of Coding Guide for OMS, ICD-10-CM Expert for Physicians, ICD-10-PCS Expert, Dental Customized Fee Analyzer and Customized Fee Analyzer, as well as EncoderPro.com and FeeAnalyzer.com. EncoderPro.com Professional and Dental Codes Add-on \$399.95 bundle pricing applies when both items are purchased.

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Promote oral health awareness and safety this

Every April, AAOMS raises awareness of two national month-long observances: National Facial Protection Month and Oral Cancer Awareness Month. AAOMS members are invited to participate in getting the word out about these important campaigns.



National Facial Protection Month

AAOMS fellows and members can support the campaign by educating their patients and communities about how the use of facial protection, including mouth guards, can prevent injury. A variety of complimentary resources are available to members at AAOMS.org/InfoCampaign.

Resources include:

- Posters in English and Spanish.
- Downloadable videos – including new OMS Expert videos on the topic.
- Public service announcement videos – released in 2022.
- Printable fliers to disseminate to area schools or sports leagues.
- Template news releases to send to media outlets.
- Infographics explaining the types of mouth guards and facial injuries.
- Sample social media messages.
- Shareable web images directing the public to MyOMS.org/SaveFace.

National Facial Protection Month

AAOMS promotes the ‘play it safe’ campaign throughout April to urge parents, caregivers and coaches to encourage the use of safety equipment. Many oral and facial injuries can be easily prevented with the use of sports safety equipment like helmets and mouth guards.

Four co-sponsors are joining AAOMS in promoting National Facial Protection Month: Academy for Sports Dentistry, the American Academy of Pediatric Dentistry, the American Academy of Pediatrics and the American Association of Orthodontists. These organizations collaborate to better educate the public about the potential risks and vulnerabilities of the face, mouth and jaw during athletic and recreational activities as well as the safety measures and equipment available.





April

Oral Cancer Awareness Month

This annual observance is a valuable tool to help educate the public about the causes, symptoms and treatments for oral, head and neck cancer.

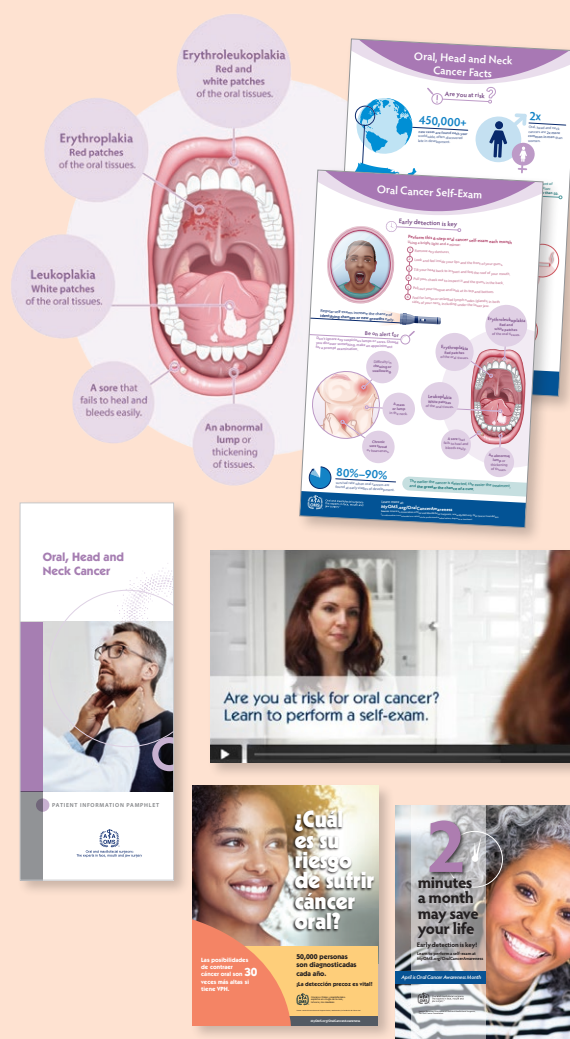
Complimentary downloadable resources – including some translated into Spanish – can be found at AAOMS.org/InfoCampaign. Materials include:

- Posters highlighting important oral cancer information.
- Infographics on oral cancer awareness and performing self-exams.
- Two public service announcement videos demonstrating self-check techniques and identifying risk factors.
- Oral cancer awareness videos featuring new OMS Expert videos covering the value of the HPV vaccine.
- Sample social media messages.
- Shareable web images directing the public to MyOMS.org/OralCancerAwareness.

■ **Complimentary oral cancer screen toolkit** – Free oral cancer screenings are one way AAOMS members can support Oral Cancer Awareness Month in April. By offering screenings, OMSs help draw national media attention to the importance of early detection. This observance also educates the public about the scope of oral and maxillofacial surgery and the role OMSs play in cancer detection and treatment.

AAOMS has developed a toolkit of resources to support members when providing oral cancer screenings, made up of:

- Sample social media posts
- Template press release
- Template volunteer service agreement
- Patient release form
- Volunteer verification form
- Patient excuse slip



AAOMSstore.com also includes newly updated patient information pamphlets Treatment of Facial Injury and Oral, Head and Neck Cancer. Perfect for use in OMS offices or community events, both English and Spanish versions are available to members at 15 percent off through April 30.

In need of more information for your patients? Direct your patients to MyOMS.org for details on the OMS's role in treating facial injuries and oral, head and neck cancer. ■

Oral, Head and Neck Cancer Awareness Week

The Head and Neck Cancer Alliance has designated April 16 to 22 as Oral, Head and Neck Cancer Awareness Week. This annual event encourages practitioners, cancer patients and survivors as well as other interested individuals and groups

to promote head and neck cancer awareness using news releases, public service announcements and free cancer screenings.

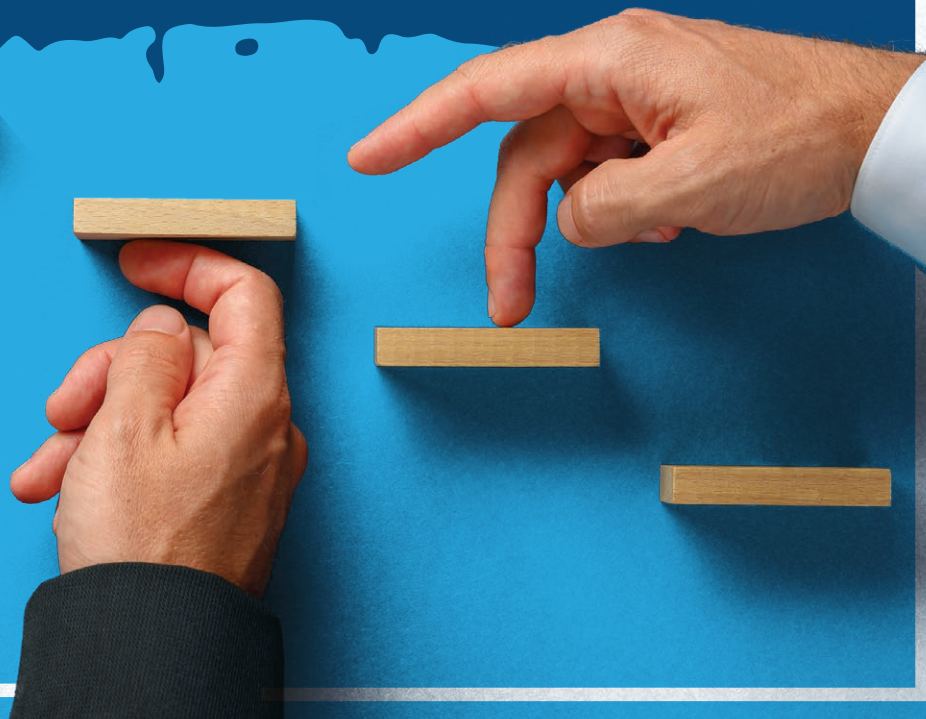




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SCORE for OMS enhances resident education

The Surgical Council on Resident Education (SCORE) for OMS, a learning management system for residency programs, continues to improve the education of surgical trainees through a standardized, peer-reviewed curriculum. The SCORE portal is available at SurgicalCore.org.

OMS-specific content – including about 90 OMS modules and over 210 peer-reviewed self-assessment questions – have been developed by the AAOMS Committee on Education and Training (CET), a SCORE Subcommittee and the OMS Faculty Section.

“SCORE does not take the place of any education; it is only additive,” said SCORE Subcommittee Chair Martin Steed, DDS, FACS. “SCORE for OMS is a tool that can be given to the residents, the program director and the faculty to be sure there are no blind spots in the program curriculum. It is a blueprint for what is core to an OMS surgical residency knowledge base. Yet many of the best modules are on fellowship level material so it exposes and prepares our residents for that level.”

Each SCORE module includes:

- **Learning objectives** – Ten objectives with direct links to related resources developed by surgical content experts.
- **Discussion questions** – Three open-ended questions to allow residents to assess their understanding of topics.
- **Text resources and videos** – Textbook chapters, practice guidelines, procedure guidelines and operative videos.
- **Self-assessment quizzes** – Five multiple-choice questions on each topic.

Residents can use the portal to:

- Prepare for operative cases.
- Organize for weekly conferences and other events.
- Improve their fund of knowledge about patient care.
- Learn about topics not emphasized in their current curriculum.
- Build their own self-study/learning plan.
- Study for the OMSITE exam.
- Access content from their phone/tablet.



Programs can use the portal to:

- Assign modules or other SCORE resources in preparation for weekly conferences or other events.
- Use resources to cover conditions or procedures not typically seen at their institution.
- Incorporate materials from the website into presentations and face-to-face teaching.
- Share the open-ended questions as the basis for discussion in group teaching sessions/rounds.
- Create rotation-based curricula – and prepare before rotation.
- Remediate residents who have identified opportunities for improvement.
- Develop resident-specific OMSITE curriculum.
- View reports on residents' progress by category, module, postgraduate year level or individual.

SCORE provides free webinars on various SCORE-related topics, from sessions on trainee study plans to demonstrations of new SCORE features. To schedule a webinar to learn more about how to utilize SCORE within a residency program, email info@surgicalcore.org.

More information about SCORE is available at SurgicalCore.org. ■



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Become a volunteer OBEAM facilitator

A AOMS is looking for members who would like to volunteer their time and knowledge to facilitate Office-Based Emergency Airway Management (OBEAM) courses.

Multiple dates are available throughout 2023, including sessions during the Annual Meeting in San Diego, Calif.

Q What is OBEAM?

A The AAOMS National Simulation Program allows attendees to practice and master critical techniques for administering and monitoring office-based anesthesia. Unlike previous anesthesia emergency simulation courses, this program is standardized to ensure every participant experiences the same simulated events. Its state-of-the-art technology enables AAOMS to automatically evaluate the performance of every registrant and pinpoint those areas that may benefit from additional training. The OBEAM module offers OMSs an effective method of assessing their readiness to meet an office anesthesia emergency.

Q What requirements are needed to facilitate?

A Facilitators must be an AAOMS member who has taken the OBEAM course.

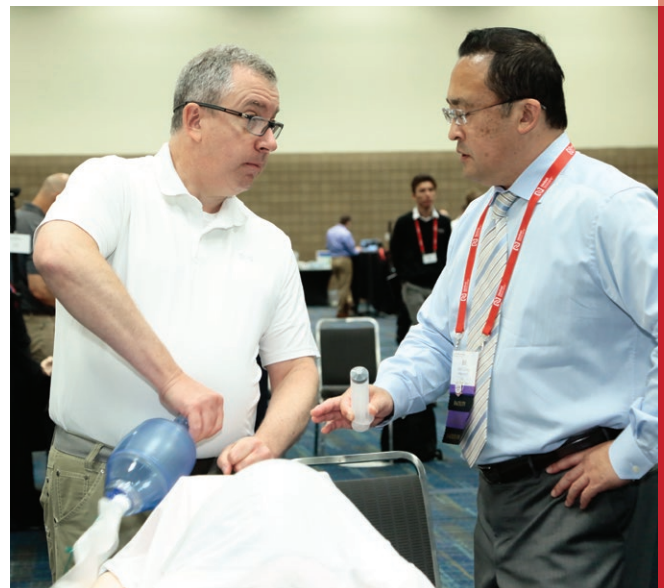
Q Why become a facilitator?

A Facilitating an OBEAM module allows OMSs the opportunity to network and engage with colleagues

while also receiving CE credit. OBEAM facilitators share and demonstrate their skills and knowledge with other members taking the course.

Those who are not able to come to AAOMS headquarters in Rosemont can volunteer to facilitate offsite. These include, but are not limited to, the Dental Implant Conference and the AAOMS Annual Meeting.

Questions? Email jscofield@aaoms.org. Visit AAOMS.org/OBEAM for more information. ■



OBEAM facilitators engage members during simulation scenarios.



James R. Hupp, DMD, MD, JD, MBA,
FACS
AAOMS Today Editor

I now have serious reservations about how many oral and maxillofacial surgeons are selling their practices to a private equity group or any other entity not owned and run by an OMS.

FOR WHAT IT'S WORTH

Concerning trend:

In the May/June 2022 issue of *AAOMS Today*, I discussed what I now term “extramural corporatization” of our specialty. That is, the purchase of oral and maxillofacial surgery private practices by private equity groups and other non-oral and maxillofacial surgery firms.

At the time I wrote that column, I did not have a strong opinion on whether this ongoing trend was beneficial or harmful to our specialty. However, that has changed. I now have serious reservations about how many oral and maxillofacial surgeons are selling their practices to a private equity group or any other entity not owned and run by an OMS.

In addition, some OMSs are forgoing setting up or joining a private practice, opting instead for extramural corporate employment. I do strongly believe in the spirit of capitalism and the right of OMSs to make their own career decisions; my concerns do not relate to that. Instead, I worry about where the trend toward OMS extramural corporatization will lead our specialty.

Reasons an OMS might sell a practice

There are very legitimate reasons why an OMS might wish to sell their practice. Perhaps they are nearing retirement and receive an attractive offer or have not been able to find an associate to take over and buy them out. Another reason might be that they are weary of running their own business and prefer to leave that to someone else, leaving them free to just do surgery. I have fewer concerns about this kind of practice transition since it still leaves an OMS in charge of the overall practice.

Of course, too much practice consolidation can leave the practitioners losing their sense of pride of ownership and close connection to patients and referrals as well as the practice losing some of the intangibles a small business has such as goodwill and patient loyalty.

However, there is now another option for those wishing to move out of their practice about which I do worry – that is, the purchase by an entity such as private equity. This might make sense for a practitioner who plans to retire soon, although I think it breeds other problems I’ll address in a later column. But there is also the practitioner who doesn’t mind the business aspects of running a practice but gets a remarkably attractive



Extramural corporatization

offer to buy the practice that appears too good to refuse. Both the soon-to-retire and the surgeon not ready to retire are both being sought out by private equity firms.

Why private equities like OMSs

We are the typical ideal candidate for private equity; namely, a business that will allow them to generate the sizable return on their investment to pass on to the clients of those firms while charging a healthy fee for their efforts. In fact, the usual private equity core strategy is to make wise investments in entities that will bring healthy short-term returns and then move on to other investment vehicles.

Private equity works to find ways to generate – some would say squeeze – more income out of the entity by introducing control systems and production goals into their acquisition to (at least in their mind) improve productivity. They also seek ways to increase profits through consolidation. In the end, they seek to carve out a piece of the action, not by improving care or the patient or doctor experience (in the case of healthcare), but by what they often call cutting the fat out of the operations they acquire.

It is no mystery why private equity groups seek to buy oral and maxillofacial surgical practices and employ OMSs. Our

practices generate healthy cash flows due to the demand for our skill at performing highly technical procedures requiring great precision while also providing advanced forms of pain and anxiety control; and doing so with reliably high quality and safety.

What makes our specialty attractive for takeovers is that our dentoalveolar procedures – including dental implant placements – and our ability to do such procedures on an ambulatory basis generate substantial sums of money. This makes our specialty a logical target for extramural firms such as private equity groups.

We are exactly the kind of discipline that can attract the interest of private equity because of the high gross revenues a practice generates. Their interest in the dental field is not limited to oral and maxillofacial surgery alone; similar kinds of activity also are being seen in orthodontics and endodontics.

In the upcoming issues of *AAOMS Today*, I will spell out my specific concerns about this growing trend and try to offer some ideas of how we as individual surgeons and as a specialty might best address this incursion into our domain. ■



OMS Foundation ♥ AAOMS Faculty

Supporting academia to
strengthen the specialty

"OMS-specific research is what gives our specialty legitimacy, advances patient care and differentiates OMSs from technicians. With its support of FEDA, research grants and enrichment opportunities for academicians, the OMS Foundation is continuously moving the needle to strengthen and advance our specialty. I'm paying that forward as an OMSFIRE donor."

– **Mohammed Qaisi, DMD, MD, FACS**

*Professor, Oral and Maxillofacial Surgery, Midwestern University
Attending Physician, Advocate Illinois Masonic Medical Center*



"My first research grant was funded by the OMS Foundation, and it laid the groundwork for my academic career. Other opportunities – like the Faculty Lunch & Learn – continue to deliver value to me as an academician. My OMSFIRE commitment reflects my appreciation for all the Foundation does for the specialty."

– **Kelly Kennedy, DDS, MS, FACS**

*Associate Professor – Clinical
OMS Residency Program Director
The Ohio State University School of Dentistry*

"The OMS Foundation supports a specialty-driven academic experience, offering training and funding for research and experiential learning opportunities for dental students, residents and faculty. A strong academic sector is critical to a successful and fruitful future for the OMS specialty. I'm proud to support my colleagues in academia as an OMSFIRE donor and Vice Chair."

– **Brett Ferguson, DDS, FACS**

*Adjunct Assistant Professor and Chair, Oral Surgery and Hospital Dentistry
University of Missouri – Kansas City*

Your support of the Annual Fund helps to recruit, train and inspire our specialty's academicians and secure the future of the OMS specialty. OMSFIRE makes it easy to be generous. **Learn more and donate at OMSFoundation.org**



OMSFoundation.org/Donate



Brett Ferguson, DDS, FACS
OMS Foundation Vice Chair

A mutually beneficial relationship

As Chair of OMS and Hospital Dentistry at University of Missouri – Kansas City (UMKC), it's not unusual to hear one of my residents admit to a limited understanding of the OMS Foundation's mission, purpose and available resources. But when I hear a fellow OMS academician dismiss the Foundation as irrelevant or as unworthy of their support, I engage as a lifelong academician, a former AAOMS Officer and a Foundation Director. I'm grateful to Dr. Lou Rafetto for sharing this space to allow me to spotlight the many resources the Foundation offers to OMS faculty and reflect on how indebted our sector is to the donors who underwrite those programs.

Every successful OMS started out as a high-performing dental student, and the Foundation's efforts to strengthen the specialty begin there. Its Student Research Training Award program empowers OMS programs to pair faculty members with promising dental students to provide mentorship, research training and an introduction to the opportunities and rewards of academia and research. This program has helped to launch the careers of dozens of top OMS academicians, including many of our specialty's current program directors.

To meet our commitment to provide training, enrichment and networking opportunities for faculty and researchers, the Foundation allocates \$20,000 to \$30,000 annually to support Clinical and Scientific Innovations for OMS (CSIOMS), the Clinical Trials Methods Course and the AAOMS Head and Neck Oncology for the OMS conference. These AAOMS conferences routinely feature a powerhouse roster of speakers, many of whom proudly list a Faculty Educator Development Award (FEDA) on their CV.

Jointly funded by AAOMS and the Foundation, FEDA has made an indelible mark on our academic workforce, helping to attract our finest minds to academia and supporting their maturation as educators, researchers and mentors to

the next generation. A FEDA grant on an academician's CV signifies both a commitment to education and a vote of confidence from the specialty.

In 2020, the Foundation added a two-year \$150,000 Clinical Research Support Grant to our programs' portfolio. Applications for this award and our \$75,000 Research Support Grants are carefully evaluated for the strength of the proposal, its relevance to the specialty and its capacity to answer a perplexing clinical dilemma or establish an innovative treatment algorithm. In this era of decreased funding, the Foundation provides a unique resource for OMS researchers seeking to engage in transformative and applied research to increase positive outcomes for our patients.

The Foundation also supported the development of the SCORE for OMS, the standardized curriculum for surgical residents that provides high-quality educational content to trainees and their programs across the surgical specialty spectrum.

Most recently, the Foundation launched a Faculty Lunch and Learn at the AAOMS Annual Meeting. This September, Dr. Akin Cil, Chair of UMKC's Department of Orthopedic Surgery, will share strategies for successfully integrating diversity, equity and inclusion policies into an academic program. The event is free and the content is timely – enhancing a year packed with opportunities for every OMS academician. If the number of Foundation Donor ribbons on display at the 2022 Annual Meeting's Faculty events is any indication, the Foundation and the academic sector it strives to serve have forged a mutually beneficial relationship. ■

The Foundation's capacity to serve the OMS specialty depends on your support. Visit OMSFoundation.org to donate, join the OMSFIRE roster as a recurring donor or learn more about a Foundation program.



Congress, state legislatures begin new sessions

The 118th Congress got off to a slow start in the new year with minimal legislative activity in the first weeks. State legislatures, on the other hand, hit the ground running – introducing a number of bills impacting the specialty.

Federal level

- The 117th Congress adjourned just before Christmas after passing a large omnibus package. The package appropriated federal funding for the remainder of the 2023 Fiscal Year and contained healthcare policy provisions addressing drug and supply shortages advocated by AAOMS the past two years, halting most of the Medicare physician payment cuts scheduled to take place on Jan. 1 and seeking to reduce opioid abuse. Specifically, the new law mandates controlled-substance prescribers undergo a one-time federal continuing education requirement of eight hours upon initiation or renewal of their DEA license. A more detailed summary of the bill is available at AAOMS.org.
- The 118th Congress convened on Jan. 3 with Republicans taking control of the House and Democrats maintaining control of the Senate – both with narrow majorities. Significant legislative accomplishments in the 118th Congress could prove difficult given these narrow majorities as well as split-party control of Congress. Potential areas of agreement related to healthcare could include efforts to reform the Medicare physician payment system, reduce prescription drug costs, increase price transparency requirements for hospitals and health insurers, and reauthorize legislation originally

passed in 2006 to improve the nation's pandemic preparedness capabilities.

State level

The state legislatures are in full swing with hundreds of bills being tracked by AAOMS that could impact the specialty. Dental insurance reform legislation remains popular this year with several state dental associations leading the charge on topics such as dental loss ratios, assignment of benefits and network leasing arrangements.

Visit AAOMS.org/TrackingMap for a full list of legislation being tracked by the Association. Also be sure to stay connected with your state OMS society and dental association for any developments.

Among issues this year:

■ **CRNAs** – Legislation addressing CRNA independent practice or expansion of practice location is the most popular topic in the states thus far. As of January, **Indiana, Mississippi, Missouri, New Mexico, Oklahoma, New Jersey, New York, Virginia, Washington** and **West Virginia** introduced legislation addressing this topic.

■ **Dental loss ratio** – The **New Mexico** Department of Insurance finalized a regulation that will require all dental insurance plans to adhere to a 65 percent dental loss ratio with reporting starting in 2024. This is one of the first such provisions addressed via regulation without statutory implementation language. ■



OMSPAC: 2022 contribution trends and statistics

Since 1971, OMSPAC – AAOMS’s political action committee – has been committed to supporting the advocacy agenda of the specialty. OMSPAC does this by providing nonpartisan financial support to members of Congress who value the specialty, our patients and perspective on healthcare policy issues; and who are positioned to influence AAOMS’s federal legislative goals. OMSPAC contributions are distributed to friends of the specialty in compliance with Federal Election Commission regulations.

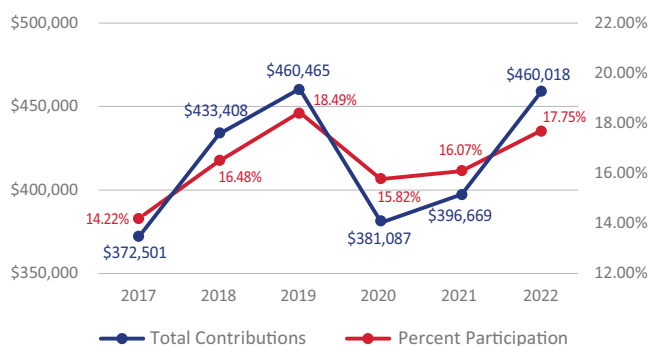
In 2022, member contributions and the percentage of OMSs who supported OMSPAC were higher than 2021 and 2020. In



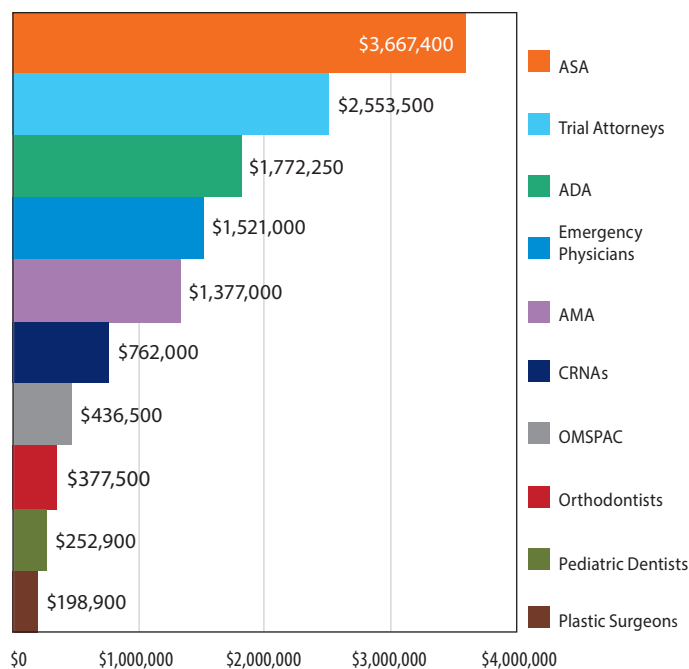
OMSPAC
OUR SPECIALTY’S VOICE IN WASHINGTON

total, OMSPAC supported the campaigns of 87 congressional candidates, of whom 82 were either elected or re-elected to the 118th Congress. A few statistics are provided below. Visit OMSPAC.org for more information on OMSPAC’s 2022 activities, including a list of top contributors and a full list of candidates supported. ■

Annual receipt and participation trends

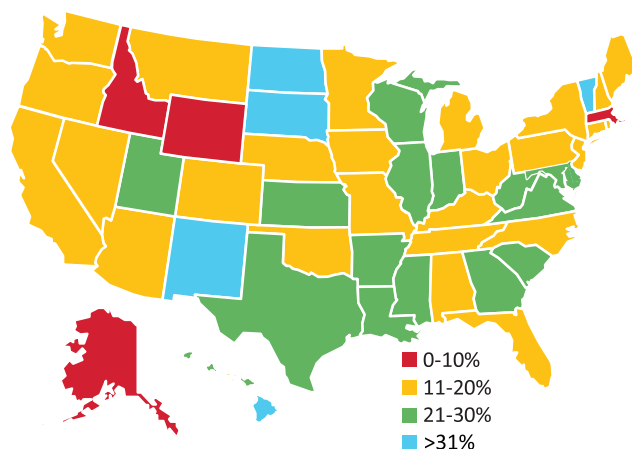


2022 election cycle federal candidate contributions

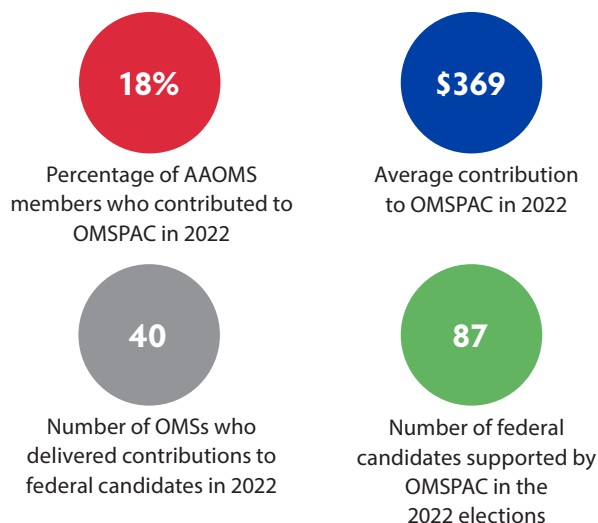


FEC.gov (as of Jan. 19, 2023)

Participation by state



Facts about OMSPAC contributions



What is OMSPAC Doing to Protect the Specialty?

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HEALTH IT BYTES



■ **Tracking cookies and HIPAA** – The U.S.


Department of Health and Human Services' Office for Civil Rights (OCR) issued a bulletin warning on Dec. 1 that entities regulated by HIPAA "are not permitted to use tracking technologies in a manner that would result in impermissible disclosures of [protected health information] to tracking technology vendors or any other violations of the HIPAA Rules." Via the bulletin, OCR clarifies that personal information collected by tracking technologies on a HIPAA-regulated entity's platform, website or mobile app ("Digital Platform") can qualify as protected health information subject to the HIPAA Privacy, Security and Breach Notification Rules (HIPAA Rules). Additional information is available at [HHS.gov/HIPAA/for-professionals/privacy/guidance/hipaa-online-tracking/index.html](https://www.hhs.gov/HIPAA/for-professionals/privacy/guidance/hipaa-online-tracking/index.html).

■ **FHIR** – The 21st Century Cures Act requires – effective Dec. 31, 2022 – all certified electronic health record (C-EHR) companies to implement upgraded technology with interoperability, allowing providers to transmit patient information across networks. The Fast Healthcare Interoperability Resources (FHIR) standard facilitates these processes. All providers utilizing C-EHR must engage in this service by September and allow the sharing of patient healthcare data. OMSs are encouraged to reach out to their EHR vendors now to inquire about the FHIR standard and request necessary upgrades to allow for the sharing of data using its API. Non-certified EHRs are not required to adopt the FHIR standard, but OMSs are still encouraged to request adoption from their vendors as client demand will drive adoption.

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Dozens of Invisible Dental Support Organization (IDSO) silent partners are paying record values for partial interests in OMS practices advised by LPS. OMS-only IDSOs compete fiercely with the multi-specialty and Dental Trifecta groups, driving up values. You should understand all of your options.

IDSOs purchase 51% to 90% of practices for cash now at low tax rates. Doctors retain ownership and have significant upside in the equity value.

Some LPS clients have achieved 3x to 7x equity returns in only three to five years.

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Doctors continue to lead their practice with their brand, team and strategy for years or decades. Practices benefit from the resources of a larger, silent partner, but are not micromanaged or homogenized.

IDSO partnership is not a short-term transition strategy, but rather a long-term wealth building partnership. Some happy LPS OMS clients are under 35!

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LPS clients have 6 to 10+ qualified bidders. LPS completed over \$500 million of transactions for dentists of all types, in the last 12 months. LPS' size enables our clients to achieve record values that the little advisors cannot match. Multiple OMS clients have achieved values of over 3x collections.

Your Value in Today's Consolidation Frenzy

Great practices with at least \$1.2 million in collections have many options today. You should understand the value of your practice in an LPS-advised process. Doctors who deal directly with IDSOs often leave millions on the table and do not get to consider ALL of their options.

Contact us to schedule a confidential, no obligation discussion to learn the value of your practice; you might be surprised at today's values!

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Active shooters: How to be proactive, prepared

As defined by the U.S. Department of Homeland Security, an “active shooter” is an individual who is engaged in killing or attempting to kill people in a confined and populated area. In most cases, active shooters use firearms(s), and there is no pattern or method to their selection of victims.

The Cybersecurity & Infrastructure Security Agency (CISA) outlines several potential warning signs that may be applicable to staff, patients, visitors, students, contractors and volunteers:

- Individual presents increasingly erratic, unsafe or aggressive behavior.
- Individual threatens harm to themselves or others.
- Claims of marginalized or distancing from friends and colleagues.
- Changes in performance at work by staff member.
- Sudden and dramatic changes in home life or personality.
- Appearing out of place in staff-only, restricted access locations.
- Stalking and/or harassing of staff and patients.
- Observable grievances and making statement of retribution.
- Auditory indicators and menacing, antagonistic behavior.
- Staff, students, contractors and volunteers not displaying proper identification such as an ID badge.

Q In case of an active shooter, what should OMS practice staff do?

A If an active shooter has entered your practice or is in your vicinity, it is important to be prepared both mentally and physically. Staff should respond immediately and communicate the threat to law enforcement and any others present. Additionally, CISA outlines three response options for those in an active shooter situation:

- **RUN:** If there is an accessible escape path, avoid the assailant and attempt to evacuate the premises. Be sure to leave personal belongings behind, avoid elevators, encourage others to evacuate with you and call 911 when in a safe location.
- **HIDE:** If evacuation is not possible, find a place to hide and preserve the safety of patients and visitors. If possible, hide in a room with thick walls and limited windows and try to lock or blockade the door. Be sure to silence cell phones, turn off sources of noise, remain quiet and dial 911 to alert the police. Also, hiding places should be out of the assailant’s view and not restrict your option to move.

- **FIGHT:** As a last resort – and only if your life is in imminent danger – attempt to disrupt or incapacitate the attacker by using available items, such as a fire extinguisher. Defend yourself and your patients – act aggressively, yell, throw items and improvise weapons.

For more information regarding response options, visit [CISA.gov](https://www.cisa.gov).

Q What are some mitigation strategies and protective measures my practice can implement?

A Because active shooter incidents are unpredictable, it is critical to take proactive steps for preparing your practice and staff. Implement an Emergency Action Plan (EAP) and conduct training exercises, being sure to consider specific characteristics of your facility during the planning process. Contributors to your EAP may include practice owners, human resources, property management and law enforcement/emergency responders. Effective training exercises may include recognizing the sound of gun shots, reviewing different responses – run, hide, fight – and calling 911. Be sure to maximize the protection of staff and patients with plans that address physical security, access, planning and personnel:

- Implement a practice-wide notification system.
- Post signage for emergency exits.
- Share your practice layout with your local law enforcement and first responders.
- Limit access to the building, monitoring credential systems and badge access.
- Develop an Emergency Action and Notification Plan.
- Conduct active shooter drills at least once per year.

For more information on creating an EAP, visit [OSHA.org](https://www.osha-slc.org).

Q Are resources available to help train and prepare OMS practice staff for active shooter situations?

A The following organizations provide resources and training materials to help prepare for active shooter situations:

- Federal Bureau of Investigation: [FBI.gov](https://www.fbi.gov)
- U.S. Department of Homeland Security: [Ready.gov](https://www.ready.gov)
- Cybersecurity & Infrastructure Security Agency: [CISA.gov](https://www.cisa.gov)
- Federal Emergency Management Agency: [Training.FEMA.gov](https://www.training.fema.gov)
- U.S. Department of Health and Human Services: [ASPRTracie.HHS.gov](https://asprtracie.hhs.gov)

Review available webinars, pamphlets, posters and other publications on these websites to learn what you and your practice can do and how best to respond. ■



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Customer service or customer experience?

By Kevin Johnson

President, Leverage Consulting

Customer service or customer experience? On the surface, they may seem the same. They are both statements geared toward customer-oriented strategies which teams and businesses focus on to define their reputation and draw in new customers.

The difference, however, comes in the form of the mindset you have when approaching these two statements.

Customer service can be described as: what we as a team or company are doing for our customers – in this case, your OMS practice patients. Think of this as a unilateral proposition. Customer service is something you can influence directly and change immediately if you feel inclined to do so.

Customer experience, on the other hand, is the customer's perception of how easy it is to be a customer, how fun it is and how professional the interactions are with your practice. This is more challenging to change because your opinion or perception of your business doesn't matter. The customer's perception is the only one that matters. And why should you care? There are five reasons you should

care and put significant team focus on the customer experience:

- Practice growth
- Practice reputation
- Treatment acceptance
- Employee sticky factor
- Lower overhead

"Customer" and "patient" are used interchangeably here. You do not treat all customers; however, all patients are customers. Your team needs to see your referral sources as customers as well. Would you receive five-star reviews from them as well?

Starts with leadership

Exceptional customer service is what will eventually lead to an exceptional customer experience. Consistency in how you treat your customers or patients is the only way you will influence how many people value your service, how many are raving fans and how many refer you to others. This is why fantastic team member interactions with your customers are so important in day-to-day activities.

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However, how do outstanding customer interactions materialize? Where exactly should your team go to observe great examples of how to interact with the people who are paying you and your team for your service? One of the most effective ways to get your team to “see” and experience these examples of superior interactions is from the top down. You – as the owner, manager, team leader, etc. – must be the driving force to initiate the customer service that you want to see.

You must set the bar and create the example for the rest of the team in which there is only one way that customers and patients are to be treated and handled – and that is with understanding, care, respect, etc. There can be no exceptions in the way that you handle situations because your team members will automatically point to you, the leader, and say, “Well, I saw them handle it that way, so I assumed that that’s what I should do.” It should be the responsibility of every leader and senior employee to set the example.

Like many others, you have high expectations of products and services that you buy, whether it be a meal at a restaurant or your own visit to the doctor’s office. Your expectations of others are a good starting point of how to approach the expectations for your own practice. Once those expectations are visualized, it will be easier to relay those high expectations to your team.

Sure, everyone makes mistakes and has those days when there is a perfect storm of patients not arriving on time, patients canceling appointments, a team member who is out sick and other things not going quite the way you hoped.

You might get stressed out. Nevertheless, one of the keys to great customer service is maintaining consistency even when your day is not perfect. Make the most out of it and do not concentrate on the problem. Focus on how to make the most of it. Service recovery is a form of customer service, too.

Ask what they want

If you find yourself asking, “What defines a fantastic customer or patient interaction?” that answer doesn’t come from you or your team. The easiest way to find out what your customers want is by doing the simplest thing possible – just ask. You would be well-armed to exceed expectations if your team were to ask questions such as “How could this visit be the best dental visit that you’ve ever experienced?” and “What questions could we answer for you during your consultation?”

These are just a few questions that your patients should be asked before any interaction takes place. The secret to exceeding expectations is to ask, listen, deliver.

Let’s not complicate or overthink this. To your team, a patient is one of hundreds or thousands seen, but to the patient, you’re the only one. You should be making the customer feel like they are the only one. A few additional examples of questions to ask the patient:

- Who referred the patient?
- Who is their dentist (which is not always the same as the first question)?



- Have we treated the patient or their family before?
- Do they have questions we need to answer during their initial visit.

Ask the questions. Record the answers in your practice management software. Be prepared for the next interaction. This is one of your most cost-effective internal marketing strategies with potentially the highest impact.

Anticipate needs

Too many businesses are in firefighter mode apologizing for mistakes, chaos and miscommunication. While in firefighter mode, customer service is the last thing on your mind. At that point, it is purely about survival.

When your team is systematized, scripted and trained, the team is able to anticipate needs. Surgical assistants are capable of anticipating patient and surgeon's needs. Administrative team members are capable of anticipating patients' and clinical team members' needs. The concept of anticipation is endless. And when you are in that mode, the practice runs smoother, and you make time to prioritize customer experience. On a scale of 1-10 (10 is great):

- How well does your practice anticipate the needs of your customers?
- How well does each team member anticipate the needs of the rest of the team as well as your customers?

Customer experience is not just for the customers – it is for your team members as well.

Ask for reviews

When your team does exceed the expectations of your patients or customers, it can be very easy to notice – especially when they keep coming back. Smiles, positive body language and engaging conversation also are positive reactions to your service. There are even times when your patients will give direct verbal compliments. These are opportunities to grow public awareness of your business.

If customers are telling you that your team met or exceeded their expectations, the only logical next step to take is to ask them to grab their phone (or jump on their computer when they get home) and type up the exact same compliment into Google or Facebook reviews. It is easy to explain to the patient that it is beneficial for others to find your business so they also can have the same experience.

A constant influx of reviews for your business is a necessity in today's environment. Customers are evaluating you online long before they ever call. Reviews allow experiences to be shared to further promote you, your brand and the public perception of your services or your practice. Where or how else could you share your customer's experiences so effectively and inexpensively?

Do you believe it is possible for your practice to acquire 250 additional Google/Facebook reviews? If you treat 1,000 patients in a year, you would expect the majority to be happy with your service and their experience. With that assumption, it should be reasonable for 25 percent of those patients treated to be being willing and capable of leaving you a Google or Facebook review. That's 250 new reviews – every year.

Those reviews confirm that the team is doing a great job. It is really quite easy to add to your online reviews by listening for the feedback, asking for the review and providing the link through a text or email. Additionally, you also need someone on staff who is willing to observe or listen to feedback about less than stellar experiences so the team may improve. Everyone wishes for great feedback; however, constructive feedback is the most helpful to improve your practice. If you are fortunate enough to hear the feedback, act on it.

'Good enough' is not good enough

Ask yourself the following questions. The answers may help you prioritize the importance of customer experience:

- Do I go to the primary care physician who is closest to me?
- Do I go to the dentist who is closest to me?
- Do I go to the barber or hair stylist closest to me?
- Do I think everyone else goes to the doctor or barber closest to them?

In some cases, the answer might be yes; however, you probably have other criteria that supersedes convenience when deciding where to invest your money and confidence. How do people decide where to go to solve whatever problem that they have? Distance and proximity are the primary decision factors in the absence of positive customer experiences.

For example, think how many times someone has asked your opinion on where to go out to eat or if one clothing store is

continued on next page



superior to another. Distance or convenience isn't the only factor when making a recommendation. When a problem needs to be solved, people don't mind going out of their way if it means receiving quality service that will exceed expectations.

If there isn't something unique about a practice, the customer will seek convenience or lowest cost. Exceeding expectations will create loyalty and respect by doing the unexpected for your patients. Give your customers a reason to drive past your competition. If you are not confident that customers will drive long distances for your service, you need to upgrade your mindset for your practice.

Five reasons driving success

The following five reasons should be the fuel that drives you and your team to make patient experiences a top priority (right behind optimal patient care).

- **Practice growth** – Great patient experiences earn more patient referrals and more professional referrals.
- **Practice reputation** – A positive reputation will make patients, dentists as well as current and future employees respect you. Through positive customer experiences, you will secure a great reputation, a schedule where there are no openings and a practice where future employees will drop off their resume in hopes they might work for you some day.
- **Treatment acceptance** – Patients say “yes” to treatment quicker and more frequently when you focus on experience.
- **Employee sticky factor** – Great patient experiences makes life at the practice fun. Fun for patients and

fun for your team. Your team members' experience is equally as important as compensation. Fair compensation and a work environment where you make a difference is tough to beat.

- **Lower overhead** – Lower overhead with phenomenal patient experiences. Internal marketing (patient experience) is far cheaper than paid ads and external marketing. Employee sticky factors lower overhead with lower turnover and full schedules tend to increase collections decreasing overhead.

If keeping your schedule full, retaining good team members and furthering your reputation is important to you – make customer experience your No. 1 priority. ■

Kevin Johnson, President of Leverage Consulting (Leverage4Results.com) will be presenting at the 2023 AAOMS Practice Management Stand-Alone on April 29 in Rosemont, Ill. Visit AAOMS.org for more event information.



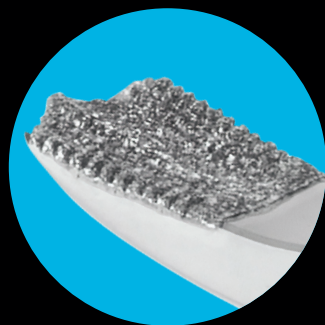
This is number 190 in a series of articles on practice management and marketing for oral and maxillofacial surgeons developed under the auspices of the Committee on Practice Management and Professional Staff Development and AAOMS staff. Practice Management Notes from 2002 to present are available online at AAOMS.org.

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Guidelines for coding anesthesia services

A AOMS continues to receive questions regarding appropriate coding of anesthesia services performed by oral and maxillofacial surgeons. The American Society of Anesthesiologists (ASA), AMA and ADA provide specific guidelines for levels of sedation, start and stop times, and when to code for the next increment of time.

Levels of sedation

The ASA definitions for levels of sedation and anesthesia may be found in the AAOMS *Parameters of Care: Clinical Practice Guidelines for Oral and Maxillofacial Surgery* (AAOMS ParCare 2017), the ADA *Current Dental Terminology* (CDT®) and the AMA *Current Procedural Terminology* (CPT®) coding manuals. In addition, levels of anesthesia and sedation may be defined in individual state board regulations.

Correct coding conventions dictate reporting to the highest level of sedation administered. For instance, if nitrous oxide is administered before or during the same surgical episode as the deep sedation/general anesthesia, only the deep sedation/general anesthesia would be reported.

Coding for anesthesia

There are unique differences between anesthesia billing when reporting CDT® and CPT® codes. The concepts of facility, supplies and materials are inherently different and may often be confusing in terms of dental and medical billing.

A CPT® code from the anesthesia chapter – such as 00170 (anesthesia for intraoral procedures) and 00190 (anesthesia for procedures on facial bone or skull) – are typically reported by someone other than the operating surgeon (e.g., anesthesiologist or CRNA).

When a code from the anesthesia chapter is reported on a claim, the insurance carrier assumes a separate provider is administering the anesthesia and therefore may request a modifier, such as AA or QZ. These provider type modifiers would not be reported by an OMS, as these modifiers represent anesthesia services directly performed by a separate anesthesia provider and not the operating surgeon.

CPT® guidelines indicate anesthesia administered by the operating surgeon should be reported by appending modifier 47 (anesthesia by surgeon) to the surgical procedure, using a

two-line method. For example, if reporting CPT® code 21025 and the OMS is administering anesthesia simultaneously, the procedures would be reported as follows:

21025 Excision of bone; mandible (*fee for surgical procedure*)

21025-47 Anesthesia performed by operating surgeon (*fee for anesthesia services*)

Per CMS 1500 claim instructions, unless time is indicated in the code nomenclature or description, the units box would reflect the total number of anesthesia minutes administered. If time is indicated in the code nomenclature or description – for instance, if reporting moderate sedation or CDT® codes on a medical claim form – units may be reported.

When reporting separate anesthesia services rendered by different providers, billers should proceed with caution as reporting separate claims is necessary for each provider's services. It is not appropriate for the anesthesiologist's services to be billed under the surgeon's name, as it may misrepresent the provider of service. Billing under the practice's tax ID and NPI will be dependent upon the employment agreement, payer contracts, credentialing status and state laws. (Additional information regarding billing for an associate can be found in the 2022 May/June AAOMS Today Health Policy Perspectives article.)

It is also important to note that CDT® does not distinguish between operator-administered anesthesia and anesthesia provided by another practitioner.

Start and stop times

CDT® and CPT® have differing guidelines for reporting additional increments of time. For example, the ADA's position is the next increment of time may be reported as soon as it is entered regardless if the full increment is carried out, while CPT® guidelines state that more than half of the increment time must be met in order to bill an additional 15 minutes.

Although both CDT® and CPT® may differ in how the next increment of time is reported, their definitions of start and stop times are similar.

According to CDT® guidelines, "anesthesia time begins when the doctor administering the anesthetic agent



performed by OMSs

initiates the appropriate anesthesia and non-invasive monitoring protocol and remains in continuous attendance of the patient. Anesthesia services are considered completed when the patient may be safely left under the observation of trained personnel and the doctor may safely leave the room to attend to other patients or duties.”

CPT® guidelines state, “anesthesia time begins when the anesthesiologist begins to prepare the patient for the induction of anesthesia in the operating room (or in an equivalent area) and ends when the anesthesiologist is no longer in personal attendance, that is when the patient may be safely placed under postoperative supervision.”

It is important to be mindful when billing anesthesia services to not bill for time that may overlap with anesthesia time from another patient encounter and to send in both the anesthesia record along with operative notes when submitting a claim.

CDT® code D9219, *evaluation for moderate sedation, deep sedation or general anesthesia* is not intended be reported on the same date of service as another evaluation and management code. Therefore, if an evaluation is performed that results in a decision to do surgery, the anesthesia evaluation may be considered included in that evaluation. However, code D9219 may be reported by the OMS on the same date as the surgical procedure if the therapeutic evaluation was performed on a previous visit because an anesthetic evaluation is necessary prior to performing surgery.

Medicare's anesthesia reimbursement policy

According to the *Medicare NCCI Coding Policy Manual*, “Medicare Anesthesia Rules prevent separate payment for anesthesia for a medical or surgical procedure when provided by the physician performing the procedure.” In other words, deep sedation/general anesthesia is bundled with the payment of Medicare-covered services when rendered by the operating surgeon and cannot be billed separately to the Medicare beneficiary. Many third-party payers utilize Medicare policy; therefore, it is possible that other insurance



carriers may also bundle payment and not reimburse separately for general anesthesia.

Medicare will pay for moderate sedation when rendered by the operating surgeon; therefore, it should not be bundled when reported by an OMS.

Additional resources specific to anesthesia services – including the AAOMS Coding and Billing Papers Coding for Anesthesia Services and Bundling Payment for Anesthesia Services – can be found in the Practice Resources tab on AAOMS.org. ■

Coding decisions are personal choices to be made by individual oral and maxillofacial surgeons exercising their own professional judgment in each situation. The information provided in this article is intended for educational purposes only. In no event shall AAOMS be liable for any decision made or action taken or not taken by you or anyone else in reliance on the information contained in this article. For practice, financial, accounting, legal or other professional advice, consult professional advisers. CPT® copyright 2023 American Medical Association. All rights reserved. Current Dental Terminology® (CDT) copyright 2023 American Dental Association. All rights reserved.

Out-of-network payment disputes: Understanding

Effective January 2022, the No Surprises Act (NSA) limited out-of-network providers from balance billing commercially insured patients in certain circumstances. Federal rules issued throughout 2021 and 2022 outlined important provisions of the NSA, including a method for determining out-of-network reimbursement for services that fall under the scope of the law. The rules also established a process for providers to negotiate and, when applicable, dispute out-of-network payment rates believed to be unfair or inaccurate.

The federal Independent Dispute Resolution (IDR) process may be initiated following unsuccessful payment negotiations between an out-of-network provider and a health plan or payer. The IDR process employs an independent arbitrator to review the facts of the case and make a final determination of payment. However, it's important to note the IDR process does not apply equally to payment disputes in all states when covered out-of-network services are rendered.

Applicability

In many cases, the qualifying payment amount (QPA), or a payer's median contracted rate for a given service, constitutes the out-of-network rate under the NSA. When the QPA applies, so does the IDR process. However, there are other mechanisms for determining out-of-network payment rates. If a state has an all-payer model agreement in place, for instance, it will supersede NSA rate setting methodology. Such agreements set across-the-board payment rates for the same service regardless of who pays for it, although Maryland is currently the only state in which this applies.

Some states have existing laws that dictate the total amount payable for certain services when rendered by an out-of-network provider. These laws also outline state-specific dispute resolution processes. Under the NSA, these are referred to as "specified state laws." When such a law exists, the federal IDR process does not apply. However, not all states may have laws that govern out-of-network rates and disputes under all circumstances. Therefore, each claim scenario must be analyzed individually to determine whether state surprise billing laws or NSA rules apply.

In general, the NSA rules – including the IDR process – apply to ERISA or self-insured plans unless a plan opts into a state's



surprise billing laws, which the NSA allows. It is important to note that the NSA does permit a patient to consent to be balance billed by an out-of-network provider under limited circumstances. When a patient agrees to pay out-of-network rates, the IDR process will not apply.

To aid providers in determining whether the federal IDR process applies and under what circumstances, CMS has developed the several resources that may be found at [CMS.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA). OMSs are encouraged to consult with a practice attorney to determine how federal and state surprise billing laws impact their practice.

IDR at-a-glance

The following summarizes key points of the IDR process:

- Federal agencies have set strict timeframes for each phase in the process.
- Open negotiation between the provider and health plan is the mandatory first step.
- Following the open negotiation period, either party can initiate arbitration via the IDR portal: [CMS.gov/NoSurprises/Help-Resolve-Payment-Disputes/Payment-Disputes-Between-Providers-and-Health-Plans](https://www.cms.gov/NoSurprises/Help-Resolve-Payment-Disputes/Payment-Disputes-Between-Providers-and-Health-Plans)
- Each party pays a non-refundable administrative fee – increased to \$350 in 2023 – to participate in the process.
- IDR is baseball-style arbitration: Each party submits an offer with the arbitrator required to choose one or the other.
- Payment determination via arbitration is binding.



federal IDR process

- The party that loses the dispute is held responsible for the arbitration entity's fee. This can range between \$200 to \$700 for single determinations that began Jan. 1.
- Any amount due from one party to another must be paid within 30 calendar days of the final determination.
- The party that initiated the IDR process cannot initiate new arbitration with the same party and for the same services for 90 days.

Payment determinations

Since its implementation, the federal IDR process has remained the focus of intense scrutiny and litigation. The surprise billing final rules issued in August 2022 revamped the standards for payment determinations under the IDR process, in accordance with a district court ruling issued earlier that year.

The updated requirements instruct arbitrators to select the offer that "best represents the value of the item or service under dispute" and to consider the QPA in addition to all relevant and permissible evidence submitted by the disputing parties. In other words, factors such as the provider's level of training and experience, patient acuity and overall complexity of the service must be weighted alongside the median in-network rate. When making a payment determination, certain factors may not be considered, including the provider's usual and customary or billed charges and public payer (i.e., Medicare, Medicaid or TRICARE) rates.

CMS has worked with individual states to determine how certain provisions of the NSA are implemented, including the enforcement of the outcome of the IDR process. Enforcement arrangements by state are available at [CMS.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/CAA).

Additional information on the IDR process, as well as other NSA provider resources, may be found at [AAOMS.org/CodingReimbursement](https://www.AAOMS.org/CodingReimbursement). ■



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Shreveport, Louisiana
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JUN
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Leading the ABOMS examination process

ABOMS – led by an eight-member Board of Directors in addition to staff – also has a leadership group within its Examination Committee.

Section Editor

The ABOMS Examination Committee is divided into three sections, each one having its own Section Editor. All the examination domains, or areas of the examinations, are divided among these three sections. Section Editors work throughout the year, editing newly written items – including exam questions – for computer-based examinations such as the Qualifying Examination and the Oral and Maxillofacial Surgery In-service Training Examination. Section Editors review and edit those items that fall into one of their domains and then pass it along to one of three Board Consultants who do a final review of each item before it is accepted.

ABOMS also has an Editor assigned to each of the Certificate of Added Qualifications (CAQ) exams – CAQ in Head and Neck Oncologic and Reconstructive Surgery and CAQ in Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial).

In 2022, the Section Editors together reviewed and edited more than 350 new items.

Oral Certifying Examination Co-chairs

The same three sections are divided among Oral Certifying Examination (OCE) Co-chairs. These individuals coordinate the

review of case materials and participate in the construction of the examination. They advise and direct the Examination Committee members during all stages of the OCE process. OCE Co-chairs have the responsibility to provide counsel and guidance to the members within their Surgery Section.

CM Co-chairs and Section Editor

The Certification Maintenance (CM) Committee members are responsible for the review and development of clinical cases and article assessments that Diplomates complete each year. They track item assignments and make necessary modifications throughout the year. The CM Co-chair and Section Editor interact with their Board liaison to ensure appropriate content is assessed in various topics.

Content Experts

Every year or two to ensure exam content remains relevant, ABOMS does a full review of every item in its question bank for each examination. ABOMS relies on its Content Experts to take the time to go through these items. There is one Content Expert for each of the 11 domains of the examinations. They will review every item, whether it has been used on an exam before or not, and make any necessary edits – including updating a reference – or they may choose to retire a particular item. ■



Oral and maxillofacial surgeons:
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Something
for every
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your team!

April 29 – 30
Loews Chicago O'Hare Hotel
Rosemont, Ill.

AAOMS.org/EduWeekend

Practice Management Stand-Alone – April 29

Designed for all OMSs, practice managers and front-office staff

Advanced Protocols for Medical Emergencies in the OMS office (APME) – April 29 and 30

Designed for dental anesthesia assistants

Beyond the Basics Coding Workshop – April 29 and 30

Designed for OMSs and coding professionals

Impact of having a written financial plan

By Shawn M. Johnson, ChFC, CLU

Vice President, Business Development

Treloar & Heisel, LLC

Would you ever take a trip without having a destination in mind or planning how you are going to get there?

Most people spend more time planning vacations than their financial lives (e.g., retirement, buying a home), which can cause a lot of uncertainty and a lack of clarity.

A written financial plan is a roadmap that helps lead people toward reaching their life goals. Studies show only 1 in 4 Americans have a written financial plan. Of the Americans who do not have a written financial plan, some have thought about their plan in specific or general details, some have not thought about it at all and some do not think they need a plan.

Why have a financial plan

How is having a written financial plan impactful? It can do the following:

- Lead to an improvement in everyday financial behavior such as debt management, savings and overall budgeting.
- Cause an improvement in investing behavior that can lead to improved portfolio diversification, less “performance chasing” and increased discipline.
- Result in increased confidence regarding financial health.

Those who put pen to paper with written financial plans are more confident, more engaged with their wealth, and demonstrate more positive saving and investing behaviors than average Americans. In addition, those with a written financial plan feel almost twice as confident in their retirement preparedness than those who do not have a written plan. Of those with a plan, 89 percent report that they feel confident about their current financial health vs. 56 percent of those who do not have a plan.

What's holding people back

You might be wondering why more professionals don't have a written financial plan. Here are a few embedded beliefs that may be holding some people back:



- Not knowing whether the advisor abides by fiduciary standards.
- Not working with a specialist.
- Not understanding how the advisor gets paid.
- Maybe financial planning just isn't for them or their situation doesn't merit a written plan.
- Financial planning is too overwhelming, and they don't even know where to begin.

How to start

Find a wealth management firm with highly qualified advisor teams serving clients nationwide. Work with your advisor to provide a comprehensive, written financial plan. Once your written plan is in place, your advisor and financial planning team can work with you on an ongoing basis to help ensure you remain on track toward reaching your financial goals. ■

Treloar & Heisel, Treloar & Heisel Wealth Management, and Treloar & Heisel Property and Casualty are all divisions of Treloar & Heisel, LLC. For advice on the discussed topics, please review with your licensed advisor.

WHAT ARE YOU DOING WITH YOUR MONEY TO CREATE A FULL LIFE?

Now is the time to answer this very important question. The steps you take to create a satisfying life today will set the foundation for the future you envision.

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Investing involves risk including loss of principal. No strategy assures success or protects against loss.

Insurance products offered separately through Treloar & Heisel, LLC.



Job Title School of Dentistry Oral Surgery Faculty
Position/Rank School of Dentistry Oral & Maxillofacial Surgery Faculty
Department 01478 - SOD - EDUCATION
City Salt Lake City, UT
Track Track Dependent on Qualifications
New Position to Begin As soon as possible

The University of Utah, School of Dentistry, Section of Oral & Maxillofacial Surgery is recruiting a faculty position for predoctoral and resident coverage for in and outpatient hospital caseloads. In addition, there are opportunities to participate in an active full-scope Oral and Maxillofacial Surgery hospital practice at the University of Utah Hospital and serve in a leadership role as Section Head for Oral & Maxillofacial Surgery. Future plans include the development of a six-year OMS residency program. The position is available in the tenure-line or career-line (Clinical Track) at the assistant, associate, or full professor rank. Rank will be determined by the candidate's experience and qualifications.

We seek qualified applicants who support diversity and inclusion initiatives and foster a diverse, supportive and inclusive environment for faculty, students, staff and patients.

This position will work collaboratively with the interdisciplinary care of patients in the restorative, prosthetic, endodontic, periodontics and oral diagnosis sections of the UUSOD. Evidence-based care is integral to all of our programs.

Candidates must have the skills, capacities and interests to educate and train an exceptionally talented group of students in a university environment that thrives on innovation and is committed to leading the nation in the transformation of health care.

Opportunities abound at the University of Utah to assist faculty in developing skills as evidence-based educators, learners and leaders for academic dentistry. The institution has just renewed its Center for Clinical Translational Science that serves as a rich resource for patient-oriented research methodology and mentoring.

Beyond our competitive salary, the University's and School of Dentistry's benefits program is tremendous, including: health care, prescription drug, behavioral health, dental, flexible spending accounts, health savings accounts, retirement plans, supplemental retirement plans, retiree benefits, accidental death & dismemberment, disability, life insurances, long-term care, home and auto insurance, legal plans, military benefits, and large tuition benefits for you and family (see more details here: <https://www.hr.utah.edu/benefits/>).

Qualified candidates must have completed an accredited specialty program in oral and maxillofacial surgery and be a graduate of an accredited dental school. They must be eligible for a dental license in the state of Utah. Board eligibility is required and board certification by the American Board of Oral and Maxillofacial Surgery is highly desirable.

Candidates should submit current curriculum vitae, a cover letter that summarizes teaching, clinical and scholarly experiences, and the names and contact information of three professional references within the application. All references must be outside the University of Utah and/or its affiliates and not be retired.

All applications must be submitted online at (Full position details also available here):
<https://utah.peopleadmin.com/postings/138573>

Inquires may be directed to:
Jeri Bullock, DDS
Associate Dean, Clinical Affairs
School of Dentistry
Jeri.bullock@hsc.utah.edu

Review will begin immediately and continue until the position is filled.

HOUSE OF DELEGATES

Association Pledge promoted in House of Delegates resolution

The 2022 AAOMS House of Delegates approved a resolution that will augment the promotion of the Pledge of the Association. Along with the Code of Professional Conduct, the Pledge of the Association governs the professional conduct of all AAOMS fellows and members and is as follows:

Recognizing that the American Association of Oral and Maxillofacial Surgeons stands for the highest traditions of our specialty, I hereby pledge myself, as a condition for membership, to practice oral and maxillofacial surgery with honesty and to place the welfare of my patients above all else; to advance constantly in professional knowledge; and to render help willingly to my colleagues.

In solemn affirmation of my dedication and upon my honor, I declare that I will abide by the Code of Professional Conduct of the American Association of Oral and Maxillofacial Surgeons and that I will faithfully support its purposes and ideals and abide by its principles and regulations.

The AAOMS Committee on Membership also has been tasked with addressing the resolution and will provide recommendations to the Board and a report to the 2023 House of Delegates.

The Pledge is included in Chapter XV of the AAOMS Bylaws and A2 of the AAOMS Code of Professional Conduct, which can be found on AAOMS.org/CodeofConduct.

2023 ANNUAL MEETING



Submit oral abstracts, posters

Applications for 2023 Annual Meeting oral abstracts and posters are due by March 26. Submit applications at AAOMS.org/speakers. Late submissions will not be accepted. Questions? Email shannonm@aaoms.org.

MEMBERSHIP



Celebrate colleagues' anniversaries

AAOMS congratulates its fellows and members celebrating their fifth, 10th and 20th anniversaries since election to membership. A full list of this year's celebrants is available at AAOMS.org/anniversaries.

MEMBERSHIP



Second dues notices sent

Second dues notices were mailed in January to those who have yet to renew for the 2023 membership year. Professional staff previously sponsored for allied staff membership were included on the first and second notices for OMS members. Staff memberships not renewed by Feb. 28 were dropped.

Third notices for OMS members will be mailed in April and, per AAOMS policy, will include a late fee.

Members can renew through the Member Center at AAOMS.org. Contact membership@aaoms.org for more information or to receive another copy of the annual statement.

CONTINUING EDUCATION



Access subscription content 24/7

AAOMS offers a Clinical CE Subscription service that allows OMS members to access all clinical on-demand courses 24/7, 365 days a year. This includes over 100 hours of content and is updated with at least 20 new courses annually.

The Clinical CE Subscription is \$249 per year and does not automatically renew. Complete details can be found at AAOMS.org/CEsubscription.

MEMBERSHIP



AAOMS offers variety of volunteer opportunities

Volunteering provides members the opportunity to learn more about AAOMS, to participate in Association priority objectives and to network. AAOMS encourages members to engage in short-term, long-term or project-specific volunteer opportunities. These opportunities may be in-person, remote or hybrid – and some require travel.

Volunteer opportunities are available in the areas listed at AAOMS.org/volunteer. To confirm interest in becoming an AAOMS volunteer, complete the Volunteer Interest

Application and email it to governance@aaoms.org or fax it to 847-678-6286.

Those who want to volunteer for a specific committee are reminded that an opportunity may not be immediately available because some appointments are long-term, or opportunities may require district representation or membership in the ADA or AMA.

Questions about volunteering? Email governance@aaoms.org.

2022 ANNUAL MEETING



Recordings available for purchase

Recordings of 2022 AAOMS Annual Meeting sessions are available for purchase at AAOMS.org/Recordings. Discounted pricing is offered for meeting attendees.

MEMBERSHIP



Join online AAOMS community

AAOMS Connect – an online community for Association members – features a discussion forum, private messaging and more.

AAOMS Connect is a resource to network with colleagues or become involved in Clinical and Special Interest Groups (CIGs and SIGs) beyond the Annual Meeting.

To access AAOMS Connect, members can log in to AAOMS.org, click on AAOMS Connect under Member Center and click Join the CIG/SIG Community to request access to the CIGs. In each CIG/SIG thread, the corresponding officers and liaisons are listed.

Additional information, including an Online Communities Training Guide, is available at AAOMS.org/Communities.

ADVANCED EDUCATION



FEDA applications due April 1

AAOMS is accepting applications for the Faculty Educator Development Award (FEDA) until April 1.

The award was established to support individual faculty members by:

- Encouraging promising, young OMSs to choose a long-term faculty career in the specialty.
- Inspiring promising OMS faculty members who have been on faculty for up to seven years to continue a faculty career in the specialty.
- Providing a financial incentive to Commission on Dental Accreditation (CODA)-accredited residency training programs to retain current faculty and recruit new faculty.

Upon adherence to the FEDA guidelines, the recipient is awarded \$40,000 annually for three years for a total disbursement of \$120,000. In addition, the faculty member's institution receives disbursements of \$5,000 for three years for a total disbursement of \$15,000. All funds disbursed to the institution must be used solely to support the FEDA recipient.

FEDA applications and guidelines are available at AAOMS.org/FEDA.

ADVANCED EDUCATION



Receive help with ACS fellowships applications

The American College of Surgeons (ACS) and AAOMS forged a way for single-degree OMSs who meet eligibility criteria to apply for full fellowship to ACS. AAOMS initially reviews OMS applications for eligibility of the waiver of the College's standard application requirements, allowing candidates the opportunity to strengthen their application if necessary.

Single-degree OMSs can apply more than once to AAOMS for consideration of the waiver. They can submit the following materials to acsfellowship@aaoms.org by June 1:

- Current CV.
- Proof of Diplomate status with ABOMS. Applicants must have achieved Diplomate status a minimum of 12 months before the ACS application deadline, which is typically Dec. 31.
- Proof of a DDS or DMD. (A scanned copy is required.)
- Proof of a full and unrestricted dental or medical license in the state of practice.
- Three letters of recommendation from current ACS fellows (who may be OMSs or otherwise). A directory of fellows is at FACS.org.
- Proof of current appointment on the surgical staff of a hospital with privileges as defined by the OMS scope of practice.
- A consecutive 12-month listing of the procedures performed within the previous 24 months as a surgical attending with responsibility for the applicant's portion of the patient's care. The surgical list should meet specific criteria, available at AAOMS.org/member-center/ACS-fellowship#criteria. The committee will assess for an appropriate volume and combination of cases.

AAOMS also provides case log review for dual-degree applicants, who will still directly apply to ACS. Their case logs should be sent to acsfellowship@aaoms.org by May 1 each year.

Acceptance of a waiver does not guarantee fellowship in ACS. For more information about the waiver application, email acsfellowship@aaoms.org. Applicants are asked to not directly contact ACS about the preliminary application. Additional information is available at FACS.org/member-services/join/fellows and AAOMS.org/member-center/ACS-fellowship.

MEMBERSHIP



Affiliate membership offered

OMSs practicing outside of the U.S. are eligible for affiliate candidate status through an application at AAOMS.org/Affiliate. Affiliate candidates have substantially reduced membership dues. Questions? Email membership@aaoms.org or call 800-822-6637.

CONTINUING EDUCATION



Cleft/craniofacial webinars set

The first of four new webinar series offered this year will be released in March. The first series will focus on cleft and craniofacial surgery and include Surgical Correction of the Cleft Jaw Deformity by Caitlin Magraw, DDS, MD, FACS, at 6 p.m. CDT on March 22, and Subcranial and Orthognathic Surgery in Craniofacial Anomalies by Srinivas Susarla, DMD, MD, MPH, FACS, at 6 p.m. CDT on March 29.

To register, visit AAOMS.org/CEonline.

MEMBERSHIP



Complete OAE recertification

Office Anesthesia Evaluation (OAE) recertification is due for current members and fellows who last completed an OAE or exemption form in 2017 (or 2016 if practicing in Delaware and New Jersey).

Those who are not members of the OMS state society, and for whom the OMS society is unable to evaluate, should contact the AAOMS Department of Professional Affairs for scheduling assistance. Members who are eligible must reconfirm OAE exemption every five years by completing a waiver form available on AAOMS.org.

Confirmations of successful completion of the re-evaluation are due from OMS state societies to AAOMS Membership Services no later than July 31. Noncompliance with the OAE Program will result in discontinuation of AAOMS membership effective as of the 2023 AAOMS Annual Meeting.

Notify AAOMS of any scheduled evaluation dates or difficulties experienced in scheduling a re-evaluation. Contact AAOMS Membership Services by email at membership@aaoms.org or call 800-822-6637.

CODING



Develop coding knowledge online

AAOMS offers online coding and billing courses to navigate a range of topics with resources and guidance. Courses can be accessed immediately through AAOMS.org/CEonline. Offerings include:

- Basic Coding for OMS
- Beyond the Basics Coding
- Coding for Implants and Bone Grafts
- ICD-10-CM for OMS
- Medical Terminology and Oral Facial Anatomy 101
- Medicare 101 for OMS
- OMS Billing

MEMBERSHIP



Adjust directory profiles

The AAOMS annual dues statements mailed in the fall included member profile and directory verification forms. Members are asked to carefully review this information to ensure Association records are current.

All addresses, emails, websites, home and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the AAOMS.org members-only directory and the public-facing MyOMS.org Find a Surgeon search database. Both the directory and the Find a Surgeon search are updated in real time.

AAOMS encourages members to use the AAOMS.org My Account page to update their profiles and contact information whenever there is a change.

COMMUNICATIONS



Subjects needed for stories

AAOMS Today Editor James R. Hupp, DMD, MD, JD, MBA, FACS, would like to feature more OMSs and their personal stories in upcoming issues of the award-winning member magazine. If you or someone you know fits any of the topics below, please email communications@aaoms.org.

- **Artists on the side** – Looking for painters, sculptors and visual artists.
- **Practice transitions** – Looking for OMSs who transitioned from government work to private practice or vice versa.
- **Mountain-climbers** – Looking for those who scale mountains in their spare time.
- **Post-COVID-19 state of the specialty** – Looking for stories of how the pandemic fundamentally changed the way OMSs deliver care.
- **Meditation** – Looking for OMSs who take part in transcendental meditation or other similar brain-related activities.



Journal in search of Surgical Oncology and Reconstruction Section Editor

JOMS is accepting nominations for a Surgical Oncology and Reconstruction Section Editor to complete the three-year term of the current editor. The term would begin as soon as a qualified applicant is approved by the AAOMS Board of Trustees.

The editor would serve as a principal subject matter expert for manuscript review, assign manuscripts to peer reviewers, attend the annual Editorial Board meeting, identify and recruit new peer review candidates, provide guidance to the Editor-in-Chief and Associate Editor as needed, author one

guest editorial per term as well as recommend manuscripts for acceptance, rejection and revisions.

Nominees must be a member of AAOMS, the Canadian Association of Oral and Maxillofacial Surgeons or American Academy of Craniomaxillofacial Surgery and practice oral and maxillofacial surgery in the United States or Canada.

Nominations should be emailed to Editor-in-Chief Thomas Dodson at tbdodson@aaoms.org by May 1. Nominations should include a curriculum vitae and cover letter describing the individual's interest and qualifications. Self-nominations are encouraged.

MEMBERSHIP



Chief residents should apply before July 1 for active membership

AAOMS encourages chief residents to become candidates for active membership, with their resident membership expiring July 1. Apply for active membership at AAOMS.org/Apply.

When chief residents apply for AAOMS candidate status before completing OMS training, the first year of dues is waived through 2024. AAOMS allows a graduated dues discount for subsequent years with full dues levels not being billed until 2027. AAOMS candidates practicing as sole faculty, with the U.S. Public Health Service, Indian Health Service, Veterans Affairs or active duty in the federal services are eligible for additional discounts.

Chief residents entering fellowship programs are encouraged to apply early for candidacy to receive an extended graduated dues discount through the duration of the fellowship program. Application, applicants should forward a copy of their fellowship letter (with dates of duration) to membership@aaoms.org.

Questions? Email membership@aaoms.org or call 800-822-6637.

CONTINUING EDUCATION



Webinar applications open

AAOMS is always accepting applications for webinar presentations. The application is available at AAOMS.org/Speakers. Questions can be emailed to kbrower@aaoms.org.

MEMBERSHIP



View Board actions online

All Association members are encouraged to review the quarterly Actions of the Board of Trustees, available on AAOMS.org/member-center/resource-documents.



AAOMS Opportunities

2023

Various dates

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org/OBEAM

April 29–30

AAOMS Educational Weekend

Loews Chicago O'Hare Hotel in Rosemont, Ill.

- Advanced Protocols for Medical Emergencies in the OMS Office
- Beyond the Basics Coding Workshop
- Practice Management Stand-Alone

AAOMS.org/EduWeekend

Sept. 18–23

105th AAOMS Annual Meeting, Scientific Sessions and Exhibition

San Diego, Calif., and online

AAOMS.org/AnnualMeeting

Sept. 22–23

Anesthesia Assistants Skills Lab

San Diego, Calif.

AAOMS.org/AnnualMeeting

Nov. 30–Dec. 2

Dental Implant Conference

Chicago, Ill., and online

AAOMS.org/DIC

Regional & State Society Meetings

The following regional and state society meetings were planned as of press time. Each meeting website is listed for updates.

2023

April 26

Middle Atlantic Society of OMS Meeting

Turf Valley Resort in Ellicott City, Md.

MASOMS.org

April 29–30

CALAOMS 23rd Annual Meeting on Anesthesia

Hayes Mansion in San Jose, Calif.

CALAOMS.org

May 3–7

Southeastern Society of OMS 73rd Annual Meeting

Silverado Resort and Spa in Napa, Calif.

SSOMS.org

July 6–9

Florida Society of OMS 2023 Summer Meeting

The Breakers Palm Beach in Palm Beach, Fla.

FSOMS.org

Aug. 4–6

Georgia Society of OMS Summer Meeting

The Cloister at Sea Island in Sea Island, Ga.

GA-OMS.org

AAOMS Advantage Partners

AAOMS Advantage Partners have been chosen because of their commitment to the oral and maxillofacial surgery specialty. Their stream of royalty payments* throughout the year help fund the goals of AAOMS, including its advocacy efforts and other important programs and services. To learn more about these valuable offerings, visit AAOMSAdvantage.org.

**Quarterly royalty payments vary based on AAOMS member usage of each of the AAOMS Advantage Partners.*



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When you need financing for your dental practice, you want to work with someone who understands your industry. For almost two decades, Bank of America Practice Solutions has helped dental professionals across the nation reach their goals through smart financial solutions and expert guidance. Whether you own a practice or are just getting started, Bank of America Practice Solutions can provide customized financial solutions for your short-term needs and long-term aspirations. Association members receive a 50 percent reduction in loan administration fees. To learn more, call Bank of America Practice Solutions toll-free at **800-497-6076** Monday through Thursday 8 a.m. to 8 p.m. and Friday 8 a.m. to 7 p.m. Eastern. Be sure to mention you are an AAOMS member. You also can visit BankofAmerica.com/PracticeSolutions for more information or to schedule a phone consultation.



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Help make it easier for more patients to get needed surgery by adding CareCredit, a healthcare credit card, as an additional payment option. Call **800-300-3046, option 5**, to get started today and join more than 100,000 enrolled dental practices that accept CareCredit. Be sure to mention you are an AAOMS member.



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Proud to be your Partner, Fiserv offers high-performance payment, security and customer engagement solutions designed to address your omnichannel payment needs. As a global leader in payments, processing more than 2,800 transactions per second and trusted by more than 6 million business locations worldwide, Fiserv offers end-to-end solutions designed for your practice, all delivered through a consultative service model with dedicated support for AAOMS members. Get reduced rates on credit and debit card processing, increase revenue while reducing costs, grow loyalty and protect cardholder data. Fiserv helps make it easy to provide seamless and secure payment experiences from anywhere. Call **678-255-4190** or email tellmemore@fiserv.com to connect with a Fiserv Sales Rep.

SoFi

SoFi – Refinancing of student loan debt

SoFi refinances student loan debt at lower rates than federal and/or private options, saving borrowers thousands over the life of their loan. Benefits of SoFi include low fixed and variable rates, flexible repayment options, career advisory and social events for members. SoFi does not charge any fees – no origination fees and no prepayment penalties. AAOMS friends and family receive a 0.25 percent rate discount when they apply through SoFi.com/AAOMS. Contact SoFi's dedicated customer service team at **833-277-7634** or email partner@sofi.com.

tsi

Transworld Systems, Inc. – Accounts receivable and collections redefined

Don't pay high collection agency percentages! Transworld Systems (TSI) provides accounts receivable management and collections redefined with a 50-plus-year track record, providing fixed-fee-per-account A/R management solutions to practices nationwide. Integration with most dental and oral surgery software allows AAOMS members to get paid faster through early intervention while saving staff time, maintaining profit margins and protecting patient relationships. TSI's unparalleled level of data security, guaranteed compliance and use of predictive analytics enable more collection of your money while protecting patient relationships and patient data. With low fixed-fee pricing per account, no percentages are taken. AAOMS members receive preferred pricing and personalized client service. Call **800-294-3710** and identify yourself as an AAOMS member.

**2023
Share-the-
Savings
drawing**

Be eligible to win FREE registration to AAOMS Annual Meeting

Video submissions along with written entries are now accepted for the 2023 Share-the-Savings drawing. Three members whose names are drawn from all entries received by May 1 will be eligible to win FREE registration to the AAOMS Annual Meeting for 2023 or 2024 – their choice. Only entries received on the official Share-the-Savings entry form will be accepted for the contest. Visit the Share-the-Savings page on the AAOMS Advantage website for more details. To read entries from AAOMS members in last year's contest, visit the Our Stories and Reviews page on the AAOMS Advantage website.



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To check out all AAOMS Advantage Partners, visit

AAOMSAdvantage.org

2022 AAOMS Advantage Member Award Recipients

AAOMS and AAOMS Advantage would like to thank all members who use Advantage Partners in their practice. Year-round royalties from the Partners contribute to funds that meet the annual goals of AAOMS and its members. The following members are recognized for using six or more Partners in their practices in 2022:



AAOMS AdvantageSM

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Arizona

Dr. Leslie Fish
Dr. Robert Guyette
Dr. Michael Muul
Dr. Lisamarie Sarhangian

Arkansas

Dr. Richard Elimon
Dr. John Johnson
Dr. Anthony Tortorich

California

Dr. Edmond Bedrossian
Dr. Slim Bouchoucha
Dr. Frank Dal Santo
Dr. Dean Duncan
Dr. David Ehsan
Dr. Adam Fagin
Dr. Richard Fagin
Dr. John Lytle
Dr. Peter Lyu
Dr. Daniel Martin
Dr. Craig McDow
Dr. Andrew Morrow
Dr. Mugdha Patwardhan
Dr. Richard Robert
Dr. Nicholas Salaita
Dr. Eric Scharf
Dr. Hessam Siavash
Dr. Len Tolstunov
Dr. Douglas Valentine
Dr. Theodore Wassel
Dr. Hooman Zarrinkelk

Colorado

Dr. Timothy Bandrowsky
Dr. Harry Cole
Dr. Matthew D'Addario
Dr. Joseph Funderburk
Dr. Donald Hull
Dr. Julie Lesnick
Dr. Eric Lomas
Dr. Karl Pennau
Dr. Nicholas Politano
Dr. Kevin Wright

Connecticut

Dr. David Fenton
Dr. Mark Fletcher
Dr. Daniel Gill
Dr. Stuart Lieblich
Dr. Siobhan Stephen

Delaware

Dr. Michael D'Amico
Dr. Eugene D'Amico
Dr. Fadi Kosa
Dr. Eric Spencer

Florida

Dr. Kenneth Anderson
Dr. Anthony Auletta
Dr. Giancarlo Bland
Dr. Jason Blundell
Dr. Kevin Dean
Dr. Kenyon Fort
Dr. Theodore Grellner
Dr. Mark Greskovich
Dr. Nicole Hernandez
Dr. David Kirkpatrick
Dr. Brett Laggan
Dr. Austin Lyman
Dr. Andrew Norkin
Dr. Michael Pikos
Dr. Hal Richman
Dr. William Storoe
Dr. Steven Sudbrink
Dr. Andonis Terezides
Dr. Don Tillery
Dr. Marvin Wells

Georgia

Dr. Paul Anderson
Dr. Yadira Cardona-Rohena
Dr. Damian Jimenez
Dr. Philip Koch
Dr. Joyce Lee
Dr. Richard Paul
Dr. William Phillips
Dr. Frank Scarbrough
Dr. Fred Simonton

Idaho

Dr. Dean Younce

Illinois

Dr. Jeffrey Bressman
Dr. Matthew Bruksch
Dr. Jonathan Burton
Dr. Jack Capodice
Dr. David Efaw
Dr. Mark Erickson
Dr. Spiro Karras
Dr. Michael Menis
Dr. Thomas Ocheltree
Dr. Anthony Spina
Dr. John Thompson

Indiana

Dr. Jay Asdell
Dr. Jay Platt

Kansas

Dr. Douglas Fain

Kentucky

Dr. Louis Beto
Dr. Michael Bobo
Dr. Amy Bogardus

Louisiana

Dr. Clay Chandler
Dr. Gene Dupree
Dr. Brian Kelley
Dr. Robert Levy

Maryland

Dr. Nahla Chaudhary
Dr. Sam Hishmeh
Dr. David Moose
Dr. Howard Nelson
Dr. Howard Strauss
Dr. Michael Will

Massachusetts

Dr. Sotirios Diamantis
Dr. Andrew Henry
Dr. Jeffrey Stone
Dr. Thomas Trowbridge

Michigan

Dr. Andrew Afshar
Dr. Dalbert Fear
Dr. James Williams

Minnesota

Dr. Paul Buck

Mississippi

Dr. Daniel Quon

Missouri

Dr. Michael Backer
Dr. Shenan Bradshaw
Dr. John Chiapel
Dr. Ian Day
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Nebraska

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Nevada

Dr. Carlos Letelier

New Hampshire

Dr. Nader Moavenian

New Jersey

Dr. Sean Bradley
Dr. Jonathan Burke
Dr. Yuan Hung
Dr. Michael Kleiman
Dr. Shawn Lynn
Dr. Rinil Patel
Dr. Michael Perrino
Dr. Glenn Regenye
Dr. Jonathon Sasportas
Dr. Gary Vitale

New Mexico

Dr. Brett Schow

New York

Dr. David Caponigro
Dr. William Cecere
Dr. Hunter Martin
Dr. Drew Nunziata
Dr. Anthony Pavone

North Carolina

Dr. William Benzing
Dr. Gary DeSalvo
Dr. Justin Drab
Dr. Derek Eaton
Dr. Roy Gaines
Dr. Anthony Immediata
Dr. Amandip Kamoh
Dr. Richard Kapitan
Dr. K. Kevin Neshat
Dr. Jorge Perez Santos
Dr. Robert Russell
Dr. Garrett Stigall
Dr. Larry Stigall

North Dakota

Dr. Omar Chahal
Dr. Charles Crago
Dr. Joseph Deatherage
Dr. Jeremiah Glosenger
Dr. Jonathan Gray
Dr. Michael Knoll

Ohio

Dr. Manraj Bath
Dr. Ihor Danko
Dr. Matthew Holdship
Dr. Jeffrey Kosman
Dr. Thomas Murphy
Dr. Urban Picard
Dr. Michael Shapiro
Dr. Randall Stastny
Dr. Jeremy Warn

Oklahoma

Dr. Perry Brooks
Dr. Seth Brooks
Dr. Lauren Lunday

Oregon

Dr. Brian Allender
Dr. Jev Clark
Dr. Michael Doherty
Dr. Kipp Hammon
Dr. Joel Hopkin
Dr. David Howerton
Dr. Gabriel Kennedy
Dr. Keith Krueger
Dr. Nathan Lenox
Dr. Robert Sullivan
Dr. Todd Tucker
Dr. Garrett Welch
Dr. Bryan Williams

Pennsylvania

Dr. Alexandre Balaci
Dr. Fredrick Hecht
Dr. Kathleen Herb-Brower
Dr. Greg Kewitt
Dr. James Murphy
Dr. Christopher Paolino
Dr. Robert Paolino
Dr. Michael Salin
Dr. P. Shawn Stopperich
Dr. John Vakkas

Rhode Island

Dr. Mohammad Banki
Dr. Frank Paletta

South Carolina

Dr. Mark Billman
Dr. Rhonda Carter
Dr. Derek Dunlap
Dr. Patrick Friend
Dr. James Moore
Dr. Marjorie Risser
Dr. Thomas Simpson
Dr. James Wilson

South Dakota

Dr. Jay Crossland
Dr. Isaac Morgan
Dr. Brian Richman
Dr. Scott Van Dam
Dr. Gregory Williams

Tennessee

Dr. Kevin Gross
Dr. J. David Johnson Jr.
Dr. Russell Kirk
Dr. D. Patrick McDonald

Texas

Dr. Howard Cooke
Dr. Frank Friskey
Dr. Todd Kovach
Dr. David Martinez
Dr. David Mulherin
Dr. Sharon Ornstein
Dr. Ketan Parekh
Dr. G. Kevin Pollock
Dr. Luisa Rios
Dr. Kirk Scott
Dr. Charles Simpson

Utah

Dr. Kenneth Baldwin

Virginia

Dr. Mark Armanious
Dr. Joseph Arzadon
Dr. Kenneth Blais
Dr. Christopher Bonacci
Dr. Dustin Bowler
Dr. Brandon Duncan
Dr. Michael Gocke
Dr. David Liang
Dr. Mitchell Magid
Dr. Snehal Patel
Dr. Alexander Sonesson
Dr. Bradley Trotter
Dr. Craig Vigilante
Dr. Frank Yeh

Washington

Dr. Kenji Higuchi
Dr. Thomas Maring
Dr. Alan Peet
Dr. Austin Rubel
Dr. Daniel Skinner
Dr. Michael Werner

Wisconsin

Dr. Robert Goeckermann
Dr. Scott Hoyer
Dr. Timothy Koob
Dr. Patrick Lorge
Dr. Christopher Streff



Faculty Positions

Alabama

The University of Alabama at Birmingham School of Dentistry is seeking a full-time faculty member in the Department of Oral and Maxillofacial Surgery for the position of assistant or associate professor. This individual will have a focus in Pediatric Oral & Maxillofacial Surgery. Previous fellowship training in Cleft and Craniofacial Surgery is preferred. The position will focus on the management of patients at Children's of Alabama Hospital as well as University Hospital. This individual must be board-certified or board-eligible in oral and maxillofacial surgery. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure or non-tenure earning. Candidates must be eligible to acquire a license to practice dentistry and medicine in the State of Alabama. Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwais@uab.edu or 205-934-5334.

Alabama

The University of Alabama at Birmingham School of Dentistry is seeking a full-time faculty member in the Department of Oral and Maxillofacial Surgery to join an established team consisting of two head and neck surgeons, a maxillofacial prosthodontist and physician assistants along with our fellowship program. The department would like to recruit a well-qualified individual for an assistant or associate professor position with fellowship training in head and neck oncology, and microvascular and reconstructive surgery. This individual must be board-certified or board-eligible in oral and maxillofacial surgery. Training in resection of complex head and neck cancers and benign tumors of the maxillofacial skeleton is a requirement for this position. Additionally, experience in microvascular reconstruction of complex head neck defect is preferred. Eligible individuals must have experience in the didactic and clinical aspects of educating OMS residents. Academic rank and salary will be commensurate with qualifications and experience and approved through the standard processes of the University of Alabama at Birmingham and the School of Dentistry. This position will be tenure or non-tenure earning. Candidates must be eligible to acquire a license to practice dentistry and medicine in the State of Alabama. Eligible individuals should send a copy of their current curriculum vitae to Dr. Patrick Louis via email: plouis@uab.edu or contact Ms. Karen Waits: kwais@uab.edu or 205-934-5334.

Georgia

Emory University School of Medicine in Atlanta is seeking applications for a full-time faculty position in the Division of Oral and Maxillofacial

Surgery at the Assistant or Associate Professor level. Responsibilities include patient care, didactic education and clinical teaching of residents and research. The position includes responsibilities at Grady Memorial Hospital, The Emory Clinic, Emory University Hospital, Emory University Hospital Midtown and Children's Healthcare of Atlanta. The candidate should have an interest in major oral and maxillofacial surgery with a particular interest in trauma management and is expected to actively participate in clinical and research activities.

The individual will be expected to participate in the Emory oral and maxillofacial surgery faculty practice. Collaborative opportunities are available with area colleges and universities and public health agencies. The position requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school and completion of a CODA-approved oral and maxillofacial surgery residency program. The candidate should be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates also must be eligible for an unrestricted Georgia dental or medical license. Salary and academic rank are commensurate with experience and qualifications. Emory University is an equal opportunity/affirmative action employer. Applicants should submit their curriculum vitae to: Dr. Gary Bouloux, Chief, Oral and Maxillofacial Surgery, The Emory Clinic, 1365 Clifton Road, Suite B-2300, Atlanta, GA 30322, email: gfboulou@emory.edu.

Indiana

Indiana University Department of Oral and Maxillofacial Surgery is seeking to fill a full-time position in the department at the Assistant/Associate/Full Professor level beginning July 2023. The position seeks a person fully trained in an ABOMS-accredited OMS residency program with preferred advanced training in pediatric maxillofacial surgery. Primary responsibilities will include established clinic and OR schedules treating children with cleft lip/palate anomalies, branchial arch and congenital-syndromic conditions of the maxillofacial region. Close working relationships with allied health providers exist and opportunities for collaborative teaching and research are available at the Riley Children's Hospital. Further duties will include student-resident teaching, staffing resident clinics and participation in the OMS on-call schedule. A lucrative remuneration schedule for clinical production exists. Contact Dr. Bruce Horswell, Faculty Search Chair, at bhorswel@iu.edu or Mr. Damon Spight, Faculty Recruitment, at 317-274-3070 or dspight@iu.edu.

Louisiana

LSU School of Dentistry – Department of Oral & Maxillofacial Surgery is seeking part-time as well as full-time assistant/associate professors. Ability to practice full scope in OMS, participate in faculty practice and provide call coverage at our level 1 trauma center. We seek candidates who will contribute to a climate where students, faculty and staff of all identities and backgrounds have equitable access and success opportunities.

As an equal opportunity, affirmative action employer, we welcome all to apply without regard to race, color, religion, age, sex, national origin, physical or mental disability, genetics, protected veteran status, sexual orientation, gender identity or expression or any other characteristic protected by federal, state, or local laws. Contact Dr. Peter Park at epark1@lsuhsc.edu. Apply at LSUHSC.PeopleAdmin.com/postings/13047.

Massachusetts

The Department of Oral and Maxillofacial Surgery (OMS), Tufts University School of Dental Medicine (TUSDM), is pleased to invite qualified applicants for a full-time faculty position at the Assistant or Associate professor level. The faculty position can either be tenure or non-tenure track depending on experience and qualifications. The duties of the faculty member will include didactic and clinical instruction of students and residents, scholarly activities, and service. Participation in the faculty practice is also expected. Candidates with teaching experience are preferred and those with scholarly and research interests are encouraged. The candidate must have a DDS or DMD degree and be eligible for board certification, or be board-certified, by the American Board of Oral and Maxillofacial Surgery. The candidate must possess or be able to obtain an appropriate license for clinical practice in the Commonwealth of Massachusetts and have a developed or have a developing area of clinical excellence. Academic and clinical appointments and salary will be commensurate with qualifications and experience. We are seeking an outstanding individual with excellent leadership skills to contribute to all aspects of our clinical practice, our educational programs, and the research impact of our institution. TUSDM is located on the University's Health Science campus in Boston. The Department of OMS works as a key partner within the School of Dental Medicine and the Tufts Medical Center (TMC). TMC is an internationally renowned academic medical center and health care enterprise. As part of the faculty of the TUSDM, and as an attending at TMC, the surgeon will have the opportunity to collaborate with clinicians, innovators, and investigators becoming part of a vibrant community of health care providers dedicated to making a difference in their chosen field and in patient care. Applications will be accepted online through Interfolio. Interested parties should submit their current curriculum vitae along with a statement describing their scholarly and clinical accomplishments and interests, as well as three letters of reference. Applications are to be submitted electronically using the following link: Apply.Interfolio.com/118079. Applications will be accepted until the position is filled. Visit our website at Dental.tufts.edu for more information about Tufts University School of Dental Medicine. Tufts University is an Equal Employment Opportunity/Affirmative Action Employer.

Faculty Positions*continued from previous page***Massachusetts**

Tufts University School of Dental Medicine (TUSDM) in Boston, Mass. invites nominations and applications for the full time, tenure track Chair of Oral and Maxillofacial Surgery. The chair reports directly to the Dean of TUSDM. Major responsibilities include administrative duties related to the department and its academic, research and clinical programs. The OMS Department is responsible for a 4-year OMS residency as well teaching and clinical coverage for the pre-doctoral program. The primary hospital for the residency and private practice is Tufts Medical Center (TMC) directly attached to TUSDM. Additional responsibilities include Associate Dean for Hospital Affairs and Chief of Dentistry at TMC. The Chair will also be responsible for the fiscal well-being of the Department, as well as alumni relations and development. Active participation in research, scholarly and faculty development is expected. Candidates should have a proven administrative record that includes academic leadership, education, clinical care and community service. Applicants should have demonstrated knowledge and commitment to equal employment opportunities and affirmative action. Highly desirable qualifications include interdisciplinary and interdepartmental work and experience with a variety of teaching methods or curricular perspectives. Candidates must have a DDS/DMD or equivalent degree and have American Board of Oral and Maxillofacial Surgery certification. Applicants must have a Massachusetts dental license or the qualifications to acquire one. Applications will be accepted online at Apply.Interfolio.com/117897. Interested parties should submit their current curriculum vitae along with a statement describing their vision and philosophy in creating an environment that would advance learning, patient care and collaboration, as well as scholarly and clinical accomplishments and interests. In addition, please provide names and contact information of at least three references. Letters of nomination may be emailed to: Dr. Morton Rosenberg, Chair of OMS Search Committee at morton.rosenberg@tufts.edu. Applications and nominations will be accepted until the position is filled. Academic and clinical appointments and salary will be commensurate with training and experience. Tufts University is committed to being viewed as an antiracist institution by every member of our community. At TUSDM, we strive to create and maintain a climate that recognizes differences and commonalities, while understanding and engaging in intentional experiences that nurture acceptance of diverse ideological viewpoints, socio-economic status, racial/ethnic makeup, religious beliefs, sexual orientation and equity. We have an ongoing commitment to hiring faculty and staff who represent and support our DEI values. We promote awareness and understanding of issues of diversity, equity and inclusion through professional development programs for our students, faculty, and staff to drive antiracist attitudes, values, and behavior. For further information about the application process, please contact Thomas Bernhard at 617-636-2749 or via email at

thomas.bernhard@tufts.edu. Visit our website Dental.Tufts.edu for more information about the Tufts University School of Dental Medicine. Tufts University is an EEO/AA employer.

Nebraska

The University of Nebraska Medical Center (UNMC) College of Dentistry seeks applications for a full-time position at the Assistant/Associate Professor level. Responsibilities include training and supervision of undergraduate dental students and postgraduate residents, local anesthesia, surgery, sedation and medical emergencies. Qualified candidates must have a DDS or DMD degree from an ADA-accredited college or school of dentistry, be eligible for a Nebraska dental and moderate sedation license and be board-eligible or -certified by the American Board of Oral and Maxillofacial Surgery. Candidates with international dental degrees with OMS specialty training from an ADA-accredited school also are eligible. One-day-a-week intramural or outside-the-college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before April 1, 2023. Inquiries regarding the position may be sent to jbavitz@unmc.edu. Please note that to be considered for this position, applicants must submit an application and supporting documentation (CV and cover letter) via UNMC's online employment website, UNMC.peopleadmin.com/postings.

New Jersey

The Department of Oral and Maxillofacial Surgery is searching for a full-time surgeon at the Assistant or Associate Professor level on clinical track. Responsibilities will include staffing the undergraduate and resident clinics as well as participation in the didactic curriculum offered by the department. The ideal candidate must have completed an accredited OMS training program and be eligible for New Jersey dental licensure with board eligibility/certification. Faculty will be expected to participate in scholarly activities and will have the opportunity to participate in the intramural faculty practice. Position will remain open until filled. Salary and rank will be commensurate with experience and training. Rutgers School of Dental Medicine is a component of Rutgers, The State University of New Jersey, and is located on the Newark Campus of Rutgers Biomedical and Health Sciences Division, along with the Rutgers Medical School, the Graduate School of Biomedical Sciences, the School of Health-Related Professions and the School of Nursing. Rutgers School of Dental Medicine is an affirmative action/equal opportunity employer. The final candidate will be required to successfully pass a criminal background check prior to beginning employment. Interested candidates should apply for this position at: <https://jobs.rutgers.edu/postings/158713>. Any questions can be directed to: Vincent B. Ziccardi, DDS, MD, FACS, Professor, Chair and Residency Director, Department of Oral and Maxillofacial Surgery, 973-972-7462, ziccarvb@sdm.rutgers.edu.

New York

General OMS faculty at the State University of New York at Buffalo: The University of Buffalo is accepting applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. This position is clinical and academic, and the candidate should have an interest in major oral and maxillofacial surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidates must be ABOMS-eligible or qualified. Fellowship training is encouraged and strong interest in orthognathic trauma, obstructive sleep apnea, TMJ reconstruction and complex dental implants is preferred. Applications are currently accepted online at: posting #F2100142 Clinical-Track. ubjobs.buffalo.edu/postings/30767. Posting F2100141 Tenure-Track. ubjobs.buffalo.edu/postings/30766. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu. The University of Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.

New York

OMS – Head and Neck Surgery Faculty at the State University of New York at Buffalo: The University of Buffalo invites applications for a full-time faculty position in the Department of Oral and Maxillofacial Surgery. Academic rank and salary will be commensurate with qualifications and experience. Both tenure and nontenure positions available. Major responsibilities include patient care, resident teaching and research. This position is both clinical and academic, and the candidate should have an interest in building and fostering a practice and conducting research in head and neck oncologic and microvascular reconstructive surgery. Candidates must have a DDS or DMD degree and have completed a CODA-accredited residency program and be eligible for licensure in New York. Candidate must have fellowship training in head and neck oncologic and microvascular reconstructive surgery. Candidates must be ABOMS-eligible or qualified. Applications are currently accepted online at: Posting #F2100140 Clinical-Track. ubjobs.buffalo.edu/postings/30756. Posting #F2100143 Clinical-Track. ubjobs.buffalo.edu/postings/30769. Direct inquiries to Michael R. Markiewicz, DDS, MD, MPH, FACS, Professor and Chair, Department of Oral and Maxillofacial Surgery, email address: mrm25@buffalo.edu. The University of Buffalo is an equal opportunity, affirmative action employer and welcomes all to apply regardless of race, color, gender, national origin, age, religion, creed, genetic information, sexual orientation, gender identity or gender expression. We also encourage protected veterans and individuals with disabilities to apply.



Pennsylvania

The University of Pennsylvania School of Dental Medicine OMS invites applications for a full-time, Clinician-Educator track position, available at the assistant or associate professor level. Eligible candidates must have completed a CODA-accredited advanced education program in oral and maxillofacial surgery and be board-certified by the American Board of Oral and Maxillofacial Surgery (ABOMS). Experience in broad scope oral and maxillofacial surgery is mandatory. Fellowship training in sleep surgery, microvascular, craniofacial or cosmetic surgery is beneficial. Candidates must be U.S. citizens or permanent residents. Applicants also are required to have an MD and DDS/DMD and be licensed to practice dentistry and medicine in a state, territory or commonwealth of the United States or District of Columbia. For successful fulfillment of the duties of the position, in accordance with the Department's Mission Statement, the candidate must demonstrate excellence in pre- and post-doctoral clinical and didactic teaching, clinical or basic science research and service in oral and maxillofacial surgery. Send CV to uyenmai.dang@pennmedicine.upenn.edu.

Pennsylvania

The University of Pittsburgh School of Dental Medicine is accepting applications at join.pitt.edu for a full-time Department Chair of Oral and Maxillofacial Surgery. The faculty position is open rank, non-tenured, depending on experience and qualifications. Participation in the faculty practice is also expected. We are seeking an outstanding individual with excellent leadership skills to contribute to all aspects of our clinical practice, our educational programs and the research impact of our institution. The candidate must be, or be eligible for, board-certified. The candidate must possess or be able to obtain an appropriate license for clinical practice in the Commonwealth of Pennsylvania, have a developed, or have a developing, area of clinical excellence and have mentoring experience.

Pennsylvania

The University of Pittsburgh School of Dental Medicine is accepting applications at join.pitt.edu for full-time faculty positions in Oral and Maxillofacial Surgery. The positions are open rank, non-tenured, depending on experience and qualifications. Participation in the faculty practice is also expected. We are seeking an outstanding individual with excellent leadership skills to contribute to all aspects of our clinical practice, our educational programs and the research impact of our institution. The candidate must be, or be eligible for, board-certified. The candidate must possess or be able to obtain an appropriate license for clinical practice in the Commonwealth of Pennsylvania, have a developed, or have a developing, area of clinical excellence and have mentoring experience.

Pennsylvania

Temple University Kornberg School of Dentistry is seeking applicants for a full-time faculty position in the clinical track for the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. The appointed faculty will be responsible for clinical and didactic teaching at the pre and postdoctoral levels, with a particular focus on expansion of the clinical education programs in the management of temporomandibular disorders. The appointed faculty will also be part of a multidisciplinary team of clinicians, caring for patients with temporomandibular disorders, orofacial pain, oral mucosal diseases and sleep disorders. Clinical teaching in the predoctoral program will primarily be in the triage, radiology and admissions clinic. The faculty member selected for this position will report to the Chair of the Department of Oral and Maxillofacial Pathology, Medicine and Surgery. Service to the school and the university will include membership in, and leadership of, various committees and working groups. Research, teaching and service activities of the applicant should contribute to the advancement of the mission of the school and support its interprofessional education, practice and service initiatives. Preference is given to candidates with a DDS or DMD from a CODA-accredited dental school. Candidates must have successfully completed a CODA-accredited dental specialty residency in oral medicine, oral and maxillofacial pathology or orofacial pain program with board eligibility/certification. Training and experience in management of TMD and orofacial pain disorders is required. Pennsylvania dental license, or the ability to obtain unrestricted PA licensure, is required. Salary and rank commensurate with experience and qualifications. Temple University is an equal opportunity affirmative action employer. Women and minorities are encouraged to apply. For confidential consideration, interested applicants should email a cover letter, curriculum vitae and the names and contact information for three references to: Associate Dean Jo Ann Nyquist, Temple University Kornberg School of Dentistry, 3223 North Broad Street, Philadelphia, PA 19140, or via email at jo.ann.nyquist@temple.edu.

Tennessee

Meharry Medical College School of Dentistry, Nashville, Tenn., invites applicants for the position of Director, Oral and Maxillofacial Surgery Residency Program. This is a postgraduate, full-time faculty member position. Applicants must have a DDS, DMD or equivalent and a current license or eligibility for licensure to practice dentistry in the state of Tennessee. The applicant must be board-certified in oral and maxillofacial surgery. Applicants must maintain active license and a DEA license. They will be required to maintain BLS, ACLS, PALS certification. The OMS Program Director should be a strategic thinker and a visionary leader who thrives in a challenging environment. Interested candidates should submit a letter of intent, including references and curriculum vitae, to: sodomsm@mmc.edu.

Washington

University of Washington's Department of Oral and Maxillofacial Surgery seeks a full-time faculty to engage in clinical, didactic and research activities. Ideal candidates practice the specialty's full scope with a focus in microvascular reconstruction. Rank and salary commensurate with experience. Applicants should submit a personal statement, CV and the names and addresses of three references to Dr. Sujit Joginipally (sujitj@uw.edu). For questions, please contact Dr. Dodson, Professor and Chair, (tbdodson@uw.edu). The University is an equal opportunity employer.

Fellowships CODA

California

The San Diego Center for Oral and Maxillofacial Surgery is offering a one- or two-year fellowship in maxillofacial surgery. The practice participates in full-scope oral and maxillofacial surgery, which includes a very busy implant practice, orthognathic surgery, reconstructive surgery, ablative surgery for tumors, cosmetic surgery as well as dental alveolar. The candidate would participate in the Craniofacial Center at Children's Hospital and be a participant in tumor board. Candidates should be dual-degree and have a California medical or dental license. Please reply to patty@sandiegooms.com.

Fellowships Non-CODA

California

UCSF-Fresno Department of Oral and Maxillofacial Surgery offers a 24-month fellowship in head and neck oncology and microvascular reconstruction. There is one fellow per year. Activities include malignant and benign tumor surgery – neck dissections, glossectomy, mandibulectomy, maxillectomy, orbital exenteration, etc.; TORS and skull base surgery; tracheostomies; microvascular free flaps, pedicled and other flaps; and radiation and medical oncology rotations. The fellow will act in a teaching capacity, supervising residents at times. The fellow will have involvement in sleep apnea cases. Research: complete two papers related to cancer and reconstruction. Applicants, please email Breana Dennie, bdennie@fresno.ucsf.edu. Include CV, photo, two letters of recommendation and a letter describing intentions/plans after fellowship. For additional questions, email Brian Woo at bwoo@communitymedical.org.

Fellowships Non-CODA

Accredited *continued from previous page*

California

This is a one-year fellowship training consisting of facial cosmetic procedures such as facelift, browlift, eyelid surgery, rhinoplasty as well as breast and body contouring. The fellow is also involved in non-surgical techniques of facial rejuvenation such as toxins, fillers and lasers. The program is accredited by the American Academy of Cosmetic Surgery located in Southern California. Procedures are performed in a Joint Commission-accredited surgical facility as well as in hospital. The program is affiliated with Loma Linda University, UCLA Jules Stein Institute, performs an average of 1,000 major surgical procedures per year and is designed to prepare the fellow for board certification in general and facial cosmetic surgery boards. Please email resume to drhaiavy@gmail.com.

Florida

A fellowship in cleft and craniofacial surgery is available at the Florida Craniofacial Institute. We are now interviewing applicants for the July 1, 2024, position. This one-year fellowship is in a private practice environment in Tampa, Fla., and the focus is pediatric OMS, cleft and craniofacial surgery. The primary goal of the fellowship is to educate and provide additional surgical training in the management and treatment of patients with congenital facial anomalies. The fellow will work in conjunction with the cleft lip/palate and craniofacial team and will gain comprehensive experience and instruction in a team-focused treatment. For information on the Florida Craniofacial Institute, visit FLcranio.com. Please email CV to admin@flcranio.com.

Georgia

The Division of Oral and Maxillofacial Surgery at Emory University is offering a one-year fellowship beginning in July 2023. The fellowship will focus on temporomandibular joint arthroscopy, trauma, orthognathic and total joint reconstruction. Will function as Junior Attending for level 1 trauma, elective OMS and resident case coverage at Emory University Hospital Midtown, Emory University Hospital, Grady Memorial Hospital and Children's Healthcare of Atlanta. Candidates must be eligible for a Georgia dental license. Interested candidates should submit a letter of interest, Curriculum Vitae and three letters of recommendation to Gary F. Bouloux DDS, MD, Interim Division Chief, Division of Oral and Maxillofacial Surgery, Department of Surgery, 1365B Clifton Rd NE, Atlanta, Ga., 30322 or email at gfboulo@emory.edu.

Illinois

The Oral Cancer Institute (oralcancerinstitute.com) is offering a 24-month fellowship in head and neck oncologic and microvascular reconstructive surgery. Clinical activity will primarily occur through the division of Oral and Maxillofacial Surgery at Advocate Illinois Masonic Medical Center, but use of other sites will be involved. Fellows will be trained in the management of benign and malignant tumors including neck dissections, sentinel lymph node biopsies, glossectomies, mandibulectomies, maxillectomies, management of minor and major salivary gland tumors. Fellows will also be trained in reconstructive surgery including pedicled locoregional flaps and microvascular free tissue transfer. Fellows will work with two head and neck trained faculty members. For questions, e-mail fellowship director at mohammed.qaisi@aah.org.

Louisiana

Under the directorship of Dr. G.E. Ghali, the Willis Knighton Health System and its Department of Oral & Maxillofacial Surgery is pleased to announce two openings for a two-year post-residency fellowship beginning July 1. These two fellows would join the current two (senior) fellows in a high-volume, comprehensive fellowship. This craniofacial component fellowship includes the management of primary cleft lip and palate deformities, more complex transcranial and skull base surgery, head and neck tumor patients including ablative, robotic (TORS), endocrine and microvascular reconstruction procedures. Interested individuals should include their CV and the contact of two individuals for reference. Send inquiries to Ms. Jere Bellar, 2508 Bert Kouns Industrial Loop, Suite 403, Shreveport, La. 71118, email jbellar@wkhs.com or fax 318-212-5257.

Massachusetts

Massachusetts General Hospital Department of Oral and Maxillofacial Surgery, Minimally Invasive Endoscopic Oral and Maxillofacial Surgery Fellowship: Acquire the skills of endoscopic surgery of the maxillofacial region, including temporomandibular joint (arthroscopy), salivary gland sialoendoscopy, trauma, orthognathic and total joint reconstruction. During the Fellowship, education on translational research, clinical trials, prospective and retrospective studies will be available. Fellow will function as Junior Attending for level 1 trauma, elective OMS and resident case coverage. Massachusetts dental license is required. MassGeneral.org/omfs/education-and-training/fellowships/temporomandibular-joint-fellowship. Interested candidates should submit a letter of interest, curriculum vitae and three letters of recommendation to: Joseph P. McCain, DMD, FACS, Director of Minimally Invasive and Temporomandibular Joint Surgery, Dept. of Oral and Maxillofacial Surgery, Massachusetts General Hospital, 55 Fruit St., Warren 1201, Boston, Mass. 02114 or by emailing jmccain@mgm.harvard.edu.

Massachusetts

The Department of Plastic and Oral Surgery at Boston Children's Hospital is pleased to offer a one-year fellowship in pediatric craniomaxillofacial surgery available July 2024. The fellowship provides a unique opportunity for additional surgical training in pediatric oral and maxillofacial surgery as well as in the interdisciplinary management of children with cleft and craniofacial anomalies; temporomandibular joint disease; head and neck pathology; and vascular anomalies. Candidates must have completed an OMS residency. Please submit a letter of interest and curriculum vitae to: Cory Resnick, DMD, MD, Department of Plastic and Oral Surgery, Boston Children's Hospital, 300 Longwood Ave., Boston, MA 02115; email cory.resnick@childrens.harvard.edu.

Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2024-25: Sponsored by the Oral Facial Surgery Institute (ofsinstitute.com) and accredited by the Department of Graduate Medical Education at Mercy. This advanced opportunity is a year of hospital-based oral and maxillofacial surgery centered at Mercy, a level 1 trauma center in suburban St. Louis. This intensive fellowship program will focus on facial trauma, TMJ, reconstructive, orthognathic and facial cosmetic surgery. Candidates must have completed an approved OMS residency. Missouri dental and/or medical licensure is required. Salary, benefits and continuing education allowance are included. Please address curriculum vitae and letters of interest to Program Director, Dr. Gregory Tentindo, and Department Chief, Dr. Damian Findlay, Attention: Lacy Wilson, 621 S. New Ballas Road, Suite 16A, St. Louis, MO 63141, phone 314-251-6725, fax 314-251-6726, email lacyw@ofsinstitute.com or visit our website at ofsinstitute.com.

Nationwide

Want a career in cosmetic surgery? Get trained by the best. American Academy of Cosmetic Surgery-certified Facial and General Cosmetic Surgery Fellowships offer one-year, post-residency, hands-on training. Limited slots across the U.S. Must have completed a surgical residency in ACGME, AOA-BOS, Royal College of Physicians/Surgeons of Canada or ADA program. Apply at cosmeticsurgery.org/page/AACSFellowships or 312-981-6760.



North Carolina/South Carolina

The fellowship will provide extensive exposure and advanced clinical training for oral and maxillofacial surgeons in orthognathic surgery, temporomandibular joint surgery, full-arch implant reconstruction and trauma. Clinicians completing the fellowship throughout its 15-year history have subsequently applied their experience to both academic and private practice settings. A substantial stipend is offered. The OMS selected for this position must be able to obtain either an unrestricted North Carolina and South Carolina dental license or North Carolina medical license and South Carolina dental license. The fellow also must obtain hospital privileges and be available July 1, 2023, through June 30, 2024. The candidate will have extensive exposure to consultations, diagnosis, interdisciplinary treatment planning, treatment and postoperative management of a wide array of patients. It is expected that the fellow will be involved with several hundred major surgical cases. Carolinas Center for Oral and Facial Surgery (CCOFS), based in Charlotte, N.C., is a 24-surgeon practice throughout eight offices in North Carolina and six in South Carolina possessing OR facilities and accredited by the AAAHC. CCOFS has in-house anesthesia (anesthesiologist and CRNAs), three orofacial pain specialists and three prosthodontists in the practice who add to the collaborative environment. The surgeons are well-known locally and nationally in the OMS specialty. To apply, an application must be completed and returned by Aug. 31 of each year. The selection will be made before Dec. 31 of each year to allow time for licensure. Interested candidates can email dkatopodis@mycenters.com for an application. For more information on the practice, log on to mycenters.com.

North Carolina

The Craniomaxillofacial Trauma and Reconstructive Surgery Fellowship at Duke University offers one-year clinical/research experience in complex craniomaxillofacial reconstructive surgery for fully trained craniomaxillofacial surgeons who desire to be academic leaders in craniomaxillofacial traumatology. The fellowship offers a broad-based experience in craniomaxillofacial surgical traumatology and facial reconstructive surgery at the world-renowned Duke University Medical Center. The focus will be on the utilization of advanced surgical techniques for comprehensive craniomaxillofacial reconstruction, including intraoperative computer navigation, patient specific implant fabrication and complex facial reconstructive surgery after traumatic injury or pathologic resection. We are currently recruiting for a fellow to begin in August 2024. For more information, please go to <https://surgery.duke.edu/education-and-training/fellowship-programs/craniomaxillofacial-trauma-and-reconstructive-surgery-fellowship>. You may email application documents to: colleen.mcdowell@duke.edu.

Oregon

The Head and Neck Institute (HNI) is offering a 12-month fellowship in advanced craniomaxillofacial and trauma surgery (ACMF-trauma). This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore. The fellowship covers advanced training in head and neck surgery, maxillofacial trauma and airway management. It also includes experience in sleep surgery (upper airway stimulation) and craniofacial surgery. The faculty includes Drs. Bryan Bell, Allen Cheng, Ashish Patel, Caitlin Magraw, Baber Khatib and Lance Thompson. Dr. Eric Dierks also serves as an emeritus faculty member. Please contact us directly for more detailed information about the program. Information about our practice and fellowship program also can be found at www.head-neck.com. Please email us at chenga@head-neck.com.

Available Positions

Alabama/Georgia

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, four-surgeon, four-location practice across central Alabama into west Georgia. Emphasis on dentoalveolar, dental implants, bone grafting, pathology and some orthognathic. Limited trauma call. CV to joshua.everts@gmail.com.

Arizona

Our OMS practice is seeking a full- or part-time, board-certified (or active candidate), compassionate OMS to join an expanding two-location practice in the Phoenix area. Please send CV to petern739@gmail.com.

California

Well-respected, busy and established oral surgery practice in search of a board-certified or board-eligible, motivated, hardworking and efficient oral surgeon for a full-time position in the Bay Area. Our office provides a full scope of oral and maxillofacial surgery including IV-sedation, extractions, bone grafting and PRP, implant placement, biopsies and more. Applicant should have California license, general anesthesia permit and medical malpractice insurance. Medical degree is a plus. Candidate must be able to provide excellent surgical services, establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Candidates should reply via email with their CV attached to apply.oralurgery@gmail.com.

California (Northern)

Well-established and busy oral surgery office with a wide referral base in rural Northern California, two hours north of San Francisco. Searching for full-time associate leading to partnership. Practice is established over 30 years with state-of-the-art facilities and a 3D CT scanner. We have two offices where the senior partner has since retired. The offices provide full scope oral and maxillofacial surgery including IV-sedation/general anesthetic, extractions, bone grafting, pathology and implant surgery where candidate will have autonomy to "run" the practice but also have the benefit of eventual partnership with another surgeon. Applicant must have California license where we can assist in obtaining GA permit. Candidate should reply via email with their CV to wtsb2021@yahoo.com.

California (San Diego)

Come join me in our gorgeous San Diego private practice. Full-time position as associate, with transition to partner expected. Dentoalveolar, implant-based practice. May start now, or summer 2023. Send CV to nelsonoms@gmail.com.

California

Growing solo oral surgery practice looking for board-certified/-eligible oral and maxillofacial surgeon. Practice has an emphasis on dentoalveolar surgery and implants but has potential to expand if the candidate wishes. Looking for a candidate who has excellent interpersonal skills. The candidate also must be able to establish and maintain relationships with existing and new referring doctors and be interested in growing the practice. Associate position with a path toward partnership. Practice is located in beautiful north county San Diego. Send inquiries to classifieds@aaoms.org attention AAOMS box A-1213.

Colorado

Well-established, reputable and growing OMS practice in beautiful Fort Collins, Loveland and Greeley, Colo., seeking board-certified or board-eligible oral and maxillofacial surgeon. Full-scope OMS practice with compassionate and highly trained staff. Cutting-edge tech, focused on excellence. Local hospital is a level II trauma center. Trauma call optional. Situated in a beautiful area close to all Colorado has to offer and ranked in the top places to live. Please email inquiries and CV to info@reynoldsoralfacial.com.

Available Positions

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Colorado

Full scope OMS practice located in Boulder in search of a full-time associate, with a matriculation to partnership. Seeking energetic, personable, highly motivated, team-oriented, board-certified/-eligible oral surgeon willing to grow the practice. Established practice in a newly renovated office, state-of-the-art fully digital practice. Offers competitive salary, malpractice, health insurance and retirement benefits. Please email floms1420@gmail.com with inquires.

Florida (Orlando/Daytona/Jacksonville/Tampa/Ft. Lauderdale)

Join our 90-office group practice. Hospital privileges not required. Our current oral surgeons exceed \$600,000/year. Contact Dr. Andy Greenberg at 407-772-5120 or drgreenberg@greenbergdental.com. All contact kept confidential. Apply online – greenbergdental.com.

Florida (Orlando)

Central Florida Oral & Maxillofacial Surgery is seeking a board-eligible/certified oral surgeon. Our five-office, five-surgeon, full-scope oral surgery practice has been serving central Florida since 1937. We also have one doctor dedicated to treating TMJ and facial pain. Our surgeons have four to six days of hospital call per month with compensation. All of our locations are within 30 minutes of downtown Orlando. Our practice is highly respected for its service to both the local community as well as the profession. This is an excellent opportunity for a hardworking, energetic, personable individual to be involved in a very productive practice with great potential for the future. Orlando is a pleasant city with an international airport and multiple well-known resorts and beaches less than an hour away. The greater metropolitan area has a population of over 1 million. Florida has no state income tax, and the weather is outstanding! We offer a highly competitive salary and benefit package with a production-based bonus opportunity. Visit our website at cforalsurgery.com. Email CV to Tom Meena, Practice Manager, at tmeena@cforalsurgery.com or call 407-843-2261.

Florida

Seeking full-scope OMS to join an established practice in Tampa Bay, Fla. Practice is suited for someone who enjoys the comfort of dentoalveolar procedures but also wants to do hospital cases, especially orthognathic and trauma. Excellent work-life balance, supportive colleagues and competitive insurance contracts make this a rare opportunity. Please contact Peter Kemp with any questions at admin@flcranio.com.

Florida

An excellent opportunity exists to join Pensacola, Florida's first oral and maxillofacial practice that has been serving our community for over 50 years. High-quality, full-scope practice with emphasis on dentoalveolar, orthognathic and implant procedures. Trauma and reconstructive pursuits also are available. Drs. Mark Greskovich and Kevin Dean are seeking a motivated and personable oral and maxillofacial surgeon who is board-certified or an active candidate for board certification. Please respond to omfs@greskovichbalcom.com or fax to 850-479-5809.

Florida

Practice with excellent reputation in the Ponte Vedra Beach area, a beautiful place to call home. Current surgeon seeking full partner to increase new patient contacts and expand office into a larger facility. Emphasis on dental implants and dentoalveolar surgeries. Searching for a board-certified/board-eligible OMS. Military veterans and drilling reservists are highly desired. Please send CV to classifieds@aaoms.org attention AAOMS Box A-0810.

Florida

Full scope OMS practice in South Florida looking for a full time, board-certified or board-eligible oral surgeon to provide quality, comprehensive care in both private practice and hospital-based setting. We are located in a demographically growing marketplace with a large referral base covering 3 locations. Our facilities are equipped with up-to-date technology including CBCT, XNav and a fully functional surgical suite with a general anesthesia machine and a staffed anesthesiologist to assist in longer cases. Interested candidates can email their CV to Sarah Grellner, Practice Administrator, at sgrellner@proflesoms.com or call 561-622-9065.

Georgia

Excellent opportunity to join a busy, well-established practice in Athens, home of the University of Georgia. Seeking a board-eligible/-certified oral surgeon for immediate associateship leading to partnership in our solo practice founded over 40 years ago. Our practice has long-term ties

to the dental community and a loyal referral base. Our focus is implant reconstruction, bone grafting and traditional oral surgery. We are open to expand in other directions. There is a level 2 trauma center within a mile of our standalone facility. Our office is equipped with the latest Carestream CBCT (9600), digital impression scanner and other state-of-the-art technology. The facility has four operating rooms including a larger OR with a general anesthesia machine with sevoflurane vaporizer for longer cases. Candidates may visit www.athensoms.com for more information and should send an introductory email with CV to Miranda Cross at office@athensoms.com.

Illinois

Established multi-specialty group practice in Chicagoland is seeking an oral surgeon for full time in our Chicago Loop office. Our offices are set up for an oral surgeon as we already have oral surgeons on staff. Recent grads are welcome. Guaranteed \$500,000 in salary plus bonus. Please send resume/CV or any questions to drsharma@atooth.com.

Illinois

Full-scope OMS practice with two offices in the northern suburbs of Chicago seeking a board-certified/-eligible OMS. Level 1 trauma hospital affiliation. Full-time and part-time positions available. Partnership opportunity available. Flexible schedule and excellent salary and benefits. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0311.

Illinois

Fantastic opportunity! Extremely successful, well-respected group practice with a loyal referral base. Partners enjoy great quality of life, rapport and special comradery. Suburban Chicago associateship leading to early partnership in a full-scope practice affiliated with level 1 trauma hospital. Teaching possibilities available. Contact classifieds@aaoms.org, attention AAOMS Classified Box A-1201.

Illinois

Looking for energetic, personable OMS to join established, highly respected, productive practice. Associateship leading to early partnership position available immediately. Mostly FFS contracting with PPOs but no HMOs. Technology includes CBCT, laser, intraoral scanner, Piezosurgery, PRF and X-Nav. Located in northern Illinois with easy interstate access to Chicago, Madison and Milwaukee. Guaranteed salary with bonus, medical insurance stipend, three weeks paid vacation, pension plan, malpractice insurance, continuing education allowance and relocation assistance. Please send CV and cover letter to os1161732@aol.com.



Illinois

Cameo Dental Specialists is seeking an oral and maxillofacial surgeon to join our rapidly growing practice in the Chicago area. We are a multispecialty practice with five locations equipped with state-of-the-art technology, complemented by a bespoke office aesthetic. We are proud of our robust referral base coupled with a comprehensive marketing strategy that allows doctors to focus on patient care. Our practice emphasizes dentoalveolar, implant and orthognathic surgeries focused on exceptional patient care and an outstanding referring dentist experience. Competitive compensation is offered with a comprehensive benefits package including malpractice and health insurance, retirement program and CME. Board-certified oral surgeons, active candidates and residents are invited to apply. Please send resume to Diana Simaitis, Director of Human Resources, dianas@cameods.com.

Illinois

Lucrative opportunity for a dedicated, ambitious and highly skilled oral surgeon to join a thriving downtown Chicago practice associated with Northwestern Hospital. Fee for service practice. No insurance. Full spectrum oral surgery with high-volume implant practice. Excellent reputation and referrals. Partnership track option. Apply if you are a natural collaborator, a lifelong learner and have excellent communication and interpersonal skills. \$350,000/year base; additional % based on production. Send CV or inquiries to classifieds@aaoms.org attention AAOMS box A-110922.

Kentucky

Exciting opportunity in Lexington for a full-time oral surgeon at The Kentucky Center for Oral and Maxillofacial Surgery. Our practice is growing, and we are looking to add an additional surgeon with the earnings potential of \$700,000 in year one. We offer competitive compensation with comprehensive benefits. Income and practice growth are significant with limited on-call responsibilities. The practice environment is collegial with mentoring and support available to recent graduates. Opportunities exist for a path to partnership within 18 to 24 months. New graduates and experienced surgeons are welcome to apply. If interested, contact Victoria Martinez at vmartinez@oms360.com.

Kentucky

We are searching for a board-certified or board-eligible oral and maxillofacial surgeon to join our multi-provider, multi-location practice in central Kentucky. We offer a competitive salary and benefits package with a guaranteed base salary, bonus potential, 401(k), medical and vision for your whole family, paid license renewals and paid

malpractice insurance. We have staff trained and in place to assist you. Current chiefs welcome to apply. Come join an established, thriving practice with partnership potential within two years or less. If you are interested, please email your CV and cover letter to oralsurgeryms@gmail.com. Call 859-744-0677 and ask for Beth Riley for any questions or to set up a tour. Oral Surgery and Implant Associates has locations in Winchester, Mount Sterling and Lexington, Ky. We are a well-established practice that needs an associate to meet our patient demand. Central Kentucky is a beautiful, safe and friendly place to live. The low cost of living also is an attractive benefit. We hire and train your staff so you can jump right in and work. You have a four-day-a-week office schedule to help allow for OR time or time off with your family.

Massachusetts

We are seeking a BC/BE oral and maxillofacial surgeon to join our busy two-location practice with a loyal referral base and a great staff. Our offices are state-of-the-art with CBCTs and intraoral scanning for efficient implant guide fabrication. A full schedule can be provided from day one for a motivated, caring and personable surgeon who is interested in an early partnership. Our highly successful practice emphasizes dentoalveolar and implant surgery, with trauma and orthognathic surgery available if desired. Hospital call is 10 days, every other month, with the option to be as involved as you like. We offer a competitive benefits package, the opportunity to live near major cities and still hike, hunt and ski from your backyard. Please send CV to chris@odisurgery.com.

Michigan

A well-respected OMS practice in southwest Michigan searching for a board-certified/-eligible oral surgeon for a full-time position. Full scope practice strong in dentoalveolar and implant surgery. We have four surgeons, two offices and a strong referral base. Our practice offers state-of-the-art facilities with two CBCT, EMR, an intraoral scanner and software for virtual guided implant placement. This position is full-time, four days per week and includes health insurance, a profit-sharing plan, bonus opportunities and car allowance. Salaries starting for associates are \$340,000, with an integrated buy in over 5 years and a \$20,000 signing bonus. University town with an established medical school. Outstanding community with strong public and private schools. Our community offers a great family atmosphere and is only an hour away from Lake Michigan and two and a half hours from Chicago. A wonderful place to practice and raise a family. Please send CV/resume to hnewhouse@kaloms.com.

New Hampshire

Established, multi-office, state-of-the-art practice opportunity available in tax-free southern New Hampshire starting July 2022 for board-eligible oral surgeon. We offer a fast track to practice ownership position with flexible buy-in options defined before you start working with us – not after a one- or two-year “associateship.” Our approach is more contemporary than traditional buy-in/buy-out practice models, taking you to a higher income level earlier rather than adding more debt to your buy-in and eliminating the burden of buying out retiring partners. Our offices offer the full range of OMS services, primarily office-based dentoalveolar and implant surgery. Enjoy the proximity to Boston, but with all the benefits of living here – seacoast, Lakes Region, White Mountains, great schools and the opportunity to enjoy your personal endeavors while taking care of your patients. Our offices are open Monday to Friday with minimal weekend hospital-call demands. Base salary and production-based bonus from the start. Benefits include continuing education and board preparation, health insurance and retirement options. If you are ready for a great balance of personal and professional quality of life, send your CV and a cover letter to bfewins@specialty1partners.com or alacclair@specialty1partners.com.

New Hampshire

Busy and well established two location practice in southern New Hampshire. Seeking a board-certified/-eligible oral and maxillofacial surgeon. Competitive salary and benefits. Perfect opportunity for family or individual to live and work near metro Boston and the Seacoast. The practice has excellent opportunity for growth and flexibility. For more information about this opportunity email curtinosa@gmail.com.

New Jersey

Riverside Oral Surgery, one of the most highly recognized, well-established and respected surgeon-owned practices in the Northeast, is seeking a highly motivated oral and maxillofacial surgeon to join our growing practice. This role presents an amazing opportunity for both recent or upcoming graduates who are board-certified or board-eligible as well as experienced surgeons. If you understand what it takes to cultivate the optimal patient experience each and every time, please contact us. We offer a highly competitive compensation package, great benefits including health insurance, dental, vision, life, LTD, 401(k), PTO, malpractice and CE reimbursement with a defined and proven path to partnership. To apply, please send your CV to Megan Dwier, HR Director, at megan@riversideoralsurgery.com.

Available Positions

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New Jersey

Central Jersey Oral and Maxillofacial Surgery is seeking a motivated individual to join our progressive and well-respected practice. We are a four-office, five-partner practice in highly desirable central New Jersey, less than an hour from New York City and just minutes from the Jersey Shore. We practice a full range of oral and maxillofacial surgery with a primary focus on dentoalveolar surgery, implants and associated reconstructive surgery. Our facilities are networked and include i-CAT machines, L-PRF, PRP machines, Piezosurgery unit, lasers, digital impression scans and a digital workflow for treatment planning. We actively provide continuing education for our large referral base consistent with our philosophy of raising the level of dental education in the area we serve. A complete compensation package including vacations, continuing education, health insurance and retirement plans is available. This is a very attractive opportunity for an excellent surgeon to utilize all his/her skills. Please contact us at admin@cjoms.com.

New Jersey

Central New Jersey solo oral surgery office is looking for a part-time associate to expand and grow together. Procedures will be mostly dentoalveolar surgery. There is no on-call or hospital coverage. Must be a Medicaid provider with IV sedation permit. Contact classifieds@aaoms.org, attention AAOMS Classified Box A-0118.

New Jersey

Union City Oral Surgery Group is a highly recognized, well-established and respected surgeon-owned and operated practice in northern New Jersey. Today, with its main location in Union City and another in construction in Elizabeth, it will continue to expand its brand of oral and maxillofacial surgery throughout New Jersey. As the practice continues to grow, so do the offerings of our surgeons, each bringing a focus complementary to the full-scope group as a whole. We are seeking a highly motivated, engaged and enthusiastic oral and maxillofacial surgeon to join our growing practice. This role presents an amazing opportunity for both recent or upcoming graduates who are board-certified or board-eligible as well as experienced surgeons. All applications will be held in the strictest confidence. Who you are: You are motivated, hard-working and interested in personal and professional development. You understand what it takes to care for patients and create the appropriate treatment plan. You possess strong teamwork orientation and leadership skills, are partnership minded and have an entrepreneurial spirit. Highly competitive compensation package.

Great benefits include health insurance, life, 401(k), paid time off, malpractice and continuing education reimbursement. Opportunity and proven path to partnership. About the practice: Union City Oral Surgery Group is a premier oral and maxillofacial surgery group in New Jersey, founded 3 years ago by Dr. Nancy Herbst, with a core focus, "Providing oral surgical care to the entire community." Their expertise ranges from wisdom tooth removal and dental implants to trauma, pathology and cosmetics. Visit our website or social media for more information regarding our practice at UnionCityOralSurgeryGroup.com.

New York

Outstanding opportunity to join a growth-oriented, innovative multi-location OMS practice in Manhattan and the Tri-State region. We have commitments for many new locations in Connecticut, New Jersey and New York. The metropolitan New York City area is an excellent place to live/work with a vast array of educational, cultural and recreational activities. The ideal candidate must possess top skills and display excellent interpersonal skills. The practice is office-based, full-scope dentoalveolar and implant surgery under IV sedation and general anesthesia. The facilities and equipment are high quality and digital. Emergency room call and academic affiliations are available. The practice is the employer of choice with the top compensation and equity participation for ideal candidates. Will support and assist in obtaining state licenses and U.S. work permits (including sponsoring green card or U.S. citizenship). Email CV to robert.bodoy@mofsnyc.com or contact Robert Bodoy at 347-590-9910.

New York (Long Island)

Our well-respected, multi-office, boutique practice is seeking a motivated, charismatic surgeon for an associate position leading to a long-term partnership. The practice is well-established and practices the full scope of office- and hospital-based oral and maxillofacial surgery. We have five modern office locations, four board-certified surgeons and are on staff at local hospitals where we bring a wide variety of cases, cover trauma call and teach in the associated residency programs. Our high-tech offices are fully equipped with electronic medical records, digital radiographs, cone beam scanners and guided surgery software. Benefits include – but are not limited to – high compensation, full medical benefits, malpractice coverage, 401(k), paid vacation, board preparation course and travel. Send CV to classifieds@aaoms.org attention AAOMS Box A-0415.

New York

Well-established and respected surgeon-owned practice in Hudson Valley is seeking a highly motivated surgeon to join our rapidly growing practice. This position presents an amazing opportunity for experienced surgeons or recent/upcoming graduates who are board-certified or board-eligible. Start immediately or upon graduation. We practice a full range of oral and maxillofacial surgery with a strong volume of dentoalveolar surgery, implants and reconstructive surgery. There is plenty of opportunity to expand and grow practice. Our facility is a paperless office with fully integrated digital technologies. We are the only practice in the area recognized as an All-on-4 Dental Implant Center of Excellence. We offer a highly competitive compensation package with great benefits and a path to partnership/ownership. This is a very attractive opportunity within the tri-state area for an excellent, compassionate and motivated surgeon to utilize all his/her skills. Only a short drive to New York City. Please contact Vanessa Rivera at oralsurgery@pavoneoms.com.

North Carolina

If you desire a coastal location, then look no further. Check out this busy dentoalveolar and implant practice in beachy eastern North Carolina with beautiful Emerald Isle 30 minutes north and all the fun of Wrightsville Beach and Wilmington 45 minutes south. Great place to bring your family or start one with excellent schools and plenty of things to do and see. We are looking for a candidate with a strong desire to build their dream implant practice while doing plenty of third molars and low stress dentoalveolar cases. The salary is negotiable and early partnership is available after only one year to the right person. This is truly your opportunity to build that boutique practice everyone dreams of while living the beach or captain's lifestyle. This is a true one-year associate to partnership opportunity, and we are not affiliated with any corporate organization. Don't let this one get away. Send inquiries to classifieds@aaoms.org attention AAOMS Box A-0110.

Ohio

Excellent opportunity in Cincinnati, Ohio, for a motivated surgeon. We are a two-doctor, three-office practice concentrating on dentoalveolar and implant surgery. A full-scope practice is available if desired. The applicant must be a BE/BC OMS with a strong work ethic and excellent patient skills. We are offering a full-time associateship leading to an early partnership in a highly profitable suburban practice. Signing bonus is available for the right candidate. Please email Tammy at liberty@tboms.com or call her at 513-755-3500 for more information.



Ohio (Northeast/Cleveland suburbs)

Excellent opportunity available to replace retiring partner at busy 3-doctor, 3-location, well-respected group practice in Northeast Ohio. Seeking a board-eligible or -certified OMS looking for an accelerated path to full-partnership. Practice emphasis on office-based dentoalveolar and implant procedures. Shared on-call calendar, no evenings or weekends and minimal hospital time make this an extremely attractive position and conducive to an excellent work/personal life balance. Excellent pay and exceptional benefits. Please email CV to hazarley@medinaoralsurgeons.com.

Ohio

Outstanding opportunity to join a growing and productive group practice on the west side of Cleveland. We are searching for an associate who is board-certified or board-eligible to join a team of six surgeons. We have multiple locations and are on staff at local hospitals. Our practice focuses on excellent patient care in broad scope oral and maxillofacial surgery. Most of the surgeons are primarily office based, but there is ample opportunity for hospital-based surgery. The new associate will be eligible for an exceptional salary/benefits package immediately. We are looking for a candidate for a partnership track. All of the offices are a quick drive from downtown and conveniently located to Cleveland Hopkins International Airport. Bordered by Lake Erie on the north and Cleveland Metroparks on the east, residents can boat, fish and swim in Lake Erie and take advantage of all the Metroparks have to offer. Please visit our website at CLEOMS.com or email jeffrey@cleoms.com.

Oklahoma

Position available for BE/BC oral and maxillofacial surgeon in a private practice for partner-track position. Well-established and respected full-scope ASC-style practice setting with emphasis including dentoalveolar, implant, orthognathic, TMJ, pathology and cosmetic surgeries. Local hospital is a level 3 regional medical center with light trauma. Located on the edge of the Midwest prairie, our micropolitan town is a vibrant and expanding community that offers big town amenities in a small town, family friendly atmosphere. Hunting, fishing, farming, ranching as well as outdoor sports activities abound. For more information, contact classifieds@aaoms.org attention AAOMS box A-0927.

Ontario, Canada

A full-scope oral surgery practice is seeking a full-time associate leading to partnership. Only 1.5 hours from Toronto. The 407 extension has led to incredible growth and opportunity in this region. Live and work in cottage country. Must be a FRCD(C) or planning on taking the fellowship exams. The

price point for membership is of unparalleled value. Please contact omfsptbo@gmail.com for more information.

Ontario, Canada

Private oral and maxillofacial surgery clinic in east Toronto (Ontario, Canada) looking to hire a surgeon. The practice has hospital privileges and regular access to the operating room. Please forward CV to adam@temfs.com or call 647-539-6565 for additional information about this opportunity.

Oregon

Two-doctor practice needs energetic, patient-focused, personable, board-certified/-eligible oral and maxillofacial surgeon to join our busy, well-established practice as associate/future partner. We have two locations in the beautiful southern Oregon Cascades. This is a city that functions as a hub for regional healthcare. Hiking, camping, golfing, skiing, whitewater rafting/kayaking, hunting and fishing are all available here in abundance. Position is available immediately. Generous salary and benefits package to include 401(k), malpractice insurance, paid vacation, continuing ed and relocation assistance. Please contact alicer@aomsurgery.com.

Oregon

Great opportunity to join a well-established and growing practice in wonderful central Oregon with two locations in Bend and a new additional location in Redmond. The practice currently has two fully active and one semi-active surgeons and is looking for an additional provider to support the growing practice. Bend, Ore., rated one of the top places to live, sits along the Deschutes River, nestled between the snow-dusted peaks of the Cascade Mountains and high-desert plateaus. The pristine beauty of its surroundings makes the town a mecca for outdoor enthusiasts. Position is available summer 2023 with a generous salary and benefits package. Please contact john@kruegerlenox.com.

Pennsylvania

Amazing opportunity to partner with an established and highly respected implant and dentoalveolar practice in Pittsburgh, Pa. Seeking a BC/BE OMS to join our thriving, state-of-the-art, single location practice. Candidate will direct their own practice scope, hospital involvement and anesthesia modalities. Will have direct involvement in planning and construction of a new office space. Offering a generous base and bonus salary along with a comprehensive benefits package and fast track to partnership. Please send CV to pghomfs@gmail.com.

Pennsylvania

Progressive, growing, energetic oral and maxillofacial practice located in central Pennsylvania seeking a full-time associate leading to partnership. This position allows the candidate to pursue areas of surgical interest unencumbered by corporate constraints. The cornerstones of our practice are community service, team orientation, technology and education. In this environment, one can advance leadership skills, develop and improve communications and perfect surgical skills through technology and advanced education. These opportunities are coupled with an amicable and supportive enterprising staff. The backdrop of central Pennsylvania allows for a wonderful family environment with highly ranked schools and multiple activities to suit varied interests. If this opportunity for challenges and growth intrigues you, please contact us at 717-530-1120 to explore this offer in detail.

Saskatchewan, Canada

Locally owned, full scope OMS practice in Regina, Saskatchewan, Canada. This is a city of 230,000 with a half million patient catchment area. Great opportunity to focus on patient care rather than referral retention. 3,700 sq. ft. practice, five surgical suites including two GA suites, CBCT. The office was relocated six years ago due to high demand and to provide state-of-the-art care. Strong OR presence with over 150 major cases performed each year. Regina, the capital of Saskatchewan Canada, has easy access international airport, great for families, great lake life. Apply all your training and pay off debt. FRCD(C) and/or NDSE required. New grads and experienced surgeons encouraged to apply. Email rob@provincialoralsurgery.com if interested.

Texas (North Houston)

Opportunity with an established and well-respected, doctor-owned oral surgery group practice located north of Houston, Texas. We are seeking a board-certified/-eligible or recent graduate candidate. The practice consists of seven board-certified oral surgeons who practice the full scope of OMS in seven offices. Serving the area for over 40 years, the practice has successfully grown by maintaining long-standing referral relationships and providing excellent care to the patients in our communities. The city and suburbs are experiencing incredible growth and are great places to live and raise a family. We offer a competitive base compensation and bonus package, 401(k), family medical insurance, malpractice insurance, CE allowance and generous paid vacation with a pathway to partnership. Contact our Practice Administrator, Donna Kotsios, at dkotsios@nwoms.net.

Available Positions

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Texas

Boutique, privately owned, upscale oral surgery practice in Austin, Texas, with an excellent opportunity for a partnership track position. Enjoy state-of-the-art facilities and an excellent referral base in a thriving community. Benefits package includes retirement, vacation time, as well as paid malpractice. Email vcavaretta@gmail.com with questions and interest.

Texas

Excellent opportunity to join an established, multilocation, full-scope oral surgery practice in the Austin, Texas, area. Our practice offers a strong referral base and state-of-the-art facilities including onsite 3D imaging. We are seeking a board-certified/-eligible oral surgeon for a full-time position with excellent benefits. There are no on-call requirements, but paid, full-scope trauma call is available if desired. Email CV to drjalford@gmail.com.

Texas

OMS private practice opportunity for qualified surgeon to help grow our successful, highly respected, well-established broad scope OMS practice. Searching for a board-certified OMS for a private practice in the Mansfield, Texas area. Please contact michelle@mansfieldoralsurgery.com.

Texas (Houston)

One of the most well-known and established Houston oral and maxillofacial private practices is looking for an associate position to join their practice. The practice currently consists of three active oral and maxillofacial surgeons and one semi-active surgeon who is looking to add a fourth surgeon. The Houston practice has the following attributes: state-of-the-art facility, state-of-the-art equipment from Lumenis, lasers to prime scan 3D scanners, 30 percent revenue increase in last two years, 98 percent collection rating, Who's Who celebrities in patient clientele, collaboration with the best prosthodontists in Houston, vibrant and active study clubs, state-of-the-art conference room, well-trained staff and top-notch office operations manager and our oral surgeons' credentials include former board examiner, President and officers of local and state OMS societies, AAOMS officer, state board reviewer, etc. The Houston oral surgeon practice has two offices located in central and west Houston. We are looking for a candidate who does full-scope oral and maxillofacial surgery, has excellent people skills and is well-rounded in all facets. Board-eligible or board-

certified is a must. Excellent compensation and benefits with potential for equity in the practice. Contact steve28093@gmail.com.

Virginia

Exciting opportunity to join an established, self-owned group practice. Primary office in Charlottesville (home of the University of Virginia) with a satellite office in Culpeper. One-year associateship with clear terms to partnership thereafter. Applicants must be Board-certified/-eligible. Seeking applicants who are dedicated to maintaining the strong referral network across central Virginia. Excellent work-life balance with majority dentoalveolar surgery and minimal hospital call. Candidate to start as soon as possible. For more information, please e-mail resume to ldelbridge@cvofs.com.

Virginia

Eastern Virginia Oral & Maxillofacial Surgery offers an excellent opportunity for an oral surgeon to join our well-established and growing practice. We are currently a two-provider, two-location practice located in the Virginia Beach and Norfolk areas of coastal Virginia. Our area has much to offer. Outdoor enthusiasts will be challenged by the waterways and beaches as well as the many natural parks and hiking trails. Food enthusiasts will enjoy the wide range of offerings of local and international cuisines. History, art and theater are also well represented. We have served our community through dedication to providing excellent patient care. Our solid referral base of well-respected, high-quality dentists and specialists work with us in our mission of excellence and dedication. Our practice leads this area in providing robotic and dynamic navigation for placing dental implants. We practice full scope and cover one local hospital where we have block OR time and limited trauma call. As partners, we take pride in having a collaborative culture that allows us as individuals to develop our own areas of surgical interests while maintaining a solid core oral surgery base for our community. We are excited to bring on a motivated, like-minded associate who shares our philosophy and dedication to patient care. This opportunity can lead to partnership for a board-certified surgeon. We look forward to discussing this opportunity with interested parties. Please send inquiries to administrator@easternvirginiaaoms.com.

Washington

Well-established solo practice in Seattle suburbs looking for another surgeon to grow into the practice as an associate with future partnership potential. The ideal candidate has a strong background in office-based implant, dentoalveolar and pre-prosthetic surgery and is comfortable administering anesthesia in the outpatient setting. Upcoming 2023 graduates who fit this profile as,

well as more experienced surgeons who may be looking for a better opportunity, are encouraged to apply. Practice is up-to-date on current technology with digital Panorex, cone beam CT, intraoral scanning, X-guide dynamic navigation implant system, 3D printing and paperless charting. There is an opportunity to grow an orthognathic practice depending on surgeon's interest. Hospital call is optional. The Seattle and greater Puget Sound region is home to beautiful natural vistas, numerous outdoor activities, diverse cultural experiences and multiple professional sports teams. The economy is strong in Seattle with many major employers. Washington state dental license with GA permit and BC/BE required. Base salary with collections-based bonus. Please email CV to classifieds@aaoms.org, attention AAOMS Box A-1029.

Wisconsin

Our multi-doctor practice established 50 years ago is continually growing and has many current amenities including full-face CBCTs and DAANCE-certified staff. Area communities provide safe, friendly environments, excellent schools, plenty of four-season outdoor activities available, several professional and college sporting events and performing arts venues. We are offering a competitive salary and comprehensive benefits package starting as an associateship leading to an equal partnership. Interested candidates should apply with a CV or resume to: info@omswinnabago.com.

Miscellaneous

Nationwide

To single-owner oral surgeons considering retirement or buyout: Instead of selling to private equity at 1X EBITDA and putting patients in the hands of investors, OMS Consulting offers an alternative solution that allows an OS to maintain ownership as a passive income source and continue the employment of their staff. OMS Consulting is an oral surgeon-owned organization, which allows us to focus more on the patient experience. We provide an oral surgeon and nurses, who visit the clinic frequently enough to manage the patient volume of the practice. Clinics must have gross collections of \$2.5M-plus to be considered. Owners receive 40 percent of collections, resulting in more income than would be possible with an acquisition, while also preserving standard of care, ownership of the asset and the right to eventually sell the practice in the future. For more information, contact katie@omspractice.com.



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As our tag line says, "You Focus on Surgery, We'll Help with the Rest!" Our team of experts at OMS Consulting Firm specializes in legal, accounting, billing, HR and consulting services: buy-ins, buy-sell agreements, employment contracts, practice sales, start-ups, practice transitions, practice valuations, practice analysis, policies and procedures, job descriptions, employee handbook, A/R management, credentialing, marketing and coaching. Visit www.omscounselingfirm.com or contact scott@omscounselingfirm.com or 833-OMS-FIRM. Visit www.instagram.com/omsfirm or www.linkedin.com/in/grahamfacmpe.

Practices for Sale

California (Santa Monica)

Full scope OMS practice is offered for immediate sale or transition to sale, 35-plus years established in distinguished medical building with long standing, stable referral base. The emphasis of the practice is dentoalveolar surgery and dental implants. The practice is fee for service and insurance patient based. Located in close proximity to two major medical centers, Santa Monica UCLA Medical Center and St. John's Health Center. The office consists of one operating room, two equipped operatories and recovery room. Send inquiries to classifieds@aaoms.org attention AAOMS Box S-1227.

Illinois

OMS Practice for sale. Located at Naperville/Plainfield border. Four treatment rooms with two fully equipped surgical suites. Very reasonable rent, utilities included. Motivated seller. Located in heart of desirable west/southwest suburbs. Call Bill at 630-242-5678.

New Hampshire

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New York (Lower Hudson Valley)

Well-established practice looking for board-certified/-active candidate for certification OMS for purchase of practice. Current owner willing to remain through transition. Emphasis on dentoalveolar, office-based, implants, general anesthesia, pathology and hospital call. Experienced staff, good systems in place, cone beam CT, EHR. Please send CV to AAOMS Classified Box S-11803.

New York

Long-established Westchester County, N.Y., solo practice. Two locations with Dexis/Panorex-CBCT. Integrated computer system (WinOMS). Strong referral base emphasis on dentoalveolar surgery, bone grafts, implants, oral pathology/medicine, TMJ and general anesthesia. Willing to stay for smooth transition. Please email classifieds@aaoms.org attention AAOMS Box S-0321.

Oklahoma

OMS with 48 years private practice ready to retire. Have practiced full scope, but dentoalveolar and implants only for three days per week. Excellent opportunity for expanding back to full scope or "low key" or satellite. Very flexible seller. Contact RJLOMS@live.com.

Oregon

Portland – Recently renovated, strong OMS practice with four surgery suites. Collects \$2.1 million. Gorgeous office in central location and tenured staff. Surgeon possibly able to stay on as a part-time associate. Contact paul@mydentalbroker.com or 866-348-3800.

West Virginia

Established, 40-year-old oral surgery practice for sale. Will stay one to two years for transition if needed. Located in Wheeling, two blocks from WVU Medicine – Wheeling Hospital. Modern three-op practice with new Planmeca CBCT. Practice concentrates on dentoalveolar surgery and implants. Trauma and orthognathics available if desired. Gross \$1.3 million on 30-hour week. Area has top notch municipal parks, symphony and is one hour from Pittsburgh and Morgantown and two hours from Columbus, Ohio. Please send CV to classifieds@aaoms.org attention box S-0907.

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Sept/Oct 2023 issue: July 7, 2023
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EXPAREL®

(bupivacaine liposome injectable suspension)

Brief Summary

(For full prescribing information refer to package insert)

INDICATIONS AND USAGE

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia.

Limitation of Use: Safety and efficacy has not been established in other nerve blocks.

CONTRAINDICATIONS

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine HCl with this technique has resulted in fetal bradycardia and death.

WARNINGS AND PRECAUTIONS

Warnings and Precautions Specific for EXPAREL

As there is a potential risk of severe life-threatening adverse effects associated with the administration of bupivacaine, EXPAREL should be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurological or cardiac toxicity.

Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amide-containing products.

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL has not been evaluated for the following uses and, therefore, is not recommended for these types of analgesia or routes of administration.

- epidural
- intrathecal
- regional nerve blocks other than interscalene brachial plexus nerve block
- intravascular or intra-articular use

EXPAREL has not been evaluated for use in the following patient population and, therefore, it is not recommended for administration to these groups.

- patients younger than 6 years old for infiltration
- patients younger than 18 years old for interscalene brachial plexus nerve block
- pregnant patients

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days as seen in clinical trials.

ADVERSE REACTIONS

Clinical Trial Experience

Adverse Reactions Reported in Local Infiltration Clinical Studies

The safety of EXPAREL was evaluated in 10 randomized, double-blind, local administration into the surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, tachycardia, headache, insomnia, anemia postoperative, muscle spasms, hemorrhagic anemia, back pain, somnolence, and procedural pain.

Adverse Reactions Reported in All Local Infiltration Clinical Studies in Pediatric Patients Aged 6 to Less Than 17 Years

The safety of EXPAREL in 110 pediatric patients between the age of 6 and 17 years old undergoing various surgical procedures was evaluated in one randomized, open-label, clinical study in which EXPAREL was administered by infiltration into the surgical site and one single-arm, open-label study in which EXPAREL was administered by infiltration into the surgical site. Patients were administered a weight-based dose of EXPAREL at 4 mg/kg (maximum dose of 266 mg) or bupivacaine HCl 2 mg/kg (maximum dose of 175 mg). In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration were bradycardia, muscle spasms, tachypnea, hypoesthesia oral, anemia postoperative, dizziness, pyrexia, diarrhea, hypoaacusis, hypoesthesia, back pain, hematuria, incontinence, muscular weakness, and visual impairment.

Adverse Reactions Reported in Nerve Block Clinical Studies

The safety of EXPAREL was evaluated in four randomized, double-blind, placebo-controlled nerve block clinical studies involving 469 patients undergoing various surgical procedures. Patients were administered a dose of either 133 or 266 mg of EXPAREL. In these studies, the most common adverse reactions (incidence greater than or equal to 10%) following EXPAREL administration were nausea, pyrexia, and constipation. The common adverse reactions (incidence greater than or equal to 2% to less than 10%) following EXPAREL administration as a nerve block were muscle twitching, dysgeusia, urinary retention, fatigue, headache, confusional state, hypotension, hypertension, hypoesthesia oral, pruritus generalized, hyperhidrosis, tachycardia, sinus tachycardia, anxiety, fall, body temperature increased, edema peripheral, sensory loss, hepatic enzyme increased, hiccups, hypoxia, post-procedural hematoma.

Postmarketing Experience

These adverse reactions are consistent with those observed in clinical studies and most commonly involve the following system organ classes (SOCs): Injury, Poisoning, and Procedural Complications (e.g., drug-drug interaction, procedural pain), Nervous System Disorders (e.g., palsy, seizure), General Disorders And Administration Site Conditions (e.g., lack of efficacy, pain), Skin and Subcutaneous Tissue Disorders (e.g., erythema, rash), and Cardiac Disorders (e.g., bradycardia, cardiac arrest).

DRUG INTERACTIONS

The toxic effects of local anesthetics are additive and their co-administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity. Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

Patients who are administered local anesthetics may be at increased risk of developing methemoglobinemia when concurrently exposed to the following drugs, which could include other local anesthetics:

Examples of Drugs Associated with Methemoglobinemia:

Class	Examples
Nitrates/Nitrites	nitric oxide, nitroglycerin, nitroprusside, nitrous oxide
Local anesthetics	articaine, benzocaine, bupivacaine, lidocaine, mepivacaine, prilocaine, procaine, ropivacaine, tetracaine
Antineoplastic agents	cyclophosphamide, flutamide, hydroxyurea, ifosfamide, rasburicase
Antibiotics	dapsone, nitrofurantoin, para-aminosalicylic acid, sulfonamides
Antimalarials	chloroquine, primaquine
Anticonvulsants	phenobarbital, phenytoin, sodium valproate
Other drugs	acetaminophen, metoclopramide, quinine, sulfasalazine

Bupivacaine

Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

Non-bupivacaine Local Anesthetics

EXPAREL should not be admixed with local anesthetics other than bupivacaine. Nonbupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. There are no data to support administration of other local anesthetics prior to administration of EXPAREL.

Other than bupivacaine as noted above, EXPAREL should not be admixed with other drugs prior to administration.

Water and Hypotonic Agents

Do not dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no studies conducted with EXPAREL in pregnant women. In animal reproduction studies, embryo-fetal deaths were observed with subcutaneous administration of bupivacaine to rabbits during organogenesis at a dose equivalent to 1.6 times the maximum recommended human dose (MRHD) of 266 mg. Subcutaneous administration of bupivacaine to rats from implantation through weaning produced decreased pup survival at a dose equivalent to 1.5 times the MRHD [see Data]. Based on animal data, advise pregnant women of the potential risks to a fetus.

The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2-4% and of miscarriage is 15-20% of clinically recognized pregnancies.

Clinical Considerations

Labor or Delivery

Bupivacaine is contraindicated for obstetrical paracervical block anesthesia. While EXPAREL has not been studied with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has resulted in fetal bradycardia and death.

Bupivacaine can rapidly cross the placenta, and when used for epidural, caudal, or pudendal block anesthesia, can cause varying degrees of maternal, fetal, and neonatal toxicity. The incidence and degree of toxicity depend upon the procedure performed, the type, and amount of drug used, and the technique of drug administration. Adverse reactions in the parturient, fetus, and neonate involve alterations of the central nervous system, peripheral vascular tone, and cardiac function.

Data

Animal Data

Bupivacaine hydrochloride was administered subcutaneously to rats and rabbits during the period of organogenesis (implantation to closure of the hard plate). Rat doses were 4.4, 13.3, and 40 mg/kg/day (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) and rabbit doses were 1.3, 5.8, and 22.2 mg/kg/day (equivalent to 0.1, 0.4 and 1.6 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight). No embryo-fetal effects were observed in rats at the doses tested with the high dose causing increased maternal lethality. An increase in embryo-fetal deaths was observed in rabbits at the high dose in the absence of maternal toxicity.

Decreased pup survival was noted at 1.5 times the MRHD in a rat pre- and post-natal development study when pregnant animals were administered subcutaneous doses of 4.4, 13.3, and 40 mg/kg/day buprenorphine hydrochloride (equivalent to 0.2, 0.5 and 1.5 times the MRHD, respectively, based on the BSA comparisons and a 60 kg human weight) from implantation through weaning (during pregnancy and lactation).

Lactation

Risk Summary

Limited published literature reports that bupivacaine and its metabolite, pipecoloxylidide, are present in human milk at low levels. There is no available information on effects of the drug in the breastfed infant or effects of the drug on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for EXPAREL and any potential adverse effects on the breastfed infant from EXPAREL or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of EXPAREL for single-dose infiltration to produce postsurgical local anesthesia have been established in pediatric patients aged 6 years and older. Use of EXPAREL for this indication is supported by evidence from adequate and well-controlled studies in adults with additional pharmacokinetic and safety data in pediatric patients aged 6 years and older.

Safety and effectiveness have not been established in pediatric patients aged less than 6 years old for local infiltration or less than 18 years old for interscalene brachial plexus nerve block.

Geriatric Use

Of the total number of patients in the EXPAREL local infiltration clinical studies (N=823), 171 patients were greater than or equal to 65 years of age and 47 patients were greater than or equal to 75 years of age. Of the total number of patients in the EXPAREL nerve block clinical studies (N=531), 241 patients were greater than or equal to 65 years of age and 60 patients were greater than or equal to 75 years of age. No overall differences in safety or effectiveness were observed between these patients and younger patients. Clinical experience with EXPAREL has not identified differences in efficacy or safety between elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Hepatic Impairment

Amide-type local anesthetics, such as bupivacaine, are metabolized by the liver. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations, and potentially local anesthetic systemic toxicity. Therefore, consider increased monitoring for local anesthetic systemic toxicity in subjects with moderate to severe hepatic disease.

Renal Impairment

Bupivacaine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. This should be considered when performing dose selection of EXPAREL.

OVERDOSAGE

Clinical Presentation

Acute emergencies from local anesthetics are generally related to high plasma concentrations encountered during therapeutic use of local anesthetics or to unintended intravascular injection of local anesthetic solution.

Signs and symptoms of overdose include CNS symptoms (perioral paresthesia, dizziness, dysarthria, confusion, mental obtundation, sensory and visual disturbances and eventually convulsions) and cardiovascular effects (that range from hypertension and tachycardia to myocardial depression, hypotension, bradycardia and asystole).

Plasma levels of bupivacaine associated with toxicity can vary. Although concentrations of 2,500 to 4,000 ng/mL have been reported to elicit early subjective CNS symptoms of bupivacaine toxicity, symptoms of toxicity have been reported at levels as low as 800 ng/mL.

Management of Local Anesthetic Overdose

At the first sign of change, oxygen should be administered.

The first step in the management of convulsions, as well as underventilation or apnea, consists of immediate attention to the maintenance of a patent airway and assisted or controlled ventilation with oxygen and a delivery system capable of permitting immediate positive airway pressure by mask. Immediately after the institution of these ventilatory measures, the adequacy of the circulation should be evaluated, keeping in mind that drugs used to treat convulsions sometimes depress the circulation when administered intravenously. Should convulsions persist despite adequate respiratory support, and if the status of the circulation permits, small increments of an ultra-short acting barbiturate (such as thiopental or thiamylal) or a benzodiazepine (such as diazepam) may be administered intravenously. The clinician should be familiar, prior to the use of anesthetics, with these anticonvulsant drugs. Supportive treatment of circulatory depression may require administration of intravenous fluids and, when appropriate, a vasopressor dictated by the clinical situation (such as epinephrine to enhance myocardial contractile force).

If not treated immediately, both convulsions and cardiovascular depression can result in hypoxia, acidosis, bradycardia, arrhythmias and cardiac arrest. If cardiac arrest should occur, standard cardiopulmonary resuscitative measures should be instituted.

Endotracheal intubation, employing drugs and techniques familiar to the clinician, maybe indicated, after initial administration of oxygen by mask, if difficulty is encountered in the maintenance of a patent airway or if prolonged ventilatory support (assisted or controlled) is indicated.

DOSAGE AND ADMINISTRATION

Important Dosage and Administration Information

- EXPAREL is intended for single-dose administration only.
- Different formulations of bupivacaine are not bioequivalent even if the milligram strength is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL.
- DO NOT dilute EXPAREL with water or other hypotonic agents, as it will result in disruption of the liposomal particles.
- Use suspensions of EXPAREL diluted with preservative-free normal (0.9%) saline for injection or lactated Ringer's solution within 4 hours of preparation in a syringe.
- Do not administer EXPAREL if it is suspected that the vial has been frozen or exposed to high temperature (greater than 40°C or 104°F) for an extended period.
- Inspect EXPAREL visually for particulate matter and discoloration prior to administration, whenever solution and container permit. Do not administer EXPAREL if the product is discolored.

Recommended Dosing

Local Analgesia via Infiltration Dosing in Adults

The recommended dose of EXPAREL for local infiltration in adults is up to a maximum dose of 266mg (20 mL), and is based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

As general guidance in selecting the proper dosing, two examples of infiltration dosing are provided:

- In patients undergoing bunionectomy, a total of 106 mg (8 mL) of EXPAREL was administered with 7 mL infiltrated into the tissues surrounding the osteotomy, and 1 mL infiltrated into the subcutaneous tissue.

- In patients undergoing hemorrhoidectomy, a total of 266 mg (20 mL) of EXPAREL was diluted with 10 mL of saline, for a total of 30 mL, divided into six 5 mL aliquots, injected by visualizing the anal sphincter as a clock face and slowly infiltrating one aliquot to each of the even numbers to produce a field block.

Local Analgesia via Infiltration Dosing in Pediatric Patients

The recommended dose of EXPAREL for single-dose infiltration in pediatric patients, aged 6 to less than 17 years, is 4 mg/kg (up to a maximum of 266 mg), and is based upon two studies of pediatric patients undergoing either spine surgery or cardiac surgery.

Regional Analgesia via Interscalene Brachial Plexus Nerve Block Dosing in Adults

The recommended dose of EXPAREL for interscalene brachial plexus nerve block in adults is 133 mg (10 mL), and is based upon one study of patients undergoing either total shoulder arthroplasty or rotator cuff repair.

Compatibility Considerations

Administer EXPAREL with drugs other than bupivacaine HCl prior to administration is not recommended.

- Non-bupivacaine based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more.
- Bupivacaine HCl administered together with EXPAREL may impact the pharmacokinetic and/or physicochemical properties of EXPAREL, and this effect is concentration dependent. Therefore, bupivacaine HCl and EXPAREL may be administered simultaneously in the same syringe, and bupivacaine HCl may be injected immediately before EXPAREL as long as the ratio of the milligram dose of bupivacaine HCl solution to EXPAREL does not exceed 1:2.

The toxic effects of these drugs are additive and their administration should be used with caution including monitoring for neurologic and cardiovascular effects related to local anesthetic systemic toxicity.

- When a topical antiseptic such as povidone iodine (e.g., Betadine®) is applied, the site should be allowed to dry before EXPAREL is administered into the surgical site. EXPAREL should not be allowed to come into contact with antiseptics such as povidone iodine in solution.

Studies conducted with EXPAREL demonstrated that the most common implantable materials (polypropylene, PTFE, silicone, stainless steel, and titanium) are not affected by the presence of EXPAREL any more than they are by saline. None of the materials studied had an adverse effect on EXPAREL.

Non-Interchangeability with Other Formulations of Bupivacaine

Different formulations of bupivacaine are not bioequivalent even if the milligram dosage is the same. Therefore, it is not possible to convert dosing from any other formulations of bupivacaine to EXPAREL and vice versa.

Liposomal encapsulation or incorporation in a lipid complex can substantially affect a drug's functional properties relative to those of the unencapsulated or nonlipid-associated drug. In addition, different liposomal or lipid-complexed products with a common active ingredient may vary from one another in the chemical composition and physical form of the lipid component. Such differences may affect functional properties of these drug products. Do not substitute.

CLINICAL PHARMACOLOGY

Pharmacokinetics

Administration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours after local infiltration and 120 hours after interscalene brachial plexus nerve block. In general, peripheral nerve blocks have shown systemic plasma levels of bupivacaine for extended duration when compared to local infiltration. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.

PATIENT COUNSELING

Inform patients that use of local anesthetics may cause methemoglobinemia, a serious condition that must be treated promptly. Advise patients or caregivers to seek immediate medical attention if they or someone in their care experience the following signs or symptoms: pale, gray, or blue colored skin (cyanosis); headache; rapid heart rate; shortness of breath; lightheadedness; or fatigue.



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Patent Numbers:

6,132,766 5,891,467 5,766,627 8,182,835

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For additional information call 1-855-RX-EXPAREL (1-855-793-9727)

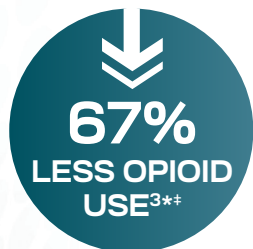
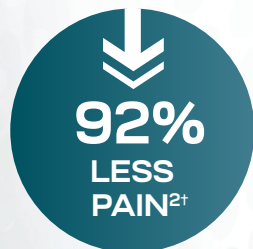
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March 2021

THE FIRST AND ONLY FDA-APPROVED LONG-LASTING
LOCAL ANALGESIC FOR AGES 6 AND OLDER¹

RECONSTRUCT RECOVERY AFTER OMFS WITH FEWER OPIOIDS

Patients who received EXPAREL had less pain and less need for opioids.*



SEE EXPAREL
IN ACTION



OMFS=oral/maxillofacial surgery.

*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

[†]Face, legs, activity, cry, and consolability pain scores on presentation to the postanesthesia care unit from a retrospective review of all patients who underwent pharyngoplasty (N=60) receiving EXPAREL (n=30) compared with patients receiving lidocaine (n=30). *P*=0.0075.

[‡]Opioid reduction in the immediate postsurgical period from a retrospective cohort study of patients undergoing alveolar bone grafting with an open iliac crest bone harvest (N=38) receiving EXPAREL (n=17) compared with patients receiving bupivacaine HCl (n=21). *P*=0.002.

[§]*P*=0.00072.

Indication

EXPAREL is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

EXPAREL is not recommended to be used in the following patient populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use.

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression.

Cardiovascular System Reactions: Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death.

Allergic Reactions: Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients.

Chondrolysis: There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

Methemoglobinemia: Cases of methemoglobinemia have been reported with local anesthetic use.

Full Prescribing Information is available at www.EXPAREL.com.

References: 1. Tirotta CF, de Armendi AJ, Horn ND, et al. A multicenter study to evaluate the pharmacokinetics and safety of liposomal bupivacaine for postsurgical analgesia in pediatric patients aged 6 to less than 17 years (PLAY). *J Clin Anesth*. 2021;75:110503. doi:10.1016/j.jclinane.2021.110503. 2. Day KM, Nair NM, Griner D, Sargent LA. Extended release liposomal bupivacaine injection (EXPAREL) for early postoperative pain control following pharyngoplasty. *J Craniofac Surg*. 2018;29(3):726-730. 3. Patel RA, Jablonka EM, Rustad KC, et al. Retrospective cohort-based comparison of intraoperative liposomal bupivacaine versus bupivacaine for donor site iliac crest analgesia during alveolar bone grafting. *J Plast Reconstr Aesthet Surg*. 2019;72(12):2056-2063.

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NON-OPIOID
EXPAREL[®]
(bupivacaine liposome injectable suspension)