

AAOMS TODAY



January/February 2025
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A publication of the
American Association of Oral and Maxillofacial Surgeons

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Duty & dedication

OMSs support troops
at home and abroad



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COVER STORY

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Duty & dedication

*OMs support troops
at home and abroad*

*The people that you get to take care of
and work with are just truly wonderful
people who are dedicating their lives
to helping serve the country and make
things better for everybody.*

*– Dr. Andrew Jenzer
U.S. Army Major*

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2024: Grand Award winner for Magazine Writing
2023: Award of Excellence for Magazine
2021: Awards of Excellence for Writing



2024: Gold Award
2023: Gold Award
2022: Gold Award
2021: Gold Award
2020: Merit Award



2024: Gold Award
2023: Gold Award
2022: Gold Award
2020: Platinum Award



2024: Humanitarian Service Award for "Giving Back: OMSs doing their part to aid in Ukrainian crisis"



2024: Platinum Award for Feature Article and Gold Awards for Association Magazine and Magazine Design
2023: Gold Awards for Association Magazine, Design and Feature Article
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



J. David Morrison, DMD
AAOMS President

“At the core of our mission is ensuring members have access to cutting-edge knowledge and resources that enable them to excel in their practices.”

IN MY VIEW

AAOMS committed to

The start of a new year is an ideal time to plan your continuing education for the months ahead. As oral and maxillofacial surgeons, staying updated with the latest advancements and keeping our skills sharp are essential. Continuing education not only helps us achieve these goals but also meets the requirements set by our employers and regulatory agencies.

One of the greatest strengths of AAOMS is the incredible value of its educational programs. At the core of our mission is ensuring members have access to cutting-edge knowledge and resources that enable them to excel in their practices. Our offerings – available through both in-person events and online platforms – are meticulously curated to meet your needs, deliver actionable insights and keep you ahead in an ever-evolving field.

The power of in-person education

The AAOMS Annual Meeting and Dental Implant Conference are flagship events that bring our community together for innovative learning experiences. These events are planned to provide members with the highest quality education featuring the latest topics presented by leading experts in the field – offering an unparalleled environment for learning and professional growth.

For example, among intriguing topics covered at the 2024 Annual Meeting: new approaches to airway expansion through osteotomies, managing impacted second molars, combining TMJ and orthognathic surgeries, and using neurostimulation for obstructive sleep apnea. Each clinical track also featured a plenary session along with abstracts and Hot-off-the-Press articles from dental and medical journals. In addition to the clinical tracks, the most popular sessions at this year's Annual Meeting included the OMSNIC Anesthesia Safety Program, preconference Anesthesia Update and the Chalmers J. Lyons Lecture on perspectives on vertical and horizontal augmentation.

Similarly, our Dental Implant Conference is a focused event that delves into the latest innovations and techniques in dental implants, providing attendees with actionable insights they can bring back to their practices. Among sessions at the December conference: complex case management, digital workflow integration, and innovations in immediate loading and tissue engineering.



lifelong learning through continuing education

The driving forces behind our success

The AAOMS Committee on Continuing Education and Professional Development (CCEPD) works tirelessly to make certain our content remains relevant and impactful. After every Annual Meeting, the committee debriefs to evaluate course reviews and identify areas for improvement. This thoughtful approach guarantees every offering is fresh, innovative and aligned with the needs of our members.

To aid in developing CE across all clinical and non-clinical topics, the CCEPD – chaired by Andrew Read-Fuller, DDS, MD, MS, FACS – includes a representative from the Committee on Anesthesia; Committee on Cleft, Craniofacial and Pediatric OMS; the Subcommittee on Dental Implant Education; Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery; Committee on Practice Management and Professional Staff Development; Committee on Research Planning and Technology Assessment; ROAAOMS; and the Special Committee on Facial Cosmetic Surgery. This representation ensures our educational offerings offer the most comprehensive education for all members.

The committee members' dedication to evaluating and refining content ensures every course, webinar and conference session is designed with your needs in mind. Their ability to anticipate changes in the landscape of continuing education and adapt AAOMS's offerings accordingly is a testament to their commitment to excellence.

The success of our educational programs would not be possible without the collective and dedicated efforts of topic-expert speakers. Members generously volunteer their time to submit proposals, prepare lectures and present their knowledge to peers. Residents and researchers also contribute by sharing their findings and keeping our community informed about the latest advancements. Outside speakers share their expertise on coding, practice management, team-building, marketing, referrals, infection control and other non-clinical topics.

Their contributions enrich our programs so we remain a trusted source of education in oral and maxillofacial surgery.

Commitment to excellence in CE

From adding new webinars to launching a digital CE subscription service, the CCEPD continuously expands and evolves the ways we deliver education to provide members with flexibility and accessibility. Among highlights:

- As part of our commitment to your professional growth, AAOMS added a transcript feature to the CE Online Dashboard. This tool simplifies managing your continuing education by allowing you to save both internal and external credits in one place. No more juggling multiple records or platforms!
- Our CE Online Library exemplifies our commitment to providing accessible, high-quality learning. Featuring clinical, coding and practice management content led by world-renowned speakers, the library offers practical insights and the latest advancements in oral and maxillofacial surgery.
- AAOMS provides both continuing medical and dental education credits, ensuring members can stay current across disciplines while meeting licensure requirements. This dual accreditation highlights the exceptional quality and relevance of our programs.

Looking ahead: A bright future for education

As we start a new year, we remain steadfast in our mission to provide you with the highest quality education and support your growth and success at every stage of your career. Thank you for your dedication to our community and your commitment to lifelong learning. Together, we will continue to advance your practice, enhance your skills and uphold the standards of excellence that define our profession – all in an effort for the patients we serve. ■

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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 helps 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.

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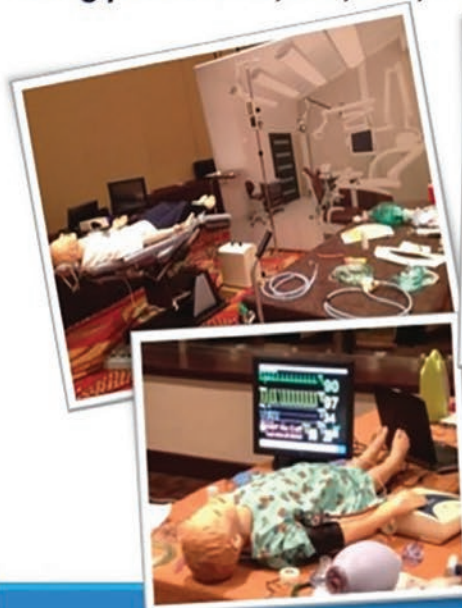
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Duty & dedication

*OMSs support troops
at home and abroad*

Oral and maxillofacial surgeons in the armed forces provide vital care to U.S. troops, their families and veterans while navigating the challenges of military life.

Oral and maxillofacial surgeons in the armed forces provide vital care to U.S. troops, their families and veterans while navigating the challenges of military life. Air Force Major Grant Fisher, DDS; Army Major Andrew C. Jenzer, DDS; and Navy Lieutenant Commander Kyle D. Lee, DDS, serve in three different branches but

share a commitment to both their patients and their country. Inspired to pursue the specialty after watching an OMS mentor in action, each of these active-duty officers bring their expertise and dedication to their roles, whether on land or at sea.

Ensuring troops are 'ready to fight tonight'



Grant Fisher, DDS
U.S. Air Force Major

On a 365-day deployment at Osan Air Base in South Korea from July 2023 to July 2024, Dr. Grant Fisher lived and worked roughly 50 miles from the border of North Korea.

The mission at the U.S. Air Force base focuses on military medical readiness, said Dr. Fisher: "Our slogan is 'Ready to fight tonight,' which of course describes our approach should North Korea try to start something with South Korea."

As an OMS in the Air Force, Dr. Fisher's readiness goal was to ensure the dental health of military personnel, who could be called into action on a moment's notice. At the base, he worked alongside an OMS from the U.S. Army, and together they were responsible for the oral and maxillofacial surgical care of all U.S. military personnel in South Korea.

"I mostly performed dentoalveolar procedures, including dental implants as well as trauma surgeries/infections," Dr. Fisher said. He estimated he performed between 50 and 75 third molar and other tooth extractions and guided bone regeneration procedures each month. Other procedures included tori surgery, frenectomies and biopsies. "The beauty of the military is we can prioritize safety and patient comfort," he said.

Dr. Fisher also handled occasional orthognathic surgeries, though he said the short-term nature of service members' assignments limited these opportunities.

Military readiness is crucial so U.S. armed forces can respond effectively to any threat. "Almost monthly, we ran base-wide exercises that simulate our response to attacks and mass casualties," he said.

These rigorous training exercises underscore the constant need for preparedness. During his deployment, the importance of readiness was underscored when the United Nations reported North Korea had launched an intercontinental ballistic missile. The missile flew 621 miles and reached an altitude of 4,040 miles before falling into the sea. The U.N. noted unannounced tests by North Korea represent a serious risk to international civil aviation and maritime traffic.

continued on next page

The most challenging case he experienced in South Korea involved a patient at the base who had undergone complex orthognathic surgery in the United States several months earlier. “She was found to have (bone) nonunion and high concerns for osteomyelitis. She ultimately required a reconstructive surgery via a transcervical approach using posterior iliac crest bone graft and postoperative hyperbaric oxygen therapy,” he said.

Challenges, rewards of overseas duties

Beyond his clinical responsibilities, Dr. Fisher found value in the camaraderie among the military personnel at Osan Air Base. Many, like him, face the emotional challenges of being far from loved ones, who he said were “literally a world away.”

“It’s a close-knit family out here because everyone is in the same situation being away from their families, so there is a real sense of team,” he said.

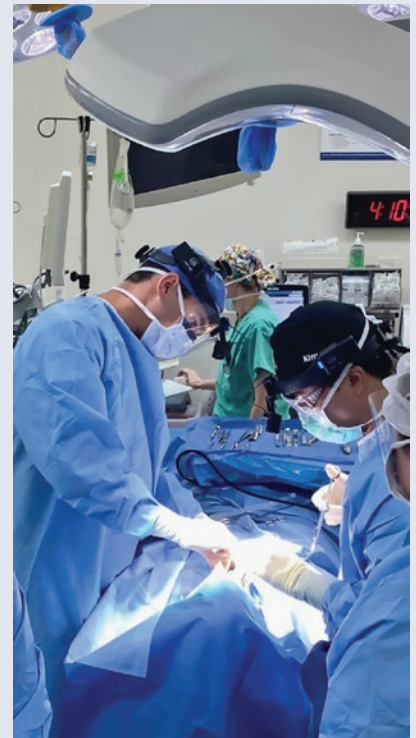
He enjoyed numerous travel opportunities. “South Korea has great hiking, and I enjoy that. Seoul is a fun city to visit,” he said. In addition, he explored Japan, Taiwan, the Philippines, Cambodia, Thailand, Indonesia and Vietnam. “Experiencing cultures so different from ours is refreshing and fun. But it also has reinforced my love for my country and made me more proud of our American way of life,” he said.

Early OMS influences

Growing up in Charlotte, N.C., Dr. Fisher said his father, a general dentist, encouraged him to explore various dental specialties. While in high school, he knew he wanted to become an oral and maxillofacial surgeon after observing a bimaxillary orthognathic surgery performed by an OMS friend of his father.



Above: Dr. Grant Fisher works with a technician to place a dental implant at the clinic on Osan Air Force Base in South Korea. At right: Dr. Fisher performs a surgical procedure with Army OMS Dr. Peter Kim in the Brian D. Allgood Army Community Hospital at Camp Humphreys in South Korea.



“Someone’s face is often their first impression to the world, and the ability to impact that aspect of someone is one of the most fulfilling things,” said Dr. Fisher, who graduated from the University of North Carolina School of Dentistry.

The strength of the OMS residency program drew him to Walter Reed National Military Medical Center in Bethesda, Md. “I wanted to serve my country and operate on service members and their families,” he said.

Not ready to hang up uniform

After his year-long deployment in South Korea, Dr. Fisher returned to the Washington, D.C., area and is stationed at Joint Base Andrews in Maryland. He serves as an attending surgeon at Walter Reed, a role that combines his love for surgery with his dedication to teaching.

Reflecting on his career so far, Dr. Fisher emphasized the unique nature of the OMS specialty. “An OMS is the best job in healthcare. Where else can you find the mix of anesthesia, medicine, dentistry and surgery? Our scope is the most unique of all specialties, both medical and dental,” he said.



Top and bottom right: Dr. Grant Fisher (right) explores the Pyeongtaek International Central Market with friends stationed at Osan Air Force Base in South Korea. The shopping area is near the base's main gate. Bottom left: Dr. Fisher (right) traveled to Misawa Air Base in Japan for orthognathic surgery cases. He poses in the operating room with two techs and U.S. Air Force OMS Dr. Andrew Mathis.

As he continues his service, Dr. Fisher remains committed to providing care to service members and their families, all while weighing the next steps in his military career.

His active-duty commitment ends in June 2027. At that point, he faces the decision of whether to stay in the armed services or separate to enter private practice and join the Air Force Reserves.

"I don't want to hang up my uniform for good, even if I decide to join private practice," Dr. Fisher said. ■

Changing lives through role at military hospital



Andrew C. Jenzer, DDS
U.S. Army Major

Dr. Andrew Jenzer, who grew up in Brattleboro, Vt., traces his commitment to serve his country to a pivotal moment in middle school: the events of Sept. 11, 2001.

"I remember watching it as well as what the aftermath did to our country. I promised myself if I could contribute to our country and help prevent things like that from ever happening again, I would," he said.

Driven by this sense of duty, he joined the military after high school in 2006 and participated in the U.S. Army ROTC program during his undergraduate years at Boston College.

His path to becoming an oral and maxillofacial surgeon was solidified in dental school at Creighton University in Nebraska when an adjunct faculty member, an OMS, invited Dr. Jenzer to observe his first surgery: a gunshot wound to the mandible. "I was amazed at how much a provider could positively impact someone's life and well-being, and I wanted to be that person for our soldiers," he said.

Now, Dr. Jenzer serves as the Program Director for the OMS residency program at Womack Army Medical Center at Fort Liberty in North Carolina, where he is helping shape the next generation of military oral and maxillofacial surgeons.

Finding his calling in life

At Womack Army Medical Center, four staff, including Dr. Jenzer, and eight residents care for the Fort Liberty patient population, including more than 50,000 active-duty soldiers, their families and veterans from the community. Dr. Jenzer's days are spent in the operating room, supervising cases in the clinic or overseeing the academic side of the residency program.



Dr. Andrew Jenzer performs facial reconstruction surgery in August 2024 at the Fort Liberty, N.C., medical center. (U.S. Department of Defense)

"We see a lot of dentoalveolar issues from our active-duty population, benign pathology, TMJ, orthognathic, reconstruction, implants and trauma. We perform a smaller number of cosmetic procedures," Dr. Jenzer said. "It's a busy clinic with 10 chairs and two operating rooms, so there's never a shortage of work."

One of his most challenging cases involved an Army Special Forces member who was shot in Afghanistan, losing most of his lower jaw.

"We rebuilt his lower jaw and brought him back to full dental health with implants later on. We performed various cosmetic and grafting procedures to rebuild him esthetically as well," Dr. Jenzer said.

Throughout the four-year process, the active-duty Green Beret would return to Dr. Jenzer between deployments. "He was still going back and forth, down range to war, in between all those surgeries. He was a pretty incredible guy."

Dr. Jenzer said he is "humbled and honored" to help soldiers. "That's a huge part about why I love this job. The people that you get to take care of and work with are just truly wonderful people who are dedicating their lives to helping serve the country and make things better for everybody," he said.

While a civilian private practice might offer a different pace, Dr. Jenzer finds his role personally rewarding. "I have the opportunity to pour my heart and soul into my residents to make the best surgeons I can, which I have found as my calling in life," he said. "The patients we treat and their families deserve the best care, and they are incredibly appreciative of what we do for them."

Dr. Jenzer said OMS residencies in the military have a distinct advantage over civilian programs because the cost of patient care is covered. "Pay is not an issue. You can do whatever the patient needs, you can do what's best for the patient, and that is incredible," he said.

If a patient is eligible for care, Dr. Jenzer said his team can present all the options and do whatever the patient needs. If the best prosthetic treatment plan calls for bone grafting and implants, he said the patient doesn't have to worry about the associated costs. The same applies



to orthognathic surgery with state-of-the-art virtual surgical planning, a procedure he and his team perform several times every week.

"It's a beautiful surgery; we're not just fixing teeth or jaws," he said. "We're changing lives. We're restoring them with the confidence to smile, the ability to function and chew. In one surgery, you get to fix somebody's life. And that's why I love it."

Dr. Jenzer said he finds it incredibly rewarding to see patients return to visit after their treatment is complete.

Still a soldier at heart

Oral and maxillofacial surgeons in the Army provide tertiary care but Dr. Jenzer enjoys the military aspects of his job that take him beyond the hospital. Although not required, he completed parachute training at the U.S. Army Airborne School (Jump School) and helicopter rappelling training at the Sabalauski Air Assault School.

He also earned various marksmanship and fitness badges, including the Expert Field Medical Badge (EFMB), which recognizes exceptional competence and outstanding performance by field medical personnel. In 2022, Dr. Jenzer was one of 72 candidates – out of a total 180 – to earn the badge. The demanding EFMB test includes a 12-mile ruck march, a physical fitness assessment, day and night land navigation and a written test.

Dr. Jenzer said the tests are very physically and mentally challenging. "It's very fun to push yourself to those limits, and you get to be around a lot of amazing people who are trying to do the same thing. To me, one of the best parts about being an oral and maxillofacial surgeon in the military is the opportunity to do all these other, very unique, school kind of things," he said.

By jumping from planes or passing rigorous tests, Dr. Jenzer said he demonstrates his understanding of the duties and



Above left to right: Dr. Andrew Jenzer oversees as Graduate Medical Education residents treat a simulated casualty during a mass casualty exercise in May 2024 at the Taylor-Sandri Medical Training Center at Fort Liberty, N.C. (U.S. Army photo) Dr. Jenzer rappels from a helicopter at the Sabalauski Air Assault School at Fort Campbell, Ky. Dr. Jenzer (second from left), celebrates with fellow soldiers after earning the Expert Field Medical Badge at Fort Jackson, S.C.



experiences of soldiers and colleagues. Not only does this build mutual respect and trust, "I think it makes you a better leader," he said.

Sharing his passion for learning

Dr. Jenzer's educational journey after dental school took him to OMS training at Fort Liberty. He then spent three years teaching at Fort Eisenhower in Augusta, Ga., where he served as Department Chair and Deputy Program Director as well as working as adjunct faculty in the OMS residency program at Augusta University. He completed a fellowship at Duke University in Durham, N.C., in craniomaxillofacial trauma and reconstruction.

Dr. Jenzer returned to Fort Liberty in the summer of 2023 and took over as Program Director of the residency program. "I love teaching. I think that being able to teach something, especially like surgery, really demonstrates and demands mastery. It really helps keep me sharp, and transferring those skills on to other people is one of the greatest things I find that I can do," he said.

As for the future, he plans on staying in the Army at least another five years before making any long-term decisions. "I believe you can't really plan for life for more than about three to four years out. Doors open or close; new opportunities arise," he said. "But ultimately I love my job, and I could absolutely see myself still wearing the uniform." ■

Adapting to uncertainty: OMS's challenge at sea



Kyle D. Lee, DDS
U.S. Navy Lieutenant
Commander

For eight months, Dr. Kyle D. Lee was the sole oral and maxillofacial surgeon on the world's largest and most advanced nuclear-powered aircraft carrier, the USS Gerald R. Ford, when it began its first full-length global combat deployment.

The Gerald R. Ford – the flagship of Carrier Strike Group 12 (CSG-12) – includes an air wing, three guided-missile destroyers and a guided-missile cruiser, totaling over 5,000 sailors. Its first deployment starting in May 2023 included visiting ports in Croatia, Greece, Italy, Norway and Turkey.

"It was nice we were a part of history," Dr. Lee said. "It was a huge feat on everyone's part. The crew came together."

Dr. Lee said the goal as an OMS in the Navy is to achieve operational dental readiness for all sailors. "That doesn't change whether you're deployed or you're at home. I still report to the ship most days of the week," he said after returning to the ship's homeport at Naval Station Norfolk in Virginia last January.

The patient population aboard the aircraft carrier was between the ages of 18 and 45, and Dr. Lee said his work was routine ambulatory surgery: third molar extractions, other extractions for implants, sinus augmentation and

some work with temporomandibular disorders. Because most third molar extractions typically are performed during boot camp, he said the cases he saw were among older patients who were experiencing some form of dental pain.

Dr. Lee collaborated with the four general dentists on the ship who screened crew members during their annual exams and referred them to him as needed. "I evaluate the patients to foresee any issues. We're trying to prevent pain or infection that could potentially sideline a sailor," he said.

Occasionally, sailors on other ships in the strike group experienced tooth pain and were flown by helicopter to the Gerald R. Ford. "We were the closest clinic," he said.

Responding to global incidents

The biggest challenges Dr. Lee faced at sea were the uncertainty of extended missions and the need to adapt to evolving situations.

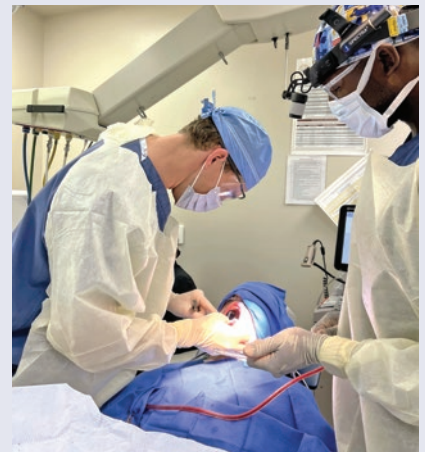
The Pentagon deployed the Gerald R. Ford to the Eastern Mediterranean after the Oct. 7, 2023, attack on Israel to bolster regional deterrence efforts. The mission was extended two more times in response to missile and drone attacks by Houthi rebels on commercial vessels in the Red Sea.

"We were actually supposed to be returning home within the next coming months. But we had to immediately go and be a presence in the Mediterranean to help with that crisis," he said.

Beyond not knowing the length of the new mission, Dr. Lee said he was concerned whether he would have enough supplies to perform procedures. "When we



Above: Dr. Kyle Lee is assigned to the U.S. Naval Ship Comfort, a 1,000-bed mercy hospital ship, and he anticipates being deployed in 2025. Right: Dr. Lee performs a procedure. (U.S. Navy photo)





Above right: Dr. Kyle Lee was deployed aboard the USS Gerald R. Ford craft carrier when it arrived in Souda Bay, Crete, in December 2023. (U.S. Navy photo) Above left and below: The deployment afforded the opportunity to meet up with his wife, Patricia, in Europe.

got the extension, we were missing things that were unplanned,” he said. He was thankful for the good support system on the ship and within his department.

Combining two passions

As a child, Dr. Lee was intrigued with dentistry and the military, and doors opened for him to pursue both passions.

Inspiration to apply to dental school came from his pediatric dentist. While shadowing various specialties, Henry E. McKay III, DDS, of the Alabama Oral Facial Surgery Center in Birmingham, introduced Dr. Lee to the field of oral and maxillofacial surgery.

“The shadowing actually turned into a job where I was working for him, and I just knew immediately that that’s what I wanted to do,” he said. “Initially I helped clean instruments and prepare surgical trays in the central sterile reprocessing. After some time at the practice, I would assist Dr. McKay during procedures.”

After dental school at the University of Tennessee Health Science Center in Memphis, Dr. Lee completed his OMS residency at the Naval Medical Readiness and Training Center in Portsmouth, Va.

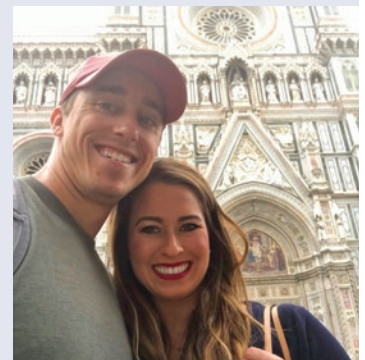
The capital ship of the Gerald R. Ford Carrier Strike Group (GRFCSG), the first-in-class aircraft carrier USS Gerald R. Ford (CVN 78), departs Naval Station Norfolk for a routine deployment, May 2, 2023. (U.S. Navy photo)



In summer 2024, Dr. Lee returned to Virginia, where he completed his training. He now serves as an educator and the Associate Director of the residency program at the Navy Medicine Readiness and Training Command.

Dr. Lee is assigned to the U.S. Naval Ship Comfort, a 1,000-bed hospital ship that provides medical services to the U.S. military and supports humanitarian and disaster relief efforts in the United States and worldwide. He anticipates being deployed internationally on a mercy mission in the coming year.

When his Naval contract is up in 2027, Dr. Lee said he and his wife will decide what his next steps will be. ■





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Synergizing Expertise: Educational sessions give

The 2024 Dental Implant Conference – offered in-person in Chicago and online – featured two days of general sessions exploring the theme Synergizing Expertise: Collaborative Strategies for Optimal Dental Implant Reconstruction. Educational sessions focused on topics such as digital planning, bone grafting, preventing peri-implantitis, immediate implants and jaw in a day.

Nearly 700 OMSs, referring dentists, office staff and guests attended a keynote lecture, general sessions, hands-on workshops and anesthesia assistants courses from Dec. 5 to 7 in Chicago, Ill., with another 300 joining online.

"The Dental Implant Conference offers OMSs, staff and general dentists the opportunity to learn about the latest advancements in dental implant therapy from those paving the way in this field," said AAOMS President J. David Morrison, DMD. "Learning about new techniques and innovations can help us become more well-rounded practitioners and better treat the patients we serve."

Both first-timers and OMSs who have attended dozens of times found value in the educational offerings of the Dental Implant Conference.

Elizabeth Grace Knoff Floodeen, DDS, of Evans, Ga., decided to attend the Conference as she recently graduated from residency and is planning to grow the dental implant portion of her practice.

"I'm hoping to just gather pearls of wisdom from other providers and what tools work in their hands, and expand my knowledge base," Dr. Floodeen said.

Long-time attendee Steven Vukas, DMD, MD, of Pittsburgh, Pa., said he enjoys both the Conference's educational sessions and the Exhibit Hall. "I try to stay up-to-date on all the latest procedures and products so I can bring that back to the school with my residents and students," said Dr. Vukas, an assistant professor at the University of Pittsburgh.

Exploring implant placement

Keynote speaker Michael S. Block, DMD, discussed transitioning from teeth to implants – specifically explaining his approach to utilizing dental implants directly after tooth extraction. His priority is to avoid implant failure, because failure can cause the patient years of delays and complications.

"I've been practicing for 41 years and, over that time period, I've gotten a little more conservative in what I do because I



Michael Han, DDS, FACS, works with attendees in the Zygomatic Dental Implants hands-on preconference workshop at the Dental Implant Conference.

really don't want things to go wrong. When things go wrong, it's a problem," Dr. Block said.

Dr. Block detailed the increased risk of failure in extraction sites, sharing literature that detailed increased bone loss and gingival recession in these sites.

"The relative risk is greater in an extraction site, but that's a given. So, we've got to be thinking about that when we see these full-arch cases," Dr. Block said.

Digging deeper in preconference sessions

Some attendees arrived early to partake in the preconference sessions, which included three hands-on workshops and two didactic courses.

Scott P. O'Nele, DMD, MD, of Lincoln, Neb., has attended the Dental Implant Conference every year for 25 years to stay up-to-date on advancements and acquire CE credits. This year, he attended the Full-Arch Digital Workflow: Planning to Restoration, Photogrammetry preconference session to acquire more insight into digital workflow.

"I'm trying to decide if I want to go fully digital, and cost has something to do with it. So, I'm trying to figure out the benefits of doing it versus the cost," Dr. O'Nele said.

William H. Bell IV, DMD, MD, of Indian Harbour Beach, Fla., participated in the Digital Dentistry Workflow With Photogrammetry and 3D Scanning and Printing preconference hands-on workshop for a similar reason.

"I think that digital full-arch is the future, and it's a lot of technological and material change from my standard, analog workflow. I think it will take a lot to make that leap into doing

strategies for producing optimal results



“I know that this is going to be pertinent in my future, or at least is what I’m interested in...So, I thought, let me go to a conference, get my feet wet, at least be exposed to it and see what people have to say.”

– Dr. Sharon Lui, OMS resident
Indiana University

a full digital workflow, but I think inevitably, you have to eventually. So, I’m trying to do my research,” Dr. Bell said.

He said he also appreciates the breadth of educational sessions the Conference offers.

“I hope to make sure that everything I’m doing is according to the latest standard of care as a single provider in a small town,” Dr. Bell said. “So, I like to come to things like this to make sure that I’m up with the latest and greatest.”

Conference benefits for all practice roles

John L. Prather, DDS, of Liberty Township, Ohio, brought two of his front-office staff and two assistants to the Dental Implant Conference. “I think they enjoy it and learn from it; it gives them more information. The more they know, the better; and it helps the practice,” Dr. Prather said.

In addition to attending the educational sessions, his staff perused the Exhibit Hall and found new technology and supplies they could utilize in his practice.

Conference platform access ends Feb. 7

Conference registrants have access to the online conference platform and all recorded sessions at AAOMS.org/DICprogram until 11:59 p.m. CST Feb. 7. Participants can log in to the platform with their email address and eight-digit registration/member ID number.



Allied staff also had the opportunity to attend the Anesthesia Assistants Review Course and the Anesthesia Assistants Skills Lab, which ran concurrently with the Dental Implant Conference.

OMS residents Sharon Lui, DMD, of Indiana University, and Luc Jacques Descour, DDS, of Temple University, attended the Conference for the first time to obtain more insight into dental implants, a topic she’s interested in exploring more in her career.

“I know that this is going to be pertinent in my future, or at least is what I’m interested in,” said Dr. Lui. “So, I thought, let me go to a conference, get my feet wet, at least be exposed to it and see what people have to say.”

Dr. Descour mentioned the benefit of having the sessions recorded to review afterward, especially to parse more high-level concepts that are newer to residents.

“So, if things are going over our head – which for us at our level is pretty normal – we can always go back and get access to the online portion, which is great,” said Dr. Descour.

Charles Kiple, DDS, of Sioux City, Iowa, attended the Conference again this year at the referral of OMS Jeffrey S. Dean, DDS, MD, FACS, of Dakota Dunes, S.D. Dr. Kiple, a general dentist, said he often works with oral and maxillofacial surgeons on implant cases and enjoys learning more about the procedure from an OMS’s point of view.

“I like to learn what the oral surgeons can and can’t do in their approach. So, when I’m looking at a case and kind of coming up with a plan of what to do, I have some ideas of where we can go. It gives you the options of what’s available,” Dr. Kiple said.

He especially enjoyed learning about Jaw in a Day from Chi Viet, DDS, MD, PhD, FACS. In her presentation, Dr. Viet explained how the novel procedure can help create restorations for some oral cancer patients in just one day, rather than having to undergo multiple surgeries, often months apart. ■

CE credit can be claimed by March 7



Conference attendees can obtain continuing education credit and evaluate sessions at AAOMS.org/MyCE or via the online platform by clicking Claim CE and Print Transcript. Enter the eight-digit registration/member ID number and email address to log in to the system. The last day to receive continuing education credit is March 7.

Questions? Email conteducate@aaoms.org or call 847-678-6200.

From 9 months to 16 years old: One patient's

To recognize the 2025 AAOMS Annual Meeting theme of The Patients We Serve, each issue of AAOMS Today during AAOMS President Dr. J. David Morrison's term will feature an article about unique and impactful oral and maxillofacial surgery cases. The stories will highlight the importance of the individual care that OMSs give to their patients and the effect treatment has on patients' lives.

The day before 9-month-old Jayla Easmon was scheduled for her first craniofacial surgery, the surgeon who was set to perform the procedure canceled.

Her parents, Sharon Polk-Easmon and Willie Easmon, were beside themselves. They suspected the surgeon hadn't appreciated how many questions they asked ahead of the procedure, some of which he could not answer.

"I was distraught. My mind was going 400 miles an hour," said Mr. Easmon. "But I knew we had to get it together and move forward in trying to find another doctor for our little baby."

Jayla presented with symptoms of craniosynostosis and required a surgery to expand her skull, which was putting pressure on her brain and her eyes, threatening her vision.



Dr. Ricalde

The couple frantically searched for another surgeon, as their doctor had recommended Jayla undergo the surgery before turning 1.

A daughter of Mrs. Polk-Easmon's coworker passed along the name of a craniofacial surgeon: Pat Ricalde, DDS, MD, FACS. From their first appointment with Dr.

Ricalde, the couple knew they had found the OMS for Jayla.

"I tell you, when you pray hard enough, the Lord will send you what you need, and he sent Dr. Ricalde. And she has been a godsend from the very beginning. From the very moment we met her, it was like we could exhale and know that Jayla was in the best hands," Mr. Easmon said.

As an OMS at the Florida Craniofacial Institute and Director of the Tampa Bay Cleft and Craniofacial Center, Dr. Ricalde sees a lot of patients with craniofacial conditions. "I will never forget the day I met this beautiful family. I remember like it was yesterday, and it's obviously been many years. They were very emotional. They had this beautiful baby girl, and they were

told that this child has this complex diagnosis," she said.

At the time of her first appointment with Dr. Ricalde, Jayla did not have a formal diagnosis. Doctors had speculated about craniosynostosis and several different syndromes but were not able to provide a definitive answer.

"The family had a lot of questions, understandably so. They also were very emotional, and they were just normal parents that were trying to navigate this really complicated medical arena. When they were explaining to me that they had seen another doctor and that they were afraid to ask questions, it just made me even more heartbroken," Dr. Ricalde said.

Creating, and adjusting, a plan

Now 16 years old, Jayla has undergone four major surgeries by Dr. Ricalde, along with countless smaller procedures in between. Her first surgery, performed before she was a year old, relieved pressure on her eye. However, she still required additional treatment from an ophthalmologist to further alleviate the pressure.

As she grew up, Jayla also had problems breathing, especially through her nose. Dr. Ricalde performed a Le Fort III to open her airway and make more space for her eye sockets. Later, she required a Le Fort I to further expand her airway and correct her severe underbite, which made chewing difficult. Dr. Ricalde expanded her jaws to accommodate teeth and to correct the malocclusion.

When planning a patient's treatment, Dr. Ricalde said she often starts with a generic "master plan" based on her understanding from her training and reading literature. But many pediatric craniofacial patients don't fit that plan – they have unique presentations and individualized needs, so adjustments must be made. When Dr. Ricalde first met Jayla, she knew she would have to create a very personal plan, one that would not be found in a case study or textbook.

"I had to use clinical judgment, and she really had me thinking and scratching my head. Her case was a challenge; I'm not



journey with her OMS to treat rare disorder

going to lie. A pleasant challenge and I'm honored and just so thrilled that I was able to be a part of her journey," Dr. Ricalde said.

Even pediatric craniofacial patients with the same diagnosis can present very differently, and that presentation also can change substantially as they grow. Jayla did not receive her diagnosis – Pfeiffer syndrome – until she was 11. But a diagnosis often does not guide treatment of a pediatric craniofacial patient as much as the clinical and imaging study results, Dr. Ricalde said.

In addition to referring to test results, Dr. Ricalde also must lean on parents when treating patients who cannot yet speak in order to get an accurate understanding of their symptoms.

"I had to really listen to the parents because in the office Jayla just looked great, nothing bothered her. But then Mom would say, I hear her choking, she sounds like she's struggling. And so, I just really listened to Mom and Dad, heard what they said and ordered tests and acted accordingly," Dr. Ricalde said.

In addition to performing surgeries, Dr. Ricalde also was key in coordinating care, as Jayla regularly saw several other doctors, including cardiologists and pulmonologists.

"There were so many doctors; it was two and three doctors in one day at times when she was much smaller. The primary doctor also played a role in referring us as well, but most of the referrals came from Dr. Ricalde's office about who Jayla was going to need to see," Mrs. Polk-Easmon said.

Jayla's journey

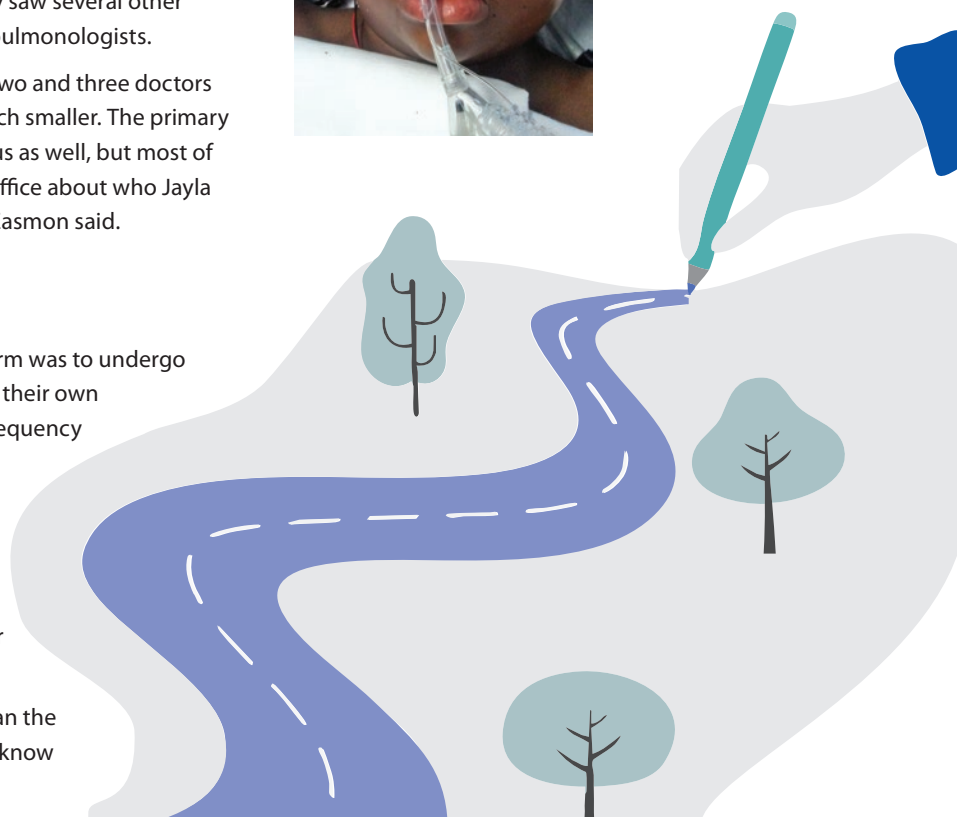
Throughout her childhood, Jayla's norm was to undergo multiple procedures a year, each with their own unique recovery process. While the frequency of her surgeries has decreased as she has grown older, she finds them increasingly challenging due to the loss of her independence while recovering. Her last surgery, a Le Fort I in summer 2023, required her mouth to be wired shut for weeks.

"I feel like the mental part is worse than the physical part. Because on one hand, I know

continued on next page



Above: Jayla Easmon during a hospital stay in 2009. Left: Jayla during a craniofacial surgery in 2017.



it's necessary for me to go through it. But it's hard feeling so helpless at the age I am now, being a pretty independent person and having to rely on other people to do things for me," Jayla said.

Growing up with facial differences and frequently being in and out of the hospital brought insecurities, Jayla said. She struggled with constant change to her face after reconstructions and the development of new scars. It took time to build self-confidence and reach a point where she felt happy with how she looked.

"When I was a tween – so probably 8 to 11 – I was in a place where I did not want to have these surgeries. I really didn't care if I needed them or not, because when you're going through that at such a young age, it's really not fun," Jayla said. "So, I was definitely a little bit of a difficult patient at that time. As I got older and I got more mature, I was able to kind of push all of those thoughts aside and just understand it's necessary and it will pass."

Dr. Ricalde doesn't remember Jayla being a difficult patient. In fact, she said the opposite, and Jayla remembers other doctors telling her the same.

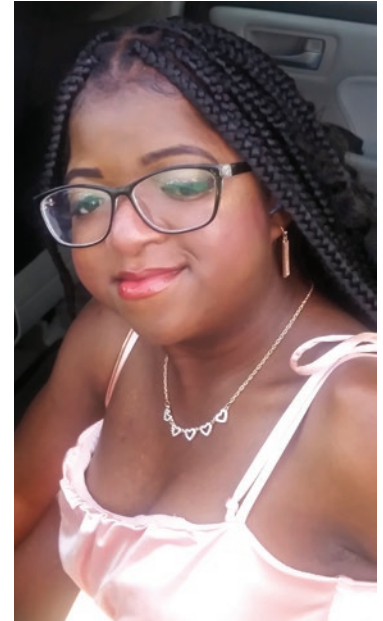
"I was always impressed at how well she managed her recovery and taking out stitches, and all of it, it's traumatic. She was always so strong and so stoic," said Dr. Ricalde.

Even for the strongest of pediatric patients, undergoing multiple extensive craniofacial surgeries is no small feat. Dr. Ricalde said she takes care to schedule her patients' procedures to limit their recovery periods and time spent in the hospital.

"In addition to the four big surgeries, Jayla had a lot of dental stuff going on, so she had a lot of dental visits. In her mind, there's no minor visit when you go and somebody's pushing and pulling, whether it's braces or whether it's a dental extraction. Those are all interventions, and they're very scarring to a child. We try to be mindful of that and try to as much as we can coordinate care to minimize those things," Dr. Ricalde said.



Above: Jayla as an infant in 2009. Right: This year, Jayla "graduated" from needing any more major craniofacial surgeries.



Sometimes, that coordination means bypassing a surgery or waiting for another window of opportunity to present itself at a better time when the child is more psychologically ready. Parents can help in terms of timing as well, Dr. Ricalde said.

"We really use growth and development as a measure of standard to determine when to do operations. But there is wiggle room depending on how things are happening psychologically speaking," Dr. Ricalde said.

Graduating from care

Looking back on her experience, Jayla has one piece of advice for parents and surgeons alike: practice empathy. She knows it's not possible for any individual to understand her unique experience or what it's like to go through so many surgeries at such a young age. But giving patients grace and understanding can go a long way for a child being thrown from one surgery to the next.

"Because there have been times that I've been to doctors' offices, and all I'm hearing is 'OK, you need to get this done. You need to cooperate; it needs to be done.' It's like we know it needs to be done. But it's still not fun," Jayla said.

Jayla has never met another child with Pfeiffer syndrome, as it is a rare genetic diagnosis affecting only 1 in every 100,000 newborns. If she were to advise patients undergoing craniofacial surgeries, she would recommend focusing on mental health. She recalls feeling unable to go outside



Left: Jayla with her mother, Sharon Polk-Easmon. Right: Sharon Polk-Easmon and Jayla with her oral and maxillofacial surgeon, Dr. Pat Ricalde.

I'm honored and just so thrilled that I was able to be a part of her journey.

– Dr. Pat Ricalde

without people staring at her, asking questions or pointing.

"When people are faced with something that they don't understand, it causes them to kind of retreat into a mean mentality. I would just let them know that it will pass, and the emotional and the mental warfare and the pain, it will pass and to really stay strong," Jayla said.

Following her last Le Fort procedure, Jayla has "graduated" from Dr. Ricalde's care. She has no major surgeries planned for the first time in her life.

"It's been many years we've been working together, and I'm so proud of Jayla. She is just an exceptional young lady and I can't wait to see where she's headed and all the amazing things she's going to do in her life," Dr. Ricalde said.

Jayla still deals with facial numbness following her surgeries, but she says she's gotten used to it over time. The benefits

outweigh the negatives – she can breathe, sleep and chew with ease.

"It's been a process, but Jayla has truly been a trooper. She's handled a number of surgeries and the pain better than most adults. She just continues to move forward, so I'm very proud of her and the way she's handled these surgeries over the years. I know they haven't been easy. But she's really worked to not allow them to get in the way of her overall health," Mr. Easmon said.

Looking back on their journey, the family is grateful they ended up in Dr. Ricalde's office 16 years ago.

"I can truly say, I am so glad that that doctor declined. That's all I can say," Mrs. Polk-Easmon said. "Because this was meant to be for Jayla, to be with Dr. Ricalde." ■

Advocate for the OMS specialty at Day on the Hill

OMSs are invited to join colleagues in Washington, D.C., for the 24th annual AAOMS Day on the Hill taking place March 25 and 26. The Association's premier advocacy event, Day on the Hill offers OMSs an opportunity to speak directly to legislators and highlight issues impacting oral and maxillofacial surgery practices and patients across the nation.

Whether seasoned advocates or first-time attendees, OMSs can lift their collective voice on key issues and share insights with legislators and congressional staff, helping policymakers understand the real-world impact of their decisions. In turn, attendees gain a deeper understanding of healthcare policy, experience the legislative process firsthand and build valuable relationships with congressional members and their staff.

"Currently in my tenth year of practice, I recently re-engaged with the AAOMS Day on the Hill, an event I hadn't participated in since my residency days. Advocating for our specialty on Capitol Hill is a distinctive and highly rewarding opportunity. This participation has reignited my interest in our organization and the legislative process," said attendee Drew Shessel, DMD, of Atlanta, Ga.

With more than 60 new members entering Congress next year, educating legislators and their staff about the role of the specialty in the nation's healthcare system and the important patient care OMSs provide is vital.

No prior experience in advocacy or politics is necessary to participate. AAOMS welcomes first-time attendees and provides all the necessary training for effective congressional meetings.

"Advocating for our specialty on Capitol Hill is a distinctive and highly rewarding opportunity."

– Attendee Drew Shessel, DMD

"Knowing that we can make a difference with our advocacy keeps me participating each year," said attendee Christopher J. French, DDS, of Asbury, Iowa. "Further, building a relationship with a legislator and their staff allows us to have a voice in the legislative process. Without that voice, our specialty and our patients may see changes to access to care,

cost of care and how we practice when it's too late to affect those changes."

Day on the Hill begins on March 25 at the Grand Hyatt Washington with an afternoon session focused on conducting successful congressional visits. In the evening, attendees are invited to a reception and dinner featuring keynote speaker Charlie Cook, a political analyst and founder of the nonpartisan Cook Political Report.

"I feel a strong connection and obligation to fight for what is in the best interests for our patients and our specialty."

– Attendee Hana Lim, DMD

On March 26, participants begin the day with breakfast and a morning program where AAOMS's federal lobbyists will provide a brief on the legislative issues OMSs will discuss during their scheduled meetings on Capitol Hill with congressional offices.

Day on the Hill welcomes residents, first-timers and seasoned participants. "Representing the specialty and connecting with legislators is a rare opportunity to make a lasting impact on healthcare policy and the future of oral and maxillofacial surgery," said AAOMS President J. David Morrison, DMD.

Attendee Hana Lim, DMD, Chief Resident at Howard University Hospital, feels "a strong connection and obligation to fight for what is in the best interests for our patients and our specialty. Since attending my first AAOMS Day on the Hill, multiple bills and measures have been introduced and have passed in Congress. Our lobbying efforts play a direct role in achieving these positive outcomes and I believe with more support from individuals, we can collectively have a stronger voice."

Visit AAOMS.org/DayontheHill or scan the QR code to register. ■





2025 Day on the Hill

What: Advocate to members of Congress

When: March 25 and 26

Where: Westin Washington, DC Downtown Hotel

Who: Open to AAOMS fellows, members and residents practicing in the United States

Questions? Call 800-822-6637, ext. 4392, or email pkantas@aaoms.org.

Complimentary flight, lodging available

Complimentary roundtrip airfare and one-night hotel accommodation to attend the 2025 Day on the Hill will be offered on a first-come, first-served basis to a limited number of AAOMS fellows and members who have not attended an in-person Day on the Hill within the past five years. For information, visit AAOMS.org/DayontheHill.

Additionally, residents are invited to apply for one of six OMSPAC-sponsored travel scholarships. Visit AAOMS.org/Scholarships for more information.

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AAOMSstore.com

Pursuing Pathways in Phoenix: Advance OMS

OMSs can elevate their practices at the 2025 AAOMS Educational Weekend: Pursuing Pathways in Phoenix, where the entire staff can dive into relevant training on business growth and team development, coding and billing methods and emergency protocols.

The annual event – being held May 3 to 4 at the Sheraton Grand at Wild Horse Pass in Phoenix, Ariz. – aims to educate staff in multiple areas of a practice from the front office to patient care and give OMSs, practice managers, coding staff and surgical assistants the opportunity to advance their professional capabilities.

The 2025 Educational Weekend is made up of three courses:

- Practice Priorities: Key Strategies for Business Growth and Team Development
- Beyond the Basics Coding Workshop
- Advanced Protocols for Medical Emergencies (APME) in the OMS Office

Managing an OMS practice is as complicated as delivering the best surgical outcomes.

– Sean M. Wild, CEO of Practice Metrix and Pennsylvania Oral & Maxillofacial Surgery

“The AAOMS Educational Weekend was designed to strengthen the skills and knowledge of oral and maxillofacial surgeons and their staff, while also highlighting the critical importance of serving patients with the highest standards of care. Together, the program’s courses foster an environment conducive to professional development, workplace satisfaction and, ultimately, improved patient outcomes,” said AAOMS President J. David Morrison, DMD.



Pathway to

business growth, team development

Designed for OMSs and practice managers

The 1½-day **Practice Priorities: Key Strategies for Business Growth and Team Development** course features four speakers who will address essential tactics for expanding and promoting an OMS practice, along with effective methods for recruiting, managing and retaining qualified staff. The content is intended for AAOMS members and practice managers involved in business operations.

Discussions will include:

- **Business Strategies to Grow Your OMS Practice** – Explore market trends, regulatory shifts and technological advancements in oral and maxillofacial surgery. Learn strategies for addressing challenges, identifying growth opportunities and developing resilient practice models.
- **Simple Methods to Grow and Sustain Referral-Based Marketing in an OMS Practice** – Learn how to maintain consistent and engaging referral relationships despite the rise of technology and social media. Gain an understanding of systematizing referral marketing and enhancing creativity to sustain and grow the practice.
- **Mastering the Digital Landscape: Diversifying Your Patient Acquisition Portfolio** – Examine ways to boost a practice’s online presence, attract new patients and build trust. Learn how to create engaging content, leverage social media platforms and handle negative reviews effectively.



practice, skills at Educational Weekend

- **Staff Recruitment and Hiring** – Discover how to attract, train, develop, motivate, manage and retain qualified staff in a tight labor market. Emphasis will be placed on evaluating candidates' attitudes, emotional intelligence and fit beyond just skills and experience.
- **Onboarding Principles for New Staff** – Learn steps for supporting successful recruiting and hiring with a strong onboarding process. Explore key components of onboarding, including duration, expectations and strategies to enhance employee engagement and support long-term commitment.

On the first day, **Business Strategies** speaker Sean M. Wild will share valuable strategies for achieving top results for patients and referrals and address the importance of strategic planning.

"Managing an OMS practice is as complicated as delivering the best surgical outcomes," said Wild, CEO of Practice Metrix and Pennsylvania Oral & Maxillofacial Surgery. "We have found that you either spend time creating the environment you wish to work in – or find a way to navigate the chaos that you did not plan."

Also on Day 1, Jay C. Platt, DDS, and his son Brandon C. Platt, who owns a social media and digital marketing agency, will focus on promoting a practice and attracting new customers.

Referral-based marketing is vitally important in any successful OMS practice, and this presentation will be extremely valuable for any oral and maxillofacial surgeon, young or old, said Simple Methods speaker Dr. Jay C. Platt, who practices the full scope of oral and maxillofacial surgery in Indiana. "As busy specialists, we can be tempted to delegate referral-based marketing exclusively to our staff. It is important to be involved in it daily and systematize it so that the marketing is effective," he said.

While he anticipates direct-to-consumer marketing will become more prominent in the future, Dr. Platt said "referral-based marketing is still king" in 2025.

Although referral marketing has long been a cornerstone of dental specialty strategy, particularly in oral and maxillofacial surgery and implant dentistry, **Mastering the Digital Landscape** speaker Brandon C. Platt said OMSs need to stand out.

"With more and more general practitioners performing specialized procedures, it is imperative for oral and maxillofacial surgeons to begin to diversify their patient

AAOMS Educational Weekend

May 3 – 4
Phoenix, Ariz.

AAOMS.org/EduWeekend

Registration is open for AAOMS Educational Weekend courses. Fees for AAOMS members and AAOMS allied staff members are:

- Practice Priorities: \$525
- Beyond the Basics Coding Workshop: \$725
- Advanced Protocols for Medical Emergencies: \$525

acquisition portfolio. This means building top-of-funnel brand awareness and being intentional about where traffic is being directed on the website to optimize engagement and maximize key conversion metrics," said the younger Platt, who applies the knowledge he's gleaned from his father's OMS practice as owner and founder of a social media management and digital marketing agency that caters to dental specialists.

His discussions will focus on the significance of social media, digital marketing and responding to reviews (both positive and negative) and the value they can add to a practice.

On Day 2, speaker Adrienne Twigg will discuss hiring and retaining workers and how to manage people and performance with less stress, conflict and anxiety.

"Today's hiring landscape has drastically changed and become even more challenging. We discuss the new focus on hiring and best practices to give administrators and managers (and doctors) a fresh perspective on this critical task," said Twigg, a human resources and employment compliance consultant and Principal of Bent Ericksen & Associates.

continued on next page

Equally critical is employee retention, and Twigg said statistics from the labor boards and employment agencies cite a lack of efficient and effective onboarding as the main reason new hires do not stay with the company. “Having a robust, friendly, efficient onboarding process is a foundational must for any office looking to hire quality team members. We will discuss how to create an onboarding program to fit the needs of the practice,” she said.



Pathway to coding expertise

*Designed for OMSs, insurance coordinators
and coding professionals*

The **Beyond the Basics Coding Workshop** – open to OMSs, residents, insurance coordinators and coding professionals – returns with a new speaker who will focus on the evolving landscape of coding in oral and maxillofacial surgery practices.

Terri Bradley, a certified coding professional and practice management consultant with over 30 years of experience with OMS offices, helps practices nationwide improve their accounts receivable cycle.

“Working with offices weekly allows me to keep up on the trends that are happening within the insurance and coding industry as they relate to oral and maxillofacial surgery. I am happy to share what I am seeing and help to create clarity,” she said.

The two-day intermediate-level course concentrates on topics based on the AAOMS Parameters of Care, OMS-specific procedural coding for medical and dental, coding complications and medical record documentation. It features comprehensive content to address coding guidance for the full scope of oral and maxillofacial surgery. Sessions will review ICD-10-CM coding principles relating to neoplasms, sequelae, complications and Z codes. Attendees also will learn 2025 CDT coding updates along with billing guidance on the

“Having a robust, friendly, efficient onboarding process is a foundational must for any office looking to hire quality team members. We will discuss how to create an onboarding program to fit the needs of the practice.”

*– Adrienne Twigg, human
resources and employment
compliance consultant*

expanded Medicare dental benefit and billing for facility-based dental services.

Throughout the workshop, Bradley expects to address common questions from her clients such as how to get paid for medical procedures, link diagnosis codes to procedure codes, bill for implants and bone grafting procedures and options for billing for anesthesia services.

Participants must have a basic understanding of CDT, CPT and ICD-10-CM to comprehend the content in this course. Basic coding knowledge or completion of the AAOMS Basic Coding for OMS and ICD-10-CM for OMS online courses is highly recommended before participating.

Discover Phoenix, Ariz.

Enhance your AAOMS Educational Weekend at the Sheraton Grand at Wild Horse Pass by exploring the array of onsite activities:

- Unwind at KAI (the only Forbes Five-Star restaurant in Arizona), which offers an immersive Native American-inspired experience.
- Rejuvenate at Aji Spa, one of three Forbes Five-Star spas in Arizona.
- Play a round at the Whirlwind Golf Club.
- Rent a kayak, paddleboard or riverboat to navigate the Gila River that flows through the resort grounds.



Pathway to

effective emergency response

Designed for anesthesia assistants

Ensuring patient well-being during surgical procedures is a top priority for any OMS practice. Emergencies can arise unexpectedly, and the outcome often depends on the swift and effective response of the attending team.

The two-day Advanced Protocols for Medical Emergencies (APME) in the OMS Office course is designed to equip staff with advanced anesthesia protocols, enabling them to recognize early signs of distress, administer life-saving interventions and stabilize patients until further care is available. Such preparedness can significantly reduce the risk of complications, creating a safer clinical environment and enhancing patient trust.

The APME course is ideal for assistants who have previously participated in the Anesthesia Assistants Review Course (AARC) or the Dental Anesthesia Assistant National Certification Examination (DAANCE), though these are not prerequisites.

Anatomical knowledge is crucial, whether during initial patient consultations, evaluations or preoperative and intraoperative management. This knowledge also is vital for recognizing and treating office emergencies. While OMSs strive to prevent medical crises during office-based anesthesia, emergencies can still occur, and staff must be prepared.

The first day of the APME course will cover topics such as loss of consciousness, respiratory distress, chest pain and cardiac dysrhythmia. The second day will focus on allergic reactions and drug toxicity, altered sensation, blood pressure abnormalities, crash cart organization and maintenance, emergency preparedness and other emergencies like hemorrhages, venipuncture complications, air embolisms, intraarterial injection, emesis and aspiration and malignant hyperthermia. ■

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- Channel your inner cowboy at the KOLI Equestrian Center.
- Explore the desert on a paved 1.3-mile riverwalk path or a 2.5-mile natural path that meanders through indigenous desert flora along the re-creation of the Gila River.

Take advantage of the discounted rates for attendees of the AAOMS Educational Weekend at the Sheraton Grand at Wild Horse Pass. The group rate is available through April 11.

New Milestones Campaign promotes oral health

A AOMS is launching the Milestones Campaign, a new public health initiative to educate and guide parents and guardians on prioritizing oral health at key ages. AAOMS collaborated on the campaign with the American Academy of Pediatric Dentistry (AAPD) and the American Association of Orthodontists (AAO). All three associations aim to raise awareness about the importance of visiting dental specialists at foundational oral health milestones at ages 1, 7 and 15.



“The Milestones Campaign’s message is simple yet direct: Milestones Met. Healthy Teeth Set: Visit Specialists at Ages 1, 7, 15,” said AAOMS President J. David Morrison, DMD. “By associating these appointments with integral parts of childhood and adolescent milestones – such as when a teen begins learning to drive – AAOMS and its partners aim to make these visits easy for parents to remember and prioritize.”

The cornerstone of the campaign is a television and radio public service announcement (PSA) that was distributed

nationally this winter. The PSA highlights the importance of recognizing oral health milestones at the key ages of 1, 7 and 15 through connections to familiar life milestones:

- **Age 1** – AAPD recommends a child first see a pediatric dentist by the age of 1. A toddler takes his first steps and then has his first dental checkup to help the child (and parents) establish good oral health habits.
- **Age 7** – AAO advises children be seen by an orthodontist at age 7. A child celebrates her seventh birthday and then visits an orthodontist for a consultation to ensure her bite, teeth and jaws are developing properly.
- **Age 15** – AAOMS encourages parents to have their teen seen by an OMS around age 15. The teen grabs the car keys for a supervised drive with her mom and then visits an OMS to determine if her wisdom teeth need to be removed or monitored.

View the PSA at AAOMS.org/InfoCampaign.

The TV and radio PSAs encourage viewers and listeners to visit MilestonesMet.org, where parents can learn more about the vital role of oral health in a child’s overall well-being as well as find local dental specialists. An additional resource page provides information and complimentary materials to pediatricians and family physicians.

The PSA was sent to 1,900 television stations and 9,000 radio stations. Past AAOMS PSAs have been broadcast on television across 43 states and on radio in 44 states, reaching a total broadcast audience of 62 billion with an equivalent ad dollar value of \$40 million (if AAOMS had bought the airtime). Previous AAOMS PSAs have focused on dental implants, facial protection, oral cancer, OSA and wisdom teeth.

The AAOMS Committee on Professional and Public Communications (CPPC) – tasked with overseeing the tactics of AAOMS’s Informational Campaign – developed the idea for the Milestones PSA in 2022 and then worked on the storyboard script while seeking involvement from AAPD and AAO before brainstorming and reviewing the Milestones logo and website as well as the final video in time for early 2025 distribution.

“Never before have three dental specialties worked together to promote a national children’s oral health initiative. With the reach of this public service

The PSA features a specialist from each partner association:



David Jones, DDS
AAPD member

Lauren Pass, DDS, MS
AAO member and
Board member

Joshua Foxson, DDS, MS
AAOMS fellow



visits at ages 1, 7, 15

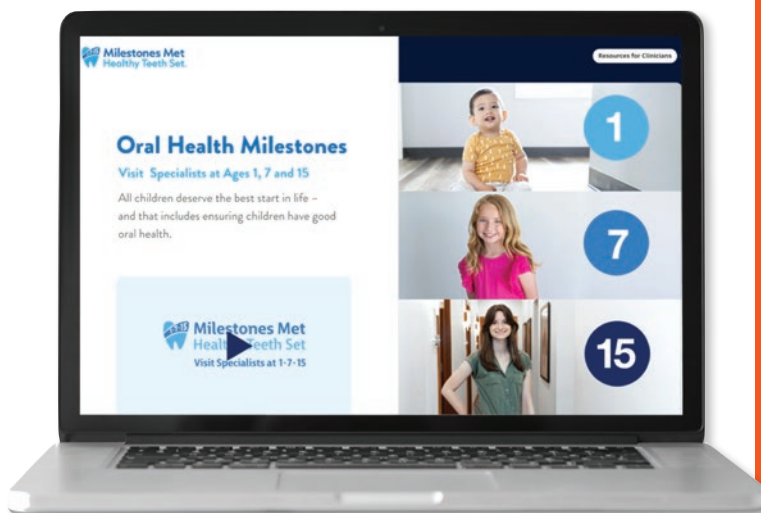
announcement, AAOMS – along with AAPD and AAO – have a meaningful opportunity to build awareness that can make a difference in the oral health of all children,” said CPPC Chair Jasjit Dillon, DDS, FDSRCS, FACS.

Dr. Morrison said he and the Board of Trustees are pleased with how well the campaign supports the Association’s Strategic Plan and the membership. “Innovative and important work like this from the CPPC is how we continue to shine as an Association and serve our patients – both current and future,” he said.

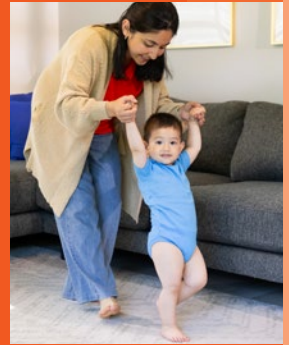
Upcoming toolkit, ambassador program

To extend the reach of the campaign, the CPPC next is developing a comprehensive toolkit for members to introduce the Milestones Campaign to their local communities. Resources will include PowerPoint presentations for civic clubs and schools, social media graphics, infographics, patient communication materials and other promotional materials for referral marketing and outreach efforts.

AAOMS also will be launching a Milestones Ambassadors program for members who want to volunteer with the campaign to spearhead local efforts by contacting pediatricians, family physicians, public health departments, schools, referring dentists and dental students. Ambassadors will contribute ideas and carry out various campaign-related activities. To receive information about this program, email marketing@aaoms.org. ■



A new public service announcement for the Milestones Campaign aligns vital pediatric oral healthcare visits with familiar life milestones.





ACS welcomes 46 OMSs as Fellows at Congress

Forty-six oral and maxillofacial surgeons, including 26 single-degree surgeons, were inducted as Fellows of the American College of Surgeons (ACS) at the 2024 ACS Clinical Congress in San Francisco, Calif. The induction brings the total number of OMS Fellows to 691, with 178 being single-degree members.

The inductees are:

Keyvan Abbaszadeh, DMD, FACS	Steven J. Lohmeier, DMD, FACS
David H. Ashley, DMD, MD, FACS	Ricardo Lugo, DDS, MD, FACS
Carrie A. Baldwin, DMD, MD, FACS	Fatima Mashkoor, DDS, BDS, FACS
Suzanne N. Barnes, DMD, FACS	Marshall F. Newman, DMD, FACS
Paul F. Bermudez, DMD, MD, FACS	Michael M. Oh, DMD, MD, FACS
Eric L. Bischoff, DMD, FACS	Michael R. Pace, DDS, MD, FACS
William J. Boggess, DMD, MD, FACS	Taylor A. Parker, DDS, FACS
Michael Y. Chan, DDS, FACS	Neel Patel, DMD, MD, FACS
Jungsuk Cho, DMD, MD, FACS	Matthew Pham, DMD, MD, FACS
John R. Combs II, DDS, MD, FACS	Matthew T. Popp, DDS, FACS
Ali Dawlatly, DDS, MD, FACS	Mark A. Schlam, DMD, FACS
Peter C. Dennis, DMD, MD, FACS	Adam E. Schmidt, DDS, FACS
Max R. Emmerling, DDS, MD, FACS	Travis J. Scholer, DMD, FACS
Maryam Farag, DMD, FACS	Ehab A. Shehata, DMD, MBBCh, MS, FACS
William A. Grosdidier, DDS, FACS	Evan Shipp, DDS, FACS
Phillip A. Harrison, DDS, MD, FACS	Raymond P. Shupak, DMD, MD, FACS
Alan A. Harvey, DMD, FACS	Hector C. Siordia, DDS, FACS
Andrew M. Henry, DMD, MD, FACS	Christopher J. Smith, DDS, FACS
James M. Kellogg, DDS, FACS	Nicholas W. A. Tseffos, DDS, FACS
Omar Kholaki, DDS, MD, FACS	Marcus Urza, DDS, FACS
Brian E. Kinard, DMD, MD, FACS	Devin M. Wahlstrom, DMD, FACS
Claude C. LeRose Jr., DDS, MD, FACS	Timothy C. Woernley III, DDS, FACS
Albert W. Lin, DDS, FACS	Adarsh D. Yagnik, DMD, FACS

OMSs contribute to ACS Clinical Congresses by developing scientific and educational programs and representing the specialty in academic institutions, trauma centers and outpatient facilities. In 2018, ACS established the OMS Advisory Council and gave OMSs a seat on the Board of Governors.

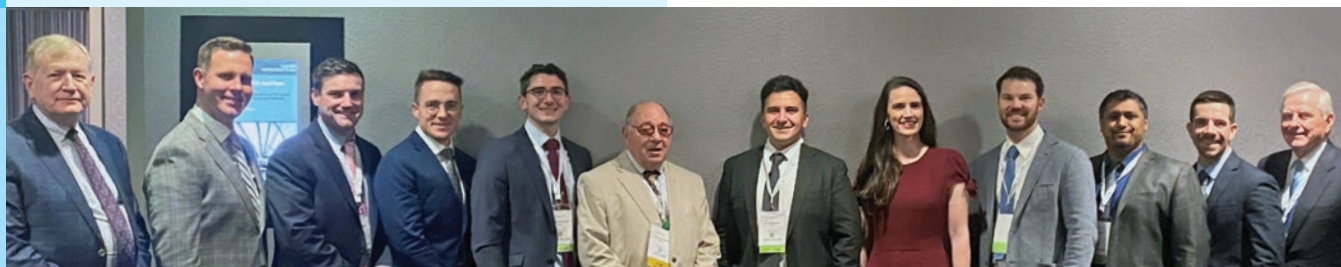
The OMS Advisory Council – led by Chair Steven M. Roser, DMD, MD, FACS – facilitates communication between surgical societies and the ACS Board of Regents, provides policy recommendations and recruits surgeons to join the ACS. The council also proposes sessions and courses for the Clinical Congress. Dr. Roser also was appointed earlier in 2024 as the Chair of the ACS Advisory Council of Chairs to represent all 14 ACS Advisory Councils at the ACS Board of Regents meetings and serve on the Communications Committee and the Member Services Liaison Committee.

Brett L. Ferguson, DDS, FACS, was appointed as the new Specialty Governor for OMSs to serve as a communication link between ACS Fellows and the Board of Regents, promoting fellowship, education and advocacy. Dr. Ferguson fills the seat of G.E. Ghali, DDS, MD, FACS, who served in the role for three years. Serving as the first OMS Governor from 2018 to 2024, Dr. Ghali was instrumental in the establishment of the ACS Advisory Council for OMS and developing the waiver process for single-degree OMSs to obtain Fellow status.

Additional OMSs represent the specialty through their efforts on the OMS Advisory Council, Committee on Trauma, Clinical Congress and the waiver review process, including Douglas W. Fain, DDS, MD, FACS; Steven G. Halepas, DMD, MD; George M. Kushner, DMD, MD, FACS; David B. Powers, DMD, MD, FACS; Jonathan W. Shum, DDS, MD, FACS; and B.D. Tiner, DDS, MD, FACS. ■

OMSs can apply for ACS Fellowship through AAOMS, with an annual application deadline of Dec. 1 for induction the following October. AAOMS offers support for both single- and double-degree OMSs in the application process.

Celebrating Fellows of the American College of Surgeons old and new.



Properly using AAOMS intellectual property

AAOMS is dedicated to upholding the highest standards of care within the OMS specialty. Fellows and members play a vital role in maintaining public trust and fostering a culture of excellence. AAOMS intellectual property – specifically the Association’s seal (logo) and the AAOMS slogan (tagline) – are readily available to fellows or members to empower them. Proper use of AAOMS intellectual property is outlined in the Code of Professional Conduct, sections V.J. and V.K.

Power of the seal

Displaying the AAOMS seal on a member’s website, marketing materials and physical workspace serves several important purposes:

- **Public trust** – Patients may recognize the seal as a symbol of professionalism and commitment to ethical practice. This instills confidence in the services offered, potentially attracting new patients and strengthening existing relationships.
- **Professional identity** – The seal visually connects to a respected organization, solidifying an OMS’s standing within the healthcare community.
- **Marketing advantage** – In a competitive healthcare landscape, the seal acts as a valuable differentiator, highlighting an OMS’s commitment to the highest standards.

The Code provides clear guidelines for using the seal to ensure it retains its meaning and continues to represent excellence. Guidelines include:

- Maintaining the consistent size, format and color of the seal, including the ® symbol.
- Using the seal only in conjunction with a valid membership.
- Not altering the seal’s design or incorporating it into a member’s logo.

Color and black-and-white PDF and JPEG versions of the approved seal are available from AAOMS by sending a request to communications@aaoms.org.

Each version of the seal is accompanied by the phrase, “Fellow(s) (or Member[s]) of the American Association of Oral and Maxillofacial Surgeons.” Some versions also contain the AAOMS slogan, “Oral and maxillofacial surgeons: The experts in face, mouth and jaw surgery.”



The seal should be used on websites only once per fellow/member or office website, either on the home page or the first page, to establish membership in AAOMS. Members can link the graphic to the public-facing website, MyOMS.org, to help support the Informational Campaign. It also may be reproduced by fellows and members to identify themselves on professional stationery, letterheads, business and referral cards, interior and exterior doors and windows only in all-AAOMS fellow/member offices, plaques hung in all-AAOMS member offices, and personal or all-AAOMS fellows/members directory advertising in print or electronic media.

The seal may not be used:

- In conjunction with any other membership or affiliation, except for the indications of Diplomate status in the American Board of Oral and Maxillofacial Surgery (ABOMS), and only then if the ABOMS symbol does not appear in immediate proximity to the AAOMS mark.
- Imprinted or stamped on any education materials or files.
- Reproduced on any articles of clothing, merchandise or personal belongings.

By utilizing both the Association’s seal and slogan, members not only elevate their own practices but contribute significantly to building a stronger OMS community.

To review the full Code of Professional Conduct, visit AAOMS.org/about/governing-rules-regulations. ■

This article was prepared by the AAOMS Commission on Professional Conduct, which is charged with enforcing and maintaining the AAOMS Code of Professional Conduct.



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

*“The surgeons I’ve always
admired are those with
both excellent operative
skills and an empathetic
approach to others.”*

*Please email me at jhupp@aaoms.org with your comments,
questions and suggestions. I look forward to hearing from you.*

FOR WHAT IT'S WORTH

Empathy: As integral to

Last summer, Dr. J. David Morrison and I attended a meeting together prior to his being elected as AAOMS President. He shared his overarching theme for his year would be The Patients We Serve. He went on to suggest that *AAOMS Today* consider featuring articles spotlighting an AAOMS member along with one of the surgeon's patients. We embraced that excellent idea and began reaching out to colleague surgeons whose patients showcase our broad scope of caregiving skills.

The outreach is resulting in a series of articles, the first one appearing in the November/December issue and focusing on managing the head and neck cancer of one of Dr. R. Bryan Bell's patients. The piece beautifully illustrates how members of our specialty have a major impact on the lives of individuals in our society and shows how our surgical care – although a critically important aspect of how we manage diseases and deformities – is only part of the care we provide to our patients.

The other key aspect of care is our empathy. An empathetic approach to our patients should be considered as important as our knowledge and technical skills. Certainly, from a patient's point of view this is true since, for the most part, patients are unaware or only somewhat comprehend whether the operation they received from an OMS was expertly performed and of high quality (save for facial cosmetic procedures). Furthermore, patients typically judge the “quality” of their OMS on the surgeon's empathy or lack thereof; to use more old-fashioned terms, the doctor's “bedside manner.”

I believe there is a certain gestalt aspect to whether a health practitioner is perceived as being empathetic. The dictionary definitions tend to revolve around an individual's ability to identify with or understand another's situation, feelings or point of view. The term “pity” is offered as a synonym; however, I feel that is only one form of empathy and fails to capture how empathy plays out in the doctor-patient relationship. My conception of empathy is the act of putting oneself in another person's shoes or seeing the situation through another person's eyes. For a surgeon, that commonly translates into how you hope your own surgeon would behave and communicate if you or a close family member required surgery.

As an acknowledged introvert, I believe my “introvertiness” was baked into me either at birth or soon thereafter. Given certain circumstances, I can overcome this natural tendency of mine and act in an extroverted manner; however, I have lingering



patient care as knowledge, technical skills

doubts if that ever comes across well. I wonder whether being an empathetic person is similar. Are some people naturally more empathetic than others? I won't venture a guess. But for doctors in general and surgeons in particular, empathy ranks up there with knowledge as a critically important characteristic of a high-quality surgical practitioner.

Do I know of colleagues who do not seem to exhibit empathy in their professional life? Sure, a few. Are they successful surgically? To a point. But the surgeons I've always admired are those with both excellent operative skills *and* an empathetic approach to others. And I mean to all others, not just showing empathy in front of patients.

Can empathy be learned?

So, if empathy doesn't come to one naturally, is it something that can be learned? This is hard for me to answer since I've never tried to formally teach empathy as an educator. I've seen an experimental program to try to teach empathy to medical students, but it was unclear if the program made a lasting impact in and of itself.

If it is possible to become an individual truly able to have heartfelt empathy toward others, it seems the way that occurs is through modeling the behavior of others. For many, it may be through one's parents or others able to influence children for whom they have regular contact. For some, the ability to be empathetic may arise out of religious training or through the readings of various philosophers such as German psychologist Theodor Lipps (1851-1914). (I'm too much of a lightweight to thoughtfully discuss the philosophical aspects of empathy.)

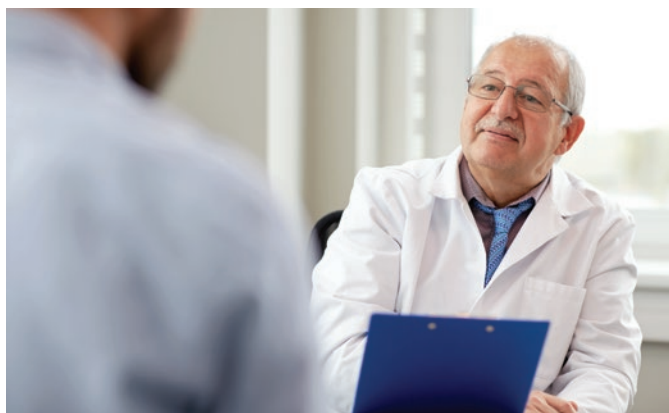
However, if one comes to a point in their life journey where they have not developed the ability to be truly empathetic with patients, what might be done? I'm certain all OMS faculty have encountered this dilemma. Namely, a dental student or resident who exhibits a cavalier attitude toward patient suffering or toward patients with different characteristics than their own. This lack of empathy may be revealed either behind patients' backs or even in the presence of patients or non-doctors (such as chatting to colleagues in hospital elevators when others are present). In some cases, a trainee may put on a good show in front of a patient, only to show that their empathy was faked once out of the patient's earshot, even

though I believe that many patients can sense faked empathy.

In addition, we've all encountered practicing surgeons (including faculty) who demonstrate a surprising lack of empathy, apparently thinking those colleagues around them agree with their opinions and statements. I enjoyed reading the book *The House of God* when it first came out, only later realizing how sad a hospital environment it portrayed with its cynical view of patients and doctor colleagues.

Can empathy be taught?

What approach may help those who appear to lack an empathetic manner or true feelings of empathy? It may be easier for faculty who are expected to point out the unprofessional behavior of their trainees as they can do it in the context of teaching. For non-trainee surgical colleagues who may not possess a reasonable degree of empathy with others – including patients, nurses, office team members, etc. – the task is more challenging. Constructive criticism couched in a non-threatening form may help, especially for individuals who may not realize how they are coming across to others.



Of course, none of us have a perfect empathy track record, so the coaching of others is best delivered in a humble manner that affirms that we all have room for improvement. We all also need to avoid excessive empathy or identifying too closely with a patient, as when left unchecked, this behavior can cloud a surgeon's judgment.

In the end, it is important for faculty who work with students or residents to demonstrate the value of spending a few extra minutes with patients and learning how their health problem

continued on next page



is affecting their enjoyment of life and/or causing issues in their personal life. Reassuring patients of how safely and carefully their care will be delivered and the importance to the surgeon that the patient return to health can't help but make a lasting impact on those witnessing the faculty member's interaction with a patient. Dr. Bell's comment that he would treat his patient as he would care for his own brother is an excellent demonstration of an empathetic approach to patient care. In addition, attending surgeons, whether they be full- or part-time faculty, also should demonstrate empathy with the trainees, particularly when discussing patients out of the patient's presence.

We all aspire to be the best surgeons we can be. This is shown through keeping up-to-date by reading journals and books as well as attending our Annual Meetings and other continuing education offerings. However, it is important

to remember that being an outstanding surgeon includes having empathy for one's patients and others and showing it through words and deeds.

I grant you that this discussion is likely to come across as too preachy, and I apologize for that. The vast majority of OMSs are truly empathetic individuals. This series of The Patients We Serve articles will provide glowing examples of how our knowledge and technical skills combined with empathy for our patients can hugely impact their physical and emotional health and result in patients delighted with their care and surgeon. I'm guessing this was President Dr. Morrison's intent from the beginning. ■

2025 Practice Management and Coding Webinar Schedule



The following webinars have been scheduled for 2025:

▶ Feb. 12: **Effective Strategies for Prior Authorization and Eligibility Verification**



Vanessa Moldovan,
CRCR, CPC, CPB, CPMA, CPPM, CPC-I
• Topic: Coding and Billing
1.5 CDE/CME

▶ April 9: **Identifying Revenue Leakage in the OMS Practice**



Toni Elhoms,
CPC, CPMA, CRC, CEMA, CCS
• Topic: Coding and Billing
1.5 CDE

▶ April 16: **You're in Charge of OSHA and Infection Control – Now What?**



Leslie Canham, CDA, RDA, CDIPC, CSP
• Topic: OSHA
1.5 CDE

▶ May 14: **Tracking Inventory in the OMS Practice**



Paul Bhatti, DDS, MD
• Topic: Practice Organization
1.5 CDE

▶ Oct. 8: **Avoiding the Denial Dilemma: Best Practices for Successful Claim Processing**



Dilaine Gloege, CDA, CPC
• Topic: Coding and Billing
1.5 CDE/CME

▶ Oct. 15: **Conquering Employee Turnover with Effective Onboarding and Assimilation into the Practice Culture**



Mary Govoni, MBA, RDH, CDA
• Topic: Practice Administration
1.5 CDE

▶ Nov. 5: **Hiring Your Next Associate: Four Tools to Get it Right Every Time**



Robert Spiel, MBA
Bryton Nield
• Topic: Marketing and Practice Building
1.5 CDE

▶ Nov. 12: **Medical and Dental Crosswalking: Billing Do's and Don'ts**



Angela Wubben, CPC, CPB
• Topic: Coding and Billing
1.5 CDE/CME

Visit AAOMS.org/Webinars for more information.

Note that these webinars and their topics and titles are subject to change.





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30047000

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- Dismantlable
- Internal irrigation
- 108,000 rpm
at 1:2.7

NO
DISPOSABLE
NOSE CAP!



S-12

30061000

- 1:2 slight angle
- Dismantlable
- HPXL/HPXXL
65mm/70mm
- External spray
- 80,000 rpm at 1:2

NO
DISPOSABLE
NOSE CAP!



S-16

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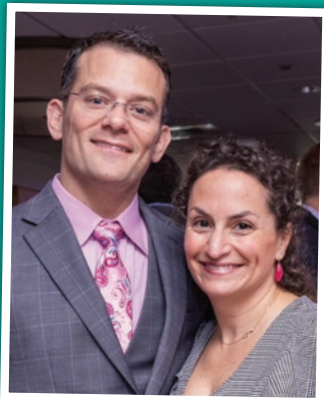
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- HP 44.5mm
- External spray
- 80,000 rpm at 1:2

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"Julie and I wanted to leave a lasting legacy by supporting the OMS Foundation's mission of promoting research and education. Just as we have benefited from the efforts of those who came before us, it is now our responsibility to secure the future of our specialty for the next generation."

– Drs. David L. Basi and Julie A. Chavez



"Being an OMS Foundation contributor through the R.V. Walker Society pledge allows us to provide a greater contribution to our specialty without as much of a financial impact on our current budget. The OMS Foundation is a great organization that is funding the scientific discoveries that will define the future of oral and maxillofacial surgery. The R.V. Walker Society allows us to provide a much more significant financial contribution as well as a personal legacy."

– Drs. David A. Fenton and Jodi Levy

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Brett L. Ferguson, DDS, FACS
OMS Foundation Chair

Partnerships advance Foundation's mission

Dr. J. David Morrison's presidential theme – The Patients We Serve – aligns with the OMS Foundation's mission to improve the quality and safety of patient care. We continue to benefit from our strategic alliance with AAOMS and drive forward research, education and clinical practice to help secure the future of our specialty.

The OMS Foundation's strategic partnership with AAOMS has been successful, increasing funding for relevant research, the Global Initiative for Volunteerism and Education (GIVE) program and the Faculty Educator Development Award (FEDA) program that supports young faculty members.

Recently, the OMS Foundation established an endowed fellowship in cleft craniofacial deformities in honor of Ramon L. Ruiz, DMD, MD, FACS, who passed away in 2023. Through this initiative, the OMS Foundation will support young oral and maxillofacial surgeons who share Dr. Ruiz's passion for treating cleft craniofacial deformities. While the details of the program are still being finalized, the fellowship will serve as a fitting tribute to Dr. Ruiz's memory and his legacy of compassion and excellence.

This March, the Foundation Board will develop its new strategic plan to align the Foundation's vision, goals and action plans for the coming years. We will keep Dr. Morrison's theme, The Patients We Serve, at the top of our minds as we work with leaders in our field in these

planning sessions. Our focus will be refining priorities and developing clear strategies to best support OMS advancements – including patient-centered care, a key element of Dr. Morrison's theme.

The OMS Foundation's ongoing alignment with the AAOMS mission focuses on advancing the specialty through research, education and academics.

The OMS Foundation's ongoing alignment with the AAOMS mission focuses on advancing the specialty through research, education and academics. Partnerships with industry leaders in 2024 – like Beacon, OMS Partners, OMSNIC and U.S. Oral Surgery Management – have supported programs that unite researchers,

educators and practitioners in a shared dedication to scientific discovery and patient-centered progress in oral and maxillofacial surgery.

Our most important partnership, though, is with you, our donors. We are relying on your generosity to underwrite the innovative research, education and enrichment opportunities that will sustain our specialty's growth in the years ahead. Please help us start the year strong with a generous gift – perhaps in honor of someone who had a positive impact on your career – to help make a difference in the lives of The Patients We Serve. ■



Transitioning federal advocacy efforts for the

The 118th Congress is expected to conclude its work by the end of the year, and the transition to a new administration is already underway. As anticipated during an election year, most bills had little traction in Congress despite concerted efforts and progress behind the scenes by AAOMS and its allies. Of note, any legislation that was not enacted before the end of the year must be reintroduced in the 119th Congress.

Republicans will have control of the Senate, the House of Representatives and the White House for the next two years. While the GOP will hold majorities in both chambers of Congress, those majorities will be slim. Republicans will hold a 53-47 majority in the Senate and a five-seat majority in the House.

The first order of business for Republicans in the 119th Congress will be to pass President Trump's nominations through the Senate and address outstanding appropriations from Fiscal Year 2025 that the 118th Congress is not expected to resolve before it adjourns.

After sorting out FY 2025, Republicans will work quickly to pass a legislative package of incoming President Trump's priorities through the budget reconciliation process – a legislative maneuver that allows lawmakers to pass legislation through the Senate with a simple majority, avoiding the filibuster. Reconciliation, however, can only be used once per fiscal year and comes with restrictions that limit the package to only spending provisions. The process has

been used frequently in recent years by both Democrats and Republicans to advance legislation that would otherwise fall short of the 60-vote threshold needed in the Senate to stop the filibuster.

Rep. Mike Johnson (R-La.), who is expected to be re-elected Speaker of the House in the 119th Congress, has set an aggressive 100-day timeline for passage of the budget resolution. Its primary goal will be to extend, or make permanent, the tax cuts passed in 2017 that will expire at the end of 2025.

The 2017 Tax Cuts and Jobs Act (TCJA) included several tax cuts for both businesses and individuals that the incoming president is eager to extend. Among those are the doubling of the standard deduction and the estate and gift tax exclusion, the expansion of the qualified business income (QBI) deduction and child tax credit, the reduction in individual tax rates and the imposition of limits on the state and local tax (SALT) deduction. Extending all the TCJA cuts





119th Congress and new administration

permanently will increase the deficit by nearly \$4.5 trillion and does not include several other tax cuts that Trump promised on the campaign trail. Republicans will be forced to identify “pay-fors” to offset the tax cuts and avoid deficit spending.

Regarding healthcare, lawmakers will have to address the enhanced premium tax credits (PTCs) for the Affordable Care Act (ACA) that are set to expire at the end of 2025. The PTC is a refundable tax credit that helps eligible individuals and families cover the premiums for their health insurance purchased through the ACA’s health insurance marketplace.

Congress also will face growing questions about the future of Medicare physician payment. According to the AMA, physicians have seen their payment decline 29 percent when adjusted for inflation since 2001. Organized medicine will be pushing Congress to address real reforms in Medicare payment to ensure payments keep up with inflation. Finally, Congress will continue to search for solutions to ongoing drug shortages and healthcare price transparency – issues that the 118th Congress sought to address but could not get over the finish line.

Over the last year, AAOMS focused its federal advocacy on issues ranging from drug shortages to student debt relief.

■ **Access to care** – AAOMS supported several oral healthcare bills throughout the 118th Congress. As of press time, none of the bills aside from the Action for Dental Health Act have advanced beyond introduction. The bills include:

- **Action for Dental Health Act of 2023** (S 2891/HR 3843), bipartisan legislation championed by the dental community that would reauthorize the Action for Dental Health (ADH) program for a five-year period from 2024 to 2028.

- **Strengthening Medicaid Incentives for Licensees Enrolled in Dental** (SMILED) Act (HR 1422), introduced by Congressman and dentist Mike Simpson (R-Idaho). The bill would reduce administrative burdens by simplifying the credentialing process to become a Medicaid provider and encourage states to use an integrated system.
- **Medicaid Dental Benefit Act** (S 570/HR 1342) to require consistent and comprehensive adult Medicaid dental benefits and provide additional federal funding to states to help offset the costs of the additional services, as well as the **Comprehensive Dental Reform Act of 2024** (S 4537/HR 9622) that seeks to expand comprehensive dental coverage to all Medicare, Medicaid and Veterans Affairs beneficiaries.

AAOMS submitted written comments on two issues related to access to care: 1) to the Senate HELP Committee hearing on Examining the Dental Care Crisis in America: How Can We Make Dental Care More Affordable and More Available? and 2) to the CMS 2025 Medicare Physician Fee Schedule proposed rule in support of coverage for Medicare beneficiaries with end-stage renal disease undergoing dialysis.

■ **Craniofacial anomalies coverage** – AAOMS continued to advocate alongside patients and other provider groups in support of the **Ensuring Lasting Smiles Act** (ELSA). At press time, the bill had not been reintroduced in the 118th Congress and is expected to be reintroduced in the 119th Congress instead.

■ **Drug shortages** – AAOMS advocated for the **RAPID Reserve Act** (S 2510/HR 6802) to encourage domestic production of critical medicines and incentivize

continued on next page



manufacturers to increase their reserves and ramp up production to proactively prevent shortages. The bill has not moved beyond introduction.

■ **Medicare physician payment cuts** – At press time, AAOMS expected Congress to include language in a year-end package to prevent most – if not all – of the statutorily mandated 2.8 percent reimbursement cut for Medicare Part B providers. AAOMS advocated with a coalition group of physicians to ask Congress to intervene.

AAOMS also advocated for the **Strengthening Medicare for Patients and Providers Act** (HR 2474), and the **Provider Reimbursement Stability Act** (HR 6371). Neither bill moved beyond introduction.

■ **Non-covered Services/ERISA Reform** – AAOMS advocated in support of the **Dental and Optometric Care (DOC) Access Act** (S 1424/HR 1385) which would prohibit dental plans, including self-funded or Employee Retirement Income Security Act of 1974 (ERISA) plans, from setting the fees network doctors may charge for services not covered by the insurers. The bill has not moved beyond introduction. Along with a coalition of other health organizations, AAOMS filed an amicus brief asking the U.S. Supreme Court to review a decision on ERISA from a lower appeals court that limits the traditional authority of states to regulate healthcare and health insurance. At press time, the Court has not indicated whether it will take up the case, although it requested the U.S. Solicitor General to provide input on the case.

■ **Provider wellness** – AAOMS supported efforts led by the American College of Emergency Physicians to pass the **Dr. Lorna Breen Health Care Provider Protection Reauthorization Act** (S 3679/HR 7153) that supports access to mental and behavioral health support and treatment for healthcare workers. Both bills passed out of committee and, at press time, were waiting floor action.

■ **Student loan repayment reform** – AAOMS supported the **Resident Education Deferred Interest (REDI) Act** (S 704/HR 1202), AAOMS-initiated legislation that would allow physicians and dentists to defer their federal student loans interest-free during residency. While the bill did not advance beyond introduction, AAOMS is speaking with bill sponsors to reintroduce and build support for it in the new Congress.

AAOMS endorsed the **Dental Loan Repayment Assistance Act** (S 2172/HR 7814), which would allow full-time educators participating in the Dental Faculty Loan Repayment Program to exclude the amount of the loan forgiveness received from this program from their federal income taxes. This bill also did not advance beyond introduction.

The Biden Administration successfully implemented improvements to the **Public Service Loan Forgiveness Program**, which offers loan forgiveness to borrowers who work in certain nonprofit or government entities after making 10 consecutive years of monthly loan payments. The changes enabled borrowers, including many OMSs, to receive the benefits they originally had been promised upon enrolling in the program.

OMSPAC

OMSPAC raised \$448,119 – an increase of over 4 percent from the 2023 year-end total – from 16.46 percent of the membership through October. Additionally, OMSPAC contributed \$462,000 to federal candidates leading, two leadership PACs and three party committees up to the 2024 elections. Visit OMSPAC.org to view information on member contribution totals or a list of candidates to whom OMSPAC has contributed. ■



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OMS Action Network boosts advocacy efforts

The OMS Action Network has undergone a dynamic overhaul to strengthen advocacy, elevate awareness and nurture future advocacy leaders. With streamlined processes, the OMS Action Network is poised to take a more focused, impactful approach to advancing key legislative priorities that affect the OMS specialty.

The enhanced OMS Action Network redefines advocacy with a range of resources, activities and recognition that empower members to take action.

To be recognized as an OMS Action Network member, individuals must serve in key advocacy roles for their state/regional societies or complete at least one of the following actions:

- Participate in at least two letter-writing/VoterVoice campaigns in a calendar year.
- Sign up for text message updates by sending "AAOMS" to 50457.
- Complete the free CE webinar Engaging in State Government Affairs: A How-to Guide.
- Attend Day on the Hill.
- Meet with a member of Congress either in D.C. or locally.
- Lead or promote an advocacy initiative approved by AAOMS or the state society.
- Join the Capitol Connection Campaign and serve as a key contact for a member of Congress.
- Deliver an OMSPAC contribution.

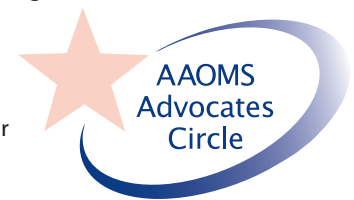


■ **Providing new resources** – Through the new OMS Action Network newsletter, members of the OMS Action Network will receive monthly information to stay informed about pressing state and federal legislative issues, advocacy updates and engagement opportunities.

■ **Strengthening AAOMS's reach with elected officials** – Becoming a key contact for members of Congress is a crucial part of advancing the interests of oral and maxillofacial surgery. Personal relationships with legislators can have a significant impact on shaping healthcare policy, protecting the profession and ensuring patient access to care. By reporting these connections back to AAOMS, individual OMSs can help bolster the Association's collective advocacy efforts and ensure OMS voices are heard on Capitol Hill. OMS involvement in the Capitol Contact Campaign allows AAOMS to build stronger relationships with lawmakers and advocate more effectively for the issues that matter most.



■ **Recognizing elite advocates** – To celebrate top advocates, AAOMS is launching the AAOMS Advocates Circle to recognize members who complete all of the OMS Action Network activities. To honor their contributions and inspire others in the OMS community to become more engaged in advocacy efforts, members will receive recognition on the AAOMS website, in publications and during the AAOMS Annual Meeting.



Ready to take part? Learn more and get involved at AAOMS.org/Advocacy or email advocacy@aaoms.org. ■



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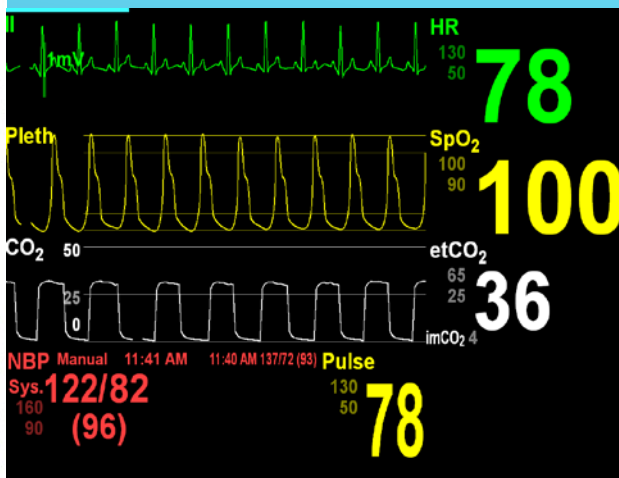
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Meeting DEA registration, inventory requirements

Oral and maxillofacial surgeons must follow certain steps in order to remain compliant with the Controlled Substances Act and the recommendations of the DEA's Diversion Control Division. According to the DEA, the mission of DEA's Diversion Control Division is to prevent, detect and investigate the diversion of controlled pharmaceuticals and listed chemicals from legitimate sources while ensuring an adequate and uninterrupted supply for legitimate medical, commercial and scientific needs.

Q What information must be included on inventory records for controlled substances?

A For an initial inventory, a practitioner must take an actual physical count of all controlled substances in a practitioner's possession on the date the practitioner first engages in the dispensing of controlled substances (21 CFR 1304.11(b), 21 U.S.C. 827(a)(1)). If there are no stocks of controlled substances on hand, a practitioner can make a record showing zero inventory. Pursuant to 21 CFR 1304.11(a), (b) and (e)(6) and 21 U.S.C. 827(a)(1), the inventory must include:

- The date of the inventory.
- Whether the inventory was taken at the opening or close of business.
- The name of each controlled substance inventoried.
- The finished form of each of the substances (e.g., 10 milligram tablet).
- The number of dosage units or volume of each finished form in each commercial container (e.g., 100-tablet bottle or 3-milliliter vial).
- The number of commercial containers of each finished form (e.g., four 100-tablet bottles).
- A count of the substance. In determining the number of units of each finished form of a controlled substance in a commercial container that has been opened, the practitioner shall do as follows:
 - If the substance is listed in Schedule II, an exact count or measure of the contents is required.
 - If the substance is listed in Schedule III, IV or V, an estimated count or measure of the contents is sufficient unless the container holds more than 1,000 tablets or capsules, in which case an exact count of the contents is required.

After the initial inventory is taken, the registrant must take a new inventory of all stocks of controlled substances on hand at least every two years. A practitioner must record the same

information as included in the initial inventory of all controlled substances on hand (21 CFR 1304.11(c)). The biennial inventory may be taken on any date that is within two years of the previous inventory date (21 CFR 1304.11(c)).

Although it is not required by law, the DEA recommends registrants keep an inventory record that includes the name, address and DEA registration number of the registrant and the signature(s) of the person(s) responsible for taking the inventory.

Q How long are practices required to maintain inventory records of controlled substances?

A A registrant must maintain all inventories for at least two years at the registered location in a readily retrievable manner for copying and inspection (21 CFR 1304.04(a), 21 U.S.C. 827(b)). Inventory records of Schedule II controlled substances must be kept separate from all other records (21 CFR 1304.04(f)(1)). Inventory records of Schedules III through V must be maintained separate from all other records or in such a manner that the required information is readily retrievable (21 U.S.C. 827(b), 21 CFR 1304.04(f)(2)). There is no requirement to submit a copy of the inventory to the DEA.

Q I am closing my practice; do I need to notify the DEA?

A If a practitioner discontinues business or professional practice, the practitioner must promptly notify the DEA (21 CFR 1301.52(a)). The DEA also recommends that the practitioner contact the local Special Agent in Charge and seek authority and instructions to dispose of any controlled substances obtained under the authority of that registration in accordance with 21 CFR part 1317.

For additional information regarding DEA registration, inventory requirements or to contact the local DEA field office, visit DEAdiversion.usdoj.gov or email dea.registration.help@dea.gov.

The "Practitioner's Manual: An Informational Outline of the Controlled Substances Act" is available to download at [DEAdiversion.usdoj.gov/GDP/\(DEA-DC-071\)\(EO-DEA226\)_Practitioner's_Manual_\(final\).pdf](http://DEAdiversion.usdoj.gov/GDP/(DEA-DC-071)(EO-DEA226)_Practitioner's_Manual_(final).pdf). ■

Content for this article was sourced from "Practitioner's Manual: An Informational Outline of the Controlled Substances Act," a resource prepared by the DEA to provide guidance and assist practitioners with their understanding of the federal Controlled Substances Act and its regulations. This article is provided for informational purposes and not intended as legal advice or as replacing consultation with an attorney.

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Training team to emphasize value to patients

By David Schwab, PhD

Founder, David Schwab & Associates, Inc.

We live in a cost-conscious culture, and patients across socio-economic strata are scrutinizing providers' fees and deciding whether they offer good value for the dollar.

Price and value are not the same thing. Training the practice team to convey value for the dollar is a two-step process:

1) fully educating patients about benefits and 2) using the best verbal skills to handle cost questions and objections.

1. Educating patients about benefits

Consider the example of Mr. Typical, a patient who is referred to your oral and maxillofacial surgery office by his dentist because he is missing a posterior tooth. The dentist has recommended a dental implant, and you have explained the treatment process. Mr. Typical, however, is reluctant to move forward for understandable reasons. From his point of view, there is no problem that needs to be solved: the missing tooth in the back of his mouth is not noticeable and Mr. Typical has accommodated to functioning without the tooth and reports no problems eating. While he may appreciate his dentist's thoroughness and may be convinced of your expertise, Mr. Typical does not want to pay for a procedure he feels is at best elective and at worst unnecessary.

To fully educate Mr. Typical, use the following five benefit pillars as a starting point. Feel free to elaborate in layman's terms as you see fit, depending on the case:

- **Prevention** – It's better to solve the problem before teeth shift or the missing tooth causes super-eruption of the opposing tooth.
- **Function** – When teeth move, biting forces are not distributed evenly and more teeth can start to move out of place. A one-tooth problem can create a cascading effect and become a full-mouth problem. Review with the patient the many problems associated with malocclusion.
- **Health** – Crowded teeth and an improper bite are associated with many health concerns, including increased risk of tooth decay and periodontal disease.

- **Esthetics** – Shifting teeth may eventually compromise anterior esthetics.
- **Quality of life** – Bring the conversation back full circle: the goal of dental implant treatment is to maintain and improve quality of life by preventing the problem from getting worse and adversely affecting bite, health and esthetics.

These five benefits can be applied to virtually all procedures. Taken together, these categories form a benefit matrix that is both educational and persuasive.

Step 2. Responding to price concerns

When surveys ask whether people would rather live to be 100 years old and have quality of life challenges or live not so long and have great quality of life, respondents overwhelmingly choose quality over quantity. Explain to your team that they are in the business of improving the quality of people's lives. Your team needs to have great confidence in your fees.

Use these responses when patients question your fees. The following examples refer to dental implants, but the same principles can be applied to other procedures.

■ **"Our fees reflect the quality of care provided uniquely to you. We use only the best materials and technology."** This response starts with an emphasis on quality. Patients should expect nothing less than high quality, which cannot be delivered at bargain prices. The next key word is "uniquely," which refers to the one-of-a-kind nature of the treatment. There are 8 billion people on Earth. The proposed surgical treatment is totally customized for one person. No two surgeries are exactly alike. Finally, by emphasizing "the best materials and technology," you are further imbuing the procedure with value. Dental implants are replacement body parts. Some people may decide to buy discount auto parts, but everyone wants the best replacement hips, knees and other body parts – including teeth.

■ **"I agree it's a lot of money, but it's a great investment in your health. You deserve it."** Money is often an emotional and subjective topic. When a patient says that a certain fee is "a lot of money," they are expressing their reality, which you are not going to change. Rather than
continued on next page



trying to downplay the amount (“it’s X dollars, which really is not that much”), talk up the benefits. The most sensible investment someone can make is a great investment in their health. By saying, “you deserve it,” you are creating confidence. Often when patients are accompanied by a spouse, significant other or caregiver, it is that other person who agrees with you and repeats to the patient, “You deserve it.”

■ **“People don’t often say they regret having dental implants. A common regret is not doing it sooner.”**

Stories abound of patients who had dental implants in their 70s, 80s and even 90s and report they are enjoying great quality of life. Dental implant patients of any age who are very happy should be asked for testimonials, particularly one-minute video testimonials. Patients need to sign a release, but most are cooperative and eager to share their story with others. The testimonial patient may say something such as, “At first, I was hesitant, but now I could not be happier. I only wish I had done it sooner.” These types of comments are very reassuring to prospective patients and often lead to case acceptance.

■ **“I understand. We don’t claim to be the cheapest oral and maxillofacial surgery office. It doesn’t happen often, but we have had patients go elsewhere due to fees. However, we have never lost a patient due to quality. Keep in mind that it’s never cheaper to do it twice.”** These comments work for several reasons. First, you are getting ahead of the issue rather than backpedaling and falling into the trap of talking about how “everything is expensive these days.” Next, you are making affirmative statements and not apologizing for your fees. Patients do have a choice of provider and some may choose to seek out treatment from other providers whose brand identity is based on low fees. You are implicitly stating that these patients are not your target market because you are dedicated to quality. The statement that “we have never lost a patient due to quality” is brimming with pride and confidence. You may lose some prospective patients, but you will have satisfied patients who appreciate your



expertise and the results you achieve. The last statement (“it’s never cheaper to do it twice”) gives patients something to think about, especially when you tell them that in your oral and maxillofacial surgery practice, you are called upon to fix problems that originated in other offices. It’s always better to do something once and do it right.

Review and practice these concepts and scripts with your team. When everyone, front and back, can honestly and confidently advance value propositions and respond appropriately to patients’ concerns about fees, the office environment becomes less stressful and more efficient. The bottom line is you charge fair fees for the services you provide, and everyone needs to get onboard with the messaging. ■

David Schwab, PhD, is a dental practice management consultant, coach, mentor and seminar speaker who has experience working with dental specialists, including oral and maxillofacial surgeons. Visit davidschwab.com, call 407-324-1333 or email dschwabphd@me.com.



This is number 201 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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Reporting assistant surgeons, co-surgeons to

The treatment of complex conditions often can result in the need for multiple surgeons to be directly involved in the patient's care, sometimes in the same surgical encounter.

Modifiers to consider include:

- **-62 Two Surgeons** (Co-surgeons)
- **-80 Assistant Surgeon**
- **-81 Minimum Assistant Surgeon**
- **-82 Assistant Surgeon (when qualified resident surgeon not available)**

Assistant at surgery

Q What distinguishes an assistant surgeon from co-surgeons?

A An assistant surgeon actively assists the primary surgeon in performing the procedure. A co-surgeon works alongside another primary surgeon, performing different parts of the same procedure on the same patient, during the same surgery.

Q How do you report assistant surgeon services to a medical carrier?

A To report assistant surgeon services, append the appropriate modifier to the procedure code. Both the primary and assistant surgeon report the same procedure code, but only the assistant surgeon uses a modifier: either -80 (Assistant Surgeon) or -81 (Minimum Assistant Surgeon), as appropriate. A modifier is not required to report the services of the primary surgeon. It is important to note both the primary surgeon and assistant surgeon must document their services separately and submit separate claims.

Q What is the difference between modifiers -80 and -81?

A Choosing between modifiers -80 and -81 depends on the assistant surgeon's involvement in the surgery. If the assistant surgeon is present for the entire procedure or a substantial portion of it, modifier -80 may be appended. If the assistant surgeon is needed only for a brief period during the procedure, modifier -81 would be more appropriate to report.

Q When may an OMS report and bill for an assistant-at-surgery in a teaching hospital?

A In academic settings such as teaching hospitals, it is not uncommon for residents or interns to assist in major surgical procedures. Medicare rules generally prohibit payment for assistant-at-surgery services in teaching hospitals because the services provided by residents and interns are already compensated through direct and indirect graduate medical education payments. Therefore, an OMS would not report or bill for a resident assisting at surgery.

However, there is an exception to this rule. If a qualified resident is unavailable at the time of the procedure, the OMS may report assistant-at-surgery services. In such cases, the OMS must document the unavailability of a qualified resident. The appropriate surgical CPT code should be reported with the addition of modifier -82 to indicate that a non-resident assistant was required due to the resident's unavailability.

Co-surgeons

Q How do you report co-surgeon services to a medical carrier?

A Co-surgery involves a surgical procedure where two surgeons, each with distinct skills, work together simultaneously on different parts of the same operation. To report co-surgeon services, each surgeon should submit the same procedure code, appending modifier -62 to indicate co-surgery. Additionally, both surgeons should link the same diagnosis code to the common procedure code. It is important that each surgeon independently documents his or her portion of the procedure in their own operative notes.

Q What are the rules for billing and payment for co-surgeons under CMS and commercial insurance plans?

A Under CMS rules, payment for co-surgeons is permitted only for procedures eligible for co-surgeon billing. The co-surgeons also must be of different specialties because CMS recognizes the need for distinct expertise in certain complex surgeries.

However, the rules may vary when dealing with commercial insurance plans. Some commercial payers may follow CMS guidelines, requiring co-surgeons to be of different



medical carriers using appropriate modifiers



specialties, while others may allow co-surgeons of the same specialty to bill for their services. Coders should confirm the specific guidelines with each payer before submitting a claim to ensure compliance and proper reimbursement.

Q How can I determine if a procedure code is eligible for reporting co-surgeon or assistant surgeon services?

A CMS has specific rules that determine the eligibility of procedure codes for co-surgeon or assistant surgeon services. Check out the Physician Fee Schedule Look-up Tool at [CMS.gov/Medicare/Physician-Fee-Schedule/search/overview](https://www.cms.gov/Medicare/Physician-Fee-Schedule/search/overview), which includes a table of fields indicating whether particular modifiers, such as those for co-surgeons or assistant surgeons, can be applied to a procedure code. This tool also provides information on the type of reimbursement associated with these modifiers.

Some payers, including CMS, may adjust reimbursement for claims involving co-surgeons and/or assistant surgeons based on specific guidelines. Processing policies and reimbursement rates typically vary by payer. For instance, when an assistant at surgery modifier is appended to a procedure code, Medicare pays 16 percent of the Medicare fee for that procedure; when a co-surgeon modifier is appended, Medicare pays each surgeon at 62.5 percent of the Medicare fee.

While Medicare's fee reduction information is public, private payer percentages may differ. Therefore, it is advisable to consult with each payer individually before submitting a claim to determine the reduction amount and whether the reduced fee should be reflected on the claim or if the payer will automatically adjust reimbursement based on the reported modifier. ■

**CPT® is a registered trademark of the American Medical Association.*

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 2024 American Medical Association. All rights reserved.

Understanding and billing for Medicare-covered

Under general exclusions, items and services in connection with the care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth are not a covered Medicare benefit. These services include routine dental care, impacted tooth extractions and preparation of the mouth for dentures, such as alveoplasty and dental ridge reconstruction.

In 2023 and 2024, Medicare finalized provisions to expand dental coverage to include medically necessary dental services when inextricably linked and related to the success of certain covered medical treatments. Specifically, these policy updates address dental services required to identify, diagnose and treat oral or dental infections in relation to organ transplants, cardiac valve replacements and repairs, as well as certain cancer treatments (i.e., Medicare-covered chemotherapy, radiation and surgery for the treatment of head and neck cancer). A list of covered services is available at [CMS.gov/Medicare/coverage/dental](https://www.cms.gov/Medicare/coverage/dental).

Beginning Jan. 1, CMS expanded coverage for dental services required to identify, diagnose and treat oral and dental infections in connection with Medicare-covered dialysis services for beneficiaries with end-stage renal disease. Coverage applies to dental services that meet this threshold, including linked ancillary services (e.g., X-rays, administration of anesthesia, use of an operating room) and may be payable either in the inpatient or outpatient settings, including ambulatory surgical centers (ASCs) and OMS offices, provided that all Medicare coverage and payment criteria are met.

To be reimbursed for Medicare services, CMS requires all physicians and non-physician practitioners who render covered items or services to complete the CMS-855I application and enroll in the Provider Enrollment, Chain, and Ownership System (PECOS). OMSs enrolled in Medicare and

providing Medicare beneficiaries with dental services linked to covered medical services may submit claims electronically using the 837D (dental), 837P (professional) or in a paper format using the ADA 2025 or CMS 1500 claim form.

Effective July 1, Modifier KX and ICD-10-CM diagnosis codes will be required on claims to indicate the dental service is linked to a Medicare-covered service. Claims submitted without such information will be processed assuming coverage criteria have not been met and may be denied.

When submitting for Medicare-covered dental services, use the appropriate CDT/CPT code(s) with the appropriate claim form and append modifier KX to indicate the dental service is inextricably linked to a Medicare-covered medical service. Appending the KX modifier certifies the following information to the payer:

- The dental service is medically necessary.
- There is appropriate documentation in the medical record to support the services are inextricably linked to covered medical services.
- Coordination between medical/dental providers has occurred.
- Criteria of the Medicare coverage/payment policy are met.

If submitting a Medicare claim for a denial, to allow for reimbursement by a third-party payer (like Medicaid), append the HCPCS GY modifier on the appropriate CDT/CPT code(s) to:

- Certify the belief that Medicare shouldn't pay for the service.
- Submit statutorily excluded services as non-covered line items on the claim with other covered dental services (like dental services inextricably linked to the clinical success of other Medicare-covered procedures or services).

Note: Currently, the 837D claim form does not provide a field to append a modifier. Therefore, if appending the KX/GY modifier to a particular procedure or service code, add this information in the remarks section (box 35) of the dental claim form if submitting via a paper format. If submitting electronically, append the appropriate modifier next to the procedure code (box 29). If submitting via the 837P or on the CMS-1500, these modifiers should be added in field 24d as with other medical claims requiring a modifier.





dental services

OMSs wishing to submit the dental claim form should contact their state's Medicare Administrative Contractor (MAC) to ensure their ability to do so, as the process may involve electronic data interchange enrollment and mandatory claims testing. A list of MACs may be found at [CMS.gov/Medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs](https://www.cms.gov/Medicare/coding-billing/medicare-administrative-contractors-macs/who-are-macs).

According to CMS, payment under Medicare is only permitted for dental services that are inextricably linked to and substantially related and integral to the clinical success of certain covered medical services. There also must be coordination between different healthcare providers, such as physicians or other non-physician practitioners and an OMS/dentist. This coordination ensures that:

- Medicare-covered treatments for the illness are provided.
- Dental services essential to the success of the medical treatment are included.

Without this coordination and documented evidence of information exchange between providers, Medicare will not cover dental services. Examples of such coordination include referrals or information sharing between a primary care physician and an OMS.

OMSs and professional coding and billing staff are encouraged to monitor their MAC's website to stay up-to-date on coverage policies and guidance specific to their state or local carrier. Most MACs provide specific guidance and recommendations for claim submission. This information can be found on the individual carrier's website, through specific coding and billing articles released by the MAC or through CMS's Medicare Coverage Database. AAOMS recommends OMSs consult these resources to ensure accurate and compliant billing practices. Additional guidelines on Medicare dental coverage are available at [CMS.gov/Medicare/coverage/dental](https://www.cms.gov/Medicare/coverage/dental). ■



For YOU

For Your **ANESTHESIA TEAM**

For the **PATIENT**

The **Dental Anesthesia Assistant National Certification Examination (DAANCE)** is the **only AAOMS-recognized exam** designed to help educate dental anesthesia assistants in the **essentials of office-based ambulatory anesthesia**.

The DAANCE is a two-part CE program exclusively for dental anesthesia assistants employed by a licensed dental professional who holds a valid anesthesia permit.

Visit **AAOMS.org/DAANCE**
to download the Candidate Handbook
and learn more about the program.



Oral and maxillofacial surgeons:
The experts in face, mouth and jaw surgery®



Jeffrey H. Wallen, DDS
Treasurer

“The Board of Trustees believes the 2025 budget will provide a solid foundation to advance AAOMS’s agenda in support of the Strategic Plan.”

TREASURER’S ACCOUNT

Strong returns on 2024

While still volatile, the markets performed well in 2024, increasing AAOMS operating reserve levels significantly. Meanwhile, costs continue to rise – particularly for meetings.

The 2024 AAOMS Annual Meeting in Orlando, Fla., was offered with both in-person and online-only options. While in-person attendance missed expectations, online attendees helped offset some of the registration revenue differential.

At press time, 2024 expenses were still being processed, but it appears final meeting revenues will fall short of budget by \$274,000 due to lower exhibition revenues and decreased attendance. Many companies that previously exhibited purchased smaller booths or chose not to attend our meeting as expense reductions continued across industries. Overall, 193 companies participated in the exhibition, and we extend our gratitude to them for their ongoing support of AAOMS. The Dental Implant Conference, including preconference programs, also was held in-person with a virtual option and will result in a budget shortfall as registration and exhibitor participation were lower than anticipated and are not returning to pre-pandemic levels.

Although end-of-the year financials still are being finalized, we know the results for 2024 will exceed original budget expectations due to strong investment returns.

Investment revenues for the year totaled approximately \$2.2 million at press time. Given advantageous interest rates, a portion of the investments was placed in a treasury ladder to lock in future return. Additionally, we negotiated a decrease in investment fees.

Despite lower revenues from decreased overall conference attendance, savings in employee benefits, property taxes and some travel provided a partial offset.

In December, the Board’s Finance and Audit Committee interviewed audit firms and decided to switch firms, resulting in a 30 percent savings in fees. The audit fieldwork will take place in late March, and we will provide a report on the audit results in a future issue.

With a new year upon us, AAOMS’s activities are guided by the 2025 operating budget the House of Delegates approved at the Annual Meeting. This year’s budget includes revenues of \$24.8 million and expenses of \$24.75 million, resulting in anticipated revenues over expenses of \$49,000.



investments boost AAOMS's budget expectations

Membership dues, budgeted at slightly more than \$8.7 million, continue to be the single largest revenue source, comprising approximately 35 percent of total revenue for 2025.

Other significant revenue generators include:

- Annual Meeting – with revenues at \$5.1 million
- Royalties – \$1.5 million (including OMSNIC royalties of \$600,000)
- *JOMS* – \$1.5 million
- Dental Implant Conference – \$1.3 million
- Assistant programs – \$1.1 million
- Building operations – \$915,000
- *AAOMS Today* advertising revenue – \$475,000
- Sales of publications and electronic products in the AAOMS Store – \$449,000

On the expense side, \$4.3 million is budgeted to support the programs offered at the 2025 AAOMS Annual Meeting in Washington, D.C. Other significant expenditures that support the revenue-producing activities include:

- Dental Implant Conference – \$1.3 million
- Building operations – \$1.2 million
- Assistant programs – \$485,000
- *JOMS* – \$409,000
- Production and fulfillment costs of items sold in the AAOMS Store – \$322,000
- Coding workshops – \$199,000

Budgeted expenses also include \$5.1 million (representing 21 percent of total budgeted expenses) for program-related activities. Funding for these activities includes:

- \$1.07 million for the Informational Campaign.
- \$860,000 to support residency programs, including \$270,000 to fund Faculty Educator Development Awards (FEDA).
- \$849,000 for anesthesia programs including the simulation program.
- \$526,000 for communications and the Association's website.

- \$460,000 for support of AAOMS advocacy activities in Washington, D.C., and at the state level.
- \$345,000 for representation at allied meetings (state, regional and international as well as affiliate organizations).
- \$252,000 for continuing education and professional development activities, including practice management and the Daniel M. Laskin Institute for OMS Education and Innovation.
- \$219,000 for coding and reimbursement initiatives.
- \$202,000 for ADA representation activities.
- \$169,000 for research and professional affairs activities.
- \$127,000 for grants and awards.

The approved operating expense budget includes a \$250,000 contingency fund, allowing AAOMS to fund new initiatives and take advantage of valuable opportunities throughout the year without restricting key programs.

The Board of Trustees believes the 2025 budget will provide a solid foundation to advance AAOMS's agenda in support of the Strategic Plan.

As revenue sources evolve, both the Board and staff remain committed to fiscal responsibility, vigilantly and regularly reviewing expenses to identify potential savings wherever feasible.

The members of the Board of Trustees eagerly await the next Annual Meeting scheduled Sept. 15 to 20. We invite you, your staff and guests to join us in Washington, D.C., and look forward to your participation. ■


OMS Back-Office Solutions



OMS Partners is designed to complement and support your practice; not control it.



- 1 Start-ups and Transitions
- 2 Business & Expansion Planning
- 3 Bookkeeping, Accounting & Financial Reporting
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Legacy: From the beginnings of ABOMS to today

The American Board of Oral and Maxillofacial Surgery (ABOMS), the only certifying board for the specialty of oral and maxillofacial surgery in the United States, has a long-standing footprint in dental and medical certifications, evolving through different iterations over time.

Advocates and pioneers in oral and maxillofacial surgery began to distinguish themselves in the scope of the specialty as early as the 1700s. However, it wasn't until 1946 that the American Board of Oral Surgery (ABOS), as it was first named, was founded and incorporated in Illinois. The following year, ABOS was approved by the Council on Dental Education of the ADA and was authorized to certify specialists in oral surgery. The Board's initial goal was to design a plan for examinations that would promote the essentials of formalized training in the oral and maxillofacial surgery specialty.

The Board's first official meeting took place on May 25, 1946, at the Stevens Hotel in Chicago. The main objective was to lay the framework for the first examination in ABOS history.

The first examination divided potential candidates into two groups:

- **Group A:** Individuals who restricted their practice strictly to oral surgery for a period of 15 years, who would be given Diplomate certificates based on their seniority.

- **Group B:** Individuals in practice fewer than 15 years, who would be required to write a 3,000-word thesis on a topic in the specialty, provide five case reports for review and complete an oral examination that would include elements of micropathology.

The first examination had a committee of seven examiners. Today, ABOMS has a committee of 81 Oral Certifying Examination Examiners and another 35 Examiners who write questions for its computer-based examinations.

The evolution of the Board includes the name change in 1978 to the American Board of Oral and Maxillofacial Surgery to reflect the scope of the specialty. Today, ABOMS is overseen by an eight-member Board of Directors who are Diplomates of ABOMS and Fellows of AAOMS.

To learn more about the history of ABOMS, visit ABOMS.org/application/files/8914/9574/6051/ABOMS_history-addendum_2nd_version_082514.pdf. ■

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MEMBERSHIP



Chief residents can save by applying for AAOMS membership by July 1

AAOMS encourages chief residents to become a candidate for active membership before their resident membership expires on June 30. Complete the Fellow and Member Application at [AAOMS.org/Apply](https://aaoms.org/Apply).

Chief residents who apply for AAOMS candidate membership before July 1 are eligible for specific dues waivers and discounts. Those entering fellowship programs or active duty in the federal services, practicing as sole

faculty or working in the U.S. Public Health Services or Veterans Affairs are eligible for additional discounts.

OMSs practicing outside of the U.S. are eligible for affiliate candidate membership with reduced dues by applying at [AAOMS.org/Affiliate](https://aaoms.org/Affiliate).

Visit [AAOMS.org/Join](https://aaoms.org/Join) to learn more. Questions? Email membership@aaoms.org or call 800-822-6637.

2025 ANNUAL MEETING



Submit an oral abstract or poster

Apply to present an oral abstract or poster at the 2025 Annual Meeting in Washington, D.C., Sept. 15 to 20. The application is available at [AAOMS.org/Speakers](https://aaoms.org/Speakers). Applications can be submitted on a variety of clinical topics but are encouraged to focus on the 2025 theme, The Patients We Serve. The Resident Scientific Award application also is available.

The application deadline is March 24 at 11:59 p.m. CDT. Late submissions will not be accepted. Questions? Contact shannonm@aaoms.org.

MEMBERSHIP



Update member directory profiles

The AAOMS annual dues statement mailed in October included member profile and membership directory verification forms. Members are asked to carefully review this information to ensure Association records are current. All addresses, emails, websites, phone and fax numbers should be reviewed and noted for inclusion in (or exclusion from) the [AAOMS.org](https://aaoms.org) members-only directory and the [MyOMS.org](https://myoms.org) Find a Surgeon search. Both Association resources are updated in real time. AAOMS encourages members to use the [AAOMS.org](https://aaoms.org) My Account page year-round to update their profiles and contact information whenever there is a change.

DENTAL IMPLANT CONFERENCE



Online access ends soon

Dental Implant Conference attendees have access to all online content until 11:59 p.m. CST Feb. 7. Login at [AAOMS.org/DICprogram](https://aaoms.org/DICprogram) with email and eight-digit registration/member ID. Complete evaluations and claim CE by March 7.

MEMBERSHIP



Office Anesthesia Evaluation recertification deadline July 31

Members who last completed the Office Anesthesia Evaluation (OAE) or exemption in 2019 (or 2018 for those practicing in Delaware and New Jersey) are advised that their recertification is now due.

For members who are grandfathered from OMS state society membership, or for whom the OMS state society is unable to facilitate evaluation, the AAOMS Department of Professional Affairs is available to assist with scheduling.

Members who are eligible for OAE exemption based on practice situation or sedation offerings must complete a new exemption form every five years. Sample OAE and exemption forms are available at AAOMS.org/Anesthesia.

OMS state societies are asked to provide AAOMS with confirmations of successful OAE re-evaluations by July 31. Note: Member noncompliance with the OAE Program will result in discontinuation of AAOMS membership at the 2025 AAOMS Annual Meeting.

Those who scheduled a re-evaluation, face difficulties in scheduling or experienced a change in practice status should email membership@aaoms.org or call 800-822-6637.

Members are encouraged to use the AAOMS Anesthesia App on their tablets to enhance the re-evaluation process. Scan the QR code to download the app.



ONLINE CE



Store outside CE credits

A transcript feature automatically stores credit earned through AAOMS CE Online and allows users to upload externally earned CE. The tool provides a convenient and accurate transcript process. Visit CEonline.AAOMS.org/my-dashboard to learn more.

ONLINE CE



Complimentary MATE Act courses

AAOMS is offering complimentary courses targeted toward the eight hours required by the Medication Access and Training Expansion (MATE) Act for members until the end of 2025. More information on the MATE Act requirements and eligible webinars can be found at CEonline.AAOMS.org/MATEAct.

COMMUNICATIONS



Sign up to receive email updates

Members who do not receive AAOMS emails may have removed themselves from the email distribution list. To receive AAOMS emails, which detail the latest news and alerts affecting the Association and the specialty, these members must resubscribe. Visit AAOMS.org/Subscribe and select "All communications" or choose among individual topics:

- AAOMS Advantage
- Educational offerings
- Important member alerts
- Member benefits and opportunities
- OMS advocacy and government affairs
- Other regular newsletters (e.g., Faculty E-News, Resident E-News)
- President's letters

INFORMATIONAL CAMPAIGN



Link practice website to MyOMS.org to increase search engine results

Backlinks – or links from one webpage to another – are an important part of building search engine optimization (SEO) because the links add credibility to help both websites land in higher positions in Google/Bing search results. AAOMS members are strongly encouraged to have their practice website include a link to MyOMS.org.

There are three ways a practice can add a backlink:

- Add any one of nine sizes of MyOMS.org web graphics (available at AAOMS.org/Practice/Promotional-Materials/MyOMS) to the site and hyperlink it to MyOMS.org.
- Add a MyOMS.org hyperlink to the section of the member's biography where AAOMS membership is listed.

- Feature on the site the AAOMS logo that incorporates the wording "Fellow/Member of the American Association of Oral and Maxillofacial Surgeons" and link it to MyOMS.org. (Those who wish to obtain this version of the logo for a practice website should email their request to communications@aaoms.org.)

AAOMS GOVERNANCE



Keep current on Board actions

All Association members are encouraged to review the quarterly Actions of the Board of Trustees, available on AAOMS.org/about/governance/resources.

MEMBERSHIP



Apply for Member Spotlight

AAOMS members are invited to share their knowledge and life experiences by participating in the Member Spotlight. This digital profile on AAOMS.org highlights the diverse talents and accomplishments of AAOMS members both inside and outside the practice.

Visit AAOMS.org/MemberSpotlight to view current and previous participants and download the application. Forward the completed application and a photo to membership@aaoms.org.

CE EVENTS



Register for clinical trials course

Registration is open for the Clinical Trials Methods Course, being held Feb. 27 to March 1 at the Daniel M. Laskin Institute for OMS Innovation and Education at AAOMS headquarters in Rosemont, Ill. The course provides OMSs – including faculty, residents, fellows and private practitioners – a broad overview of research methodology and clinical trial design. To learn more and register, visit AAOMS.org/ClinicalTrials.



Utilize award-winning complimentary resources to boost OMS practice

Members have access to over 300 complimentary promotional materials as part of the national AAOMS Informational Campaign. The award-winning campaign features a wide range of resources, including:

- Podcasts** – The award-winning public-facing podcast OMS Voices: An AAOMS Podcast regularly releases episodes on topics such as dental implants, MRONJ, jaw surgery and bone grafts. OMSs can download these episodes and embed them on their websites to help patients understand the procedures they might need. New episodes include:
 - Oral Cancer and the Future of Treatment** – Dr. Simon Young speaks about the types and causes of oral cancer and how treatment is evolving.
 - Confronting Advanced MRONJ: Surgical Triumphs and Challenges** – Dr. Joshua Lubek discusses how OMSs can improve quality of life for patients with advanced MRONJ.
 - Revolutionizing Dental Restoration: Zygomatic Implants vs. Traditional Techniques** – Dr. Waldemar Polido explains different types of dental implants and when they may be used.
- Videos** – An expansive library of AAOMS-produced videos is available for members to download and use at no cost on their websites and social media. These videos include patient testimonial

videos, animated explainer videos, promotional videos, PSAs, educational videos and OMS Experts videos.


- Infographics** – Covering the entire OMS scope of practice, this series of 24 infographics offer a way to communicate statistics and information visually. Members can download the PDFs to use on their websites and social media. All of the infographics also are available in Spanish.
- Ads and fliers** – Downloadable ads and fliers can help members promote their practice to other dental professionals and potential patients.
- MyOMS.org Find a Surgeon** – The Find a Surgeon search tool on MyOMS.org helps connect potential patients to providers. Keeping profile information current allows patients to easily find an OMS. Visit AAOMS.org/Login and click MyOMS.org Directory Profile to update information.

Visit AAOMS.org/InfoCampaign to learn more and access these complimentary resources.

OMS Voices

OMS Voices is a podcast series to educate patients about the expertise of OMSs and their scope of practice. feature conversations on a variety of topics related to the specialty. *Disclaimer*





Find a Surgeon

Location (Required)

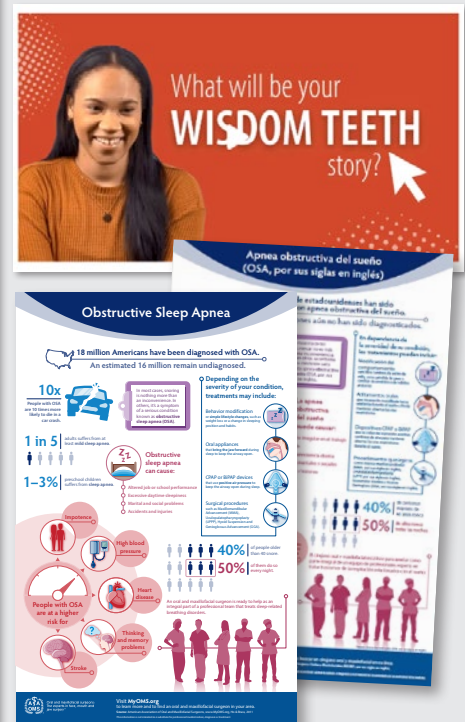
City, State or ZIP Code

Procedure (Optional)

Select One

Select One

- Wisdom teeth management
- Dental implant surgery
- Extractions and dentoalveolar surgery
- Surgery to assist orthodontics
- Oral, head and neck pathology
- Oral soft-tissue surgery
- Corrective jaw surgery
- Facial injury/facial trauma
- TMJ and facial pain
- Obstructive sleep apnea
- Cleft lip/palate and craniofacial surgery
- Facial cosmetic procedures



COMMUNICATIONS



Follow latest podcast episodes



AAOMS On the Go is the award-winning member-facing podcast for OMSs and anyone interested in the specialty. Podcasts feature conversations on a variety of topics related to the specialty

and Association initiatives. Members can access episodes at AAOMS.org/Podcast or on any of the popular listening platforms: Apple Podcasts, iHeart, Pandora, Podcast Mirror, Spotify or TuneIn.

Among the new episodes are:

- **Purchasing Your First Practice and What to Expect** – Jonathan Burns with Bank of America Practice Solutions outlines what to expect when requesting financing for a private practice purchase or startup.
- **JOMS Forum: Insights from the Pathology Section Editor** – Dr. Jasjit Dillon discusses research published in the *Journal of Oral and Maxillofacial Surgery* and what it means for the specialty.

- **Dental Anesthesia Assistant Certification Examination (DAANCE): Strengthening OMS Practice Teams** – Dr. Stanley Smith explains how DAANCE enhances professional development and offers tips for those preparing for the exam.
- **Office-Based Emergency Airway Management (OBEAM): The Importance of Simulation Training** – Dr. William L. Chung discusses how OMSs can refine their airway management skills using best-practice protocols in realistic emergency scenarios to improve patient safety.
- **2024 Stanton Resident Research Award: “Comparative Efficacy of Obstructive Sleep Apnea Patients Undergoing Multilevel Surgery Followed by Upper Airway Stimulation Versus Isolated Upper Airway Stimulation”** – Drs. Stanley Liu and Corissa Chang discuss their award-winning article.

ONLINE CE



Take coding, billing courses

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

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

PRACTICE MANAGEMENT



Stay vigilant over cyberthreats

As data breaches and cyberthreats in the healthcare space continue to elevate, practice owners and managers should take preventive measures to keep their and their patients' information safe. AAOMS recommends utilizing two-factor authentication, password management and vulnerability scanning tools, antivirus software and cybersecurity training.

For more information, including cybersecurity webinars, visit AAOMS.org/Cybersecurity.

ONLINE CE



Save on coding, billing bundles

AAOMS offers some of its most popular coding and billing webinars in bundles priced at \$495 each, providing an opportunity to learn while saving more than 35 percent over buying them individually. Each bundle includes three webinars:

- **Common OMS Coding Questions Answered** – Learn about anesthesia coding, mastering modifiers, and coding for orthognathic surgery and OSA.
- **Master OMS Reimbursements** – Gain an understanding of contracting and credentialing, medical and dental coordination of benefits and non-covered services, and strategies for efficient claim processing.

Visit AAOMS.org/CEonline to learn more.

AWARDS



Award nominations due Jan. 31

Every year, AAOMS honors fellows and members for their outstanding accomplishments in research, education, humanitarianism and other areas.

Members are encouraged to consider nominating colleagues for these accolades. The deadline is Jan. 31.

The AAOMS Advisory Committee on Awards reviews nominations from Association fellows and members. Additional information is available at AAOMS.org/Awards.

ONLINE CE



Access CE 24/7 with subscription

AAOMS offers a Clinical CE Subscription service allowing OMS members access to all clinical on-demand courses 24/7, 365 days a year. This includes over 130 hours of content, and at least 20 new courses are added annually. The Clinical CE Subscription is \$299 per year and does not automatically renew. Details can be found at AAOMS.org/CEsubscription.

PUBLICATIONS



Seeking personal 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. Know of someone who fits any of the topics below? Email communications@aaoms.org.

- **Families of OMSs** – Looking for families with multiple generations of OMSs.
- **Careers before residency** – Looking for OMS residents who had non-healthcare careers (e.g., teacher, engineer, skilled laborer) before entering residency.
- **Interesting hobbies** – Looking for OMSs who enjoy unusual or creative pastimes.
- **Unique patient stories** – Looking for impactful stories about ground-breaking procedures and life-changing surgeries.

ONLINE CE



Earn CE credits online

AAOMS members have access to a curated selection of top courses designed to enhance knowledge and skills. Formats include:

- **Bite-Sized Wisdom** – These micro-CE sessions are 30 minutes or less and are designed for on-the-go learning. Most courses cost \$25.
- **Podcast CE** – Complimentary CE credit is now available for select podcasts from the AAOMS On the Go podcast library, which also is available to members at no cost.
- **Free Quarterly Course** – Each quarter, AAOMS selects a course from its on-demand library for members to enjoy at no cost.

Visit AAOMS.org/CEonline to learn more.



AAOMS Opportunities

2025

Feb. 22–23

Anesthesia Assistants Review Course

Las Vegas, Nev.

AAOMS.org/AARC

Feb. 27–March 1

Clinical Trials Methods Course

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org/ClinicalTrials

March 15

Office-Based Emergency Airway Management (OBEAM) module

Daniel M. Laskin Institute for OMS Education and Innovation

AAOMS headquarters in Rosemont, Ill.

AAOMS.org/OBEAM

March 25–26

Day on the Hill

Washington, D.C.

AAOMS.org/DayontheHill

May 3–4

Educational Weekend

Phoenix, Ariz.

AAOMS.org/EduWeekend

Regional & State Society Meetings

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

2025

Feb. 28–March 2

Virginia Society of OMS Annual Meeting

The Williamsburg Lodge in Williamsburg, Va.

VSOMS.org

March 1

Indiana Society of OMS Meeting

Location TBD

IndianaSocietyOMS.com

April 3–5

Southwest Society of OMS Annual Meeting

Loews Ventana Canyon Resort in Tucson, Ariz.

SWSOMS.com

April 5–6

Ohio Society of OMS Annual Meeting

Hilton Polaris in Columbus, Ohio

OH-OMS.org

April 23–27

Southeastern Society of OMS Annual Meeting

Casa Marina in Key West, Fla.

SSOMS.org

April 26–27

California Society of OMS Annual Meeting

Hayes Mansion in San Jose, Calif.

CALAOMS.org

OSTEOGEN[®] PLUG

One Step Bone Grafting Solution for Socket
Preservation Without the Need for a Membrane

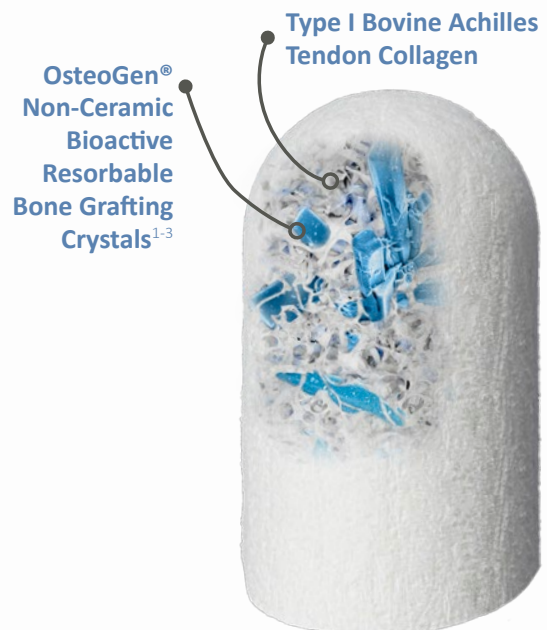
Socket grafting has never been easier or more affordable.

Just drop an OsteoGen[®] Plug into the socket & suture over top.

The bone graft particulates are contained by the collagen,
so there is no need to use a separate membrane.

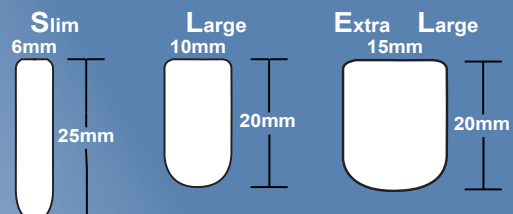
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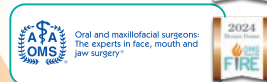
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THE OSTEOGEN[®] BONE GRAFTING PLUGS
ARE AVAILABLE IN THREE SIZES:



1. Spivak, J Biomed. Mater Research, 1990
2. Ricci, J Oral Maxillofacial Surgery, 1992
3. Valen, J Oral Implantology, 2002

With Gratitude to our 2024 Corporate Partners



OMSFoundation.org/Donate



AAOMS National Simulation Program

Office-Based Emergency Airway Management (OBEAM) Module

Sign up to participate in advanced simulation training of anesthesia techniques through intensive, real-life experiences.

This program is held at the Daniel M. Laskin Institute for OMS Education and Innovation at AAOMS headquarters in Rosemont, Ill.

Encounter
real-life
airway
experiences

Upcoming sessions:

- March 15: 8 a.m., 11 a.m. and 2 p.m.
- May 17: 8 a.m., 11 a.m. and 2 p.m.

Visit AAOMS.org/OBEAM to view the schedule and register



Dr. Rosato elected ADA President-Elect



Dr. Rosato

Richard J. Rosato, DMD, of Concord, N.H., was elected the President-Elect of the ADA. Dr. Rosato has been an active member of the ADA for 34 years and has held various leadership positions, including Chair of the ADA Council on

Ethics, Bylaws and Judicial Affairs and representative for the ADA First District on the ADA Board of Trustees from 2019 to 2023. He also has served as the President of the New Hampshire Dental Society. Dr. Rosato is a graduate of Tufts University School of Dental Medicine and completed his OMS residency in Chicago, Ill., before opening his own practice in New Hampshire.

Dr. Mercer elected to ADA Board of Trustees

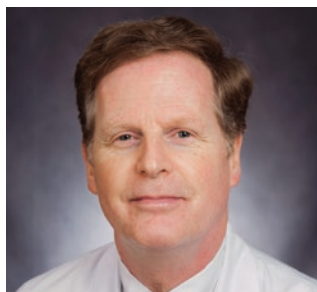


Dr. Mercer

James E. Mercer, DDS, of Lexington, S.C., was elected the 16th District Trustee to the 2024-25 ADA Board of Trustees. Dr. Mercer has served on the AAOMS Committee on Healthcare Policy, Coding and Reimbursement for

over 20 years and has been the AAOMS representative to the ADA's Code Maintenance Committee and the Dental Quality Alliance. He works in private practice in South Carolina.

Dr. Carlson inducted into Academy of Master Surgeon Educators



Dr. Carlson

Eric R. Carlson, DMD, MD, EdM, FACS, of Knoxville, Tenn., was inducted into the Academy of Master Surgeon Educators of the American College of Surgeons this fall. The Academy was established by the ACS in 2018 to

recognize and assemble surgical educators of national and international renown with the goal of advancing the science and practice of education across all surgical specialties.

Dr. Carlson is Professor and Chair of the University of Tennessee Medical Center Department of Oral and Maxillofacial Surgery. He also is the Liaison to the AAOMS Committee on Continuing Education and Professional Development; Consultant to the Committee on Oral, Head and Neck Oncologic and Reconstructive Surgery; and a member of the Commission on Professional Conduct.

To submit member news, email communications@aaoms.org.

IN MEMORIAM

Beginning in 2025, *AAOMS Today* will be publishing an annual "In Memoriam" feature, honoring AAOMS members and fellows who have passed away in the time between the two most recent AAOMS Annual Meetings. This new addition, championed by *AAOMS Today* Editor Dr. James R. Hupp, is intended as both a tribute to these dedicated professionals and as a record of their AAOMS membership. Full obituaries will continue to be published monthly in the *JOMS News* section of the *Journal of Oral and Maxillofacial Surgery*. Additionally, the AAOMS House of Delegates will continue its tradition of paying tribute during the annual Memorials ceremony, where each departed person's name is read aloud while a rose is placed in a vase on a table near the podium as a sign of respect.

This "In Memoriam" feature will be published in each January/February issue of *AAOMS Today*. Please notify membership@aaoms.org of any member passings.

J. David Allen, DDS
Retired Fellow
Georgia
1945-2024

Wayne S. Atebara, DMD, MD
Fellow
Hawaii
1960-2023

Joseph E. Ausich, DDS, MS
Retired Fellow
Washington
1938-2024

Lyle B. Barnes, DDS
Retired Fellow
Ohio
1930-2023

Louis S. Belinfante, DDS
Life Fellow Retired
Georgia
1937-2023

Paul M. Bertin, DDS
Life Fellow Retired
Ohio
1950-2024

Richard F. Black, DMD, MPH
Life Fellow
Pennsylvania
1956-2023

Paul D. Braun, DDS
Life Fellow Retired
California
1948-2024

Alvin H. Bregman, DDS
Life Fellow Retired
New York
1938-2024

Jeffrey D. Buttrum, DDS
Retired Fellow
Indiana
1956-2024

G. Thomas Childes, DDS
Life Fellow Retired
Indiana
1931-2024

R. Donald Coffey Jr., DDS
Retired Fellow
North Carolina
1938-2023

James P. DiLascio, DDS
Life Fellow Retired
New York
1943-2024

Russell A. Dixon Jr., DDS, MS
Life Fellow Retired
Illinois
1931-2024

Peter L. Drob, DMD, MA
Life Fellow Retired
Massachusetts
1939-2024

James S. Ellis, DDS
Life Fellow Retired
Arkansas
1932-2024

Lewis N. Estabrooks, DMD, MS
Life Fellow Retired
Florida
1944-2023

William A. Evanko, DDS
Life Fellow Retired
Florida
1944-2024

Carmen P. Fasulo, DDS
Life Fellow Retired
Florida
1935-2024

Donald O. Forsee, DDS
Member
Indiana
1951-2024

Joel M. Friedman, DDS
Life Fellow Retired
New York
1942-2024

William D. Gaither, DDS, MSD
Retired Fellow
Texas
1934-2023

Robert M. Gorzelnik, DDS
Life Fellow Retired
Arizona
1937-2024

David W. Hafer, DDS, MS
Life Fellow Retired
Montana
1941-2024

Stephen F. Hancy, DDS
Retired Fellow
Florida
1942-2024

Robert D. Hille, DDS, MS
Life Fellow Retired
South Dakota
1946-2024

Clay C. Hunley, DDS
Life Fellow Retired
Louisiana
1932-2024

Scott W. Imray, DMD
Life Fellow
Florida
1955-2024

Kenneth K. Kempf, DDS
Retired Fellow
Wisconsin
1937-2024

Jeffrey C. F. Lee, DMD, MD
Life Fellow
California
1958-2024

David Lehman, DDS
Retired Fellow
Florida
1927-2024

Stuart E. Lieblich, DMD
Life Fellow Retired
New York
1955-2024

William B. Linenberg, DDS, MSD
Life Fellow Retired
New Jersey
1931-2024

Walter E. Liskiewicz, DDS, MS
Retired Fellow
Michigan
1950-2024

Dennis J. Lowman, DDS, MS
Life Fellow Retired
North Carolina
1943-2024

James R. Lucente, DDS, MD
Fellow
Texas
1970-2023

Ralph G. Merrill, DDS, MSD
Life Fellow Retired
Oregon
1932-2024

Gerald S. Morrill, DMD
Retired Fellow
California
1931-2024

Kishore Nayak
Honorary Fellow
India
1959-2024

Thomas W. Olsen, DDS
Life Fellow Retired
Wisconsin
1938-2024

Alvin I. Orlian, DDS
Life Fellow Retired
New York
1928-2024

David B. Payne, DDS
Life Fellow Retired
Florida
1936-2024

Carlos Portales, DDS
Retired Fellow
Texas
1939-2024

Uday N. Reebye, DMD, MD
Fellow
North Carolina
1974-2023

C. Herman Reece, DDS
Retired Fellow
Oklahoma
1929-2024

Eric T. Rippert, DMD
Retired Fellow
Florida
1942-2024

Richard C. Robert, DDS, MS
Life Fellow
California
1945-2023

William G. Rose III, DMD
Retired Fellow
Florida
1940-2024

Michael D. Ryan, DDS
Life Fellow Retired
Maryland
1936-2024

Steven J. Salman, DDS, MPA
Life Fellow Retired
New York
1938-2024

Troy D. Savant, DDS
Member
Nevada
1966-2024

Siegfried J. Schaberg, DDS, PhD
Life Fellow Retired
North Carolina
1939-2024

Todd A. Schock, DMD, MD
Fellow
Oregon
1963-2023

Donald M. Seifert, DMD
Life Fellow Retired
New Jersey
1933-2024

Ben M. Smith, DMD, MD, MS
Life Member Retired
New Mexico
1949-2024

John F. Stasik, DMD
Life Fellow Retired
Pennsylvania
1929-2024

Murray Stein, DDS, MS
Life Fellow Retired
Ohio
1924-2023

Martin Stern, DMD
Life Fellow Retired
California
1933-2024

Charles L. Stoup Jr., DDS, MS
Retired Fellow
Pennsylvania
1935-2024

Alfred F. Tortorelli, DDS
Retired Fellow
Florida
1937-2024

Charles F. Wennogle, DDS
Life Fellow Retired
Colorado
1942-2024

Fredrick W. Wicknick, DMD
Retired Member
Washington
1957-2024

Melvyn S. Wishan, DDS, MDS
Life Fellow Retired
Oregon
1937-2024

Faculty Positions

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 in 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 have ABOMS candidate status or be a Diplomate of 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 college private practice opportunities are available. Screening of applications will begin immediately with an expected hire date on/before Jan. 1, 2025. 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 via UNMC's online employment website, unmc.peopleadmin.com/postings/84454.

South Carolina

The Medical University of South Carolina (MUSC) James B. Edwards College of Dental Medicine in Charleston, S.C., is currently seeking outstanding applicants for a full-time position at the rank of assistant/associate professor for the Department of Advanced Specialty Sciences, Division of Surgical Services and Applied Technology. This position entails responsibilities in both predoctoral and postdoctoral programs of the division. Responsibilities include didactic/clinical teaching and supervision of residents in the oral and maxillofacial surgery program, providing direct patient care as part of the faculty practice, including on-call coverage, participation in research programs and other collaborative activities within the MUSC community. Requires a DDS/DMD degree from a CODA-accredited U.S. or Canadian dental school, completion of a CODA-approved oral and maxillofacial surgery residency program, board certification or active candidacy for board certification, eligibility for a South Carolina dental license and post-offer health assessment. This position offers the opportunity to develop a diverse and challenging academic oral and maxillofacial surgery curriculum, mentor residents and dental students, and participate in professional collaboration and leadership development activities. Candidate needs to possess excellent interpersonal and communication skills in order to relate to groups at all levels within the organization, including office staff, faculty, senior leadership; must display initiative, a positive attitude, flexibility and commitment to department goals and objectives; must be committed to the highest

standards of ethical and professional conduct. Salary and academic rank will be commensurate with qualifications and experience. Open until filled. MUSC is an equal opportunity employer and encourages applications from minorities and women. Applicants should apply online through human resources – musc.career-pages.com/jobs/univ-open-rank-department-of-oral-and-maxillofacial-surgery-charleston-southcarolina-united-states.

Fellowships Non-CODA

Florida

Orthognathic/trauma fellowship: Opportunity includes cleft and craniofacial exposure and parttime private practice to supplement income. Send CV to jay@flcranio.com.

Illinois

The Oral Cancer Institute (OralCancer.com) is offering a 24-month fellowship in head and neck oncologic and microvascular reconstructive surgery. Fellows will obtain broad exposure in the management of malignant head and neck pathology, including neck dissections, SNLB, glossectomies, mandibulectomies, maxillectomies and management of salivary gland tumors. Fellows will be trained in reconstructive surgery including microvascular free tissue transfer. Email fellowship director at mohammed.qaisi@aah.org or mqaisi@oralcancer.com.

Missouri (St. Louis)

Oral and Maxillofacial Fellowship for 2026-27: 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 Rd., 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.

Oregon

The Head and Neck Institute (HNI) offers a 12-month fellowship in advanced craniomaxillofacial and trauma surgery. This fellowship is based at Legacy Emanuel Medical Center (LEMC) in Portland, Ore., and covers advanced training in head and neck surgery, maxillofacial trauma, airway management, sleep surgery (upper airway stimulation) and craniofacial surgery. More detailed information about our fellowship can be found at head-neck.com/hn-institute/craniofacialtrauma-fellowship. If interested, please inquire 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

Looking for an excellent opportunity to join a unique, long-standing, successful and respected, busy oral surgery practice with a focus on wisdom teeth and implants but with the potential for whatever is desired? Experienced and dependable staff. A partner wishing to matriculate to ownership is desired. Seeking a motivated, full-time and personable candidate who is a Diplomate of ABOMS or has ABOMS candidate status. Actively growing area of Northwest Phoenix. Wonderful area to practice and raise a family. Competitive salary/benefits. Send inquiries to mdallard2017@gmail.com.

California

Well-respected, busy and established oral surgery practice in search of a Diplomate of ABOMS or OMS who has ABOMS candidate status. Must be a 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

Full-time oral and maxillofacial surgeon wanted in Southern California's Inland Empire. We promote a workplace with a supportive and efficient staff, individual growth and personal achievement. The right individual should demonstrate creativity, interpersonal skill and have a team player attitude. We emphasize dentoalveolar surgery, dental implants, and pathology but also practice orthognathic, and trauma surgery. Compensation includes competitive salary, incentive bonus system, health insurance stipend and relocation advancement. Interested applicants should call 909331-0227 or email mdudziak@ieomfs.com.

Colorado (Front Range)

Growing practice seeking an associate who is a Diplomate of ABOMS or has candidate status for a partner-track position. Full-scope technology-based practice with emphasis on dentoalveolar, implants, pathology and orthognathics. Level II trauma center and surgery center availability. Excellent opportunity for a growth-oriented candidate with compassion and interpersonal skills. Great family location with easy access to everything Colorado has to offer. Please email CV/inquiries to mflanagan@rangeviewsurgery.com.

Florida

Busy, full-scope, three-doctor oral and maxillofacial practice seeking to add board-certified oral and maxillofacial surgeon for associateship. The incoming surgeon must be willing to obtain hospital privileges as well as take hospital call. Prefer well-rounded, experienced doctor who is interested in performing procedures related to full-scope OMS practice (dental implants, orthognathic, facial and oral pathology, facial trauma and other procedures related to the specialty). This is an exceptional opportunity for the highly motivated individual. The incoming surgeon will practice in all three of our current locations (Melbourne, Rockledge, Titusville). The practice has well-trained professional staff, including RNs, CBCT technology, full-scope facial cosmetic surgeries performed on-site and has been established for over 35 years in the area. We offer generous compensation package and benefits. Please send inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-0724.

Florida

Multiple-office, high-producing practice with a high reputation for exceptional surgical and patient care in Tampa Bay area. We provide close contact with our robust referral base and regularly provide CE courses as part of our study club. State-of-the-art offices with CBCT, digital impression scanner, operating rooms and full anesthesia equipment and other state-of-the-art technology. Perform a full scope of OMS procedures with a heavy emphasis on dental implants and dentoalveolar surgeries, full-arch teeth-in-a-day implant-supported fixed prosthesis treatment, zygomatic and pterygoid implants, soft- and hard-tissue grafting, reconstructive and orthognathic surgeries, facial plastic and cosmetic surgeries (willing to teach), office-based IV sedation and general anesthesia. Searching for a motivated, hardworking and personable OMS for associate position leading to partnership. Very competitive salary and bonus structure plus a comprehensive benefit package. We are in a nice area for raising a family and at the same time the associate will have a lucrative practice. Please send CV to facial97@gmail.com.

Illinois

Are you a talented oral surgeon looking to transform lives and fast-track your career? Join our thriving downtown Chicago practice associated with Northwestern Hospital. We're a fee-for-service clinic focusing on full-spectrum oral surgery and high-volume implants. With a great reputation and steady referrals, you'll enjoy a full schedule in no time. We're offering a total compensation package worth over \$400,000/year, plus a percentage based on production. Want a partnership track option? We have that, too. You'll fit right in if you're a team player, always learning and a great communicator. Ready to make a difference and grow your career on a solid track in a supportive environment? Get in touch, and let's create amazing smiles and lifestyles together! Send CV or inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-110922.

Illinois

Associateship leading to equal partnership for a hardworking oral surgeon with strong interpersonal skills. Must be a Diplomate of ABOMS or have ABOMS candidate status. Primarily fee-for-service and privately owned practice with a long-term, dedicated staff and well-established referral base. Competitive salary with an incentive bonus based on production, malpractice and medical insurance. Please reply to oralsurgery@750almar.com or fax 815-939-9820.

Illinois

Full-scope private OMS in Lake County seeking an OMS associate leading to partnership. Must be a Diplomate of ABOMS or have ABOMS candidate status. Excellent compensation and benefits. Paid Level 1 hospital call and opportunity for FACS. Third molars, implants, orthognathic surgery and full facial trauma. Reply to classifieds@aaoms.org, attention: AAOMS Classified Box A-0311.

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.

Kentucky (Lexington)

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, six-surgeon, three-location practice in Lexington, Ky. Emphasis on dentoalveolar, dental implants, bone grafting and pathology. CV to kplante@oms360.com.

Kentucky (Louisville)

Incredible opportunity for immediate associateship with clear partner track in an actively expanding, two-surgeon, two-location practice in Louisville, Ky. Emphasis on dentoalveolar, dental implants, bone grafting and pathology. CV to kplante@oms360.com.

Massachusetts

Long-established two-location practice outside of greater Boston seeking motivated, personable oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status. Competitive employment package with partnership track. Practice with emphasis on dentoalveolar surgery/implants with opportunity to expand scope. Send CV to Jessica at jmaggio@concordlexington.com.

Available Positions

continued from previous page

Michigan

A well-respected OMS practice in southwest Michigan searching for an oral surgeon who is a Diplomate of ABOMS or has ABOMS candidate status for a full-time position. Our practice was established over 40 years ago and has grown to be the premier oral surgery practice in Southwest Michigan. We are a full-scope practice, which allows you to guide how you want to practice oral and maxillofacial surgery. We have four surgeons, two offices and a strong referral base. Southwest Michigan is known for its beautiful inland lakes, ski slopes, walking/hiking/biking trails, hunting and fishing. Each season has something to offer the outdoor enthusiast! We are about a 40-minute drive from Lake Michigan beaches including South Haven and St. Joseph. Academics are important to this location as well. Kalamazoo is home to Western Michigan University and the distinguished Kalamazoo College, a private liberal arts university with an outstanding reputation for academics. We are also home to the Stryker Corporation, Pfizer, Bronson Health Group and Borgess Hospital. The most impressive thing about Southwest Michigan is our community. It offers a great family atmosphere and a wonderful place to raise a family. Kalamazoo is a smaller community which offers a lower cost of living, affordable housing and ease of travel from home to the office and the hospital. This is a great location to perfect your career in oral and maxillofacial surgery. For additional information please email at dwilson@kaloms.com.

Oklahoma

Full- or part-time oral and maxillofacial surgeon associate needed. Graduating residents are welcome to apply! Private practice located in Moore, Okla. This modern practice opened in 2018 and has experienced rapid growth. We are looking to add another surgeon to our team! This position will have future ownership opportunities. Patient care and safety are high priorities for us, with stable staff and investment in making our clinical assistants equipped with the best skills. The new associate has the opportunity if desired to participate in resident and dental student education with a faculty appointment. Multiple hospital appointments for non-office surgical procedures are readily available. Interested or have questions? Please contact Dr. Steven Sullivan at 405-271-4955 or stevensullivan@sbcglobal.net.

Oklahoma

Full or part-time OMS needed. Private practice located in south OKC. This modern practice has experienced rapid growth. This position will have rapid ownership opportunities. Patient care and safety are high priorities for us, with stable staff

and investment in making our clinical assistants equipped with the best skills. You will have the opportunity to participate in resident and dental student education with faculty appointment. Multiple hospital appointments readily available. Contact Dr. Steven Sullivan at 405-271-4955, stevensullivan@sbcglobal.net.

Oregon (Salem)

Discover an exciting opportunity at Willamette Valley Oral and Maxillofacial Surgery, Inc., in the heart of Salem, Ore. The practice was established in the year 2000 and has a strong referral base to hit the ground running. We are currently a full-scope OMS practice with a focus on dental alveolar and implants, but an incoming practitioner could cultivate other areas of interest. You'll be working alongside a seasoned, well-respected OMS under the umbrella of a silent partner yet have the ability to remain autonomous. This is a full-time position, but we would consider part-time as well. One hour to the coast and two hours to the mountains, come experience the beauty of Willamette Valley wine country. Full benefits and up to \$100k sign-on! Email doctor@wvoms.net.

Pennsylvania

Multi-location group adding associate. Thriving eastern Pennsylvania OMS practice within easy driving distance to New York City, Philadelphia and the Poconos looking for associate. Flexible options from part time to partnership track. Full scope of OMS practiced with a focus on patient care. Very competitive base salary and benefits. Ideal location for metro or rural living. Contact us via email at cburgess@valleyoralsurgery.com if you would like to learn more about this opportunity.

Rhode Island

Well-established growing practice in Rhode Island seeking a surgeon who is a Diplomate of ABOMS or has candidate status to join our two-surgeon team. Doctor owned with no corporate or PE involvement. One location with CBCT, intraoral scanner and WinOMS cloud software. This is a full-scope Rhode Island OMS practice with emphasis on dentoalveolar and implant surgery. Associate contract with partnership track if desired. Highly competitive salary and bonus structure offered. To learn more, contact info@englishoms.com.

Tennessee (Columbia)

Hunter Oral & Implant Surgery is looking for an Associate to join our well-established practice with over 40 years in the Columbia, Tenn., community. This location is just a short 50-minute drive from the famous Nashville, Tenn., and just south (30 minutes) of bustling Franklin, Tenn.! Our services range from wisdom teeth removal, dental implants and extractions. A new surgeon joining the practice

can expect a 4-day per week schedule starting at 7:30 a.m. and a target end of 4:30 p.m. \$15k Signing Bonus plus full benefits. Visit drhunteroms.com or email calli.norris@sdbmail.com.

Tennessee (Nashville)

Immediate associateship opportunity in a multi-surgeon, multi-location practice in Nashville, Tenn. Seasoned surgeons looking to mentor or expand practice with another. Emphasis on dentoalveolar, dental implants, bone grafting and pathology. CV to kplante@oms360.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 a Diplomate of ABOMS or have ABOMS candidate status. 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 email resume to Idelbridge@cvofs.com.

Washington, D.C.

We are seeking an energetic, qualified OMS Associate to join our team and support our rapid growth. This position offers potential future ownership opportunities and a dynamic work environment. Great opportunity to join our established practice that is located near Georgetown in Washington, D.C. Capital Center for Surgery is an established, AAAHC-certified 4,000 sq. ft. facility specializing in outpatient surgeries. Our modern practice utilizes cutting-edge technology, including the X-Guide for dental implants and provides comprehensive ranges of services under IV and GA such as: dental extractions, fully guided implant surgeries, full-arch teeth-in-a-day cases, bone grafting, TMJ, orthognathic surgery, oral pathology and cosmetics procedures. Trauma call at local hospitals is available, but it's optional. We're AGD certified, allowing us to offer CE courses which provide opportunities for professional development and advancement. M-F, competitive salary, comprehensive benefit package. Residents are welcome to apply. Please send your CV and any inquiries to LaShawn Bennett, Practice Manager, at lashawn@ccomfs.com.



Washington

Pacific Northwest lifestyle! Wonderful opportunity to practice oral surgery with work-life balance. Well-established, highly respected oral surgery practice in Vancouver, Wash., is looking for a part-time (two days a week) oral and maxillofacial surgeon. Candidate must be personable, possess excellent surgical skills, with the ability to establish and maintain relationships with existing and new referring doctors. Board certification is preferred. Please send inquiries to classifieds@aaoms.org attention AAOMS Classified Box A-061124.

Practices for Sale

California

Practice for sale. Santa Barbara, central coast 40+ years established OMS practice. Office located near a level 1 trauma hospital. Call 805-692-8500 or email drwelsh.oms@gmail.com with any questions. Price \$800,000.

California (Los Angeles)

Northern Los Angeles oral surgery practice for sale: \$1.556M in collections, \$155,000 EBITDA, three operatories, consult & recovery rooms, 945 consults in 2023. RE available. Room for expansion. Contact bailey@professionaltransition.com. Reference #CA40324.

Colorado

Front Range, Colo., oral surgery practice for sale. Established dual-location OMS practice with five operatories across two locations. Collections of \$2.44 million and \$250,000 in EBITDA. The owners are seeking a 50/50 partnership with another oral surgeon. Last year, the practice completed over 1,175 limited exams. Located in Northern Colorado's thriving Front Range, the area offers an outstanding quality of life. Contact Bailey Jones: bailey@professionaltransition.com or 719-694-8320. Reference #CO8824 for more details.

Colorado

Denver, Colo., oral surgery practice for sale. Thriving oral surgery practice in Denver's northern suburbs with four operatories (three equipped, one soon to be completed). Boasting \$990,000 in collections, \$463,000 in SDE and an average of 45-50 new patients/month, it's a prime opportunity for growth. Flexible transition options make it ideal for entering or expanding in this active market. Contact Professional Transition Strategies at bailey@professionaltransition.com or 719-694-8320, referencing #COA11624, to learn more!

Indiana

Indianapolis, Ind., oral surgery practice for sale: \$3.373M in collections, \$1.174M EBITDA, five operatories, one consult room, 1,850 patients in the last 12 months. RE available. Contact bailey@professionaltransition.com. Reference #IN90723.

New England

New England oral surgery practice for sale: \$2.38M in collections, \$690,000 EBITDA, four treatment rooms, one laser room, one operating room. 3,500 referrals/year. RE available. Minimal advertising. Contact bailey@professionaltransition.com. Reference #NE60524.

New Mexico

Are you looking to own a well-established, highly profitable OMS practice located in a prime area of Albuquerque? Look no further! This is a unique opportunity to acquire a successful 1,950 sq. ft. OMS practice with a solid referral base. The provider is ready to retire and is willing to stick around if wanted. This modern updated practice has a great support staff, 48 percent office overhead, \$1.9 million in collections, Carestream PMS, CS9300 CBCT and excellent cash flow for any buyer. Contact: Scott Graham (scott@omspracticesales.com) for more information.

New Jersey

OMS practice in Central New Jersey focused on profitable dentoalveolar, implant, bone grafting, pathology and general anesthesia procedures. Surgeon owns 2,900-square-foot office in professional center. Excellent exposure/signage facing main road. Recently constructed office designed for two surgeons: five operatories, Dexta OS Chairs, i-CAT, Sirona Digital Pan, CO2 Laser, Piezosurgery Unit, Ellman Surgitron Radiosurgery Unit, Osstell IDx, IntraSpin L-PRF Centrifuge, 16 Camera CCTV, 45KW 2.4L Generator, WinOMS CS. Please send inquiries to classifieds@aaoms.org, attention AAOMS Classified Box S-0701.

New York (Western)

Elevate your career and lifestyle with a highly profitable oral maxillofacial surgery practice in upstate New York's tranquil countryside. Boasting low competition and a high volume of implant procedures, this solo practitioner office promises not just success, but a life enriched with outdoor adventures—boating, fishing, hiking, skiing right at your doorstep. Operating with a stellar \$2.8 million in production over 4.5 days weekly, it offers an unparalleled balance of work and play. Transition seamlessly, available immediately up to two years. Don't miss this rare chance to own not just a practice but a dream lifestyle. Act now! Visit westernnyoms.com for more details. Your future awaits!

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.

New York

Respected OMS practice on Long Island with 60+ years of community presence. Specializing in extractions, implants, bone grafts, oral pathology, TMJ and anesthesia. Established referral base. Owner willing to facilitate smooth transition post-sale. Reply to AAOMS Classified Box S-030524.

New York

Central NY State oral surgery practice for sale: \$1.245M in collections, EBITDA over \$185,000, four ops, RE available. Minimal advertising, 730 limited exams in 2023. Located near Syracuse and Ithaca. Contact bailey@professionaltransition.com. Reference #NY42424.

North Carolina

Oral surgery practice for sale in Charlotte, N.C.: \$880,000 in collections, \$300,000 true take-home, three operatories with room for expansion, 600 limited exams in LTM. Flexible transition options. Contact bailey@headwaterstransition.com. Reference #HW70324.

North Carolina

Outer Banks, N.C., oral surgery practice for sale: \$1.210M in collections, \$200,000 EBITDA, six operatories, 105 new patients/month, room for two more ops. Flexible transition options. Contact bailey@professionaltransition.com. Reference #NC71421.

Ohio

Two-location OMS practice available in Southwest Ohio! Spacious buildings available for lease/purchase. Six operatories/location. Four days/week. Collections \$2.5M (2024 TTM). Contact Dave Dahler at 614-315-5065 or dave@menlotransitions.com. In Association with ParaSell, Inc. | A Licensed Ohio Broker #REC.2020005946



Oklahoma

Two-provider, two-location OMS practice for immediate sale in the greater Oklahoma City area. Practice has diverse revenue sources and has capacity for growth in both locations. Both locations have been in operation for many years and have strong referral sources. Sellers are willing to stay on for a reasonable period to ensure auspicious practice goodwill transfer and buyer effectively matriculates into working the practice. Buyer will have a full schedule as soon as they want it. Please send inquiries to austin.leavitt@omsp.com.

Pennsylvania

Oral surgery practice for sale in Reading, Pa., Metro: \$812,000 in collections, \$200,000 true take home, six ops, five recovery bays, 25 to 30 new patients/month. All offers considered. Contact bailey@headwaterstransition.com. Reference #H61824PA2.

Pennsylvania

Oral surgery practice for sale in Philadelphia, Pa.: \$895,000 in collections, \$320,000 true take home, six operatories, two locations, 20 to 25 new patients/month. RE available. Contact bailey@headwaterstransition.com. Reference #H61824PA1.

Pennsylvania

Oral surgery practice for sale in Pittsburgh, Pa.: \$840,000+ in collections, \$390,000 true take-home, four operatories, one consult room, 30 to 35 new patients/month. Flexible transition. Contact bailey@headwaterstransition.com. Reference #HW82124PA.

Pennsylvania

Oral surgery practice for sale in South-Central Pennsylvania: \$997,000 in collections, \$480,000 SDE, four surgical suites, two locations, 950 exams/consults in the last 12 months. Growth potential. Contact bailey@headwaterstransition.com. Reference #HW71824.

Classified Advertising Deadlines

May/June 2025 issue: March 7, 2025

July/Aug 2025 issue: May 2, 2025

Sept/Oct 2025 issue: July 3, 2025



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Contact only the following staff members
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Billing Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

General / Fellowship Classified Ad Costs:

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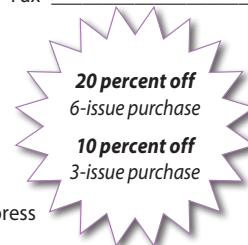
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