



COMMON SENSE DENTISTRY

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# BOTOXONOMICS

One of the most frequently asked questions by dentists about Botox and dermal fillers is how will it impact their practice from both a clinical and practice management perspective. This column has shown the many clinical uses of Botox for dental esthetics, facial esthetics, gummy smiles, TMJ, bruxism, trigger point therapy, orofacial pain, and dental sleep medicine. Dermal fillers have given dental professionals incredible new options in treating smile lines, lip lines, gummy smiles, black triangles, and smile design.

Trigger-point therapy with lidocaine and/or Botox has opened up new vistas for clinicians in treating TMJ and orofacial pain predictably so that dentists can cease to be afraid of these patients. Dental sleep medicine, when combined with bruxism therapy, adds an entirely new dimension to dental practices. It gives them the ability to ensure an excellent long-term prognosis to every dental case by objectively monitoring bruxism and definitively treating it.

It is easy to demonstrate the clinical aspects of the above-mentioned therapies via case studies, photographs, and objective monitoring data. Botox and dermal fillers have provided expanded services and better therapeutic and esthetic outcomes for patients than ever before. But let's ask an honest question—are these services productive and profitable for dental practices? If they are not, then dental offices will not use these therapies no matter how good they are.

Indeed, dental professionals are always impressed by what can be accomplished clinically with Botox and dermal fillers. The most common questions I get are: What are the patient fees associated with these therapies? How much should I charge for Botox, dermal fillers, trigger points, and oral appliances for dental sleep medicine? Many dentists are curious about how profitable these are, and they need to know this before they consider these procedures for their practices. Dentists too often make investments in capital equipment, new technology, or new techniques, only to be burned later when they find out that production is poor and profitability is minimal or nonexistent.

Now that more dentists have been using Botox, dermal fillers, trigger point therapy, bruxism monitoring, and dental

sleep medicine in their practices over the last few years, we can see how these have affected their practices. The American Academy of Facial Esthetics (AAFE) recently did a survey of members who have successfully integrated all of these areas and now use them routinely in everyday dental practice. Now we can see exactly the kind of impact these treatments have on monthly productivity, and we can break them out by category so that dentists can see for themselves which areas make sense for their own practices.

It's important to note the following about dental practices who took part in this survey: the dental clinicians have been trained in at least two levels of botulinum toxin and dermal fillers, as well as in frontline TMJ/orofacial pain treatment and bruxism monitoring and dental sleep medicine. These offices have been performing these treatments for a minimum of 18 months.

There are no capital equipment purchase or laboratory fees necessary for most of these practice areas with the one exception noted below.

These offices, like your office and most offices, have the capacity to add these new services with no additional investment, such as additional treatment rooms or schedule time. In other words, most dental professionals have gaps in their office schedules to perform more procedures that patients desire. The difference between the patient fee and profitability is the cost of the botulinum toxin and/or dermal fillers.

## HERE ARE SOME OF THE DETAILED RESULTS OF THIS PRACTICE STUDY:

### *Botulinum toxin (Botox/Xeomin) treatment*

The average botulinum toxin treatment appointment took approximately 10 minutes, with the actual injection time being five minutes or less. The average patient production fee was \$1,402, with a profit of \$1,014.

### *Dermal filler treatment*

The average dermal filler treatment appointment took approximately 18 minutes, with the actual injection time being 11 minutes or less. The average patient production fee was \$1,475, with a profit of \$988.

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*Botulinum toxin and dermal filler combined treatment*

The average botulinum toxin and dermal filler combined treatment appointment took approximately 28 minutes, with the actual injection time being 19 minutes or less. The average patient production fee was \$2,889 with a profit of \$2,132.

*Trigger point treatment*

The average trigger point treatment appointment took approximately 12 minutes, with the actual injection time being seven minutes or less. Each trigger point injection had an average patient fee of \$150 when lidocaine was used. When botulinum toxin was used for these injections, the patient fee was \$60 per trigger point injection plus a \$13 per unit cost of botulinum toxin. The average treatment was four trigger point areas with a patient production fee of \$976 and a profit of \$676.

*Bruxism monitoring and oral appliance therapy*

This treatment area is different from the others in that it involves a minimal investment in capital equipment and it will provide the objective data needed to determine the proper treatment plan. There is also a laboratory fee component that must be taken into consideration to determine the profitability. The survey results are based on amortization of the purchase of the STATDDS home bruxism and sleep monitor equal to the rental fee of \$299 a month, as well as the \$18 in consumables needed for each home monitor test. The laboratory fees averaged \$119 for a bruxism appliance/occlusal guard and \$381 for a mandibular advancement appliance, which is the type of oral appliance used for snoring and obstructive sleep apnea.

The average office in this survey that integrated bruxism and sleep monitoring was performing 15 home tests a month with an average fee of \$225 per test. Appliance production averaged eight bruxism appliances with an average fee of \$525 and five oral appliances for obstructive sleep apnea, with an average fee of \$2,850. The total appliance production was \$ 21,825. Deduct from this the monthly rental monitor fee of \$299, \$270 in consumables, and lab fees for the appliances at \$2,827. Altogether this comes to a profit of \$18,429. The average treatment time is 40 minutes, which includes the impression and seating appointments.

The survey's bottom line was this—AAFE members who have introduced Botox, dermal fillers, TMJ orofacial pain trigger points, STATDDS bruxism monitoring, and AAFE dental sleep medicine into their offices have seen an average increase of \$26,500 of production per month. This increased production is coupled with more services and treatment options for your patients, with better therapeutic and esthetic outcomes than ever before.

The lesson here is an important one—the best investment is in yourself and your skill set. Expand the services in your office with those that are highly desired by patients, and at the same time can help most of your patient population. The ROI for investing in yourself is high and the investment payoff is quick, substantial, and lasts the rest of your career. Most importantly, everyone benefits from increased office production and profitability, including you, your team, and especially your patients through more treatment options and better outcomes. Dentistry becomes more fun and fulfilling to you and your team, and that is the best investment you can ever make. **DE**