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Council on Orthodontic Health Care  
Summer 2016 Report

The Council on Orthodontic Health Care (COHC) met in St Louis on July 9, 2016. This was the first meeting for 3 out of the 8 members on the council. COHC had a full agenda and my report highlights relevant items from the meeting.

COHC has held discussions with American Association of Dental Consultants (AADC) and the National Association of Dental Plans (NADP) relative to Medically Necessary Orthodontic Care (MNOC). MNOC remains a hot topic and the council has also fielded many questions from members on what is currently happening. As it stands, the insurance industry appears to be utilizing various state Medicaid protocols to determine MNOC. The protocols include handicapping indices as well as various sets of auto-qualifiers including on top of an index. At the September meeting of the NADP representatives from COHC will attempt to gain a consensus from the dental insurance industry on what is happening. Also, discussion of the role of integrated Medical/Dental plans is on the agenda. Traditional dental insurance is still the main method of dental reimbursement. How that may change in the future remains unclear.

Presently, COHC is very interested in moving forward with the AAO auto qualifiers:

- Overjet equal to or greater than 9mm
- Reverse overjet equal to or greater than 3.5mm
- Posterior crossbite with no functional occlusal contact
- Lateral or anterior open bite equal to or greater than 4mm
- Impinging overbite with either palatal trauma or mandibular anterior gingival trauma
- One or more impacted teeth with eruption that is impeded (excluding third molars)
- Defects of cleft lip and palate or other craniofacial anomalies or trauma
- Congenitally missing teeth (extensive hypodontia) of at least one tooth per quadrant

Working with COHC, I have begun a study to look at the correlation between various handicapping indices and the AAO auto-qualifiers. I hope to have the study complete by the end of the year. The outcome of the study should help the AAO to move forward to the next step which will depend on the outcome of the study.

MNOC began from the Affordable Care Act (ACA) when ‘medically necessary’ orthodontics was identified as an essential health benefit. The political aspect of MNOC remains. To that end, COHC is moving to send a representative from COHC to at least one COGA meeting per year to bolster the relationship between the 2 councils especially in regards to further action on the ACA.

COHC approached the Board of Trustees (BOT) to ask that the AAO create a ‘white paper’ comparing and contrasting member practice modalities, in particular traditional private practice versus corporate practice modalities. The initial draft of that document has been created but COHC has concerns with the draft and will propose additional modifications to the BOT before the document is released.
Dr. Steve Robirds, our Consultant to COHC relative to Coding, and our AAO liaison to the ADA Code Maintenance Committee (CMC), wrote an introduction to orthodontic section of the 2017 ADA Code book. The CDT Companion explains the orthodontic codes and uses examples for proper orthodontic code implementation for billing.

COHC is proposing to the BOT a new ADA orthodontic code: Removal of Orthodontic Appliances. A similar type of code was presented to CMC by an individual practitioner but was rejected last March. CMC asked the AAO to look more fully at the issue and return with a proposal for the next meeting in March 2017.

COHC was asked by the House of Delegates (HOD) to revisit the definition of “Interceptive orthodontics”. The council reviewed the existing language and recommended a slight modification to the BOT to then go to the 2017 HOD for approval. Once approved, the language will go to the ADA CMC for integration into coding.

Progress continues on work for the Electronic Health Record relative to orthodontics. Relevant items include:

ACT-1 - A digital standard for 2D cephalograms — The standard will use existing digital interoperability standards to store and exchange 2D cephalograms, instead of using JPG, PNG or other generic image formats.

ACT-6 - A digital standard for sharing orthodontic view sets. The new standard will create a way to exchange images between users in such a way that both the sender and the receiver are able to view them in an identical layout and also retain all clinically relevant metadata.

Thank you for the opportunity to serve the GLAO on COHC.

Kindly Submitted,

Greg Oppenhuizen