

**Report to the GLAO Board
Council on Orthodontic Health Care -Summer 2018**

The Council on Orthodontic Health Care (COHC) met in St. Louis on June 23, 2018 with an agenda of significant items for the AAO.

The AAO House in May approved the following language:

“RESOLVED, that for the purpose of third party reimbursement, the AAO considers serial reconstructive, orthodontic, and reconstructive therapies to be medically necessary treatment for craniofacial anomalies (CFA) to ensure a reasonable quality of life for affected individuals. Coverage should extend throughout their lifetime, and be it further,

RESOLVED, that the AAO support legislation stipulating that insurers recognize the sequential nature of reconstructive, orthodontic, and restorative therapy for CFA, which requires ongoing coverage for all aspects of the treatment plan.”

The council will be working to sculpt template regulatory language for use by each state to designate craniofacial treatment as being medically necessary and important for ensuring a reasonable quality of life for affected individuals. The template will further seek to mandate third party reimbursement for those with craniofacial anomalies.

COHC is charged with globally reviewing the landscape regarding Access to Orthodontic Care Programs in the United States. There are several non-governmental volunteer programs including the AAO Donated Orthodontic Services program (AAO DOS). AAO DOS has functioned with limited staff resources and budget. After a review of programming performance data, COHC recommends that AAO DOS strive toward the fundamental goal of treating the greatest number of kids for both public service and public relations reasons. COHC sent a recommendation to the AAO DOS Board to achieve this goal.

COHC is making progress to have Box 40 removed from the ADA claim form. ‘Box 40’ is the item on the ADA Claim Form that asks whether the insurance claim is for ‘orthodontic purposes’. Checking the box has been used by insurers to pay for ancillary services from the lifetime-limited orthodontic benefit. This saves insurance companies money against orthodontic providers.

COHC is has appointed a task force to globally review the ADA CDT (treatment) codes for orthodontics. The codes were created to provide maximum flexibility for orthodontists to submit for treatment without a laundry list of modality codes required for insurance reimbursement. Direct to Consumer insurance billing and diagnostic coding has created a need to review treatment coding protocols.

The Board has asked COHC to review the AAO diagnostic parameters of Medically Necessary Orthodontic Treatment and a committee has been appointed.

COHC has recommended to the Board that the 2018 review of the Clinical Practice Guidelines include a representative of COHC. The council noted that there is no language in the guidelines that addresses the day-to-day orthodontic treatment process, in the most global sense (not appliances).

Greg Oppenhuizen
COHC Chair