

## COHC 2020 Ad Interim Report

The Council on Orthodontic Health Care met via conference call January 11, 2020. Much of our time was spent on code revision requests for the ADA Code Maintenance Committee meeting which is scheduled to coincide with the 2020 GLAO Ad Interim meeting. I am the sole voting representative for the AAO at this meeting. There are 86 code revision requests and 17 revision requests which have orthodontic implications. It is unusual to see this many code requests that merge into the orthodontic realm. Several of the code revisions relate to the increase in digital procedures and peripherally teledentistry.

With an ever-growing database of diagnostic and procedural information, artificial intelligence, digital technologies, teledentistry, and robotics, what we currently understand as dentistry is being disrupted. This is only going to increase. The AAO is proposing one code revision to the preamble to the orthodontic section of the ADA CDT to delineate the nature of 'orthodontic treatment', which is condensed from the definition in the Clinical Procedure Guidelines (p.5):

### **D8000-D8999 XI. Orthodontics**

#### **Orthodontic Treatment**

Orthodontic treatment is defined as a complex, professionally guided process which alters the structure of the dentofacial complex requiring a clinical examination; pretreatment diagnostic records such as radiographs; diagnosis and treatment planning; informed consent; supervision of the applied therapy; remediation and re-assessment of therapy; retention; and retrospective evaluation by an appropriately trained and licensed dentist.

If accepted, the revision will be the first time the ADA Code Manual spells out the definition of an aspect of dentistry. Our hope is that passage of this preamble to the orthodontic code will be duplicated by the other disciplines in dentistry.

COHC regularly sends representatives to major insurance industry events. Direct-to-consumer modalities are also working directly to influence 3<sup>rd</sup> party payers, although currently they have been met with a mixture of skepticism and embrace as an 'industry disrupter' to control costs. This is only going to increase.

Another trend developing is toward using AI and database information ('big data') to pinpoint and quantify procedures and costs for the purpose of establishing an objective modality to assess quality of treatment; at least by the definition of a third-party payer. The goal is to move far beyond subjective internet-based reviews into data driven objective assessments. Once the process is fully operational, the information will be used to 'inform' 3<sup>rd</sup> party payers and consumer choices. This is going to be significant.

COHC has submitted to the Board and House of Delegates a resolution to develop a Medically Necessary Orthodontic Care (MNOC) Claims Review Board. The proposed board would adjudicate controversial MNOC decisions made by insurance company consultants. For a claim review board to be viable and functional it will require full acceptance by third party payers and other interested parties such as the ADA and governmental agencies. The proposal is a first small step.

This is my last COHC report to the GLAO Board. I will finish my term as your representative in May.

Thank you. Greg Oppenhuizen