SOUTHERN ASSOCIATION OF ORTHODONTISTS

SAO NEWS

IN THIS ISSUE

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President's Message

Dr. Mark W. Dusek

I have five goals for this coming year:

"I look forward to a great 2022."

During the past two years, events we could not have anticipated have greatly affected our lives and our practices. Out of necessity, we have learned to adapt our practices to be able to provide the best service to our patients.

I want to thank Drs. Jeri Stull and Sims Tompkins, our two past SAO presidents, for their incredible leadership during these turbulent times. They are outstanding leaders! It will be a challenge to follow them. I am happy that we seem to be coming out of this pandemic storm, but change is still with us. We must continue to evaluate our association and make it stronger than it has ever been.

1. **Enhance member benefits**

   The SAO Executive Committee will review the SAO's role relative to the AAO, SAO, state, and local organizations. I want us to evaluate where the SAO "fits in" and determine how it can best meet the needs of our members.

2. **Improve communication with and support for our state leadership**

   Good communication between the SAO and a respective states' leadership is valuable and helps to maximize members benefits. We want to ensure that channels of communication are clear and open.

3. **Promote leadership and involvement**

   I truly believe this is the most important role of our organization. Our past Executive Director, Sharon Hunt, started an SAO leadership class that has been used as a template by multiple organizations. The next SAO Leadership Class will begin in 2022. This program strives to provide a learning experience for individuals who are interested in developing leadership skills. I encourage anyone who has not attended one of these classes to consider participation. If you have participated previously, please encourage other aspiring leaders to participate in this excellent program.

4. **Continue to work toward our merger with the SWSO**

   The leadership of the AAO has attempted to simplify the structure of the organization. One recommendation from consultants is to reduce the number of regional constituencies. The 2021 House of Delegates approved a merger between SAO and SWSO. Presently, there are two task forces that are working on the logistics of merging our two constituents. This merger will probably take a few years to complete.

5. **Plan a fun and exciting SAO annual session meeting**

   Our 2022 annual session will be held November 3-5 in Austin, Texas. The SWSO and MSO will join us. The addition of these two constituencies to our meeting will add to the excitement and camaraderie. We will have engaging speakers, delicious food, live music, and of course, a great time. Please make plans NOW to attend this meeting!

Past President's Wrap-Up

Dr. Sims Tompkins

"The older you get, the faster time goes."

This quote sums up my year as President of the Southern Association of Orthodontists. And boy, what a ride!

First of all, I would like to thank SAO members for the opportunity to serve this great organization this past year. I am honored and humbled to add my name to the list of past presidents who have served the Southern Association of Orthodontists.

The past eighteen or so months we have been riding a wave of uncertainty. Covid has changed the way we interact, the way we socialize, and the way we practice. As 2021 began, hopes were high for a return to normalcy. The Executive Committee met in January in Nashville – but Nashville was pretty quiet. As the vaccines rolled out and people were being vaccinated, the future was looking much brighter and some places began opening up. The Ad-Interim meeting was held in Atlanta in March with over 80% of the Board and Delegation attending in person, things were looking up.

In April, the AAO held the House of Delegates meeting via Zoom and the AAO in person annual session was canceled. The one big thing that came out of the HOD session was a resolution that states that the Southern Association of Orthodontists and Southwestern Society of Orthodontists will merge as one constituent of the American Association of Orthodontists at an appropriate future time. For the past three years the SAO and SWSO have been in consultation to blend the two organizations with a unified mission statement and strategic plan.

Since the HOD meeting, ZuBu Management Solutions has been serving as the Executive Director Team and The Whiddon Group has been serving as our Marketing Agency. They have worked to better serve our State components, members and began assisting with all the planning and promotional needs for our 100th anniversary meeting in Charlotte.

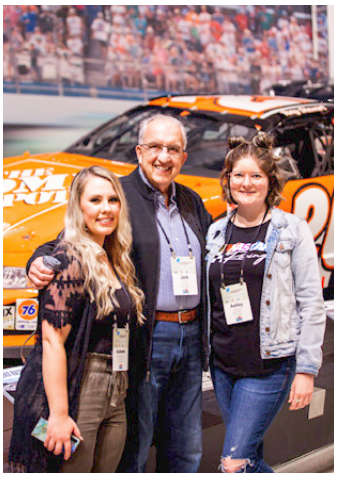
The Covid Delta variant put a scare in some people – especially on the West coast. We were a little nervous that some would not attend the meeting, but we knew all along that we would be meeting in person and I am thankful for that. We had a really good "meeting week" beginning on Wednesday with our Board meeting. That evening, we had a great time and fabulous food at our President's Dinner at Fahrenheit. Then to kick off our Centennial Celebration, we had an Opening Ceremony in which we honored several outstanding members for their involvement in their communities and our association. Our keynote speaker, Mr. Thomas Dismukes, began our festivities with his talk – "A Leader's Focus: finding the balance that determines personal and professional success." His infectious energy, warmth, and southern humor made for an enjoyable time. A Happy Hour in the exhibit hall followed our speaker and on Friday things continued with a variety of continuing education with some really knowledgeable speakers. That evening, another exhibit hall Happy Hour was followed by our Southern Celebration at the NASCAR Hall of Fame. What a great place for a gathering. The food and fellowship was superb as was the friendly competition with the race simulator. There were more lectures on Saturday and the festivities concluded that afternoon with a football watch party complete with a big college tailgate. It was a great ending to an awesome celebration of the SAO's 100th Anniversary and I want to thank all for being in Charlotte.

I want to thank ZuBu, the Whiddon Group and Amy Hokkanen for all their efforts to organize and implement our SAO meeting. It definitely was not easy – there were times of uncertainty – but they went the extra mile to make sure this year's in person celebration was a success. I want to thank my incredible Executive Committee for their time and commitment to the SAO. Without their leadership and talents, we would not be the premier Constituent of the AAO. It is a good feeling to know that as I fade away from my duties to the SAO, we are in great hands with this group and the leadership of the SAO.

Again, it was an honor and privilege to lead this great organization this past year and I truly thank you for the opportunity.

Thanks to everyone for making our Centennial Celebration such a memorable success.

SAO 1920 100 2020 CHARLOTTE, NC OCTOBER 7-9, 2021



Midwestern Society of Orthodontists
Southern Association of Orthodontists
Southwestern Society of Orthodontists

Three Groups, One Event!

MSO / SAO / SWSO Annual Session

November 3-5, 2022
Hilton Downtown, Austin, TX

Looking forward to seeing you in 2022!

The American Board of Orthodontics Update: September 2021

Carole Newport & Dr. Tim Trulove

The ABO is committed to upholding our mission to elevate the quality of orthodontic care for the public by promoting excellence through certification, education and professional collaboration.

ABO Yearly Update:

Clinical Examination Update:

- The ABO conducted Clinical Examinations in February and November 2020 and February and July 2021. The originally scheduled July 2020 Clinical Examination was canceled due to COVID-19 with examinees having the opportunity to transfer to future examination dates. Listings by constituency for all examinations are located on the ABO website.

  An additional examination will be administered in November 2021. Registration for both the February and October 2022 Clinical Examinations are now open.

  Interest and demand in the Scenario-based Clinical Examination continues to be solid with most examinations reaching full capacity. Examinations take place at testing centers worldwide with travel to St. Louis no longer required. Examination components and testing criteria have not changed with the only accommodation made on how answers are submitted. The examinations continue to be scored by multiple ABO examiners.

  Of special note, following a field study with ABO examiners and examinees on software functionality, the ABO announced in September 2021 that electronic Cast Radiograph-Evaluation (CRE) grading is now available as an additional assessment tool through Ortho Share 3D during the administration of the Scenario-based Clinical Examinations held at testing centers. The administration of this portion of the Scenario-based Clinical Examination will be assessed using still shot images of electronic Digital Model scoring from Ortho Share 3D. This may include questions referencing 6 different parameters for an assigned case similar to the physical models that were graded in the oral examinations. These parameters may include alignment/rotations, marginal ridges, buccolingual inclination, overjet, occlusal relationship and/or root angulation. Some or all of these parameters may be included on the exam so it is important that the examinee become familiar with scores assigned to discrepancies that may be present in each category. Practice software is available by completing registration information and submitting a license agreement. Sample cases are uploaded with instructional videos available on the ABO website. In addition, if educators are interested in allowing residents to upload their own cases in the system, they may reach out directly to Ortho Share to learn more on this option.

  Study guides, sample cases and preparation materials are continuously updated as valuable resources for those wanting to take the examination and are located on the ABO website, along with details on how to register for upcoming examinations.

> ***The ABO is proud to announce that board certified orthodontists now represent 54% of AAO membership.***

Certification Renewal:

- The ABO continues to focus on board certified orthodontists whose certification is scheduled to expire within the next 3 years. Emails, letters and creative mailed pieces will be distributed throughout the year as a reminder to recertify. Certification Renewal is required every 10 years to maintain an active board certification status and may be started no earlier than 36 months prior to the expiration date printed on the individual's certification. Two options are available to include completion of one online Board Case Examination or a Mail-In Case Report Examination; both options also require the completion of continuing education credits from four online AJODO examinations. Please view this motion graphic video which briefly outlines the examination components and why renewal is important. Additional information may also be found on the ABO website.

Written Examination Update:

- The ABO Written Examination was administered to 408 examinees on April 6, 2021 at testing centers in the United States and Canada. The ABO Written Examination is a comprehensive exam that assesses the examinee's knowledge of basic sciences and clinical concepts based on criterion-referenced testing. The examination is composed of 240 multiple-choice questions on subject areas outlined by CODA divided into 4 modules. The 2022 Written Examination will be held April 5, with registration opening in November 2021. An important reminder once this examination is successfully completed, it does not expire. Requirements, eligibility and examination resources are all located on the ABO website.

Educational Update:

- The ABO conducted a July 2021 Item Writing Session in St. Louis where guest item writers were tasked to build questions and answers for upcoming Scenario-based Clinical Examinations.
- The ABO is pleased to introduce a new video, It Takes A Specialist, on the importance of using a specialist. This resource was designed exclusively for use by board certified orthodontists for placement on their website, social channels, office lobby or patient waiting areas. In addition, we are working to expand this campaign with additional materials to compliment the video and its' message. We are also honored to share the video with the World Federation of Orthodontists (WFO) for inclusion on their website.
- ABO educational toolkit materials are updated as needed as an online resource for board certified orthodontists. A convenient link is now located on personalized dashboards for easier access.
- The ABO is working to upgrade their website to improve functionality and overall user experience.
- The ABO has again requested an unmanned tabletop display for board certification materials at the individual constituency Annual Session meetings.
- Complimentary ABO measuring gauges for incoming residents have been provided to requesting CODA-accredited orthodontic programs.

Educators Symposium:

- The ABO Educators Symposium, "The Change is Here – Are you on Board?" honoring Dr. Katherine Vig, originally scheduled on April 18, 2020, has been rescheduled. The symposium will now take place on Saturday, October 30, 2021, in St. Louis, Missouri. A welcome dinner will take place the evening of Friday, October 29. Orthodontic department chairs, program directors and ABO-appointed advocates along with AAO trustees, CDABO council and ABO emeriti are invited. Space will be limited, however, a virtual component of the event will be available to invited guests unable to attend.

The College:

- The College of Diplomates (CDABO) continues to offer prep courses on how to prepare for the ABO Scenario-based Clinical Examination. For information on these courses, please contact the College. In addition, the College continues to oversee the administrative organization of the ABO advocacy program to encourage certification at orthodontic residency programs.

GORP:

- The ABO enjoyed participating in the 2021 GORP meeting in St. Louis, MO. Dr. David Sabott provided information on board certification to the residents and ABO staff were on hand to also answer questions.

ABO Awards Presentation

- Due to the cancellation of the 2020 and 2021 in-person AAO Annual Sessions, the award recipients that were scheduled to be honored during the 2020 AAO Annual Session still have not had an opportunity to be recognized. The ABO decided no new award recipients will be identified for 2021 or 2022. We now plan to honor the 2020 winners at the 2022 AAO Annual Session in Miami at the ABO Awards Night. We look forward to properly celebrating the 2020 award honorees to include: Dr. Rolf G. Behrents, Albert H. Ketcham Memorial Award; Dr. Carla Evans, Dale B. Ward Award of Excellence in Orthodontics; Dr. Perry Opin, Earl E. and Wilma S. Shepard Distinguished Service Award; and Dr. John Kanyusik, O.B. Vaughan Special Recognition Award.

2021-2022 ABO Directors:

The ABO Directors for the 2021-2022 year are as follows:

- Dr. David Sabott, President, representing the Rocky Mountain Society of Orthodontists
- Dr. Patrick Foley, President-Elect, representing the Midwestern Society of Orthodontists
- Dr. Timothy Trulove, Secretary-Treasurer, representing the Southern Association of Orthodontists
- Dr. Jae Hyun Park, Director, representing the Pacific Coast Society of Orthodontists
- Dr. Roberto Hernandez-Orsini, Director, representing the Middle Atlantic Society of Orthodontists
- Dr. Stephen McCullough, Director, representing the Southwestern Society of Orthodontists
- Dr. P. Emile Rossouw, Director, representing the Northeastern Society of Orthodontists
- Dr. Valmy Kulbersh, Immediate Past-President, representing the Great Lakes Association of Orthodontists

The AAO House of Delegates confirmed Dr. Anthony Puntillo as the new 2021-2022 ABO Director representing the Great Lakes Association of Orthodontists. Please view the announcement HERE.

The Days Can Be Long, But The Years Go By Fast

Dr. Jeff Rickabaugh

"I hardly got any sleep the night before my first meeting of the AAO House of Delegates as Speaker in April 2019 in Los Angeles."

Anxiously I hoped this last position of my voluntary leadership career would start off better than my first assignment did. That first leadership role was as North Carolina Director to the Southern Association and I was to attend my first real Board of Directors meeting with the SAO at the Broadmoor Hotel in Colorado Springs. **All I basically had to do was show up on time wearing a coat and tie and vote. I couldn't even do that right.**

On that Tuesday before the Board meeting, I treated patients for about 4 hours then hurried off to the airport. I arrived in plenty of time and boarded the plane uneventfully in Greensboro for Atlanta. Then time stood still. We sat in the plane on the tarmac for about an hour and a half. The itinerary was to take a connecting flight from Atlanta to Colorado Springs in advance of the Wednesday Board meeting. Upon arrival in Atlanta, I ran off to the next gate, only to arrive 10 minutes too late. Then my worst fears became a reality–I was going to miss the morning session of the Board meeting. My name would be called at roll call at the start of the meeting only to hear "crickets". Dang it–what would Sharon Hunt think?

There were about a half a dozen of us in this unhappy group and we all had the misfortune of being reticketed for the next day. We were shuttled to a Comfort Inn for the night. At least being a dentist, I had a toothbrush and paste in my carry-on. Then we all were picked up the next morning and hauled back to the airport with a change in the routing. The flight to Colorado Springs that morning was full, so we were going to Salt Lake City then on a commuter back to Colorado Springs. As luck would have it, the flight leaving from Atlanta for Salt Lake City was delayed by over an hour and you guessed it; missed my connection from Salt Lake to Colorado Springs. The next flight to Colorado Springs was 7 hours later. At boarding time I was a complete no-show for the Board meeting and still wearing the same clothes for 24 hours. I arrived at the Broadmoor after dark and even after my wife and son had already checked in. They left home mid-day on Wednesday and got to the Broadmoor before I did.

Since I had hit bottom, the only direction was up and we all enjoyed the Broadmoor, Pikes Peak and the beauty of Colorado Springs. I am not sure if I really made any mistakes in travel preparation, but did quickly realize that things happen beyond our control and Delta can really ruin your day.

My term as Speaker began spending 7 days with the outgoing Speaker, Michel Foy, at the annual session in Washington DC in April 2018 as sort of an intern. I had been a delegate for 5 years preceding this and now was sort of on the other side of the fence. It was exciting and a bit intimidating to mingle with the Trustees on the Board who were so friendly, accommodating, and put me at ease. They all had experience as component presidents, constituent presidents, council members/chairs and delegates. Everyone was eminently qualified to serve as AAO President when their time rolled around. As the intern and babe in the woods, I sat away from the table at the pre-session board meetings and at the meeting with the Delegation Chairs before the caucuses. I stood at the back of the pack as Dr. Foy met with the delegations during the caucuses as he jumped from room to room before the 1st and 2nd meeting of the House. I also moved from reference committee to reference committee with Dr. Foy and the Parliamentarian, Roger Hanshaw. Finally, I sat at the back of the stage, careful not to fall off, at the 1st and 2nd meetings of the House. At the drop of the gavel concluding the 2nd HOD, I became the Speaker. The perspective from the stage was much different both literally and figuratively than what I was accustomed to.

The next day the post session Board meeting took place and this was my first real assignment as Speaker, sitting next to the incoming President, Brent Larson. Dr. Larson was, and is, a seasoned pro and the Board breezed through this meeting. The same can truly be said for the other presidents I had the honor of serving with; Gary Inman and Christ Roberts. I rather quietly, followed the agenda and kept those Board members wishing to speak in queue. Having survived, we all packed up for home. It was all uphill from here.

Those 3 months after the annual session I immersed myself in reading everything I could get my hands on from the AAO before the August board meeting in St. Louis. Bylaws, Board bylaws, policy manuals, financial policy manual and so on had to be read and re-read. The Trustees had me beat hands down based on experience, but I was determined to match them with information. I also took a deeper dive into the manual for the Standard Code, our Parliamentary Authority. Finally, I went to the American Institute of Parliamentarians east coast practicum near Baltimore for some real in-person parliamentary conflict. This was worth every minute.

The August and February Board meetings were uneventful with each followed by the Speaker's Call. All the Trustees participate in this call to the Delegation Chairs on a weekday evening to summarize the actions at the preceding Board of Trustees meeting. After the February Board meeting it was off to the races for the annual session in Los Angeles and my first House of Delegates to preside over.

My first House was with a fairly new AAO Executive Director, Lynne Thomas-Gordon, but she was extremely qualified to lead the 50 plus AAO staff members in St. Louis. Lynne was far from being inexperienced since her tenure with other organizations had prepared her well. Lynne and I were both blessed to have some experienced senior staff members, particularly Lisa Chandler and Kathy DiPrimo, who had 12 plus years of doing the behind the scenes work for the House of Delegates. Lisa loves handling the House and is simply superb. It is almost impossible for a Speaker to fail with all the preparation she provides.

The 2019 Annual Session in Los Angeles was a resounding success. The House of Delegates was rather routine with no real contentious issues buried in the resolutions. Probably the biggest issue was a 4 foot in diameter pillar maybe 20 feet from me. The teleprompter, ballot recorder and parliamentarian's small monitor were all mounted on this pillar. The delegation floor microphones were place beside and a bit behind the pillar. I literally had to move away from the podium left and right to see if there were any delegates awaiting to speak while we proceeded with voting.

At the height of the process, there were about 55 resolutions. After some resolutions were pulled, amended by caucuses and modified by the reference committees, we had a little over 40 to deliberate. The reference committees further eased our work load by placing some resolutions on the consent adopt or consent reject agendas. All in all, the 2nd meeting of House of Delegates was rather routine and uneventful. Words not be spoken again by me as Speaker. We adjourned in a little over 2 hours.

At the conclusion of the 2019 Annual Session and House of Delegates, our own Gary Inman took over as President. Preparations were already underway for the 2020 Annual Session in Atlanta. As we all hearken back, at the start of 2020 there were rumblings of this odd SARS -2 virus coming out of China. The February 2020 Board meeting was indeed held in St. Louis amidst concerns for future Board meetings and the Annual Session in Atlanta. Just a few weeks later by the end of February, the word pandemic became ubiquitous and the Board voted to cancel the live meeting in Atlanta. It was going to be a virtual meeting both for the Annual Session and House of Delegates.

All of a sudden, virtual became the meeting format and ZOOM became the tool. Obviously, there had been no manuals, bylaws, policies or back pocket manuals generated in the past to conduct a House of Delegates in this manner. In working with the AAO staff I established that this House would be abbreviated; have just one caucus, one reference committee, one meeting of the House of Delegates and a greatly reduced number of resolutions. Following these parameters, I had a couple of conference calls with the Delegation Chairpersons. Every chairperson was agreeable and eager to conduct some form of House of Delegates. The show had to go on. I allowed this group to choose 12-16 resolutions that the House would deliberate on that were of necessity and importance. I also allowed the DCs to pick the days for the various meetings. The other 15-20 resolutions not selected for the 2020 House would be kicked down the road until 2021, falsely assuming life would be back to normal in 2021.

A shout out must go to Dr. Dale Ann Featheringham for her dedication and organizational skills as the Chair of the Delegation Chairs. She would arrange calls amongst the delegation chairs as well as with me to prepare for the nuances of a virtual meeting. Conference calls were held weekly and sometimes as much as 3 times per week. While Lisa and I handled the resolutions, the agenda, scripts and so on, Aimee Snyder-Jackson and her crew in St. Louis, arranged the electronic mechanics for Zoom that we would rely on.

The week before the House all the Trustee meetings, delegation chair meetings and rehearsals were held via Zoom. We had a rehearsal for all the delegates to log into Zoom, figure out how to raise a hand to speak and how to vote with a handheld device. A little tedious with different laptops, I-phones, Android phones and those with multiple

email addresses who could not remember which one to use. Another rehearsal was held for all those who had speaking roles such as President, President-elect, Sec/Treas, the past President in charge of the awards committee and so on. We all seemed ready.

On that Friday, May 1, the center of the universe for the House of Delegates was my private office at my orthodontic practice here in Winston-Salem. I had my big screen Mac in front of me, my cell phone on my lap and a laptop connected to my Parliamentarian via Teams. I had about six piles of papers strategically stacked on my desk and computer table all at arm's length. Sort of felt like the Wizard of Oz behind the curtain. Delegates, Trustees, Lynne and Lisa would text me feedback as the proceedings went along on my cell phone. The reference committee took longer than expected and delayed the start of the zoom caucuses. I was forced to delay the start of the House an hour or so, but that was about the only hang up. The House voted on about 9 resolutions, approved the budget and dues were established. The first and only virtual House of Delegates was over. Maybe.

The virtual annual session began the next day with over 11,000 registered and over 9,000 logged in over the 2-day event. The lecturers donated their time for this effort and the content was superb. All in all, the virtual annual session turned out much better than expected mostly due to the tremendous efforts of the AAO Staff. Chris Rogers took over the gavel as President and a brief post-session board meeting was held. We adjourned hoping to meet in St. Louis in August.

Chris Roberts became the President at the conclusion of the 2020 Annual session. The Board meetings that followed over the course of the year were a mix of in person/virtual gatherings based on the current COVID restrictions of St. Louis, various states and Canada. It is amazing what can be accomplished with like-minded and strong-willed professionals working to a common goal.

In late February, Dr. Roberts and the annual session committee members had their own ground hog day when it was realized that the AAO would be unable to host a live event. Too many COVID restrictions would limit every aspect of a meeting. The annual session and HOD would have to be virtual, again. However, due to our relative success at the first virtual HOD, it was abundantly clear that this House of Delegates and the experienced AAO staff could manage a "regular House" type schedule. That is we could have 2 caucuses, 3 reference committees and accept a normal slate of resolutions. There would be no need to kick the resolutions down the road to next year.

The due date for resolutions was March 24 and about 55 resolutions were received. After review and the resolutions were available to the delegations for final deliberation. Substitute resolutions began rolling in and just before the final meeting with President Elect Dillehay, myself and the delegation chairs we had approximately 70 resolutions. Since this was to be a full House agenda, St. Louis was to be the central location for us to meet and conduct the zoom event. A little over half the Board of Trustees came to St. Louis for a live/virtual 2 day board of Trustees meeting and the Executive Committee remained through the House.

April 23 the first caucuses were held followed by the budget/finance report and then the 3 reference committees met in staggered start times. The staff completed the reference committee reports in rapid fashion to be available for the 2nd round of caucus meetings of the constituents on the afternoon of April 24. The House of Delegates was held the next day on April 25.

What was expected to take 3 hours turned into a 6+ hour "will this ever end?" ordeal. The delegates were ready to go on time as was the AAO staff. Our audiovisual vendor added some new personnel and were overwhelmed with the demands for voting. As with our in-person format, I allowed delegates to roll in and off each reference committee so alternate delegates could enjoy the House process as well. I can't accurately describe why there were breaks of 15, 20, 30 minutes to correct technical issues, but the delegation displayed admirable patience. One of my biggest regrets is that Dr. John Buzzato, past president and chair of the awards committee, got bumped off just before he was to announce the winners to be honored at the 2022 Annual Session. I literally had to recruit Chris Roberts in less than 5 seconds to make the announcement instead of John Buzzato. That summarizes how the technology performed.

Nonetheless, I was able to drop the gavel and adjourn the 2021 House after 6 pm. This virtual HOD was not how I would have written my last role, but I was glad it was me. I had the experience from the previous year, from a virtual House, enjoyed a great relationship with the Delegation Chairs as well as the delegation and the senior AAO staff and I had a rhythm. I was honored to orchestrate that together. Finally, I had the utmost support from the Trustees to handle this as I saw fit. I am honored and grateful to all.

I am indebted to the Southern for their investment of trust in allowing me to serve as a delegate and Speaker. Over the years I have received much more in knowledge and friendships along the way than I have given in service.

The author is the immediate past Speaker for the House of Delegates and remains in private practice in Winston-Salem, NC

Insurance Coding Changes Coming to CDT in 2022

Dr. John Metz

I am the SAO's representative on the AAO's Council on Orthodontic Healthcare (COHC). The COHC surveyed AAO members and found there was much confusion on when to code limited treatment vs interceptive treatment.

The Council knows that there is ambiguity. AAO's Dental Benefits Advisory Service often gets calls from members on when to use what code and why. COHC has studied and surveyed all this member data and has decided it is time to make the code simpler and easier to use.

Three changes coming to the Orthodontics section of the CDT code manual in 2022 are:

1. Delete the Interceptive Orthodontic Treatment subcategory nomenclature, descriptor, and codes D8050 and D8060
2. Revise the Limited Orthodontic Treatment descriptor
3. Delete D8690 "orthodontic treatment (alternative billing to a contract fee)"

The Council reasoned that these code changes simplify coding decisions, make coding more universally consistent, and should make claims processing turnaround faster. While it is highly variable from practice to practice and region to region, some insurance companies accept a higher fee for Interceptive treatment than for limited treatment, and vice versa. COHC anticipates that contracted fees for Limited codes will likely change to accommodate the merged coding protocol.

Some other notable changes outside the Orthodontics section include:

1. The codes for reporting temporary anchorage devices have been "bifurcated", to create separate "placement" and "removal"codes.
2. The following codes have been added for sleep apnea treatment:

   D9947 custom sleep apnea appliance fabrication and placement

   D9948 adjustment of custom sleep apnea appliance

   D9949 repair of custom sleep apnea appliance

Change can be difficult, and your Council on Orthodontic Health Care is preparing a coding seminar to help explain the changes and to clarify the topic of coding in general. One suggestion I have provided to some members is to reference the AAO CDT At-a-Glance guide (found on the Insurance Claims page) and review the guidance on Comprehensive codes. Some might find that some of the treatments that were being coded for interceptive treatment might fall under a comprehensive category.

Finally, the CDT code manual will likely look completely different in about 5 years. The ADA Code Maintenance Committee is the governing body that oversees the CDT manual. COHC has representation on that committee, and it is important to know that the committee is discussing and planning a complete overhaul of the CDT guide. A MAJOR change is coming on the horizon, and COHC is trying to simplify the orthodontic section now, so the change is easier in the future. *Please do not hesitate to contact me at my office number (813) 948-6389 or through the SAO office if you have any questions or if I can help you navigate through these changes.*

Variability associated with maxillary infrazygomatic area width, height, and angulation in the subjects with different race, growth pattern, gender, and growth status

Dr. Vaibhav Gandhi | University of Louisville

Dr. Gandhi's research was supported by the Southern Association of Orthodontists

Anchorage control is the key to successful orthodontic treatment. The use of mini-implants (miniscrews) to obtain absolute anchorage has been demonstrated in clinical orthodontics and has had promising results. During the past decade, miniscrews have been successfully used to obtain absolute anchorage in varied malocclusions. However, a large body of evidence shows a mini-implant failure rate of between 14% to 20%; the success rate of mini-implants has been positively correlated with the anatomy of the insertion site. Additionally, it has been shown that mini-implants placed in the palate have a higher success rate when compared to inter-radicular mini-implants placed in the maxilla and in the mandible.

Due to ease of placement and application of direct orthodontic force, maxillary and mandibular inter-radicular sites are still the preferred locations for the placement of mini-implants. However, the inter-radicular mini-implants in the posterior zone (behind the first premolar) of the mandible have the highest failure rate – about 20% to 29%. Furthermore, these inter-radicular mini-implants may damage the roots of the teeth at the site of placement and may also interfere with a desired orthodontic tooth movement (ex: distalization of the mandibular dentition).

According to De Clerck et al., due to the location and the solid bone structure, the inferior border of the maxillary zygomatic buttress located between the first and second molars, known as the infrazygomatic crest (Key ridge), is the chosen site for the placement of miniplates. De Clerck uses a skeletal anchorage system and places the miniplates at a safe distance from the roots of the maxillary molars. Anatomically, the infrazygomatic crest has two cortical plates, a vestibular plate and the plate that forms the lateral wall of the maxillary sinus. These plates provide an anatomical advantage that allows bicortical fixation, and they contribute to improved primary stability of the miniscrew. However, the fact that the infrazygomatic crest area is 2-5 mm thick while miniscrews are approximately 5-7 mm long may lead to miniscrew perforation of the maxillary sinus during placement.

The infrazygomatic region is becoming a popular choice for maxillary extra-alveolar mini-implants. However, due to the anatomy of this region, the failure rate of the infrazygomatic mini-implant can be as high as 21.8%. Due to the frequent use of skeletal anchorage, it is imperative to conduct studies that assess the thickness of the infrazygomatic crest in order to understand its anatomical dimensions better so that safer surgical procedures that minimize miniscrew failures can be used. This study, which is partially funded by the SAO, will provide clinical information about the ideal location and length of infrazygomatic mini-implants. It will also yield some information about the variability of bone availability in this region based on race, gender, growth status, and growth pattern.

Clear Aligner Therapy in the Mixed Dentition: Indications and Practitioner Attitudes

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Dr. Lynch's research was supported by the Southern Association of Orthodontists

During my orthodontic education, I have quickly come to realize that "Phase I" treatment is a controversial topic, and even more so when it comes to using aligners in the mixed dentition.

Due to the rising popularity of Invisalign First, I have seen more and more speakers who promote the use of aligners in children. However, there is a lack of evidence on the effectiveness of clear aligners in children, specifically when used as an interceptive or Phase I treatment. Additionally, some orthodontists have avoided clear aligner therapy in children due to presumed poor compliance. This study was designed to survey orthodontists' preferences and perceived indications for aligners in the mixed dentition. In this way, we hope to gain insight into practitioners' treatment philosophies and explore concerns over compliance. With this information, orthodontists can better evaluate the advantages and disadvantages of aligner therapy in the mixed dentition and re-assess their attitudes toward this modality.

An original, 22-question survey was mailed to a randomized and geographically proportionate sample of orthodontists (n = 1,000) across the United States. The initial questions assessed demographic information, such as location, practice setting, and experience with aligners. The remaining questions assessed each practitioner's aligner usage.

Specifically, the questions were designed to investigate:

- The frequency with which orthodontists prescribe clear aligners versus traditional fixed appliances for mixed dentition treatment
- Treatment indications for prescribing clear aligners in the mixed dentition
- Orthodontists' perceptions of compliance with clear aligners in children
- Orthodontists' perceptions of oral hygiene with clear aligners in children

I have hypothesized that clear aligners in children will be rated as much less commonly used, roughly equal in terms of compliance, and superior in terms of hygiene compared to fixed appliances. We also suspect that the usage of either appliance type will be related to practitioner preferences rather than true clinical efficacy. However, we anticipate that providers' responses will still display a clear knowledge regarding research-based indications and limitations of both. As a prime example, we have asked providers to indicate how – or if – they seek to obtain dentoalveolar and/or skeletal expansion with either appliance. Finally, we also hope to analyze these clinical trends in relation to a providers' demographic information and overall aligner usage. We expect that aligner use in children will be much more common among practitioners who use more aligners overall.

As I wrote this article, survey responses were arriving. While it is too early to provide any data summaries or to decipher any trends, it has been interesting to see different practitioners' feedback. It is clear that orthodontists have widely varying treatment philosophies – some have had very positive experiences with aligners in children, but others have reported a strong dislike. At the very least, one thing does appear to be a constant among the surveys that I have read so far: orthodontists do not believe skeletal expansion is achievable with aligners, despite claims that are being made to the contrary.

I am excited to see how the larger pool of data comes together. Again, I would like to express my gratitude for the SAO support for this research project. It is truly an honor to be a young member of this amazing specialty, and I look forward to a life of learning and serving.

3 Homepage Traits Great Websites Share

sesame

There is a well-established formula for building a successful homepage for your website. Creating a nice balance between content and design can be challenging, but the crucial features built into a great homepage remain constant.

1) Capture the Audience's Attention

Holding a person's attention online is challenging. Website visitors are often multitasking, and they expect to find what they're looking for almost instantly.

That's why having a great image or video at the top of your website is so crucial. Visitors need something that will immediately draw their attention and entice them to learn more about your practice. The likelihood of a visitor quickly leaving increases exponentially if there is not an immediate attention grabber.

Are you in need of some visual inspiration? Have a look at some Sesame-designed websites for ideas on what can work well.

2. Use Obvious Content

Capturing site visitor attention requires clear messaging. It is critical to tell them right away that you are an orthodontic practice. That translates to having the word orthodontist or orthodontics in the main headline on the homepage.

Still, this wording alone is not enough. In most markets, people have many orthodontic options. Proximity to their home or office is usually a major deciding factor. That's why you need to include either your city or neighborhood in the homepage title of your site.

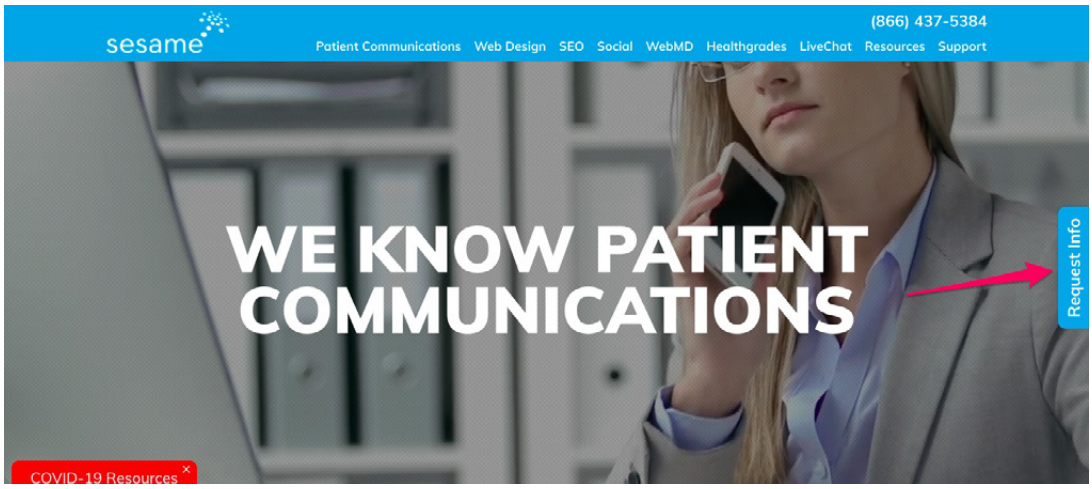
If your practice is in a large city such as Atlanta, you should include your neighborhood in the title. However, if your practice is located in a small city or town, having its name in the homepage title will suffice.

So, how does this look in practice? Well, if you are in a small city or town, the main title could be something like "Orthodontist in Fayetteville, Georgia" or even just "Orthodontist in Fayetteville" on its own.

3. Call to Action

After you have captured a visitor's attention and have indicated that you are an orthodontic practice, it's time to reel in that person! Because people don't like to dig around for information, make the next step very clear and transparent.

What action do you want prospective patients who land on your homepage to take? In most cases, the goal is to get someone to contact your practice for further information or to sign up for a consultation.
Either action is fine, but make it easy for someone to take action by having a call-to-action button front and center on the homepage. The call-to-action button can be in a static spot that's visible or a floating button, as seen in this example on the Sesame website.



In Summary

Having an attention-grabbing image or video will help ensure a site visitor doesn't immediately leave. Establishing your practice type and location will keep prospective patients looking for a new orthodontist on your website. The last step is to invite site visitors to take whatever action you desire.

If your website effectively covers these three bases, your orthodontic practice will be well-positioned to turn website visitors into new patients!