



**NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS
SUBCOMMITTEE ON STANDARDS**

DENTAL CODE UPDATES AND CONSIDERATIONS

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**COMMENTS FROM
AMERICA'S HEALTH INSURANCE PLANS**

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I. Introduction

AHIP is the national association representing health insurance plans that provide coverage to more than 200 million Americans. AHIP's member health insurance plans offer a broad range of health insurance products, including dental benefit plans, in the commercial marketplace and also have demonstrated a strong commitment to participation in public programs.

We want to thank the National Committee on Vital and Health Statistics (NCVHS) for the opportunity to provide comments regarding the important efforts undertaken by our members in conjunction with the American Dental Association (ADA) maintenance of the HIPAA-approved standard code set, the Code on Dental Procedures and Nomenclature,¹ referred to as the "Code Set."

AHIP's dental plan members process millions of electronic claims, eligibility requests, payments, and other administrative and clinical transactions on a daily basis. Reliance on up-to-date HIPAA transactions and the Code Set is a vital link in expanding electronic data exchanges, which leverage the power of automation and help drive out unnecessary administrative costs. In turn, this streamlined administration helps keep dental plans affordable for consumers.

While we appreciate the ADA's invitation to serve on the new private-sector Code Advisory Committee (CAC) and its recently-announced changes to the CAC's role, we believe work remains to be done in achieving a transparent, fair, and consistent approach for consideration of and decisions about revisions to the Code Set.

To that end, we recommend that the process and procedures for adopting revisions to the Code Set should be further refined and include the following three recommendations:

- 1) Develop and adopt written governance procedures for the CAC that provide the third-party payer community with a voice equal to that of the dental provider community in the voting process;
- 2) Establish transparent, written guidelines for CAC consideration of requests for revisions to the Code Set; and
- 3) Ensure transparency by establishing an open and objective decision-making process for the CAC.

¹ Code on Dental Procedures and Nomenclature (CDT) - www.ada.org/3827.aspx

Our recommendations are anchored to the goal of a fair, transparent, and consistent approach, and we encourage the Subcommittee to stress the importance of such an approach in making its report to the Secretary of Health and Human Services.

II. Background

AHIP's members have been actively engaged with the development and use of the Code Set for more than 20 years. The Code Set is used by the dental profession to document services provided to its patients and for billing dental plans for those services. The Code Set is the recognized dental procedure code set under HIPAA and is highly relied on across all segments of the dental care system. Dental plans and the dental profession have a joint interest in maintaining the Code Set and working collaboratively to ensure the Code Set remains relevant and meets its key HIPAA transaction requirements.

The ADA's code maintenance process has evolved over the years and, in the fall of 2011, the ADA unilaterally changed the process, disbanding the Code Revision Committee (CRC) and replacing it with the new CAC. This change occurred in the midst of the CRC reviewing suggested code revisions. Third-party payer stakeholders were concerned with this abrupt change, since the Code Set is an integral part of the HIPAA electronic transaction process, and consistency and sufficient lead time are needed.

Among the ADA changes was a new ratification procedure that gave the ADA Council on Dental Benefit Programs the authority to reject CAC recommendations. While the ADA has since eliminated that authority, issues remain with the revision process, including the CAC voting structure that displaced the parity among stakeholders that previously existed, thereby greatly diminishing the third-party payer community's voice with respect to Code Set revisions.

III. Specific Recommendations

A. Develop and adopt written governance procedures for the CAC that provide the third-party payer community with a voice equal to that of the dental provider community in the voting process.

While we appreciate that the new CAC met relatively promptly after the ADA disbanded the prior CRC, we believe it necessary and appropriate to develop formal governance rules for conducting its work. One of the rules we believe needs to be addressed is the current structure of the committee. Currently, the CAC consists of 16 dental provider representatives and 5 third-party payer representatives, each with one vote.² We believe the CAC process should be restructured to provide the third-party payer community with an equal voice in the voting process.

B. Establish written guidelines for CAC consideration of requests for revisions to the Code Set.

We believe it is important that as the CAC undertakes consideration of requests for revisions to the Code Set, it does so in a consistent, fair, and transparent manner. To achieve that goal, we recommend that the CAC develop and adopt written guidelines for its deliberations. These guidelines would replace the current guidelines, which do not take into consideration the perspectives of the array of interested parties with respect to making sure the Code Set reflects a balanced approach to revisions. For example, a current guideline states “The alleged potential for abuse or fraudulent use of a code should not be considered as an evaluation guideline.” We believe that the potential for fraud is a legitimate concern, among other factors, when considering Code Set revisions and should not be prohibited as an evaluation criterion.

² The CAC consists of representatives as follows: five from ADA; one each from the Academy of Prosthodontics, American Academy of Oral and Maxillofacial Pathology, American Academy of Oral and Maxillofacial Radiology, American Academy of Pediatric Dentistry, American Academy of Periodontology, American Association of Oral and Maxillofacial Surgeons, American Association of Orthodontists, and American Association of Public Health Dentistry; one from the Academy of General Dentistry, one from the American Dental Education Association, and one each from America’s Health Insurance Plans, Blue Cross and Blue Shield Association, Centers for Medicare and Medicaid Services, Delta Dental Plans Association, and National Association of Dental Plans.

Further, the guidelines should include establishing the need for eliminating or adopting a code and using a decision hierarchy for evaluating requests, i.e, clinical guidelines and evidence-based research, cohort studies, and professionally accepted and well documented “common practice” treatments. Creating the guidelines and requiring their use promotes a fair and open process, with long-term consistency in decision-making.

C. Ensure transparency by establishing an open and objective decision-making process for the CAC.

We strongly believe that the decision-making process should be open and objective, and written guidelines should be developed for use by the CAC in its deliberations. We acknowledge that the ADA recently requested input from interested parties on its current guidelines for evaluating Code Set changes, but we believe that further steps need to be taken to improve transparency. As noted above, we suggest the creation of new guidelines, and, in doing so, further recommend that this be done through a collaborative process that allows for input and feedback from all interested parties. In addition, the new guidelines should require a thorough explanation of the reasoning behind decisions with respect to Code Set revisions. This transparency will lead to wider acceptance of and support for Code Set revisions.

IV. Conclusion

We appreciate this opportunity to share our recommendations on the process for dental code revisions. These are of vital importance to AHIP and its members, and we believe our recommendations will go a long way to establishing an environment of mutual respect and trust for making these important decisions. We look forward to working with the Subcommittee and other key stakeholders in ensuring a transparent, fair, and consistent approach, and thank the Subcommittee for its attention to this important matter.