

Got Volunteers? CAO Is Looking

by **Michael Russell, MS**
CAO Assistant Executive Director

The verb *volunteer* is defined in *The American Heritage Dictionary* as "to give or offer of one's own accord." CAO, more active now than ever, needs members to volunteer!

If you've wanted to become more involved in CAO but haven't known how, here are some opportunities for you. Volunteers are needed to serve on committees in such areas as continuing education, California Children's Services (CSS) and legislative affairs. Volunteers are also needed to write guest articles for this newsletter.

CAO asks for a relatively small commitment of time. Typically, committees meet two Fridays a year. Each meeting, including breakfast and lunch, is usually six or seven hours long. All travel and



Discussing CAO's educational efforts are volunteers Norm Jacobson, Rich Savage and Glenn Frial.



CAO's volunteer leaders pose after being sworn into office by AAO President-elect James Caveney (back). In the foreground (from left to right) are Terrie Yoshikane, president; Mike Ricupito, president-elect; and Ken Fischer, secretary-treasurer. With them are new board members Tim Chin and John Dumars.

lodging costs are reimbursed. You are asked to look over materials in advance and to share your thoughts and expertise during the meeting. No one is requested to address issues of corporate accountability in America or pressed to come up with the solution to a world crisis. CAO simply needs conscientious members who are interested in contributing a little time and thought to improve their profession, the education of their staff and the well-being of their communities.

Still having doubts about the benefits of volunteering? Here are some thoughts on the subject from people who have given their time to volunteer.

We make a living by what we get; we make a life by what we give.

—Winston Churchill

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.

—Margaret Mead

Life's most urgent and persistent question is, What are you doing for others?

—Dr. Martin Luther King, Jr.

Volunteers don't necessarily have the time; they just have the heart.

—Author unknown

Please give some consideration to volunteering with CAO. If you are interested, contact me. I am maintaining a database of respondents to match to CAO's needs. Let me add your name to the list! ♦

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Contact Us!



The line to CAO is always open. To volunteer, to offer comment, to raise an issue or to ask a question, contact Mike Russell at 415-441-4697 or mike@prollins-associates.com.

President's Message

Priorities for the Coming Year



Terrie Yoshikane, DDS

Each year, the incoming president is asked what he or she wants to accomplish in his or her year. And while each officer wants to leave behind a legacy,

there is a delicate balance between the vision of the individual and the vision of the board and the association. We must keep our organization moving steadily forward in line with our vision as created by the entire board — which is our strategic plan.

Our Goals: The Vision and the Plan

We are fortunate to have a strategic plan that is a living document. It is constantly revised and

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updated. It is our compass. It allows us to stay on course over a period of years and to not change direction every time the presidency changes hands. Rather than pursue personal agendas with an annual shift in direction, the leadership can continually build upon the efforts of our predecessors. Using the strategic plan as a guide, the board will always be focused on where we are and where we need to be.

So this year, CAO will continue to be the primary advocate for orthodontists in California. We will continue to work on access to care, be proactive in the area of auxiliary duties, provide quality continuing education for staff, and carry on with work on Delta Dental, peer review and various legislative

issues. We will also focus more on volunteers — because if there is one thing that is essential to the success of CAO, it is the membership.

There are so many external influences on the orthodontic profession — they are the things that affect our everyday practice. Whether the issue is labor laws, infection control, employee safety, Proposition 65, the scope of practice of dental auxiliaries, third-party reimbursement rates or waterlines, the government is increasingly affecting our ability to practice orthodontics. CAO is constantly monitoring the regulatory and legislative influences on our profession and is working to effect changes that will allow us to continue to provide quality care to our patients.

*If there is one thing
that is essential to
the success of CAO,
it is the membership.*

Our Success: Perhaps It Is You

We depend now, more than ever, on the strength of our professional organization. And the strength of our organization depends on its members. The Board of Directors and I want to help ensure — just as others before us have — that our association will continue to be strong and effective and that it will serve our members well in the times to come. We are fortunate to have a diverse and dedicated board and an equally dedicated executive director and staff. But we need your help. You can work to help make the association better from within, or you can just stand on the sidelines. We have over a thousand members; less than five percent volunteer in the organization. It is critical that as our membership becomes more diversified, our volunteer pool becomes larger and more diversified so that we can ensure our success.

• • •

With the events of the past year in mind, we have refocused on what is important and are searching for things that have meaning in our lives. I have found rich rewards in giving back to the communities to which I belong professionally as well as personally. I consider it a privilege to donate — both in a financial way and with my time — to a profession that

has given me so much. I invite you to do the same. If your experience is anything like mine has been, I think you will find your involvement as a volunteer to be one of the highlights of your professional life. Together, we can make this the best year yet. ♦

President Terrie Yoshikane
Editor Robert Keim
Executive Director Phillip Rollins

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MEMBER
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DENTAL EDITORS

Monterey Highlights

Member Don Guest and his staff of five enjoy a break together during the Annual Meeting.



Robin William engages a full house during CAO's joint doctor and staff education session in Monterey.

Program in Monterey a Huge Success Patient Care Excellence — The Ritz Carlton Way

CAO offered its best-attended educational program to date when members and their staff joined Ms. Robin William for a look at how to translate the Ritz Carlton's standard of excellence to an orthodontic practice.

Nearly 450 participated in what is becoming CAO's signature educational offering — a program relevant to the doctor/staff office team.

The joint educational session, "What the Ritz Knows About Patient Care: Creating Exceptional Patient Care and Service," featured Ms. William, who is western regional director of quality for the Ritz Carlton Company.

"Standards of the Ritz Carlton translated in a surprisingly effective way to our practices," commented Traci Fernandes, program cochair. "We may not have the Ritz budget, but we sure can adopt the Ritz attitude," she continued.



Mrs. Marjorie Dungan was honored in Monterey for her contributions to staff education.

Other attendees seemed to concur. Evaluations urged CAO to offer similar programs in the future, a recommendation that will be carefully considered by the organization's Continuing Education Committee.

Members serving on the Continuing Education Committee include orthodontists Paul Kasrovi, chair; Brad Baker; Traci Fernandes; Glenn Frial;

Earl Johnson; Mike Lyons; Rich Savage; and Terrie Yoshikane. The committee also includes orthodontic staff representatives Debbie Curiel, Kay McNeel, Cindy Ramirez, Ruby Roach and Beth Rose. ❖



Steve Dugoni stands with his father Art Dugoni, who was selected by the CAO Board of Directors for the 2002 Award of Merit.

MEETINGS CALENDAR

CAO STAFF EDUCATION

Northern California

Monday, November 18, 2002

Crowne Plaza Hotel, Foster City

Jackie Dorst: *Sterilization Update* and

The Patient's View of the Ortho Office

Monday, February 24, 2003

South San Francisco Conference Center

Program TBA

Monday, June 2, 2003

Crowne Plaza Hotel, Foster City

Program TBA

Southern California

Friday, November 22, 2002

LAX Hilton Hotel

Dr. Straty Righellis: *Clinical Ortho for the Ortho Staff*

Dr. Laurance Jerrold: *Clinical Practice & Malpractice: Understanding the Relationship*

Friday, February 21, 2003

Hilton Costa Mesa

Dr. Robert Boyd: *Invisalign Results and Staff's Role*

Friday, June 6, 2003

Location and program TBA



PCSO MEETINGS

Central Region

Monday, November 18, 2002

Crowne Plaza Hotel, Foster City

Dr. David Hatcher: *Diagnosis Goes Digital*

Monday, February 24, 2003

South San Francisco Conference Center

Dr. John Devincenzo

Topic TBA

Monday, June 2, 2003

Crowne Plaza Hotel, Foster City

Program TBA

Southern Region

Friday, November 22, 2002

LAX Hilton Hotel

Ortho Research Updates: UCLA, Loma Linda, USC

Friday, February 21, 2003

Hilton Costa Mesa

Program TBA

Friday, June 6, 2003

Location and program TBA

Editorial

Changing the Guard

by Robert Keim, DDS



Robert Keim, DDS

It's the time of year again when the CAO bids a fond farewell to our current elected administration and welcomes in a new one. The farewell is always

difficult, but it is eased considerably by the fact that the outgoing president isn't really going away for good but, rather, joining an illustrious group of presidents emeriti. This year, though, saying farewell is especially hard because the outgoing president, Dr. Harold Bergh, is moving out of state. California's loss is certainly Texas's gain. In the spirit of that move, we wish Hal a fond "YeeeeeeHaaaaaaw" as he goes on to the Lone Star State. In an act typical of Harold's unqualified devotion to CAO, he has graciously offered to continue in his position as immediate past president, being willing to travel from Austin to California whenever necessary. How much more can you ask from a guy??? He assures us that he will always have CAO in heart and mind and that he will come back periodically if we really need him, albeit with hat, chaps and boots on.

Although saddened by the departure of Dr. Bergh, we are heartened by the anticipation of working with his replacement. We welcome Dr. Terrie T. Yoshikane as our new elected leader. She is the first female to serve as president of the CAO (and 'bout time if you ask me)!

While I can think of a great number of outstanding women orthodontists who could do a tremendous job as president, I cannot think of anyone — woman or man — who could do it better than

Terrie. Like her predecessors, Terrie is a consummate professional and a terrific orthodontist. She brings a fresh perspective to the presidency and promises to devote a great deal of her time to addressing the organization's priorities. These include issues with Delta, CCS, HIPAA, various legislative propositions, staff education and the like. Terrie comes into office at a very dynamic and exciting time.

Focus on Volunteering

Terrie declares that one of the main focuses of her term is to add to the ranks of volunteers who serve within CAO. This priority calls to each one of us as members. Our individual responses determine, to a large degree, the public's opinion of us as a group. While it is always nice to have the public think well of us, what we think of ourselves is even more important. Nothing can boost our collective self-esteem more than a firm group commitment to volunteering.

In past newsletters, I've discussed different areas that need practicing orthodontist volunteers. During Dr. Norm Jacobson's tenure as president, he placed strong emphasis on seeking and facilitating private practitioners' participation in the state-funded care of children with cleft lip and palate deformities. More recently, I brought up the need for volunteer faculty to help ease the "faculty crunch" in our five dental schools. In addition, participating in CAO and PCSO, our two professional organizations here in California, is another area in which volunteer efforts really make or break the success of the group. Terrie's emphasis on volunteering

in general promises to help us address these critical areas.

A Shining Example

It would be very difficult to point out a stronger example of personal and professional volunteering than that from the man to whom we are bidding a fond farewell. Harold's son Brian (he, too, an outstanding orthodontist, with an office in Glendale, CA) is justifiably proud of his father and provided me with some of Harold's remarkable contributions as a volunteer. Shortly after entering practice, Harold began donating time to the PCSO. His early service includes acting as southern regional editor for the *PCSO Bulletin*, where he provided his colleagues with valuable critical reviews of continuing education programs. Having served more than 20 years as an associate editor for the PCSO, Harold was honored with the PCSO's Award of Special Merit. In addition, he voluntarily coordinated continuing education programs for his colleagues in Ridgecrest, the remote Mojave Desert town where Harold practiced for years. Without Harold's efforts, it is likely that very little in the way of continuing education would ever

have been provided there. Harold was editor of *California Orthodontist* for the better part of a decade, serving not only as my predecessor in that voluntary role but also as my mentor when I followed him. Harold's efforts on behalf of the CAO go far beyond my brief mention here, but suffice it to say, CAO would not be what it is today without him.

Volunteering goes beyond service to our profession, as we all know. Harold also volunteered as a leader in the Boy Scouts and serves in ongoing social ministries for his church — all in addition to the time he gave to orthodontics.

Mark Twain said, "Few things are harder to put up with than the annoyance

Nothing can boost our collective self-esteem more than a firm group commitment to volunteering.

Early Progress with CCS

by **Michael Russell, MS**

CAO Assistant Executive Director

With the need for CCS-paneled orthodontists described as "dire" by county administrators and state California Children's Services (CSS) officials, CAO continues its effort to improve treatment and reimbursement within the CCS system and boasts of early progress. The CCS Committee agreed to focus CAO's efforts on the three main tasks listed below. They were presented to Maridee Gregory, MD, CCS's chief of children's medical services, as key changes necessary to increase the number of orthodontists who participate as CCS providers. CAO's overall goal is to see that a greater number of CCS-eligible children receive the orthodontic care they need.

Proposed by the CCS Committee and approved by CAO's board, the key tasks are as follows.

1. See that orthodontic services for handicapping malocclusion are authorized and funded for 24 months, irrespective of the number of visits or continued financial or residential eligibility of the patient, with extensions for extremely difficult cases reviewed and determined by a consultant.
2. Secure acceptance of billing one-third of the treatment plan fee at the time of appliance placement, and assure payment within 30 days. Assure that the balance is billed on a quarterly basis, along with treatment progress verification, and paid within 30 days of billing.
3. Assure that the fiscal intermediary for CCS use ADA-recognized claims forms and codes.

CCS Committee members are Norm Jacobson; Hendrik Blom, chair; Ralph Callender, Sr.; Greg Nalchajian; Ken Kai; Rick Levin; and Don Poulton.

Dr. Blom and Mike Russell attended a quarterly CCS and Healthy Families planning meeting in Sacramento in July. They told CCS representatives that to obtain greater orthodontic participation, the claims processing system must be streamlined. CAO explained that the amount of reimbursement isn't the concern; rather, it's the timeliness of that reimbursement. "The fact that the reimbursement process is a serious obstacle to orthodontists' desire to help is a big problem," Dr. Blom advised state healthcare representatives.

Good News: Progress to Report

CAO has made progress in collaboration with CCS over the past year and a half, when efforts began in earnest. First, CAO drafted a practical guide to make navigating the current CCS system easier for orthodontists and their front-office staff. CCS staff in Sacramento are reviewing and revising it for accuracy. Second, CAO is collaborating on a revised job description to make it easier for orthodontist consultants to provide screening services. Third, CCS is revising its provider application to make it simpler for CAO members to become impaneled. Fourth, CCS is providing claims training seminars for providers and their staff. CCS has also offered to send claims trainers to offices for one-on-one instruction with front-office staff. Fifth, both CAO and CCS agree that the requirement for monthly visits should be revised to reflect the current prevailing practice of scheduling followup visits at six-week intervals. Dr. Gregory and her staff continue to work with Electronic Data Systems (EDS), the CCS

fiscal intermediary, to remove the more arcane claims requirement.

Members who are impaneled CCS providers may obtain information about claims-training seminars or in-office instruction by contacting Mike Russell at CAO's headquarters.

The Motivation is Goodwill

CAO has found that the majority of orthodontists treat CCS children out of a desire to give back to the community and to help children in need. And based on conversations with many county CCS administrators, CAO confirmed that the administrators, too, have a strong desire to help children. Both should be congratulated and thanked for their efforts. They are all trying to make the best out of the present system. Since management of the CCS program varies from county to county, change needs to come from Sacramento if there is to be significant overall improvement to the CCS system.

More Work Needed

To affect change at the grassroots level, where its impact is most rewarding, CAO's biggest challenge is obtaining accurate, county-level information about the current number of orthodontic providers and the number of children being treated. Attempts to determine which counties have the greatest need and to earmark them for greater resources and assistance have been stymied by poor-quality data. An accurate picture of the current system is crucial for prudent resource management and needs assessment. It is hoped that improving the quality of the provider data will become a priority for CCS in the near future. ❖

CHECK IT OUT
CAO's website:
www.caortho.org

Commentary

Reflecting on the Year's Achievements

by **Harold Bergh, DDS**

CAO Immediate Past President



Dr. Bergh is relocating to Austin, Texas, in December. He will continue to serve on CAO's board.

Why belong to CAO? One might answer, "Because I have to," while another says, "I'm in it for the CE," and a third may reply, "Organized orthodontics provides representation for the specialty in the state legislative and regulatory arena that no other group can offer."

Let me give you a few other reasons why you should belong.

Legislative Efforts

In my opinion, influencing legislative and regulatory issues must be the primary focus of CAO. The state of California governs, licenses and regulates the health professions in California, of which the specialty of orthodontics is a relatively small but important part. The viability of private practice in dentistry and orthodontics, as we know it now, depends upon our vigilance and active participation in the legislative process.

Over this past year, CAO has become more knowledgeable about this legislative process and its intricacies. By strengthening ties with CDA and by participating with ADA, AAO and PCSO in legislative and governmental issues, CAO's voice is being heard.

California continues in the unenviable position as the bellwether state in legal and environmental issues — just

consider the impact of Proposition 65 and the lawsuits associated with it. Practitioners in the rest of the U.S. keep their eyes on California to determine what will be happening in their own states two to five years in the future. We continue to break ground, which is often a breathtakingly painful experience.

CAO has the financial resources to embrace a legislative agenda. Our reserves have not eroded in the economic downturn. Your board of directors has maintained a conservative strategy for investing.

While the general market has gone down 30 to 40 percent, CAO reserves have actually grown. I am making this point to let you know that CAO is fiscally sound and is able to pursue its vision and to advance its strategic plan in the legislative arena, as well as to achieve other important goals. These facts are vital to the continuity of our efforts.

New Endeavors

This year, in addition to increased legislative activities, CAO has embarked on a communications audit. Through this audit, the board will learn what is important to you, the member, and what direction you want CAO to go over the next three-, five- and ten-year intervals.

The board has also adopted a new sponsorship policy to help offset costs associated with meetings and continuing education events. CAO will give carefully selected vendors the opportunity to offset some expenses of certain meetings and educational programs.

And a new DentiCal committee has been formed which will enable CAO to

provide input to the state regarding the DentiCal orthodontic program.

Ongoing Improvements

CAO's website has been redesigned to be more user-friendly. Take a look for yourself at www.caortho.org.

Progress to improve the CCS program continues to be made. And continuing education opportunities for staff remain a priority. Our recent half-day seminar, "What the Ritz Knows About Patient Care," held just prior to the PCSO Annual Meeting in Monterey, is a good example of this commitment.

Results Are Cooperative Efforts

Very little, if any, of the successes just outlined would be possible without a vibrant, educated and experienced

board of directors or the dedicated staff or the wonderful volunteers or the members' support. The good work of CAO will surely continue because of these

cooperative endeavors. As outgoing president, I want to thank all of those people for their efforts.

Allow me to say goodbye to all my friends and colleagues in California and wish all of you well as CAO moves forward into a fruitful, productive and patient-centered twenty-first century. ❖

Changing the Guard

Continued from page 4

of a good example." I'm not so sure that I would call Harold Bergh an annoyance. But I am sure that I'd call him a good example. I guess I can put up with that.

Terrie, thanks for taking on the presidency for us. Harold has left you some big shoes to fill, but I cannot think of anyone better fit to do so.

Harold, thanks for everything — from the CAO as a group and from me personally, as a friend. ❖

CAO is fiscally sound and is able to pursue its vision and to advance its strategic plan ...

From Sacramento

Legislative and Regulatory Update

by **Michael Russell, MS**

CAO Assistant Executive Director

Another legislative session has closed. Below are a few noteworthy developments that are relevant to orthodontists.

Legislation Clarifies Orthodontists Are Exempt from Providing DMFS

Senate Bill 1955 (Figueroa), approved by Governor Davis on September 30, provides additional clarification that specialists such as orthodontists are exempt from providing the Dental Materials Fact Sheet (DMFS) to patients. Amending Section 1648.20 of the California Business and Professions Code, the law further defines exempted dental materials to include "any surgical, endodontic, periodontic, or orthodontic dental procedure in which dental restorative materials are not used.... 'Dental restorative materials' means any structure or device placed into a patient's mouth with the intent that it remain there for an indefinite period beyond the completion of the

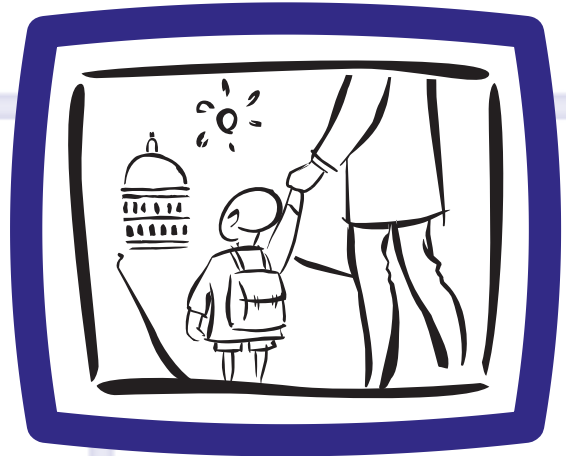
dental procedure, including material used for filling cavities in, or rebuilding or repairing the organic structure of, a tooth or teeth, but excluding synthesized structures or devices intended to wholly replace an extracted tooth or teeth, such as implants."

Specialty Advertising

Assembly Bill 1026 (Oropeza), enacted August 30, protects dental specialists by limiting the advertising practices of general dentists. Under the law a dentist "may not hold himself or herself out as a specialist, or advertise membership in or specialty recognition by an accrediting organization, unless the practitioner has completed a specialty education program approved by the American Dental Association and the Commission on Dental Accreditation, is eligible for examination by a national specialty board recognized by the American Dental Association, or is a diplomate of a national specialty board recognized by the American Dental Association." Any general dentist who lacks these qualifications must state that he or she is a general dentist in any advertisement. Violation of this provision is punishable as a misdemeanor.

Licensure by Credential

Application forms for out-of-state dentists seeking to practice in California are still not available. No firm date has yet been set by the Dental Board, but CAO is hopeful that the forms will be available by the first of the year. The Dental Board can be reached at 916-263-2300.



Minimum Standards for Infection Control

The Dental Board of California Infection Control Committee met October 11 to discuss current standards for infection control and to propose changes to those standards. CAO has offered several times to participate in these discussions, but the offers have not been accepted. CAO will post the results of the meeting to its website at www.caortho.org as soon as they are available.

Current regulations for minimum standards for infection control can be found in Section 1005 of Chapter 1, Division 10, Title 16, in the California Code of Regulations.

Members can find the current regulations on the state website www.calregs.com.

Proposition 65

For the better part of this past year, CAO has closely monitored developments in the lawsuit regarding Proposition 65. So far, there is no news to report on the settlement discussions. Nevertheless, as soon as information is available, it will be posted to the CAO website, www.caortho.org. ❖

Have Questions? Need More Information?

CAO's Mike Russell offers a helping hand if members have any questions or need further information about these and other issues. Contact him at 415-441-4697 or mike@prollins-associates.com.

Guest Opinion

Does Managed Care Add Up? The Bottom Line

by **Paul D. Zuelke**

Zuelke & Associates, Inc.



Paul D. Zuelke

Paul Zuelke is a consultant who has spoken frequently to orthodontists on managing practice finances. The opinions he expresses here are not necessarily those of the

California Association of Orthodontists, nor are they endorsed by the California Association of Orthodontists.

Since 1981, we have consistently recommended to our clients that there be no participation, in any form, with managed care or with reimbursement plans that require any reduction of a doctor's full-case treatment fee.

Our belief in the value of this recommendation is so strong that we do

not accept a practice or a doctor for a consultation unless that practice is free of any managed-care patients. We do make routine exceptions — but only for doctors accepting managed-care patients who have recognized the damage done to their practice and who have chosen to hire us to help them get back to 100 percent "fee for service." We are proud to say that we have assisted many practices in total elimination of any form of managed care!

Until very recently, there has been an unusual quirk in managed care, almost exclusively with Delta Dental, that many orthodontists have taken advantage of. Many of the Delta Dental managed-care plans (while significantly restricting the fees for general dentists and most specialists) have kept their hands off the orthodontic fee structure, allowing orthodontists to charge more or less what they wished. Delta controlled costs not by limiting fees but by limiting the lifetime maximum

orthodontic benefit. In that situation, assuming that the practice had a very low percentage of Delta insured patients, we found little negative impact on an orthodontic practice that participated in this particular managed-care plan.

Unfortunately, that has changed. In recent months, most of our orthodontic clients who accept Delta have come up against a fee restriction on their full fee treatment plans. That this day would come was inevitable. We have told our clients that it is time to begin to wean their practices from participation with the Delta plan.

Our history shows that choosing to withdraw from participation with Delta will cost the practice 15 to 20 percent of its Delta patients. The remaining Delta patients will continue to come to the practice because their insurance plans did not affect their choice of orthodontic care in the first place. In most of our clients' offices, losing 15 to 20 percent of Delta new patient exams means less than a 3 percent decline in case starts. Consequently, this decision to drop participation with Delta should be relatively painless.

We advise that you not fall into the trap of thinking: "I only have to adjust \$200 off a \$4800 fee. That is such a small amount that I can afford to continue to accept Delta." Remember, this change is just the beginning! Over the next few years, you will see the Delta fee cap either remain constant (while inflation eats you alive!). Or you will see only minuscule increases (while inflation continues to eat you alive!). If you are among the few who believe it is appropriate to raise your fees to the fee-for-service patients in order to subsidize the reduced fees paid by Delta patients, then a morality or an integrity check is in order! If you are currently participating in the Delta plan or similar managed-care arrangement, there will never be a better time than now to decide if you can afford it. ♦

Attorney's Comments

by **David E. Willett, Esq.**

CAO's legal counsel, David E Willett, Esq., responds with these comments.

There are a couple of points to be weighed when considering Mr. Zuelke's comments. First, I am not sure that one can lightly accept the argument that \$200 off a \$4800 fee warrants dropping Delta because of what may happen down the road. Second, it can be argued that having a prepaid program available to produce patients who might not otherwise secure treatment may justify the deduction.

What the consultant is saying is that orthodontists should not do business with managed-care plans, period. That advice may be predicated on what has happened in the practice of medicine, where managed-care arrangements are more prevalent and more frequently abusive. Many physicians and medical groups have come to Mr. Zuelke's conclusion because the things Mr. Zuelke describes have happened to them. Nevertheless, this is a decision for each orthodontist to make individually, after considering all the pros and cons.

Delta Dental Update New Codes in Place

by **Tom Thompson, DDS**

Delta Dental Committee Chair



Tom Thompson, DDS

Delta Dental Plan of California (DDPC) has completed its conversion from time-based orthodontic procedure codes to the ADA CDT-3 orthodontic procedure codes. Delta began ahead of schedule, on August 30, processing claims under the new coding system.

By and large, the conversion has been successful and maintains coding

categories as in the past. But three codes were problematic and were modified in the conversion, and a fourth was deleted. These changes are listed below.

- D8020 (limited orthodontic treatment of the transitional dentition) and D8060 (interceptive treatment of the transitional dentition), along with their fees, have been converted to "phased treatment of the transitional dentition, Phase I" (Delta code 08610) instead of the previously accepted "limited treatment of the transitional dentition, 1 arch or less, 12 months" (Delta code 08412).

- D8090 (comprehensive orthodontic treatment of the adult dentition) was not included in the conversion. It is now considered the same as D8080 (comprehensive orthodontic treatment of the adolescent dentition). Delta deleted the adult category because its data indicated that the predominant comprehensive fees charged for both adolescents and adults were the same. CAO's Delta Dental Committee did not agree with that decision.

- Delta also deleted code 08830 (full treatment, 30 months).

CAO's Delta Dental Committee recommends that members whose patients require treatment beyond the

Continued on page 10

Delta Dental: Participate or Not Participate

CAO's Delta Dental Committee summarizes the pros and cons of DDPC Participation Membership and Non-Participation Membership.

Advantages

Advantages of DDPC Participating Membership

1. Payment is made directly to the orthodontist, based on the group contract.
2. Your DDPC composite accepted fees are based on the 80th percentile for only orthodontists throughout the state. After your composite fee is compared to the state composite 80th percentile, then DDPC applies a "customary area factor" to adjust for level of fees charged by orthodontists in your region.
3. Your name is included in the Directory of Participating Dentists, which is distributed to all subscriber groups.
4. Your name is on the DDPC website for patients using the Internet.

Advantages of DDPC Non-Participating Membership

1. Orthodontist does not file fees, doesn't abide by DDPC participating rules, and does not maintain an accepted list of fees with DDPC. You do not have to jump through any of DDPC's "hoops."
2. Orthodontist does not have to agree to cooperate in DDPC quality assurance programs and refer selected cases to the DDPC Quality Review Committee.
3. No examination of records in your office of the fees charged all your patients by DDPC to verify your usual fees.
4. Orthodontist can bill patient for charges above the prevailing fee.

Disadvantages

Disadvantages of DDPC Participating Membership

1. Payment of claims is based on your accepted filed fees.
2. The secrecy surrounding the methodology used to develop utilization profiling is frustrating. It determines your accepted fees or criteria for reimbursement decisions.
3. Orthodontist agrees to abide by the DDPC rules, without any input.
4. Orthodontist cannot bill the patient for charges above his/her DDPC accepted fee unless DDPC gives special approval.

Disadvantages of DDPC Non-Participating Membership

1. Payment of claims will not be based on your accepted filed fee but rather the "prevailing fee" that satisfies the majority of participating members of both orthodontists and dentists who offer orthodontics as part of their practice. Prevailing fee is the 51st percentile, based on fees charged by all *dentists* and *orthodontists* in the last six months. This may result in a lesser benefit for the patient, based upon your fees and the patient's DDPC contract.
2. Payment is made directly to the patient, based on the group contract.
3. Your name will not be included in the Directory of Participating Dentists distributed to all subscriber groups.
4. Your name will not be on the DDPC website.

Editor's note: A version of this article first appeared in the May 2001 issue of California Orthodontist.

Questions? Should you have questions concerning any of these Delta issues, please call CAO Delta Committee members:

Dr. Bill Barton, San Diego, 858-450-1334 • Dr. Earl Johnson, Mill Valley, 415-388-2970
Dr. Charles Wear, Santa Rosa, 707-546-4880 • Dr. Thomas Thompson, Fresno, 559-448-9870

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accepted fee converted for D8080 or D8090 should request review. Submit the claim using code D8999, and request review by the Delta orthodontic consultant. You may request the 30-month accepted fee until you refile.

Orthodontists providing Invisalign treatment should also use code D8999, since fees for Invisalign are usually higher than fixed-appliance fees. Delta considers Invisalign a cosmetic appliance.

As always, if it has been more than 12 months since your last accepted-fee update, you are eligible to refile with Delta.

CAO is tracking any problems or concerns members experience with the conversion. Please contact Mike Russell at the headquarters office or any of the committee members listed on page 9 so that we can work more effectively for you. ❖

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