



Report to the Intersociety Pathology Council: March 5, 2017

There are currently 547 members of AAOMP. This total includes 291 fellows, 133 members and 35 who are retired from active practice and hold Life Member status, and 88 who are retired from active practice and hold Emeritus Fellow status.

We have launched a newly designed website in January. This allows members to update personal information, pay annual dues, meeting registration and track CE certificates from AAOMP courses. When fully operational the website will have a patient and health care portal. The patient portal will allow patients to search for an OMFP who treats patients. The goal is to have the website more interactive rather than static and to provide updates and news of interests to our members. Harvey Kessler, DDS updated the history of the AAOMP from 1946-2016 and this information is uploaded to the website. The AAOMP has published a position paper on the diagnostic criteria of oral lichen planus in the Academy's official journal Oral Surgery Oral Medicine Oral Pathology.

This past year there have been numerous meeting of the nine recognized dental specialty groups with the American Dental Association officers. A group of non-ADA recognized dental specialties formed an organization: The American Board of Dental Specialties. The specialties under this organization include Oral Implantology, Oral Medicine, Oral Anesthesiology, and Orofacial Pain. Currently the nine recognized specialties and the ADA Board of Directors are in discussions to form the Commission on Dental Specialty Recognition and Dental Certifying Boards. This Commission would need approval of the ADA House of Delegates which meets yearly in October.

Once again, John Kalmar, DDS, PhD our AAOMP liaison to CAP presented at the CAP sponsored National Pathology Organization Meeting in January 2017. He highlighted the CMS Statutory dental exclusion (section 1862 (a) (12) not changed by Congress since 1980 requesting support petitioning CMS to consider edits. Medicare dental coverage isn't decided by the necessity or value of dental care but the anatomy structure on which the treatment is done and the kind of service offered. Medicare definition: *Structures which directly support all teeth means a periodontium, which involves the gingivae, cementum of the teeth, the bone of the alveolar (that is, tooth sockets and alveolar process), and the periodontal membrane.*

The PECOS system has been one of the most frustrating issues for practicing laboratory oral and maxillofacial pathologists, as claims are being denied if referring dentists are not registered in the PECOS system. As many dentists are not Medicare providers, they often see no reason to be registered simply for the purpose of referral. This issue impacts all pathology laboratories, as no pathology laboratory providing Medicare services can bill Medicare for biopsies referred by non-PECOS-registered dental or physician providers. CMS has once again delayed the requirement that providers who write prescriptions for Medicare patients must register with CMS. The AAOMP, but not the ADA supported the registration requirement as we thought that some of our problems would be solved.

AAOMP Annual Meeting, April 28 thru May 3, 2017; Newport, RI

Speakers: Justin Bishop, MD, Judith Ferry, MD

Keynote seminar by Lester Thompson, MD

Symposium-Panel Discussion: "Starting and Maintaining a Successful Career in Oral & Maxillofacial Pathology"

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Respectfully submitted, Susan Muller, DMD, MS, President, AAOMP