1. Standard 1079 discusses a treatment plan under section 2 Rational – The C-CDA has a template for the Plan of Treatment should this section be incorporated into the Periodontal attachment?
   1. Plan of Treatment Section (V2)

[section: templateId 2.16.840.1.113883.10.20.22.2.10.2 (open)]

1: Plan of Treatment Section (V2) Contexts

| Contained By: | Contains: |
| --- | --- |
| [Transfer Summary (NEW)](#D_Transfer_Summary_NEW) (optional)  [Consultation Note (V2)](#Consultation_Note_V2) (optional)  [Referral Note (NEW)](#D_Referral_Note_NEW) (optional)  [Continuity of Care Document (CCD) (V2)](#D_Continuity_of_Care_Document_CCD_V2) (optional)  [Discharge Summary (V2)](#D_Discharge_Summary_V2) (required)  [History and Physical (V2)](#D_History_and_Physical_V2) (optional)  [Operative Note (V2)](#D_Operative_Note_V2) (optional)  [Procedure Note (V2)](#D_Procedure_Note_V2) (optional)  [Progress Note (V2)](#D_Progress_Note_V2) (optional) | [Act Plan (V2)](#E_Act_Plan_V2)  [Encounter Plan (V2)](#E_Encounter_Plan_V2)  [Handoff Communication (NEW)](#E_Handoff_Communication_NEW)  [Instruction (V2)](#Instruction_V2)  [Observation Plan (V2)](#E_Observation_Plan_V2)  [Procedure Plan (V2)](#E_Procedure_Plan_V2)  [Substance Administration Plan (V2)](#E_Substance_Administration_Plan_V2)  [Supply Plan (V2)](#E_Supply_Plan_V2) |

1. The plan of care or care plan is in the header. If this meet the ADA needs you may not need the plan of Treatment Section.
   * 1. Care Plan (NEW)

[ClinicalDocument: templateId 2.16.840.1.113883.10.20.22.1.15 (open)]

2: Care Plan (NEW) Contexts

| Contained By: | Contains: |
| --- | --- |
|  | [Goals Section (NEW)](#S_Goals_Section_NEW)  [Health Concerns Section (NEW)](#S_Health_Concerns_Section_NEW)  [Health Status Evaluations/Outcomes Section (NEW)](#S_Health_Status_EvaluationsOutcomes_Sec)  [Interventions Section (V2)](#Interventions_Section_V2) |

CARE PLAN FRAMEWORK

A Care Plan is a consensus-driven dynamic plan that represents all of a patient’s and Care Team Members’ prioritized concerns, goals, and planned interventions. It serves as a blueprint shared by all Care Team Members, including the patient, to guide the Care Team Members (including Patients, their caregivers, providers and patient’s care. A Care Plan integrates multiple interventions proposed by multiple providers and disciplines for multiple conditions.

A Care Plan represents one or more Plan(s) of Care and serves to reconcile and resolve conflicts between the various Plans of Care developed for a specific patient by different providers. While both a plan of care and a care plan include the patient’s life goals and require Care Team Members (including patients) to prioritize goals and interventions, the reconciliation process becomes more complex as the number of plans of care increases. The Care Plan also serves to enable longitudinal coordination of care.

The CDA Care Plan represents an instance of this dynamic Care Plan. The CDA document itself is NOT dynamic.

1. The Current Dental Terminology codeset probably need an OID for this and how will it be kept current.
2. ICD-10 codes are these needed in the ADA Periodontal IG? Have examples from WEDI of the most used codes
   1. Dental caries K02
   2. Gingivitis and Periodontal diseases K05
   3. Other diseases of hard tissues of teeth K03
   4. Factors influencing health status Z01.21 and Z46.3
   5. Other ICD-10 codes
3. **Periodontal list separate templates for each coding system**
   1. Universal national tooth numbering system – “JP” form locator 26 on claim form
   2. World Dental Federation – “JO” form locator 26
4. Probing depths – There are 6 readings per tooth – possibly separate template with each tooth defined. Also there are 6 Snodent codes established.
5. Tooth Mobility (Miller Classification) measures tooth movement – Miller also used for gingival recession – There is also Kamar & Masamatti classification system
   1. Class 1 < 1 mm of movement
   2. Class 2 = 1 mm of movement
   3. Class 3 > 1 MM of movement might want to place this in a template with mobility indicator for each tooth.
6. Furcation (Glickman Classification) Bone loss –
   1. 1 = mid facial
   2. 2 = mid lingual
   3. 3 = mesio
   4. 4 = distal
7. Gingival recession
   1. 0-10 mm in increments of full mm, plus one value for > 10 mm Do we need 11 positions defined?
   2. 0-6 positions per tooth 1 = disto-facial, 2 = mid-facial, 3 = mesio facial, 4 = mesio-lingual/palatal, 5 = mid-lingual/palatal, 6 = distal-lingual/palatal
8. Attached Gingiva
   1. 0-10 mm in increments of full mm, plus one value for > 10 mm Do we need 11 positions defined?
   2. 0-6 positions per tooth 1 = disto-facial, 2 = mid-facial, 3 = mesio facial, 4 = mesio-lingual/palatal, 5 = mid-lingual/palatal, 6 = distal-lingual/palatal
9. Frenum involvement is an indicator Y/N
10. Orthodontic Treatment is an indicator Y/N
11. Restorative Treatment is an indicator Y/N

Recommend Orthodontic list for phase 2