



Understanding Phase and Status

There has always seemed to be an underlying confusion about Phase and Status which I believe began prior to offices using the diagnostic findings section to update their diagnostic notes on the computer. At that time, Phase was linked to the Financial Contract being entered and therefore was not changed until the patient started the new phase of treatment. In actuality, for offices utilizing the diagnostic findings in ViewPoint the phase should be changed so the new notes are under the correct phase.

Phase then equals the last orthodontic treatment that was discussed with the patient by the orthodontist.

Since a new fee generally represents a new phase of treatment and contracts are typically entered after the new diagnostic findings have been entered, this system will still be accurate but does require a change in thinking.

Status represents what the patient has decided to do about the treatment discussed or where they are in the treatment process.

The following examples are compiled from the many offices I have visited and are offered as examples only. Your office philosophy will obviously dictate which of these will be appropriate choices for you.

Example of Phase List

Phase equals the last treatment that the Doctor recommended for this patient when diagnostic findings were updated.

Pre-Treatment/PRE

- This would be used to take initial notes on a patient who is not ready for orthodontic treatment. Offices that have electronic charting generally take their observation/recall notes in the chart and only update findings when the patient is ready to begin treatment. If you feel the need to take complete diagnostic findings at every recall observation visit, you may need some phases called Pre-Treatment6mths, Pre-Treatment12mths etc.

by **Natalie Beaton**

Phase One/PH1, Phase I/PHI, Interceptive/INT

- A patient in Phase One Phase would remain in Phase One until Phase Two notes are taken. Therefore, during the interim status their phase would be Phase One but their status would change to Interim or Pre-Phase Two. The interim status would generally begin when any tooth movement or expansion is complete, any appliance has been removed and observation for future Phase Two needs had begun.

Phase Two/PH2, Phase II/PII

- A patient in Phase Two Treatment has had some form of Phase One treatment with your practice previously. A patient who has had Phase One treatment elsewhere would be given a Phase of Comprehensive when they were ready to begin treatment with your practice. This will help avoid any confusion as to whether their Phase One treatment was provided by your office.

Limited/LIM

- From AAO Guide "Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed at the existing problem or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy." If you would like to differentiate between Limited Child and Limited Adult that can be done in the Status rather than in the Phase.

Comprehensive/COM, Full/FULL

- It is interesting to note that according to the definition by the AAO "At-A-Glance" Guide to Orthodontic Codes, Comprehensive codes should be used when there are multiple phases of treatment provided at different stages of dentofacial development. Both phases should be listed as comprehensive treatment modified by the appropriate stage of dental development. This may be something for insurance

coordinators to look into if it is as confusing to them as it is to me.

Retention Only/RTO

- Keep in mind that retention only phase would be used for patients for whom the orthodontist is recommending retainers only for their treatment. This would not be changed when active patients go into retainers. When an active patient goes into retainers, their phase would remain Comprehensive or Phase Two and their status would change to retention.

Minor Treatment Habit-Removable/HBR

- This would include removable appliances for thumb sucking or tongue thrusting habits. Many offices simply use Limited or Phase One for this but I include it as a separate Phase since the patient could easily have other Phase One issues that might need to be addressed later.

Minor Treatment Habit-Fixed/HBF

- This would include fixed appliances for thumb sucking or tongue thrusting habits. Many offices simply use Limited or Phase One for this but I include it as a separate Phase since the patient could easily have other Phase One issues that might need to be addressed later.

Example of Status List

Status equals what the patient has decided to do about treatment or where they are in the treatment process.

Please be aware, that each area of the country and each office have different labels and names that they have for each Phase and Status. I have tried to include many examples of the varieties that I have seen in my travels but these can certainly be adapted to meet your office needs.

Exam/EX, New Patient/NP, Initial/INI

- This would be the status set up as the default status when the patient called in to set up their first appointment.

Pre-Treatment Observation/PTX, Recall/RCL, Recall Obs/OBS, Pre-Orthodontic Guidance/POG, Observation/OBS

- This would be the status used for patients who are seen for an initial evaluation and have future orthodontic needs but are not ready to begin treatment at this time. Their Phase remains Pre-Treatment and their status to whichever one of these your office is using.

Recall Ready/ RCL\$, RDY, POGRDY

- When these patients were seen at their last recall observation appointment, the Doctor felt there was a strong possibility that they would be ready to begin treatment at this appointment. This appointment is longer than a Recall Obs and you want to schedule enough time for the following: update photos and pan if needed, update

diagnostic findings, discuss treatment and payment options. Ideally, a rough estimate will have been given at the PREVIOUS recall appointment so that the parents will have had six to twelve months to prepare for the down payment so appointments to start can be scheduled.

Records/REC

- With more and more patients scheduling their records immediately followed by their starts many offices are only using the Records Status for the patients who do not have an appointment scheduled after their records are taken. This would obviously be an office by office decision.

Consult/CONS, Treatment Consult/CTX, Cons:Tx and \$/CTX\$, Con:Financial Only/CON\$

- With more and more patients scheduling their consults at the time of their starts many offices are only using the Consult Status for the patients who do not have an appointment scheduled after their Consult Appointment. This would obviously be an office by office decision.

Phase One/PH1, Phase I/PHI, Interceptive, INT

- Phase One status is used when the Phase One treatment actually begins. The end of Phase One and beginning of Interim or Pre-Phase Two is slightly difficult to define but please see notes below.

Interim/INR, Pre-Phase Two/PP2

- During the interim stage between Phase One and Phase Two the patient's phase would remain Phase One since the Doctor has NOT recommended the start of any Phase Two treatment at that time. Their status would change to Interim or Pre-Phase Two. The interim status would generally begin when any tooth movement or expansion is complete, any appliance has been removed and observation for future Phase Two needs has begun.

Phase 2, PH2, Phase II/PII

- A patient in Phase Two Treatment has had some form of Phase One treatment with your practice previously. A patient who has had Phase One treatment elsewhere would be given a Status of Comprehensive when they were ready to begin treatment with your practice. This will help avoid any confusion as to whether their Phase One treatment was provided by your office.

Limited/LIM, Limited Adult/LMA, Limited Child/LMC

- From AAO Guide "Orthodontic treatment with a limited objective, not involving the entire dentition. It may be directed at the existing problem or at only one aspect of a larger problem in which a decision is made to defer or forego more comprehensive therapy." Some offices like to differentiate between adult and child limited treatment for statistical data reasons

Invisalign/INV, Invisalign Adult/IVA, Invisalign Child/IVC, Invisalign Upper/IVU, Invisalign Lower/IVL

- Any differentiation in Invisalign cases is only going to be important in offices that do a significant number of cases per year.

Retention Only/RTO

- This would only be used for patients where the treatment plan was retainers only (i.e. spring aligners).

Beyond Estimated Treatment Time/BTX

- This would only be used so that it would be very clear when a patient chart is opened that they have gone beyond their estimated length of treatment time.

Retention/RET

- Patients have completed orthodontics with your practice and are now in supervised retention stage of treatment.

Dismissed/DIS, Inactive/INA (finished with active treatment)

- Keep in mind-this Status should only be used for patients who have pursued some kind of treatment in your office. When the patient calls years from now you won't need to be searching every where to decide what treatment was provided. The Phase will tell you what kind and the Status will tell you they completed treatment.

Retention W/Visit Fee/RT\$

- Used by offices providing a set period (typically eighteen months) of supervised retention care included in the original fee. This would be used once that period of time had passed and a per visit fee should be charged.

Discontinuation of Treatment/DTX

- Early discontinuation of treatment due to problems with cooperation or financial issues.

Transfer In/TI

- If your practice decides to use a transfer in status then the Phase should indicate the Phase of treatment the patient had started with the transferring office. If a totally new Phase of treatment is being started then the Phase and status should be treated as if it was a new patient being seen for the first time.

Transfer Out/TO

- If your practice decides to use a transfer out status I would put the transfer out date as the dismissal date as well as it can affect some reports.

Never Treated (Declined Treatment)/NVT

- It is important to keep this group of patients separate from the Dismissed so that it is clearer in the future what the Dr. recommended (Phase = Comprehensive) and what the patient decided to do about it (Status=Never Treated).

Some offices prefer to have more detail to their never treated status to make it clear why a patient chose not to pursue treatment. This allows them to run sub groups, analysis why people are not coming to their office and to re-approach certain sub groups of patients in a year or more to reconsider orthodontic care. The following are ideas for more detailed never treated.

- Never Treated (Declined Treatment)/NVT
- Never Treated (Declined Treatment)/NVT Not interested in orthodontic care at this time.
- Never Treated Due to Finances/NV\$
- Never Treated Phase Two/NVP2 Not interested in pursuing Phase Two treatment
- Never Treated had dental work to mask orthodontic concerns/NCP
- Never Treated Went Elsewhere or Moved or Went to Provider Within Insurance Network/NVE
- etc.

No Treatment Needed/NTX

- This would be used for that tiny handful of patients who walk in with absolutely no orthodontic needs.

Will Call/WC

- Will Calls are patients who the TC is actively following up with to schedule records or the start of treatment. If you have more than one TC you may want to consider having different Will Call Statuses for each TC (i.e. WCN Will Call Natalie). This makes it easier to create a more specific Will Call list for follow up and will also allow you to use Sub Group list to keep your Will Call list up on your screen throughout the day making follow up calls fast and easy!

Will Call Pending/WCP

- Will Call Pending can be used for patients that have indicated that they will be interested in pursuing treatment at a specific time in the future and therefore, do not require any active follow up at this time (i.e. Waiting until January for insurance or flexible spending, waiting until another sibling has completed treatment, etc). Be sure to use the notepad to leave yourself notes as to what they are waiting on. Place them on recall for the month that you need to follow up or use To Do for that same purpose. It is very important that the Pending Will Calls DO NOT fall through the cracks! I would recommend calling any patients waiting until January in December since January tends to fill up so quickly. ☺

About the Author



Working exclusively with Ortho2 clients, Ms. Beaton has a practice management focus that maximizes the use of the technology specific to ViewPoint software. Ms. Beaton's extensive knowledge of both the most current practice management trends and the ViewPoint system allows her to help any office to turn ideas into day- to-day reality.

Prior to forming her own consulting business, Ms. Beaton had over eighteen years of hands-on experience in both the orthodontic and dental industry in varied roles of treatment coordinator and financial administrator.