Greetings,

Enclosed with this brief memo is an explanatory document titled Defining Hygiene Treatment Time that we hope will assist you in your dental practice. The contents of the document were compiled with the assistance and input of our economic consultants at RKH and reflect similar advice from other provinces.

Defining Hygiene Treatment Time and the use of the NSDA Suggested Fee Guide

The NSDA Fee Guide Committee is providing members with clarification on the definition of treatment time for hygiene procedures and how dental hygienists should record this time in the patient’s chart, what procedure codes should be used for treatment and the suggested fees for treatment (billing).

What is the definition of hygiene treatment time?

Hygiene treatment time is not limited to just "instrument on tooth time". As noted in the preamble to the preventive section of the NSDA Suggested Fee Guide, treatment time is all the time the caregiver attends to the patient. This includes the time spent after the patient is seated reviewing the chart to prepare oneself for the procedure, administering a local anaesthetic (when required), performing the procedure and providing post operative instructions to the patient (when required). Also included is the time spent probing and recording periodontal pocket depth and recording hygiene treatment notes in the patient’s chart. Examples of time spent that would not be included in hygiene treatment time would be the breakdown, disinfection and set up of the operatory as well as the time the doctor takes to perform a recall exam (including any idle time while the hygienist is waiting for the doctor, i.e., when not performing any procedure or procedure related activity), time to take radiographs (if done in the hygiene chair), any remaining appointment time after the patient has been discharged and the time for administrative functions such as billing and reappointing the patient. Time spent measuring and recording oral/dental findings other than pocket depths, would not be included in hygiene treatment time. That time would be considered as part of the dentist’s examination & diagnosis time whether the dentist performs the examination & diagnosis at that appointment or at a subsequent appointment.

Do dental hygienists need to record the start and stop time for all patient appointments?

The dental hygienist should record the time spent providing services that are based upon units of time; specifically the time spent scaling and root planning, polishing and/or desensitizing must be recorded. This time should include all the treatment time as defined above but exclude the time taken to perform procedures that are billed on a per-procedure basis such as fluoride and pit and fissure sealants as well as radiographs and the dentist’s recall exam. Best practice is to record the number of minutes providing each of these services. Recording only as units may be confusing particularly when the office books in 10 minute units but uses procedure codes which are always based on 15 minute units. It is acceptable to also write the number of units in addition to the minutes spent providing these services although this is not a requirement of the regulation. The total time recorded for procedures that are billed as per-unit-of-time and the time taken to perform procedures billed on a per-procedure basis should not exceed the total time the patient is in the chair.
How are "per unit of time" procedure codes to be used and how are the fees to be billed to the patient determined?

The NSDA Suggested Fee Guide is intended to serve only as a reference for the dentist to enable development of a structure of fees which is fair and reasonable to the patient and to the dentist. The suggested fees are not obligatory and each dentist is expected to determine independently the fees which will be charged for the services performed. The Guide is issued merely for professional information purposes, without any intention or expectation whatsoever that a dentist will adopt the suggested fees.

While the suggested fees are not obligatory, the use of correct procedure codes is, and this means that the dentist must use the code that describes the actual service. In the case of "per unit of time" procedures such as scaling and root planning, the code used must reflect the amount of time spent providing the service, i.e. total treatment time as defined above. **Time is measured in fifteen minute units.** If a procedure takes a partial unit of time, the procedure code which corresponds to the "half unit of time" should be used. Where a "half unit of time" code does not exist, the code which corresponds to the next higher unit of time may be used and the dentist may adjust his/her usual and customary fee and bill the patient for the actual time.