



Join BCDHA & your BC colleagues!

Eligible for CE credits
(more information provided during session)

February 3, 2019

10:00 – 11:00 am

TOPIC: Documentation practices, should you be concerned?

- Could your documentation practices withstand the scrutiny of an investigation from your regulator, the College of Dental Hygienists of BC (CDHBC)?
- What if a CDHBC inspector or an insurance company asked to see your clinical records from the last year, or from last week? Would you be concerned?
- Do you have questions about **scaling units** and what is included in this code?
- Do you wish you had someone to speak with about issues like these?

Why? If you have questions about how to manage issues like this and would like to discuss these topics with the BCDHA Dental Hygiene Practice Consultant as well as other dental hygienists; then this session is for you!!

When? Sunday, February 3, 2019
10:00 am – 11:00 am
(join and leave anytime)

Cost? Complimentary and no need to pre-register

How to access? Online only – click on link: <https://global.gotomeeting.com/join/484031301>
Further access information indicated below.

Who to contact if you have questions?

Wendy Jobs, Dental Hygiene Practice Consultant at wjobs@bcdha.bc.ca
or at 250-960-0424 prior to or during the meeting.

Resources: If you would like some background information please refer to this resource:

“Documentation practices – Should you be concerned?” Published in the December 2018 BCDHA e-newsletter and is reprinted at the end of this document.

You may come and go as you please; come and say “Hello”, even if it’s only for a minute or so. You can join us in your PJ’s and with a coffee. So long as you have a computer or a smart device with speakers and a microphone you will be able to join us and your colleagues from around the province.

Further access information

DEVICE SELECTION: If you are using a desktop PC, your computer must have a speaker and a microphone (like what you would need to use Skype on your computer).

If you are using a Mac computer, smart phone or a smart device: you can use the earbuds or headset that you would use to talk with another person on a phone call.

MEETING SITE: We will be using an online meeting site called **GoToMeeting**. You will be able to hear audio and speak at our meeting. If you are new to using this type of meeting site, you may wish to review the “GoToMeeting Attendee Guide” located at:

<https://support.logmeininc.com/gotomeeting/attendee-user-guide>

It is a very user-friendly platform and we will certainly help everyone get connected properly. If this is your first time connecting to *GoToMeeting* on your computer or smart device, please allow an extra few minutes prior to the start of the event for a small software program to be downloaded to your system. If anyone would like to do a trial run prior to the meeting, please let Wendy know and she will set up a time to walk you through getting connected, however, it is usually very simple and straightforward.

To complete a quick system check: <https://link.gotomeeting.com/system-check>

TO JOIN OUR MEETING

<https://global.gotomeeting.com/join/484031301>

Please take our survey:



After the session we invite you to provide us with feedback on this learning session, the survey should only take you a minute or so and will provide us with guidance about how best to serve you in the future. Thank you in advance; now just click on this link or copy and paste it into your browser.

<https://www.surveymonkey.com/r/8NFDRTB>

To claim continuing competency (CC) credits: there is information on the CDHBC website at:

<http://www.cdhbc.com/Documents/CC-QAP-Ref-info-June-2015.aspx>

(page 9 section 13). Claiming CC credits will be reviewed during the event.



With Wendy



Documentation practices – Should you be concerned?

Originally published in the BCDHA 2018 December e-newsletter

Wendy Jobs, RDH, Dental Hygiene Practice Consultant

Could your documentation practices withstand the scrutiny of an investigation from your regulator, the College of Dental Hygienists of BC (CDHBC)? What if a CDHBC inspector or an insurance company asked to see your clinical records from the last year, or from last week? Would you be concerned?

I am frequently contacted by BCDHA members regarding the question of documentation for the services provided, and what the client is ultimately charged for these same services. I thought it might be a good idea to share some of my discussions with BCDHA members to help clarify these issues, and in particular, issues surrounding scaling units.

Question 1: I am a hygienist and I'm looking for clarification when it comes to billing for scaling units. I have contacted CDHBC about this and received some information on ethical practices, but I am now looking for specific information based on documentation of services and fee codes.

Answer 1: Asking the College of Dental Hygienists of BC (CDHBC) for advice is always a good idea. CDHBC is usually most concerned with service delivery and documentation from a safety & ethical perspective regarding your clients. The CDHBC makes it clear that 'fee for service and billing' is outside of the College's regulatory mandate. The establishment of the terms of the dental and dental hygiene fee guides, including the billing codes and definitions, is the mandate of the dental and dental hygiene professional associations. I am assuming that your employer is a dentist and you are currently working in a traditional dental practice. For the remainder of the answers to these questions, I will assume that you are using the British Columbia Dental Association (BCDA) Dental Fee Guide because you work in a dentist owned clinic.

Question 2: From my understanding, it is appropriate to bill scaling for time and services rendered while the client is seated in the chair; is this correct?

Answer 2: In fact, since you are providing care in a dental practice (owned by a dentist) the employer is ultimately responsible for determining billing practices. For example, clients might be billed or charged a late fee if they arrive late for their appointment. Or the employer might decide that clients are charged/billed an additional 10% above the rates provided in the Dental Fee Guide. This is a business decision and it is the responsibility of the employer to determine their business practices. It is the responsibility of both the dentist and the dental hygienist to ensure that clients are advised of these fees when appropriate.



Where this can get a bit fuzzy is when practitioners use the fee codes to indicate the services they provided and the time it took them to perform a procedure. Let's take a closer at why this can get confusing.

In the 2018 BCDA Dental Fee Guide, there is a note that states, “Scaling codes include updating medical history, administering anaesthetic, probing and measuring recession (provided not billed in combination with a Complete Exam.)”

Ethical record keeping would require you to document scaling for the time that you spend scaling plus any of the other services mentioned above (e.g. administering LA). It could be the office policy that the client is charged for the time that they are seated; however, you should not document scaling if you were not scaling or performing any of the services listed above.

To further illustrate this point, imagine that you had a client come in and you needed to consult a medical doctor prior to initiating dental hygiene care. After speaking with the physician, it was determined that dental hygiene care needed to be postponed - this took 15 minutes. If all you document in the client chart is code 11111 and the client is charged for one unit of scaling, it would appear as if debridement took place, when in fact it did not.

Question 3: If I see a client for an appointment that is 60 minutes long (e.g. the client was seated at 9:00 am and was dismissed at 10:00 am) and I completed the following services, how do I document this?

- 15 minutes updating medical history & updating periodontal status (e.g. recession etc.)
- 30 minutes scaling (hand and ultrasonic debridement)
- 15 minutes polish, fluoride and recall examination with the dentist



Image courtesy of Canadian Dental Hygienists Association.

Answer 3: First, it is important for the dental hygienist to ensure that their documentation reflects the services that were completed in that appointment. For instance, if you indicate in the client record that 3 units scaling occurred, it appears as if 45 minutes of debridement took place, when in fact, only 30 minutes of debridement occurred. This can lead to confusion for the client as well as others.

This is complicated because units of scaling, according to the BCDA Dental Fee Guide, include services additional to scaling. CDHBC, however, is clear that they require our client care records to accurately reflect the services that were provided, which may not always correlate with what the client is charged or billed. Remember, CDHBC requires that all aspects of the assessment, diagnosis, planning, implementation and evaluation (ADPIE) delivered during the dental hygiene appointment, along with all pertinent conversation, instructions and/or referrals, must be documented. So, since the units of scaling include other services, confusion often results. Here is a suggestion for how this can be managed in your charting and client records.

Using the above scenario for services provided, you might provide documentation like this:

- Updated medical history (new: client taking Amitriptyline 40mg per day for sleep disturbances).
- Updated periodontal chart (no new recession or other significant periodontal concerns noted.) Client reports having purchased Sonicare toothbrush within last 2 weeks to try to avoid the heavy tooth brushing that has been his pattern in the past. Client still smoking tobacco (1/2 pack/week and not interested in quitting at this time. 15 min.
- Light subgingival & supragingival calculus deposits and very light biofilm. Oral hygiene very good.
- Dental Hygiene Diagnosis (DHDx): Stable periodontium with history of mild periodontitis, generalized mild marginal gingival inflammation. Low caries risk. Presented DHDx and dental hygiene care plan (DHCP). Verbal informed consent from the client obtained.
- Debride all quads (hand scaling and ultrasonic); client tolerated the procedure well. 30 min.
- Selective polish with medium paste due to moderate smoking stain; fluoride varnish applied.
- Post-op instructions provided, encouraged previously recommended 3-month re-care DH visits.
- Recall exam with Dr. X, no current dental needs.
- Accounting section of the chart:

- Code 11113 - 3 units scaling
- 01202 - Recall exam
- 11101 - Polish
- 12101 - Fluoride

In this example it should be clear that, although only 30 minutes of scaling occurred, 3 units of scaling was charged because additional services were provided that were not debridement procedures. Of course, there are numerous ways to reflect these services that would meet CDHBC's documentation requirements; the above is only one example. There are no strict criteria that dictate how to document the care provided. What is important is that the client is charged for the services they received, and that this aligns with the practitioner's time spent with the client. This cannot be stressed enough; the documentation requirement is that each client appointment aligns with the CDHBC's Practice Standard Policy #8. The complete list of CDHBC Practice Standards is located at: <http://www.cdhbc.com/Practice-Resources/Practice-Standards/Standards-and-Policies.aspx>

Question 4: Are we allowed to bill scaling based on the "time reserved" for the client, whether they are seated in the chair or not? For example, if a client is scheduled for an appointment at 9:00 am and they show up at 9:15 am, do we bill them for the 15 minutes they were late because that time was specifically reserved for them?

Answer 4: A dental office or health care practitioner can choose any kind of billing system that they want. The fee guides published by professional associations are only that - 'a guide.' Therefore, a dental practice could choose to have a fee system where a client is charged for the time that was reserved for them (perhaps a missed appointment fee or a charge if they were late for their appointment). Of course, good business sense and prudent ethical practice would be to advise clients of these costs in advance. It is not considered ethical practice to bill a client for scaling if they were not "in the chair". **A service can only be billed if that service was performed.** I have had opportunities to discuss billing abuse with an insurance carrier and they indicated that scaling is the most over-used fee code. It is not wise to use scaling as a "catch-all" and to charge a client for scaling if scaling was not performed. **This would be considered inappropriate and unethical practice.**

Question 5: If a client thinks they are unethically or unlawfully charged for scaling and decides to make a complaint, is it the responsibility of the hygienist or the dentist that this issue would fall on? And what would happen to the hygienist in this case?

Answer 5: The employer has a responsibility to ensure that his/her staff are informed of their billing practices and that accurate accounting information is reflected appropriately in the client records. However, since dental hygienists are self-regulating, the dental hygienist is responsible for his/her own actions. We will be held accountable for all aspects of our practice. For example, if a dental hygienist has indicated that scaling was performed when it was not, and the employer has directed his/her employer to document this way, both employer and the dental hygienist/employee are acting unprofessionally and fraudulently.

Question 6: If a hygienist performs, for example, 3 units of debridement and bills out scaling units for the time and services rendered in their clinical notes, is the front-end staff allowed to increase any of these units and charge the client these additional fees, if they initial the change?

It might be more efficient to have the billing information (codes & fees) included in the accounting section of the chart or as a final entry in the record. There is no one 'right way' to document client care. What is important is that the services you provide are accurately reflected in the client records!

Answer 6: No! If you suspect this is happening or has happened, you should discuss this issue with the staff involved and with your employer. I suggest discussing your concerns with those involved first, to see if a resolution can be made. If a dental hygienist becomes aware of illegal or unethical actions by others, he/she is required to report this behaviour to the appropriate authority.

The following is taken from the CDHBC Practice Resource section of the CDHBC website:

Report to their licensing body or other appropriate agencies any illegal or unethical professional decisions or practices by dental hygienists, or others.

The dental hygienist is committed to safe and ethical care for clients. A dental hygienist who suspects incompetence or unethical conduct by a dental hygienist will report the behaviour to the College of Dental Hygienists of B.C. A dental hygienist who believes the behaviour by another is not in the best interest of the client or public will report it to the appropriate agency. It is required by law to report cases of suspected child abuse.

CDHBC, 2017. Retrieved from: <http://www.cdhbc.com/Practice-Resources/Code-of-Ethics.aspx>

Question 7: What do I do if my employer wants me to document more scaling units than what I provided with the purpose of increasing my billing production per day?

Answer 7: If your employer is asking you to do something illegal or unethical, I suggest that you bring this dilemma to their attention. If you commit illegal or unethical practices and a complaint is made, you alone will need to answer to the CDHBC Inquiry Committee for your actions. It is no defense to say, "My employer made me do it!" If you are in this position and are in need of advice, you are encouraged to contact me at wjobs@bcdha.bc.ca or at 604-415-4559 ext. 304.

If you have any questions or comments about documentation issues or any other practice issue. Please feel free to reach out and ask.