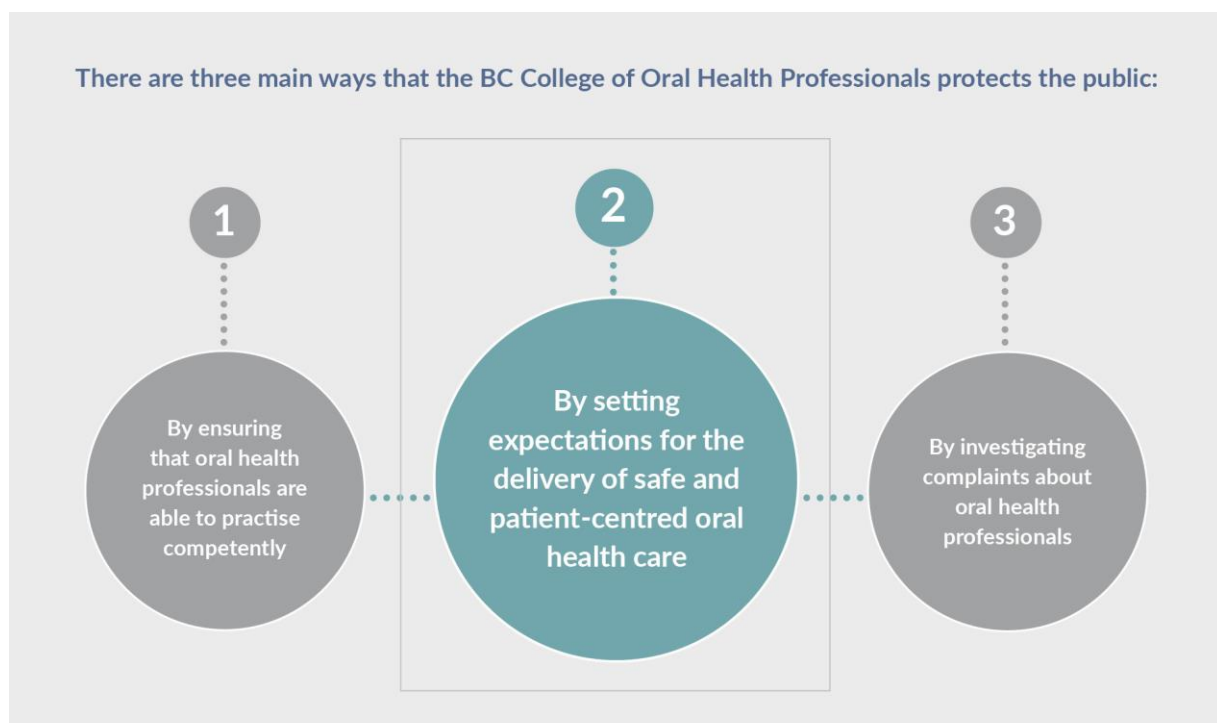


Expectations for clinical and ethical practice

Root of the Matter: Q&A from Access May 2019

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of BC and will be updated to reflect the amalgamation.

Root of the Matter: Q&A

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Practice Advisors at the College are available to answer questions related to the Dental Hygiene Scope of Practice, Practice Standards and Code of Ethics. The following are a few of the most common practice questions we have received over the past few months.

Q: Are non-ionizing lasers within the Dental Hygiene Scope of Practice?

A: Non-ionizing scanning is considered an adjunct to the dental assessment to detect, measure, monitor and record sound and compromised tooth structure.^{1,2} When used in combination with the information obtained during the dental hygiene assessments, the readings from the scanner will contribute supplemental data that will assist in planning the appropriate prevention therapies and/or referral needs.

Non-ionizing scanning systems, such as the Canary System, is a laser that can detect and monitor changes throughout the caries process.^{1,2} The system uses energy conversion technology that converts light into photothermal radiometry heat (PTR) and luminescence light (LUM).^{1,2,3} This technology modulates a response that can assess tooth structure up to a depth of 5mm.^{1,3}

The Canary System uses a scale that assigns a number and color to classify the probable integrity of each scanned surface.^{1,2} The Canary scale classifies tooth structure as: healthy/sound (green, 0-20), demineralization/decay (yellow, 21-70) and advanced decay (red, 71-100).²

The dental hygienist must ensure they are not diagnosing dental caries as this is not within the dental hygiene Scope of Practice.⁴ Rather, a description of the tooth surface and/or the Canary scale reading should be used.



The dental hygiene application for non-ionizing scanning is as follows:³

- Detect areas of demineralization;
- Plan interventions for remineralization;
- Evaluate and monitor remineralization therapies;
- Ensure sound tooth structure prior to placement of a pit and fissure sealant; and,
- Refer to a dentist, when readings are past those of demineralization, for further examination and diagnosis.

As a reminder, prior to incorporating such technologies into dental hygiene practice, it is the responsibility of the clinician to:

- Ensure a collaborative approach with the dentist;
- Obtain knowledge and training to ensure competent and safe use;
- Comply with all personal protection equipment requirements; and,
- Document as per the CDHBC Practice Standards.

Q: Who should I contact if I have a question about a specific fee guide code?

A: Billing codes and fees for service are not developed or defined by the College. The fee guides are developed by the professional associations. As such, if questions arise as to what services may be billed under a particular code, we recommend that you contact the BC Dental Association or the BC Dental Hygienists Association depending on your practice setting and the fee guide being used.

Q: Does the College mandate anything specific when it comes to billing?

A: The College mandates that all registrants incorporate ethical billing and ensure each client makes an informed decision about the treatment plan. This includes understanding the fees associated with the planned care. All documentation in the legal record of care must align with the CDHBC documentation requirements.⁵ The following information is meant to provide guidance when applying the College's Practice Standards and Code of Ethics to billing practices:

1. Informed Consent:
 - The client should always be properly informed of their dental hygiene diagnosis and individual treatment plan as well as the fees for planned care.
 - Informed consent for the planned treatment must subsequently be documented in the clients' legal record of care.
2. Documentation:
 - Ensure all aspects of the ADPIE* Process of Care that have occurred during the dental hygiene appointment are documented appropriately and in accordance with the CDHBC Practice Standards.
 - Billing codes do not replace accurate and thorough documentation. Treatment notes must represent the full ADPIE* Process of Care that occur during each appointment.
 - To further assist registrants, the College has developed a resource titled [Dental Hygiene Documentation](#). This is to provide quick guidance in practice for these important Practice Standards. For more information, please watch the [CDHBC webinar on documentation](#).
3. Planning dental hygiene care:
 - It is not appropriate to base a client's care on what is covered by their insurance plan. Treatment must be planned based on the individual client's needs.
4. Ethical billing:
 - The dental hygienist must only charge for services that were provided and that align with the time spent with the client.
 - Examples:
 - **Fraudulent billing scenario:** At today's appointment, the client wanted a polish and fluoride. However, these services are not covered by their insurance plan. To help out the client, the dental hygienist charged the insurance company an extra unit of scaling instead of billing for polish and fluoride.
 - This would be fraudulent billing as the client was billed for a service that was not performed.
 - Note: to understand what assessments may be included in combination with scaling when billing under the scaling fee code, refer to the BCDA or BCDHA Fee Guides.
 - **Incorrect use of fee code scenario:** The dental hygienist billed 4 units of scaling, however, the client was only in the chair for 45 minutes due to the client arriving 15 minutes late.
 - It is considered unethical for the dental hygienist to bill the client for a service that has not been completed and/or that exceeds the time spent with the client.
 - In a case such as this, the office should have a separate code that is not associated with the scaling code for late or missed appointments.



Clients should be made aware of this late fee code in advance of their appointment.

- Note: the dental hygienist should document the length of the appointment when:
 - a. The appointment is shorter than what is indicated on the daily schedule (e.g., client arrives late, or dental hygienist is running behind resulting in the appointment not starting on time).
 - b. The appointment runs longer than indicated on the daily schedule.
- **Overbilling scenario:** At today's 1-hour dental hygiene appointment, the client was billed the following services: Recall exam, 4 BWs, 4 units scale, polish, and fluoride.
 - It would be considered unethical to bill this in a 1-hour dental hygiene appointment as these services exceed the time spent with the client. However, if this appointment was 1.5 hours in length, the above services would have been feasible within the time frame.

*ADPIE: Assessment, Diagnosis, Planning, Implementation & Evaluation

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