

Treatment Time and the Coding of “Per Unit of Time” Services

The ODA’s Practice Advisory Services Department has received a number of calls from dental office staff regarding the interpretation of treatment time for procedures reported as units of time for treatment provided by dental hygiene staff. Dental hygienists who are tasked with assigning the ODA procedure codes to reflect the services they provide are seeking advice about how this time should be reported using ODA procedure codes. Specifically, we are being asked for clarification about hygiene services and whether “billed time” (for purposes of billing, using ODA procedure codes) should equal “appointment time.”

Treatment time equals billable time. Treatment time does not necessarily equal “appointment time”.

Selecting procedure codes from the ODA Suggested Fee Guide for General Practitioners and determining the fees to be charged for those services are not the responsibility of the dental hygienist or any other staff member. It is the dentist who is responsible for the accuracy of the claim form and it is the dentist who is responsible to select the procedure codes which most accurately reflect the treatment performed and to determine the fees to be charged. Dental hygienists will record the start time for the procedure and the time the procedure is completed (for instance, when post-treatment instructions are given to the patient, the treatment involved in the procedure is documented and the patient is dismissed, or when the next procedure begins). Using procedure codes that capture only “instrument to tooth” time alone will not reflect the total treatment time.

The position of the Economics Advisory Committee has been that “treatment time” begins when the practitioner begins preparing himself/herself for the procedure and this would include reviewing the chart, radiographs, administering local anaesthetic if required and performing the treatment. Treatment time ends when the procedure ends or when the patient is discharged from the operatory. Treatment time *may* include services that a patient does not necessarily have to be physically present for; i.e: reviewing charts prior to the appointment and writing up the chart following the service. It is important to recognize that appointment time will not always align with the units of time or treatment time reported for that appointment.

This means that there will be appointment time that won’t be included in the number of units of time reported for scaling and/or root planing. The “cost factor” is part of the formula used to derive all suggested fees and is part of each and every procedure code in the Fee Guide. As such, the costs associated with operatory set up and breakdown, including re-appointing patients and other front desk administrative functions are captured in the “C” factor (cost/overhead). This time would not be added to scaling/root planing time. A further example of time that is not included in the scaling and root planing time is the time spent by hygienists measuring probing depths. This time is attributable to the dentist’s examination and diagnosis procedure when that data is reviewed by the dentist.

While coding and billing are related, they are not the same. Coding is only the use of the five-digit number used to identify the procedure. Billing is the fee that will be charged for the procedure.

In situations where the procedures are time based, dentists will have to make a decision about at what point should they use the next higher unit of time code or the closest unit of time code that is slightly below the time spent. For example, if 8 minutes of time is spent scaling, the service may be coded as a half unit of time (11117) and the fee charged may be adjusted up to reflect the actual time spent. Or, the procedure may be coded as one unit of time (11111) with the fee adjusted down to reflect the actual time spent. The best way to handle this is to apply good judgment and consideration.

The rule of thumb is select the code that accurately describes the dental service and then determine the fee that will be charged for that service.

The ODA is the ultimate authority on the interpretation and use of The ODA Suggested Fee Guides. If there is ever any doubt about procedure code utilization, the ODA's Practice Advisory Services Department should be consulted.