March 2014 Bulletin

Records Retention Update

Independent dental hygienists who own clinics or mobile practices, own their clients' records. CDHBC Practice Standard 8.6 sets out the College's record retention requirement for regulatory purposes which recently changed from a 10 year to a 16 year retention timeframe ***effective April 1, 2014***. Practice Standard 8.6 now states the following:

> *"When the dental hygienist owns the client's records, dental hygienists must retain records in a secure manner for no less than 16 years after the last client appointment."*

Why has this requirement been changed in the CDHBC Practice Standards?

This change was made in order to align with the CDHBC requirement with the new *Limitation Act* which came into force in 2013. While health practitioners' regulatory college establishes how long client records must be kept in the event that they are needed for regulatory purposes, such as complaint investigations or quality assurance proceedings, the *Limitation Act* establishes the time limits in place for a client to file a lawsuit in civil court.

Aligning the CDHBC records retention requirement with the new *Limitation Act* helps to ensure that records are not prematurely disposed of when the regulatory requirement elapses, while other relevant legislation still prevails. This addresses public protection by ensuring that records are available for proceedings that may occur simultaneously in the regulatory and civil arenas, and is also felt to be in the practitioners' best interests, should their records ever need to be available in their defense. Additionally, having the relevant timeframes aligned provides practitioners with consistent points of reference for records retention.

Information on the new *Limitation Act*

The new *Limitation Act* reduces the former 30 year ultimate limitation period to 15 years for most legal claims*. The clock generally starts to run on the ultimate limitation period from the date that the act or omission occurred which forms the basis of the claim. However, the courts also allow one year for a person to file suit. This is why the CDHBC record retention requirement has been changed to 16 years rather than 15 years.

* Please note: This information is only provided as a general guide and readers are directed to additional information on the new *Limitation Act* that is available on the Ministry of Justice website at http://www.ag.gov.bc.ca/legislation/limitation-act/2012.htm. Readers should be aware that the new *Limitation Act* also includes a 2 year basic limitation period (from the date of discovery), as well as a number of additional rules for limitation periods in specific circumstances, including the timing of the claim relative to the legislative transition, and certain types of claims. Lastly, the *Limitation Act* sets out specific provisions for cases involving minors and persons under a disability whereby the ultimate limitation period does not begin until the age of majority is reached and/or the person is no longer under a disability. For all of these reasons, the College recommends that independent dental hygienists obtain legal advice that is specific to their practice and circumstances, as needed.

Billing Codes….A Regulatory Perspective

Earlier this year the BCDA published an article in the Jan/Feb 2014 edition of the BCDA Bridge entitled 'Clear on Codes'. In that article BCDA states that a dentist is able to use the scaling and root planing codes not only to cover the actual act of scaling and root planing but they can cover the process of care required to plan for and carry out scaling and root planing as well. In other words, activities, such as time spent on updating medical history, administering anaesthetic, updating or completing assessments such as probing ,recession, furcations and deposit (provided that it is not billed in combination with a Complete Exam) all can be billed under the scaling and root planing code.

It's important to note, that fee for service and billing is outside 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 in collaboration with the dental insurance providers.

However, practice standards related to informed consent and documentation as well as ethical concerns related to billing are within the College's regulatory mandate. Therefore, given the information published in the Bridge, the College wanted to take the opportunity to clarify the regulatory expectations related to billing. The College is, in theory, not opposed to the BCDA's direction on how to apply the scaling and root planing code, however here are four questions you should ask yourself to ensure you are complying with the College's practice standards and code of ethics as it relates to all billing:

1. Did the client provide informed consent on the treatment provided, including how that treatment will be billed?
   - The client should always be properly informed of the treatment plan as well as how the treatment will translate into the fee for service.

2. Was the treatment provided documented appropriately and in accordance with the practice standards?
   - Further information regarding appropriate documentation can be found in Tab 5 of the CDHBC Registrant's Handbook as well as in this handout. The CDHBC will have a specific session on documentation during the PDC Dental Hygiene Forum. However, stated simply, it is not considered appropriate to document billing codes in the client chart in lieu of actual treatment notes that relate to the full ADPIE process of dental hygiene care.

3. Was the treatment based on client needs and was the proper ADPIE process of dental hygiene care followed?
   - Treatment must be provided based on the individual client's needs. It is not appropriate to base a client's treatment solely on what is covered by insurance companies and/or how it is billed.

4. Was the client billed for services that they actually received and does this align with the practitioners' time spent with the client?
   - Clients should not be billed for services that were not provided. Furthermore, the client should not be billed for more time than the client was attended to.

Ultimately it is the responsibility of the individual whose billing number is being used to ensure that claims being submitted to the insurance companies are done so in an ethical manner. However, the hope is that this information provides you with the tools you need to work collaboratively with other dental team members on the issue of billing of dental hygiene services.

CDHBC Interpretation Guidelines

The Quality Assurance Committee and the Board have recently approved updates to the following Interpretation Guidelines: Blood and Body Fluid Exposure Management, Dental Hygienists Infected with Bloodborne Pathogens, Dismissing Clients (formerly Refusal to Treat), Duty to Provide Care (formerly HIV/AIDS) and Fluorides.

Please visit the College website's Form and Resources page to download an updated version of the Interpretation Guidelines located in Tab 7 of the Registrant's Handbook.