The Preamble in the ODA *Suggested Fee Guide* provides the following direction with respect to treatment time and the coding of per unit of time procedures:

Definition of Treatment Time and the Coding of Per Unit of Time Procedures
The definition of treatment time for the purposes of ODA procedure code use is specific to the definition in this Guide. Treatment time for all procedures begins when the practitioner begins preparing himself/herself and the patient for the delivery of the procedure.

Treatment time includes:
1. reviewing the patient's record to:
   a) confirm the treatment plan for the procedure
   b) confirm medical history is clear of contraindications to performing the procedure
2. obtaining informed consent to perform the procedure
3. administering local anaesthetic if required to perform the procedure
4. performing the procedure as it is described by the code
5. providing post procedural instructions to the patient and, documenting the procedure in the chart

Treatment time does *not* include the following:
Treatment time ends when the procedure ends or when the patient is discharged from the operatory. Treatment time does not include the time spent setting up or breaking down the operatory nor does it include the time spent on administrative tasks such as billing and reappointing the patient.

It is important to recognize that "appointment time" is not the same as treatment time and will not always align with the units of time or treatment time reported for that appointment.

Procedure codes that are reported using units of time are determined by the treatment time spent, measured in minutes. For all procedures, treatment time **includes** the number of minutes required to prepare oneself and the patient for the procedure**,** to deliver the procedure, and document the procedure, under normal conditions.

For example, to determine the number of scaling units of time, treatment time **includes** the number of minutes spent on the following:

- confirming that there are no contraindications to scaling;
- assessing the scaling treatment plan and obtaining patient consent to scale;
- performing the scaling;
- documenting the scaling and the scaling post-treatment instructions, if any.

This could also **include** time spent for pre- and post-antimicrobial rinsing and/or the administration of anaesthetic if necessary, to perform the scaling.

With respect to other stand-alone procedures that are time-based, for example, polishing and oral hygiene/self-care instruction, the same treatment time rules will be

used to measure the number of minutes spent in order to calculate the number of units of time to report.

The procedure has been highlighted in the above example to emphasize that any time spent performing the above tasks when **not specifically required in order to scale or as a result of scaling is not included in the number of minutes used to calculate scaling time.**

For instance, time spent documenting information related to medical history, clinical findings or treatment notes that are irrelevant to preparing for or delivering the procedure of scaling is not added to the number of minutes reported as scaling.

Therefore, what is **not included** when measuring "treatment time" is radiograph exposure/processing and interpretation; examinations or the time spent collecting or documenting diagnostic data to be used in an examination i.e. pocket measurements, caries checks, medical history form updates, patient concerns and/or complaints (unless these concerns directly affect the hygiene treatment plan for the appointment) etc.

Likewise, time spent by the operator preparing to enter or exit the operatory and all tasks associated with preparing the operatory is **not part of treatment time**. These tasks are required for every appointment and are considered part of the appointment time.

In summary, time taken for tasks not associated specifically with the procedure is considered "**appointment time**" and *not* "**treatment time**". The costs associated with "appointment time" are already captured by the suggested fees for the service and therefore "appointment time" is not captured in the "treatment time" that is reported for the purposes of procedure code selection. There will always be time spent during every appointment to develop patient rapport, discuss plans for other treatment and to meet infection prevention and control requirements. This means that there will be "appointment time" minutes that won't be added to "treatment time" minutes and will not be included in the number of units of time reported for scaling and/or root planing.