

FEATURE



Exploring Institutional Factors that Influence Billing Practices of Dental Hygienists in Canada

by Amanda Acker, HBScDH, RDH • info@polishedinsights.com

CDHA/CJDH STUDENT WRITING COMPETITION

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Oh Canada! is delighted to publish the winning essay from the 2024–2025 competition, which ably addresses the Canadian Dental Hygienists Association's *Dental Hygiene Research Agenda* category of "capacity building of the profession."

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INTRODUCTION

Billing practices in privatised health care can profoundly impact the patient experience, system efficiency, and professional autonomy. Within the Canadian dental hygiene sector, examining billing transparency has become increasingly important. Advancing provincial scopes of practice combined with the imminent inclusion of millions of individuals under the Canadian Dental Care Plan are colliding with inconsistent billing standards creating confusion, ethical risks, and financial risk-of-harm.¹ Furthermore, the growing privatization of health care in Canada makes billing transparency and standardization increasingly important as Canadians navigate this increasingly complex system.²⁻⁴

In Canada, the profession of dental hygiene, like other regulated health professions, operates within regulatory frameworks that are designed to prioritize protecting public interest by reducing the chance of harm to the client. The inclusion of financial elements in these frameworks differs significantly across the country, leading to inconsistencies, ambiguous standards, financial risk-of-harm to clients, and ethical dilemmas for dental hygienists navigating these complexities without clear guidance.^{5,6} In addition, despite fully autonomous practice, dental hygienists are allowed by provincial regulators to bill under another provider's unique identification number (UIN), which is an ongoing legacy practice that undermines transparency, compromises professional autonomy, and potentially erodes client trust. It is also in direct breach of established billing recommendations from insurance industry stakeholders.⁷⁻⁹ Interestingly, no other regulated health profession in Canada is permitted to perpetuate this legacy practice, as it violates the concept of a transparent claims experience for the client.

This essay explores how regulatory and other institutional factors influence the billing practices of dental hygienists in Canada and proposes recommendations designed to enhance clarity, mitigate financial risk for patients, and promote consistent, ethical practices nationwide.

BACKGROUND

Although current provincial standards of practice and codes of ethics for dental hygienists in Canada include common principles such as client autonomy, non-maleficence, beneficence, and jurisprudence, there remains substantial variability and inconsistencies in regulatory guidance on billing practices.⁶ The professional standards across the provinces remain inconsistent or inadequate, evidenced by a lack of specific guidance that adequately addresses the intricacies of coding, billing, and claims management. The consequences of these gaps create ambiguity and may lead to potential financial harm for the client.^{3,4}

This essay supports the need for a comprehensive analysis of existing regulatory structures and systems pertinent to financial elements of practice. Clear and standardised billing practices support informed decision making and consent for the client and subsequently help protect them from financial harm.³ Upholding consumer rights through transparent billing practices aligns with the ethical standards that are expected in the provision of dental hygiene care.

INSTITUTIONAL FACTORS

Political: Regulation

Some provinces in Canada explicitly outline financial consumer protection within their dental hygiene regulatory frameworks, whereas others have notably not done so.^{6,10} Minimal if not absent guidelines on this topic have created gaps in protecting patients from potential financial harm associated with dental hygiene billing practices.

In Canada, dental hygienists increasingly possess full practice autonomy, whereby no oversight, direction or supervision is required by another provider to perform their full scope of practice.⁶ However, the ability to bill under another provider's UIN hinges on the elements of supervision by another provider. Despite their professional autonomy, some dental hygienists continue to use another provider's UIN in billing, primarily due to legacy practices or administrative ease, and this presents ethical concerns. Indeed, the pervasive practice of dental hygienists utilising another provider's UIN may compromise professional autonomy, confuse accountability, and prevent transparency, which in turn adversely impact both patient trust and professional credibility.^{8,9,11}

Through standardized recommendations aimed at calibrating dental hygiene regulatory practices nationwide, inconsistencies could be mitigated, client vulnerability reduced, and consumer confidence in dental hygiene services enhanced.^{4,5,7}

Organizational: Capacity Building and Professional Autonomy

Professional autonomy and its positive correlation to access to care has long been understood among regulated health professions.¹² In the broader health care field, specifically in the nurse practitioner profession, initial research has demonstrated the positive effects of improving billing compliance by empowering mid-level primary health care providers in the use of their own UINs.^{12,13} Research also supports that improved billing standards contribute to clearer patient-provider interactions and enables the provider to work to their full scope of practice.¹³ Autonomous practice in nursing has also been correlated with increased status within health care delivery systems, increased scope of practice, improved billing practices, and a reduction in provider workforce gaps.¹²

These findings may be generalizable to oral health care networks as they are characterized by a highly specialized division of labour, with pronounced professional and workplace hierarchies. Strengthening provider autonomy and agency significantly informs policy decisions and professional practices, ultimately driving systemic improvements in patient care quality, accessibility, and workforce sustainability.

Economic: Insurance Industry

The economic implications of fraudulent billing practices within Canada's health care system are severe, where fraudulent dental claims alone cost hundreds of millions of dollars annually.¹⁴ Such fraud impacts the cost of insurance and creates barriers to care for many individuals, particularly vulnerable populations.^{9,15,16} Implementing measures to reduce fraud and ensure a transparent and understandable claims process for consumers is vital. In Canada, consumers have the right to a timely and transparent claims



experience.¹⁵ Despite fully autonomous practice capabilities, dental hygienists in many provinces are allowed to bill under another provider's UIN, undermining transparency and patient rights.⁷ Understanding the structural factors facilitating fraud, particularly within dental hygiene billing, is vital for devising effective countermeasures.

Examining existing billing practices, identifying refinements that could enhance transparency and mitigate fraud risks, and addressing such structural vulnerabilities are essential to creating an equitable and trustworthy claims environment for both consumers and providers.

Social: Education and Power Dynamics

The positive impact of formal education on health care billing practices has long been understood.¹⁷⁻¹⁹ In the medical field, a growing body of evidence suggests incorrect billing may not always be fraudulent or corrupt, but rather the outcome of medical practitioners who struggle to interpret and navigate increasingly complex legal requirements. Such confusion surrounding health financing and billing transactions may be improved through education.¹⁷ In Canada, very few financial and no explicit billing competencies are included in the entry-to-practice competencies for dental hygienists.²⁰ This raises concerns about whether educational needs are being met in this regard for dental hygienists.

Finally, although workplace power dynamics have emerged as a reoccurring influence on billing practices within the nursing profession, there is a lack of research pertinent to oral health care and dental hygiene.^{12,21,22} Yet, as with nurses, dental hygienists face real challenges within hierarchical dental office environments—a situation that led six in ten to reveal in a national survey that they had experienced bullying, harassment, abuse and violence in the workplace.²³ Considering the persistent misalignment of billing practices with scope of practice, these social institutional factors warrant investigation as the real-world tensions created by power dynamics cannot be overlooked as a potential contributor to the perpetuation of inappropriate billing practices in Canada.

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RECOMENDATIONS

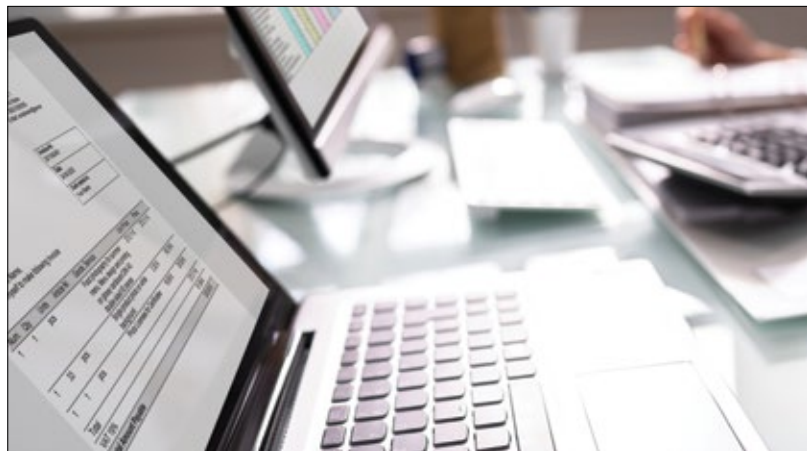
By examining the complexities of billing practices, this essay aims to empower dental hygienists with a better understanding of their roles and rights within the professional landscape. To address the regulatory, ethical, and institutional inconsistencies in billing practices of dental hygienists in Canada the following recommendations are proposed:

- **Include billing practices in provincial standards of practice across Canada.** Regulators, in collaboration with other stakeholders, should clearly define appropriate billing practices, including the use of UINs, to align with the realities of autonomous practice in their respective provinces. This should not be confused with either business ownership or independent practice. Language used in these guidelines should explicitly outline financial rights and protections for the client. This information should also be included in public-facing documents, reinforcing consumer trust and informed consent.
- **Mandate, in provinces where scope of practice allows, the use of UINs for all practising dental hygienists.** This change would modernize the billing practices of dental hygienists and ensure that ethical standards are met and consumer rights are upheld through transparency and standardization.
- **Integrate billing and financial ethics elements into entry-to-practice competencies,** ensuring educational needs of dental hygienists are being met to support fraud prevention and ethical financial conduct.
- **Address workplace power dynamics through continued research and lobbying efforts.** Provincial and national associations play a crucial role in identifying and supporting members as they navigate workplace power dynamics that may play a role in perpetuating archaic billing practices.
- **Improve stakeholder collaboration and data collection.** The sharing of anonymized billing data among insurers, regulators, and associations would further inform areas for improvement. Greater data transparency will support evidence-informed policy decisions and reforms.

By implementing these recommendations, regulatory coherence can be strengthened and professional accountability reinforced to build towards a more equitable and transparent oral health care landscape in Canada.

CONCLUSION

This essay highlights the need for consistent and comprehensive regulatory frameworks governing dental hygienists' billing practices in Canada. This research ultimately supports the need for improvements in identifying and articulating financial best practices, client protections, and promotion of equitable access to dental hygiene services in Canada.



References

1. Government of Canada. Canadian Dental Care Plan Statistics [Internet]. ©2024 [cited 2025 Apr 8]. Available from: canada.ca/en/services/benefits/dental/dental-care-plan/statistics.html
2. Ontario Ministry of Health. Plan to Stay Open: Health System Stability and Recovery [Internet]. Updated 2023 Apr 26 [cited 2025 Apr 8]. Available from: ontario.ca/page/plan-stay-open-health-system-stability-and-recovery
3. Office of the Auditor General of Ontario. Outpatient Surgeries: 2021 Value-for-Money Audit at a Glance [Internet]. © 2021 [cited 2025 Apr 8]. Available from: auditor.on.ca/en/content/news/21_summaries/2021_summary_AR_Outpatient.pdf
4. Canadian Federation of Nurses Unions. Position paper: Privatization of health care. Ottawa (ON): Canadian Federation of Nurses Unions; 2023. Available from: nursesunions.ca/wp-content/uploads/2023/03/2023-03-15_CFNU-PositionStatement_Privatization-of-Health-Care_EN.pdf
5. Federal, Provincial, and Territorial Dental Working Group. Reducing dental disease: A Canadian oral health framework. Federal, Provincial, and Territorial Dental Working Group; 2013. Available from: caphd.ca/wpcontent/uploads/2022/06/FrameworkOctober-2014-FINAL-English.pdf
6. Canadian Dental Hygienists Association. Dental hygiene profession in Canada. Ottawa (ON): CDHA; 2020. Available from: files.cdha.ca/profession/regulatory_authority_chart_0620.pdf
7. Canadian Life and Health Insurance Association. Service and supply provider receipt best practices for group benefit reimbursement. Toronto (ON): CLHIA; 2025. Available from: clhia.ca/web/clhia_lp4w_lnd_webstation.nsf/page/8DE2AE93CA08C9D585257893004A0194!OpenDocument
8. Canadian Life and Health Insurance Association. Supplementary Health Insurance Explained: For Healthcare Providers [Internet]. ©2019 [cited 2025 Apr 8]. Available from: [clhia.ca/web/CLHIA_LP4W_LND_Webstation.nsf/resources/ResourcesForProviders/\\$file/SUPPLEMENTARY+HEALTH+INSURANCE+EXPLAINED.pdf](https://clhia.ca/web/CLHIA_LP4W_LND_Webstation.nsf/resources/ResourcesForProviders/$file/SUPPLEMENTARY+HEALTH+INSURANCE+EXPLAINED.pdf)
9. Canadian Life and Health Insurance Association, Extended Healthcare Professionals Coalition. Working in the private sector, insured health and dental benefits: Important considerations for your practice. Health Insurance Bulletins for Healthcare Professionals. n.d. Available from: [clhia.ca/web/CLHIA_LP4W_LND_Webstation.nsf/resources/ResourcesForProviders/\\$file/EHPC_WorkingPrivateSector.pdf](https://clhia.ca/web/CLHIA_LP4W_LND_Webstation.nsf/resources/ResourcesForProviders/$file/EHPC_WorkingPrivateSector.pdf)
10. Alberta College of Dental Hygienists. Guidelines for dental hygienists in Alberta: fees and billing. Edmonton (AB): ACDH; 2023. Available from: acdh.ca/standards-and-guidelines/project/fees-and-billing
11. Macdonald G, Asgarova S, Hartford W, Berger M, Cristancho S, Nimmon L. What do you mean, 'negotiating?': Patient, physician, and healthcare professional experiences of navigating hierarchy in networks of interprofessional care. *J Interprof Care*. 2023;May 10:1–12. Available from: [tandfonline.com/doi/full/10.1080/13561820.2023.2203722](https://doi.org/10.1080/13561820.2023.2203722)
12. Tracy C, Russell NG, DePriest K, Knestrick J, D'Aoust R, Slade E. The impact of full practice authority on nurse practitioner compensation, collaboration, and billing. *J Am Assoc Nurse Pract*. 2023;35(11):691–98. Available from: journals.lww.com/10.1097/JXX.0000000000000918
13. Brooks PB, Fulton ME. Demonstrating advanced practice provider value: Implementing a new advanced practice provider billing algorithm. *Journal of the American Academy of Physician Assistants*. 2019;32(2):1–10. Available from: journals.lww.com/01720610-201902000-00017
14. Canadian Life and Health Insurance Association. Benefits fraud is a real crime with real consequences [media release]. Toronto (ON), March 4, 2019. Available from: newswire.ca/news-releases/benefits-fraud-is-a-real-crime-with-real-consequences-859333901.html
15. Insurance Bureau of Canada. Code of consumer rights and responsibilities [Internet]. ©2025 [cited 2025 Apr 8]. Available from: ibc.ca/insurance-basics/how-insurance-works/code-of-consumer-rights-and-responsibilities
16. Federation of Dental Hygiene Regulators of Canada. Provincial and Territorial Regulators [Internet]. ©2025 [cited 2025 Apr 8]. Available from: fdhrc.ca/pages/dental-hygiene-in-canada/provincial-regulators/
17. Faux M, Adams J, Wardle J. Educational needs of medical practitioners about medical billing: a scoping review of the literature. *Hum Resour Health*. 2021;19(1):84. Available from: <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-021-00631-x>
18. Witwer SG, Mattson A, Jessie AT. Registered nurse billing in primary care. *Nursing Economic\$*. 2023;41(4):200–207. Available from: jannettpublications.com/journal/471235/volume/475413/article/475445
19. Gill AS, Menjivar D, Shipman P, Sumsion J, Error M, Alt JA. Healthcare provider feedback improves outpatient E/M billing and coding in otolaryngology clinics. *OTO Open*. 2023;7(1):e20. Available from: [aaohnsjournals.onlinelibrary.wiley.com/doi/10.1002/oto2.20ci](https://onlinelibrary.wiley.com/doi/10.1002/oto2.20ci)
20. Federation of Dental Hygiene Regulators of Canada. Entry-to-practice Canadian competencies for dental hygienists. Ottawa (ON): FDHRC; 2021. Available from: fdhrc.ca/pages/dental-hygiene-in-canada/competency-project/
21. Skyberg H, Jenssen D. What professionals say and do: the tension between egalitarianism and hierarchy in interprofessional teamwork. *J Interprof Care*. 2024;38(2):200–208. Available from: [tandfonline.com/doi/full/10.1080/13561820.2023.2289512](https://doi.org/10.1080/13561820.2023.2289512)
22. Dobrow MJ, Valela A, Bruce E, Simpson K, Pettifer G. Identification and assessment of factors that impact the demand for and supply of dental hygienists amidst an evolving workforce context: a scoping review. *BMC Oral Health*. 2024;24(1):631. Available from: <https://doi.org/10.1186/s12903-024-04392-6>
23. Canadian Dental Hygienists Association. 2023 CDHA Healthy & Respectful Workplace Survey: Results [Internet]. ©2023 [cited 2025 Apr 8]. Available from: cdha.ca/cdha/CDHA/Career/Healthy_Workplace/2023_CDHA_Healthy___Respectful_Workplace_Survey.aspx