

2018 Abbreviated General Practitioner's Suggested Fee Guide, *effective February 1, 2018*

(A full copy of the Suggested Fee Guide can be found in public libraries)

Important: The abbreviated suggested guide provides some common dental procedures and suggested fees. This may not cover your specific treatment needs or the actual cost of your care. Dentists determine their own treatment fees for the services they provide. Talk to your dentist for more details on your treatment options and any associated costs.

No.	Sug. Fee	Description	No.	Sug. Fee	Description
DIAGNOSTIC			Appliances, Periodontal		
*Exams			14611	249.00 + L	Maxillary Appliance Impression, Insertion & Adjustment
01201	43.80	New Patient Limited Examination	Occlusal Adjustment		
01202	28.50	Recall Examination	16511	79.80	- one unit of time
01204	37.60	Specific Examination	RESTORATION		
01205	54.80	Emergency Examination	20111	110.00	Caries, Trauma & Pain Control
*Complete Exam & Diagnosis			20141	37.20	Pulp Cap (direct)
01101	67.50	- primary	Amalgam Restorations - Non-Bonded		
01102	91.90	- mixed	Primary Teeth		
01103	96.60	- permanent	21111	102.00	- one surface
Radiographs (diagnosis and interpretation by Dentist)			21112	131.00	- two surfaces
02102	95.00 + E	- complete series	21113	142.00	- three surfaces
Periapical			21114	154.00	- four surfaces
02111	17.30	- single image	21115	203.00	- five surfaces (maximum/tooth)
02112	23.70	- two images	Permanent Anteriors & Bicuspids		
02113	30.20	- three images	21211	118.00	- one surface
02114	36.70	- four images	21212	149.00	- two surfaces
Bitewing			21213	176.00	- three surfaces
02141	17.30	- single image	21214	213.00	- four surfaces
02142	23.70	- two images	21215	250.00	- five surfaces (maximum/tooth)
02143	30.20	- three images	Permanent Molars		
02144	36.70	- four images	21221	125.00	- one surface
02601	65.80	Panoramic (single image)	21222	179.00	- two surfaces
Tests/Analysis			21223	206.00	- three surfaces
04403	35.30 + E	Direct Fluorescence Visualization	21224	268.00	- four surfaces
04501	80.60	Pulp Vitality Test (1 unit)	21225	309.00	- five surfaces (maximum/tooth)
PREVENTION			Retentive Pins		
11101	37.50	Polishing	21401	34.20	- one pin
Scaling			21402	51.50	- two pins
11111	44.50	- one unit of time	Tooth Coloured Restorations, Bonded Technique		
11112	89.00	- two units	Primary Anteriors		
11113	133.50	- three units	23411	121.00	- one surface
11114	178.00	- four units	23412	156.00	- two surfaces
11117	22.30	- one half unit	23413	173.00	- three surfaces
Fluoride Treatments (whole mouth)			23414	198.00	- four surfaces
12101	14.60	Foam, Gel or Rinse	23415	226.00	- five surfaces (maximum/tooth)
12103	18.60	Varnish	Primary Posteriors		
Sealants			23511	130.00	- one surface
13401	26.60	- single tooth	23512	186.00	- two surfaces
13409	14.60	- each additional tooth, same quadrant	23513	217.00	- three surfaces
			23514	258.00	- four surfaces
			23515	301.00	- five surfaces (maximum/tooth)

NOTE: ONE UNIT OF TIME = 15 MINUTES, ONE HALF UNIT = 7½ MINUTES

+ E relates to additional expense of materials, + L relates to commercial or in house laboratory procedure

NOTE: Correct coding for Laboratory Fees and Additional Expenses on page (iii) of GP Preamble

* Exam and Diagnosis must be performed by dentist. However, charting and measurements may be delegated to qualified staff.

No.	Sug. Fee	Description	No.	Sug. Fee	Description
RESTORATION cont'd			Opening through artificial crown		
Permanent Anteriors			39211	50.60	Anteriors and Bicuspid
23111	124.00	- one surface	39212	50.60	Molars
23112	150.00	- two continuous surfaces	PERIODONTICS		
23113	188.00	- three continuous surfaces	Root Planing		
23114	235.00	- four continuous surfaces	43421	44.50	- one unit of time
23115	278.00	- five continuous surfaces (maximum/tooth)	43422	89.00	- two units
Permanent Bicuspid			43423	133.50	- three units
23311	143.00	- one surface	43424	178.00	- four units
23312	199.00	- two surfaces	43427	22.30	- one half unit
23313	242.00	- three surfaces	PROSTHODONTICS - REMOVABLE		
23314	297.00	- four surfaces	Complete Dentures Standard		
23315	329.00	- five surfaces (maximum/tooth)	51101	774.00 + L	- Maxillary
Permanent Molars			51102	845.00 + L	- Mandibular
23321	156.00	- one surface	Dentures, Partial, Acrylic		
23322	238.00	- two surfaces	Acrylic Base, Provisional (with or without clasps)		
23323	287.00	- three surfaces	52101	286.00 + L	- Maxillary
23324	344.00	- four surfaces	Dentures, Partial, Cast With Acrylic Base		
23325	408.00	- five surfaces (maximum/tooth)	Free end, cast frame/connectors, Clasps, Rests		
23602	170.00	Bonded core, in conjunction with crown or fixed bridge retainer	53101	983.00 + L	- Maxillary
Crowns (single restorations)			53102	1072.00 + L	- Mandibular
27201	792.00 + L	Porcelain/Ceramic/Polymer Glass	Tooth Borne, cast frame/connectors, Clasps, Rests		
27211	792.00 + L	- fused to metal base	53201	838.00 + L	- Maxillary
27301	746.00 + L	Cast Metal	53202	838.00 + L	- Mandibular
25731	173.00 + E	Prefabricated Retentive Post	ORAL SURGERY		
Restoration (other)			Surgical Removal of: Erupted Teeth		
Recement, rebond inlays/onlays/crowns			Uncomplicated		
veneers/posts/natural tooth fragments			71101	123.00	- single tooth
29101	76.90 +L+E	- one unit of time	71109	81.30	- each additional tooth, same quadrant, same appointment
ENDODONTICS			Complicated		
Pulpotomy - Primary			Requiring surgical flap and/or sectioning of tooth		
32232	73.80	concurrent with restorations (but excluding final restoration)	71201	236.00	- each tooth
Root Canal Therapy (uncomplicated)			71209	177.00	- each additional tooth, same quadrant
(includes clinical procedures with appropriate radiographs, excluding final restoration)			Requiring flap elevation, removing bone and may include sectioning of tooth for removal of tooth		
33111	456.00	- one canal	Note: These codes are intended for particularly difficult <i>extractions that require flap/bone/section</i>		
33121	584.00	- two canals	71211	369.00	- each tooth
33131	825.00	- three canals	71219	277.00	- each additional tooth, same quadrant
33141	916.00	- four canals or more	Impacted Teeth		
Open and Drain			72111	235.00	- soft tissue coverage
39201	81.80	Anteriors and Bicuspid	72211	369.00	- EITHER bone removal OR sectioning of tooth
39202	81.80	Molars	72221	384.00	- bone removal AND sectioning of tooth