

2019 Abbreviated General Practitioner's Suggested Fee Guide, *effective February 1, 2019*

(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	257.00 + L	Maxillary Appliance Impression, Insertion & Adjustment
01201	45.30	New Patient Limited Examination	Occlusal Adjustment		
01202	29.50	Recall Examination	16511	87.80	- one unit of time
01204	38.90	Specific Examination	RESTORATION		
01205	56.70	Emergency Examination	20111	115.00	Caries, Trauma & Pain Control
*Complete Exam & Diagnosis			20141	38.80	Pulp Cap (direct)
01101	70.90	- primary	Amalgam Restorations - Non-Bonded		
01102	96.00	- mixed	Primary Teeth		
01103	100.00	- permanent	21111	107.00	- one surface
Radiographs (diagnosis and interpretation by Dentist)			21112	138.00	- two surfaces
02102	95.00 + E	- complete series	21113	149.00	- three surfaces
Periapical			21114	162.00	- four surfaces
02111	17.30	- single image	21115	208.00	- five surfaces (maximum/tooth)
02112	23.70	- two images	Permanent Anteriors & Bicuspids		
02113	30.20	- three images	21211	123.00	- one surface
02114	36.70	- four images	21212	157.00	- two surfaces
Bitewing			21213	185.00	- three surfaces
02141	17.30	- single image	21214	224.00	- four surfaces
02142	23.70	- two images	21215	262.00	- five surfaces (maximum/tooth)
02143	30.20	- three images	Permanent Molars		
02144	36.70	- four images	21221	131.00	- one surface
02601	65.80	Panoramic (single image)	21222	187.00	- two surfaces
Tests/Analysis			21223	216.00	- three surfaces
04403	35.30 + E	Direct Fluorescence Visualization	21224	281.00	- four surfaces
04501	88.70	Pulp Vitality Test (1 unit)	21225	324.00	- five surfaces (maximum/tooth)
PREVENTION			Retentive Pins		
11101	38.30	Polishing	21401	36.10	- one pin
Scaling			21402	54.40	- two pins
11111	45.50	- one unit of time	Tooth Coloured Restorations, Bonded Technique		
11112	91.00	- two units	Primary Anteriors		
11113	136.50	- three units	23411	124.00	- one surface
11114	182.00	- four units	23412	160.00	- two surfaces
11117	22.80	- one half unit	23413	177.00	- three surfaces
Fluoride Treatments (topical, whole mouth)			23414	203.00	- four surfaces
12111	10.60	Rinse	23415	232.00	- five surfaces (maximum/tooth)
12112	14.60	Gel or Foam	Primary Posteriors		
12113	18.60	Varnish	23511	133.00	- one surface
Sealants			23512	191.00	- two surfaces
13401	27.20	- single tooth	23513	222.00	- three surfaces
13409	14.90	- each additional tooth, same quadrant	23514	265.00	- four surfaces
			23515	309.00	- five surfaces (maximum/tooth)

NOTE: ONE UNIT OF TIME = 15 MINUTES, ONE HALF UNIT = 7½ MINUTES "IC" MEANS INDEPENDENT CONSIDERATION
+ 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	52.30	Anteriors and Bicuspid
23111	127.00	- one surface	39212	52.30	Molars
23112	153.00	- two continuous surfaces	PERIODONTICS		
23113	193.00	- three continuous surfaces	Root Planing		
23114	241.00	- four continuous surfaces	43421	45.50	- one unit of time
23115	285.00	- five continuous surfaces (maximum/tooth)	43422	91.00	- two units
Permanent Bicuspid			43423	136.50	- three units
23311	147.00	- one surface	43424	182.00	- four units
23312	204.00	- two surfaces	43427	22.80	- one half unit
23313	248.00	- three surfaces	PROSTHODONTICS - REMOVABLE		
23314	305.00	- four surfaces	Complete Dentures Standard		
23315	337.00	- five surfaces (maximum/tooth)	51101	779.00 + L	- Maxillary
Permanent Molars			51102	850.00 + L	- Mandibular
23321	160.00	- one surface	Dentures, Partial Acrylic		
23322	244.00	- two surfaces	Acrylic Base, Provisional (with or without clasps)		
23323	294.00	- three surfaces	52101	302.00 + L	- Maxillary
23324	353.00	- four surfaces	Dentures, Partial Cast		
23325	418.00	- five surfaces (maximum/tooth)	Free end, cast frame/connectors, Clasps, Rests		
23602	174.00	Bonded core, in conjunction with crown or fixed bridge retainer	53101	986.00 + L	- Maxillary
Crowns (single restorations)			53102	1075.00 + L	- Mandibular
27201	816.00 + L	Porcelain/Ceramic/Polymer Glass	Tooth Borne, cast frame/connectors, Clasps, Rests		
27211	816.00 + L	- fused to metal base	53201	846.00 + L	- Maxillary
27301	765.00 + L	Cast Metal	53202	846.00 + L	- Mandibular
25731	179.00 + E	Prefabricated Retentive Post	ORAL SURGERY		
Restoration (other)			Surgical Removal of: Erupted Teeth		
Recement, rebond inlays/onlays/crowns veneers/posts/natural tooth fragments			Uncomplicated		
29101	79.30 +L+E	- one unit of time	71101	127.00	- single tooth
ENDODONTICS			71109	84.10	- each additional tooth, same quadrant, same appointment
Pulpotomy - Primary			Complicated		
32232	76.90	concurrent with restorations (but excluding final restoration)	Requiring surgical flap and/or sectioning of tooth		
Root Canal Therapy (uncomplicated)			71201	242.00	- each tooth
(includes clinical procedures with appropriate radiographs, excluding final restoration)			71209	182.00	- each additional tooth, same quadrant
33111	472.00	- one canal	Requiring flap elevation, removing bone and may include sectioning of tooth for removal of tooth		
33121	604.00	- two canals	Note: These codes are intended for particularly difficult <i>extractions that require flap/bone/section</i>		
33131	851.00	- three canals	71211	372.00	- each tooth
33141	942.00	- four canals or more	71219	279.00	- each additional tooth, same quadrant
Open and Drain			Impacted Teeth		
39201	85.40	Anteriors and Bicuspid	72111	241.00	- soft tissue coverage
39202	85.40	Molars	72211	373.00	- EITHER bone removal OR sectioning of tooth
			72221	385.00	- bone removal AND sectioning of tooth