

2024 Abbreviated General Practitioner's Suggested Fee Guide, effective February 1, 2024

(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. S	Sug. Fee	Description	No.	Sug. Fee	Description	
DIAGNOSTIC				Appliances, Periodontal		
*Exams			14611	326.00 + I	₋ Maxillary Appliance Impression,	
01201	63.40	New Patient Limited Examination			Insertion & Adjustment	
01202	39.50	Recall Examination			•	
01204	53.00	Specific Examination	Occlusa	Occlusal Adjustment		
01205	73.30	Emergency Examination	16511	120.00	- one unit of time	
*Complet	e Exam & Di	agnosis				
01101	95.50	- primary	RESTO	RATION		
01102	128.00	- mixed	20111	143.00	Caries, Trauma & Pain Control	
01103	141.00	- permanent	20141	48.70	Pulp Cap (direct)	
			Amalga	m Restoration	ons - Non-Bonded	
Radiographs			Primary Teeth			
02102		- complete series	21111	148.00	- one surface	
Periapica		·	21112	187.00	- two surfaces	
02111	22.30	- single image	21113	215.00	- three surfaces	
02112	30.50	- two images	21114	247.00	- four surfaces	
02113	38.80	- three images	21115	284.00	- five surfaces (maximum/tooth)	
02114	47.20	- four images			s & Bicuspids `	
Bitewing		3	21211		- one surface	
02141	22.30	- single image	21212		- two surfaces	
02142	30.50	- two images	21213		- three surfaces	
02143	38.80	- three images	21214		- four surfaces	
02144	47.20	- four images	21215		- five surfaces (maximum/tooth)	
Focal Plane Tomogram(e.g. Radiographs, Panoramic)			Permanent Molars			
02601	84.50	Panoramic image	21221		- one surface	
0_00.	000		21222		- two surfaces	
Tests/Analysis			21223		- three surfaces	
04403	37.40 + E	Direct Fluorescence Visualization	21224		- four surfaces	
04501	130.00	Pulp Vitality Test (1 unit)	21225		- five surfaces (maximum/tooth)	
0.00.	100.00	r dip vitality root (r driit)	Retentiv		into carrados (maximam, tocarr)	
PREVEN1	ΓΙΟΝ		21401		- one pin	
11101	46.40	Polishing	21402		- two pins	
Scaling		. enerming	202	01.00	tivo pinio	
11111	55.80	- one unit of time	Tooth C	oloured Res	torations, Bonded Technique	
11112	111.60	- two units		Anteriors	Actualions, Bonasa Tooliinqus	
11113	167.40	- three units	23411		- one surface	
11114	223.20	- four units	23412		- two surfaces	
11117	27.90	- one half unit	23413		- three surfaces	
		topical, whole mouth)	23414		- four surfaces	
12111	14.20	Rinse	23415		- five surfaces (maximum/tooth)	
12111	19.50	Gel or Foam		Posteriors	- IIVE SUITACES (ITIANITIUTI/IOOITI)	
12112	23.50	Varnish	23511	177.00	- one surface	
Sealants	20.00	varriori	23511		- two surfaces	
13401	32.50	- single tooth	23512		- three surfaces	
13401	32.50 17.80	- single tooth - each additional tooth, same	23513		- tiffee surfaces - four surfaces	
13409	17.00	•				
		quadrant	23515	434.00	 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	
RESTOR	RATION cont'o	<u></u>	Opening through artificial crown			
	ent Anteriors		39501	69.20	Anteriors and Bicuspids	
23111	169.00	- one surface	39502	69.20	Molars	
23112		- two surfaces				
23113		- three surfaces	PERIODO			
23114		- four surfaces	Root Plai			
23115	388.00	- five surfaces	43421	55.80	- one unit of time	
(maximum/tooth)			43422	111.60	- two units	
	ent Bicuspids		43423	167.40	- three units	
23311	195.00	- one surface	43424	223.20	- four units	
23312		- two surfaces	43427	27.90	- one half unit	
23313		- three surfaces	DDOGTU	ODONTION	DEMOVADI E	
23314		- four surfaces			- REMOVABLE	
23315		- five surfaces (maximum/tooth)	-	Dentures		
	ent Molars		51101		- Maxillary	
23321 23322		- one surface			- Mandibular	
23322		- two surfaces - three surfaces		, Partial Ac	<i>rync</i> nal (with or without clasps)	
23323		- four surfaces	52101		Maxillary	
23325		- five surfaces (maximum/tooth)				
23323	081.00	- live surfaces (maximum/tootif)	Dentures, Partial Cast Free end, cast frame/connectors, Clasps, Rests			
23602	221.00	Bonded core, in conjunction with			- Maxillary	
		crown or fixed bridge retainer			- Maxiliary Mandibular	
		orowir or fixed bridge retainer			me/connectors, Clasps, Rests	
Crowns (single restorations)			53201 1074.00 + L - Maxillary			
	1051.00 + L				- Mandibular	
	1051.00 + L		00202	101 1100 12	- Managarar	
27301			ORAL SU	IRGERY		
					f: Erupted Teeth	
25731	233.00 + E	Prefabricated Retentive Post	Uncompl		·	
			71101	177.00	- single tooth	
	tion (other)		71109	151.00	- each additional tooth, same	
		ys/onlays/crowns			quadrant, same appointment	
veneers/posts/natural tooth fragments			Complicated			
29101 103.00 +L+E - one unit of time			Requiring		o and/or sectioning of tooth	
			71201	300.00	- each tooth	
ENDOD			71209	255.00	 each additional tooth, same 	
	my - Primary				quadrant	
32232	103.00	concurrent with restorations (but				
		excluding final restoration)			on,removing bone and may include	
D4-0-	al Thanan. (sectioning of tooth for removal of tooth			
		uncomplicated)	Note: These codes are intended for particularly difficult extractions that require flap/bone/section			
		dures with appropriate radiographs,	extraction 71211	s that requir 451.00	each tooth	
33111	g final restorat	- one canal	71211		55.5.1.15.5.1.	
33121		- one canal - two canals	11219	383.00	 each additional tooth, same quadrant 	
	1124.00	- two canals - three canals			quadrant	
	1238.00	- four canals or more	Impacted	l Teeth		
33141	1230.00	- Iour cariais or more	-		a off tipe we have any	
•			72111	298.00	- soft tissue coverage	
Open ar			72211	458.00	- EITHER bone removal	
39201		Anteriors and Bicuspids			OR sectioning of tooth	
39202	115.00	Molars	72221	468.00	 bone removal AND sectioning 	