

2020 Abbreviated General Practitioner's Suggested Fee Guide, effective February 1, 2020

(Refer to complete Guide for items not listed below or for detailed code descriptions.)

No.	Sug. Fee	Description	No.	Sug. Fee	Description			
DIAGNOSTIC				Appliances, Periodontal				
*Exams			14611	264.00 + L	Maxillary Appliance Impression,			
01201	51.00	New Patient Limited Examination			Insertion & Adjustment			
01202	32.00	Recall Examination	Occlusal adjustment		t			
01204		Specific Examination	16511	96.60	- one unit of time			
01205		Emergency Examination						
*Complete Exam & Diagnosis			RESTORATION					
01101		- primary	20111		Caries, Trauma & Pain Control			
01102		- mixed	20141		Pulp Cap (direct)			
01103	103.00	- permanent			ons - Non-Bonded			
				Primary Teeth				
Radiogr	aphs (diagno	sis and interpretation by Dentist)	21111	113.00	- one surface			
02102	97.30 + E	- complete series	21112	145.00	- two surfaces			
Periapio	al		21113	156.00	- three surfaces			
02111	17.80	- single image	21114		- four surfaces			
02112	24.30	- two images	21115	217.00	 five surfaces (maximum/tooth) 			
02113	30.90	- three images	Perman	Permanent Anteriors & Bicuspids				
02114	37.60	- four images	21211	130.00	- one surface			
Bitewing	g		21212	164.00	- two surfaces			
02141	17.80	- single image	21213	194.00	- three surfaces			
02142	24.30	- two images	21214	235.00	- four surfaces			
02143	30.90	- three images	21215	276.00	 five surfaces (maximum/tooth) 			
02144	37.60	- four images	Perman	ent Molars				
		_	21221	138.00	- one surface			
02601	67.60	Panoramic (single image)	21222	197.00	- two surfaces			
			21223	227.00	- three surfaces			
Tests/A	Tests/Analysis			295.00	- four surfaces			
04403	35.30 + E	Direct Fluorescence Visualization	21225	340.00	 five surfaces (maximum/tooth) 			
04501	97.60	Pulp Vitality Test (1 unit)	Retentiv	ve Pins				
			21401	37.50	- one pin			
PREVEN	NTION		21402	56.50	- two pins			
11101	40.00	Polishing						
Scaling			Tooth Coloured Restorations, Bonded Technique					
11111	47.00	- one unit of time	Primary	/ Anteriors				
11112	94.00	- two units	23411	129.00	- one surface			
11113	141.00	- three units	23412	166.00	- two surfaces			
11114	188.00	- four units	23413	184.00	- three surfaces			
11117	23.50	- one half unit	23414	212.00	- four surfaces			
Fluoride	Treatments	(topical, whole mouth)	23415	241.00	 five surfaces (maximum/tooth) 			
12111	11.10	Rinse	Primary	Posteriors				
12112		Gel or Foam	23511		- one surface			
12113	19.30	Varnish	23512	198.00	- two surfaces			
Sealants	5		23513	231.00	- three surfaces			
13401	28.20	- single tooth	23514		- four surfaces			
13409	15.50	- each additional tooth, same	23515	321.00	- five surfaces (maximum/tooth)			
		quadrant			. ,			

NOTE: ONE UNIT OF TIME = 15 MINUTES, ONE HALF UNIT = 7½ MINUTES "IC" MEANS INDEPENDENT CONSIDERATION

+ E relates to additional expense of material, + 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	
	RATION cont		Opening through artificial crown			
Permanent Anteriors			39211	53.70	Anteriors and Bicuspids	
23111		- one surface	39212	53.70	Molars	
23112		- two continuous surfaces				
23113		- three continuous surfaces	PERIOD			
23114		- four continuous surfaces	Root Pla			
23115	5 296.00	- five continuous surfaces	43421	47.00	- one unit of time	
(maximum/tooth)			43422	94.00	- two units	
	nent Bicuspids		43423		- three units	
23311 23312		- one surface	43424		- four units	
23312		- two surfaces - three surfaces	43427	23.50	- one half unit	
23314		- four surfaces	DDOCT	JODONTICS	S-REMOVABLE	
23315		- five surfaces (maximum/tooth)				
	nent Molars	- live surfaces (maximum/tooth)	51101	te Dentures	<i>Standard</i> ∟ - Maxillary	
23321		- one surface	51101		∟ - Mandibular ∟ - Mandibular	
23322		- two surfaces		ا + 870.00 s, Partial Ac		
23323		- two surfaces - three surfaces			onal (with or without clasps)	
23324		- four surfaces	52101		L - Maxillary	
23325		- five surfaces (maximum/tooth)		s, Partial Ca		
20020	700.00	iive suridoes (maximam/tootii)			/connectors, Clasps, Rests	
23602	2 180.00	Bonded core, in conjunction with			L - Maxillary	
20002	100.00	crown or fixed bridge retainer			L - Mandibular	
		oronn or inter bridge retainer			ime/connectors, Clasps, Rests	
Crowns	s (single resto	rations)	53201 867.00 + L - Maxillary			
27201			53202		L - Mandibular	
27211		- fused to metal base				
27301		Cast Metal	ORAL S	URGERY		
			Surgical Removal of: Erupted Teeth			
25731	186.00 + E	Prefabricated Retentive Post	Uncomplicated			
			71101	145.00	- single tooth	
Restora	ation (other)		71109	109.00	 each additional tooth, same 	
Recement, rebond inlays/onlays/crowns					quadrant, same appointment	
veneers/posts/natural tooth fragments			Complicated			
29101 82.30 +L+E - one unit of time		E - one unit of time			ip and/or sectioning of tooth	
			71201	242.00	- each tooth	
	ONTICS		71209	182.00	 each additional tooth, same 	
	omy - Primary				quadrant	
32232	2 79.60	concurrent with restorations (but				
		excluding final restoration)			ion,removing bone and may include	
			sectioning of tooth for removal of tooth			
		uncomplicated)	Note: These codes are intended for particularly difficult			
(includes clinical procedures with appropriate radiographs,					ire flap/bone/section	
	ng final restora	•	71211	372.00	- each tooth	
33111		- one canal	71219	279.00	- each additional tooth, same	
33121		- two canals	,	J.T. 4	quadrant	
33131		- three canals	Impacte		- # #:	
33141	l 963.00	- four canals or more	72111	242.00	- soft tissue coverage	
			72211	375.00	- EITHER bone removal	
Open and Drain					OR sectioning of tooth	
39201	88.40	Anteriors and Bicuspids	72221	385.00	- bone removal AND sectioning	
39202		Molars			of tooth	