

## 2017 Abbreviated General Practitioner's Suggested Fee Guide, *effective February 1, 2017*

(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                                |
|--|------------|--|--|----------|--|
| <b>DIAGNOSTIC</b>  |            |  | <b>RESTORATION</b>                                   |          |  |
| <b>*Exams</b>  |            |  | 20111  | 108.00   | Caries, Trauma & Pain Control              |
| 01201  | 43.10      | Standard Oral Examination                              | 20141  | 36.00    | Pulp Cap (direct)                          |
| 01202  | 27.70      | Recall Oral Examination                                | <b>Amalgam Restorations - Non-Bonded</b>             |          |  |
| 01204  | 36.70      | Specific Examination                                   | <b>Primary Teeth</b>                                 |          |  |
| 01205  | 53.60      | Emergency Examination                                  | 21111  | 97.40    | - one surface                              |
| <b>*Complete Exam &amp; Diagnosis</b>                        |            |  | 21112  | 125.00   | - two surfaces                             |
| 01101  | 63.30      | - primary  | 21113  | 135.00   | - three surfaces                           |
| 01102  | 88.00      | - mixed  | 21114  | 147.00   | - four surfaces                            |
| 01103  | 94.50      | - permanent  | 21115  | 197.00   | - five surfaces (maximum/tooth)            |
| <b>Radiographs (diagnosis and interpretation by Dentist)</b> |            |  | <b>Permanent Anteriors &amp; Bicuspids</b>           |          |  |
| 02102  | 95.00 + E  | - complete series                                      | 21211  | 112.00   | - one surface                              |
| <b>Periapical</b>  |            |  | 21212  | 142.00   | - two surfaces                             |
| 02111  | 17.30      | - single image   | 21213  | 168.00   | - three surfaces                           |
| 02112  | 23.70      | - two images   | 21214  | 203.00   | - four surfaces                            |
| 02113  | 30.20      | - three images   | 21215  | 238.00   | - five surfaces (maximum/tooth)            |
| 02114  | 36.70      | - four images  | <b>Permanent Molars</b>                              |          |  |
| <b>Bitewing</b>  |            |  | 21221  | 119.00   | - one surface                              |
| 02141  | 17.30      | - single image   | 21222  | 170.00   | - two surfaces                             |
| 02142  | 23.70      | - two images   | 21223  | 196.00   | - three surfaces                           |
| 02143  | 30.20      | - three images   | 21224  | 255.00   | - four surfaces                            |
| 02144  | 36.70      | - four images  | 21225  | 294.00   | - five surfaces (maximum/tooth)            |
| 02601  | 65.80      | Panoramic (single image)                               | <b>Retentive Pins</b>                                |          |  |
| 04501  | 73.30      | Pulp Vitality Test (1 unit)                            | 21401  | 32.00    | - one pin                                  |
| <b>PREVENTION</b>  |            |  | 21402  | 48.30    | - two pins                                 |
| 11101  | 36.70      | Polishing  | 21403  | 61.70    | - three pins                               |
| <b>Scaling</b>   |            |  | <b>Tooth Coloured Restorations, Bonded Technique</b> |          |  |
| 11111  | 42.00      | - one unit of time                                     | <b>Primary Anteriors</b>                             |          |  |
| 11112  | 84.00      | - two units  | 23411  | 119.00   | - one surface                              |
| 11113  | 126.00     | - three units  | 23412  | 153.00   | - two surfaces                             |
| 11114  | 168.00     | - four units   | 23413  | 170.00   | - three surfaces                           |
| 11115  | 210.00     | - five units   | 23414  | 195.00   | - four surfaces                            |
| 11116  | 252.00     | - six units  | 23415  | 222.00   | - five surfaces (maximum/tooth)            |
| 11117  | 21.00      | - one half unit  | <b>Primary Posteriors</b>                            |          |  |
| 11119  | 42.00      | - each additional unit over six                        | 23511  | 128.00   | - one surface                              |
| 12101  | 14.30      | Topical Fluoride                                       | 23512  | 183.00   | - two surfaces                             |
| <b>Sealants</b>  |            |  | 23513  | 213.00   | - three surfaces                           |
| 13401  | 26.60      | - single tooth   | 23514  | 254.00   | - four surfaces                            |
| 13409  | 14.60      | - each additional tooth, same quadrant                 | 23515  | 296.00   | - five surfaces (maximum/tooth)            |
| <b>Appliances, Periodontal</b>                               |            |  | <b>Permanent Anteriors</b>                           |          |  |
| 14611  | 244.00 + L | Maxillary Appliance Impression, Insertion & Adjustment | 23111  | 122.00   | - one surface                              |
| <b>Occlusal Adjustment</b>                                   |            |  | 23112  | 147.00   | - two continuous surfaces                  |
| 16511  | 72.50      | - one unit of time                                     | 23113  | 185.00   | - three continuous surfaces                |
|  |            |  | 23114  | 231.00   | - four continuous surfaces                 |
|  |            |  | 23115  | 273.00   | - five continuous surfaces (maximum/tooth) |

**NOTE:** ONE UNIT OF TIME = 15 MINUTES, ONE HALF UNIT = 7 1/2 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  |
|--|------------|--|---|------------|--|
| <b>RESTORATION cont'd</b>  |            |  | <b>PERIODONTICS - ORAL DISEASE</b>  |            |  |
| <b>Permanent Bicuspids</b>   |            |  | <b>Oral Mucosal Disorders</b>   |            |  |
| 23311  | 141.00     | - one surface  | 41211   | 89.50      | - one unit of time                                       |
| 23312  | 195.00     | - two surfaces   | <b>Nervous &amp; Muscular Disorders</b>   |            |  |
| 23313  | 238.00     | - three surfaces   | 41221   | 70.70      | - one unit of time                                       |
| 23314  | 292.00     | - four surfaces  | <b>Oral Manifestation of Systemic Disease</b>   |            |  |
| 23315  | 323.00     | - five surfaces (maximum/tooth)                              | 41231   | 69.00      | - one unit of time                                       |
| <b>Permanent Molars</b>  |            |  | <b>Root Planing</b>   |            |  |
| 23321  | 153.00     | - one surface  | 43421   | 42.00      | - one unit of time                                       |
| 23322  | 234.00     | - two surfaces   | 43422   | 84.00      | - two units  |
| 23323  | 282.00     | - three surfaces   | 43427   | 21.00      | - one half unit  |
| 23324  | 338.00     | - four surfaces  | 43429   | 42.00      | - each additional unit over six                          |
| 23325  | 401.00     | - five surfaces (maximum/tooth)                              | <b>PROSTHODONTICS - REMOVABLE</b>   |            |  |
| <b>Crowns (single restorations)</b>  |            |  | <b>Complete Standard</b>  |            |  |
| 27201  | 761.00 + L | Porcelain/Ceramic/Polymer Glass                              | 51101   | 774.00 + L | - Maxillary  |
| 27211  | 761.00 + L | - fused to metal base  | 51102   | 845.00 + L | - Mandibular   |
| 27301  | 722.00 + L | Cast Metal   | <b>Adjustments</b>  |            |  |
| 27311  | 761.00 + L | 3/4, Cast Metal  | Minor Adjustments of Partial or Complete Denture (after 3 months insertion or by other than dentist providing prosthesis) |            |  |
| 21301  | 114.00     | Amalgam Core, Non-bonded pins (where applicable) are extra   | 54201   | 64.40 + L  | - one unit of time                                       |
| 25711  | 317.00 + L | Cast Metal Post (including core), single section, separately | <b>PROSTHODONTICS - FIXED</b>   |            |  |
| 25731  | 165.00 + E | Prefabricated Retentive Post                                 | <b>Repairs, Recementation</b>   |            |  |
| <b>Restoration (other)</b>   |            |  | 66301   | 84.80 + L  | - one unit of time                                       |
| Recement, rebond inlays/onlays/crowns veneers/posts/natural tooth fragments              |            |  | <b>ORAL SURGERY</b>   |            |  |
| 29101  | 73.60 +L+E | - one unit of time   | <b>Surgical Removal of: Erupted Teeth</b>   |            |  |
| <b>ENDODONTICS</b>   |            |  | <b>Uncomplicated</b>  |            |  |
| <b>Pulpotomy - Permanent</b>   |            |  | 71101   | 120.00     | - single tooth   |
| (separate emergency procedure)   |            |  | 71109   | 79.20      | - each additional tooth, same quadrant, same appointment |
| 32221  | 112.00     | - anterior & bicuspid teeth                                  | <b>Complicated</b>  |            |  |
| 32222  | 113.00     | - molar teeth  | Requiring surgical flap and/or sectioning of tooth  |            |  |
| <b>Root Canal Therapy (uncomplicated)</b>  |            |  | 71201   | 234.00     | - each tooth   |
| (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  | 442.00     | - one canal  | <b>Note: These codes are intended for particularly difficult extractions that require flap/bone/section</b>               |            |  |
| 33121  | 568.00     | - two canals   | 71211   | 369.00     | - each tooth   |
| 33131  | 809.00     | - three canals   | 71219   | 277.00     | - each additional tooth, same quadrant                   |
| 33141  | 905.00     | - four canals or more  | <b>Impacted Teeth</b>   |            |  |
|  |            |  | 72111   | 235.00     | - soft tissue coverage                                   |
|  |            |  | 72211   | 369.00     | - EITHER bone removal OR sectioning of tooth             |
|  |            |  | 72221   | 384.00     | - bone removal AND sectioning of tooth                   |