

## 2022 Abbreviated General Practitioner's Suggested Fee Guide, effective February 1, 2022

(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		
DIAGNO	OSTIC		Appliances, Periodontal				
*Exams			14611		Maxillary Appliance Impression,		
01201	60.60	New Patient Limited Examination			Insertion & Adjustment		
01202	2 37.00	Recall Examination			•		
01204	48.40	Specific Examination	Occlusa	al Adjustmen	t		
01205	67.10	Emergency Examination	16511		- one unit of time		
*Complete Exam & Diagnosis							
01101	87.30	- primary	RESTO	RATION			
01102	116.00	- mixed	20111	133.00	Caries, Trauma & Pain Control		
01103	3 119.00	- permanent	20141	45.10	Pulp Cap (direct)		
			Amalga	m Restoratio	ns - Non-Bonded		
Radiog	raphs (diagnos	sis and interpretation by Dentist)	Primary	Teeth			
02102	2 108.00 + E	- complete series	21111	129.00	- one surface		
Periapio	cal	•	21112	166.00	- two surfaces		
02111	19.70	- single image	21113	179.00	- three surfaces		
02112	27.00	- two images	21114	195.00	- four surfaces		
02113	34.30	- three images	21115	247.00	<ul> <li>five surfaces (maximum/tooth)</li> </ul>		
02114	41.80	- four images	Perman	ent Anteriors	s & Bicuspids		
Bitewin	g	-	21211	149.00	- one surface		
02141	19.70	- single image	21212	188.00	- two surfaces		
02142	27.00	- two images	21213	223.00	- three surfaces		
02143	34.30	- three images	21214	269.00	- four surfaces		
02144	41.80	- four images	21215	316.00	<ul> <li>five surfaces (maximum/tooth)</li> </ul>		
		-	Permanent Molars				
02601	74.80	Panoramic (single image)	21221	158.00	- one surface		
			21222	225.00	- two surfaces		
Tests/A	nalysis		21223	260.00	- three surfaces		
04403	35.30 + E	Direct Fluorescence Visualization	21224	338.00	- four surfaces		
04501	123.00	Pulp Vitality Test (1 unit)	21225	390.00	<ul> <li>five surfaces (maximum/tooth)</li> </ul>		
			Retentiv	/e Pins			
PREVE	NTION		21401	41.30	- one pin		
11101	42.50	Polishing	21402	62.20	- two pins		
Scaling		-			•		
11111	50.50	- one unit of time	Tooth C	oloured Res	torations, Bonded Technique		
11112	2 101.00	- two units	Primary	Anteriors			
11113	3 151.50	- three units	23411	147.00	- one surface		
11114	202.00	- four units	23412	189.00	- two surfaces		
11117	25.30	- one half unit	23413	210.00	- three surfaces		
Fluoride	e Treatments (	topical, whole mouth)	23414	241.00	- four surfaces		
12111	12.40	Rinse	23415	275.00	<ul> <li>five surfaces (maximum/tooth)</li> </ul>		
12112	2 17.10	Gel or Foam	Primary	Posteriors	,		
12113	3 21.10	Varnish	23511		- one surface		
Sealant	S		23512	226.00	- two surfaces		
13401	29.80	- single tooth	23513		- three surfaces		
13409	16.30	- each additional tooth, same	23514	314.00	- four surfaces		
		quadrant	23515	366.00	- five surfaces (maximum/tooth)		

**NOTE:** ONE UNIT OF TIME = 15 MINUTES, ONE HALF UNIT =  $7\frac{1}{2}$  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		
	RATION cont'o		Opening through artificial crown				
Permanent Anteriors			39211	62.80	Anteriors and Bicuspids		
23111		- one surface	39212	62.80	Molars		
23112		- two surfaces					
23113		- three surfaces	PERIODO	ONTICS			
23114		- four surfaces	Root Pla				
23115	338.00	- five surfaces	43421	50.50	- one unit of time		
		(maximum/tooth)	43422	101.00	- two units		
Permanent Bicuspids			43423	151.50	- three units		
23311		- one surface	43424	202.00	- four units		
23312	242.00	- two surfaces	43427	25.30	- one half unit		
23313	294.00	- three surfaces					
23314		- four surfaces			- REMOVABLE		
23315		<ul> <li>five surfaces (maximum/tooth)</li> </ul>	Complete	e Dentures :			
	ent Molars		51101		- Maxillary		
23321		- one surface	51102		- Mandibular		
23322		- two surfaces		s, Partial Ac			
23323		- three surfaces	•		nal (with or without clasps)		
23324		- four surfaces	52101		- Maxillary		
23325	496.00	- five surfaces (maximum/tooth)		s, Partial Ca			
00000	100.00	5 1 1			connectors, Clasps, Rests		
23602	198.00	Bonded core, in conjunction with		1123.00 + L			
		crown or fixed bridge retainer			- Mandibular		
0	/a!		Tooth Borne, cast frame/connectors, Clasps, Rests				
	(single restor		53201 968.00 + ∟ - Maxillary 53202 968.00 + ∟ - Mandibular				
27201		,	53202	968.00 + L	Mandibular		
27211 27301			ORAL SU	IDCEDV			
2/301	002.00 + L	Cast Metal			Fruntod Tooth		
25731	25731 211.00 + E Prefabricated Retentive Post			Surgical Removal of: Erupted Teeth Uncomplicated			
23731	211.00 + E	Trefablicated Neterlive Fost	71101	161.00	- single tooth		
Restora	tion (other)		71101	121.00	- each additional tooth, same		
		ys/onlays/crowns	7 1 100	121.00	quadrant, same appointment		
		ooth fragments	Complicated				
29101		E - one unit of time	Requiring surgical flap and/or sectioning of tooth				
20.0.	02.00				- each tooth		
ENDOD	ONTICS		71209	204.00	- each additional tooth, same		
	my - Primary		00	_00	quadrant		
32232		concurrent with restorations (but			4		
		excluding final restoration) `	Requiring	flap elevation	on,removing bone and may include		
		,			removal of tooth		
Root Ca	Root Canal Therapy (uncomplicated)			<b>Note:</b> These codes are intended for particularly difficult			
		dures with appropriate radiographs,	extractions that require flap/bone/section				
excluding final restoration)			71211	408.00	- each tooth		
33111	570.00	- one canal	71219	306.00	- each additional tooth, same		
33121	726.00	- two canals			quadrant		
33131		- three canals					
33141	1120.00	- four canals or more	Impacted	d Teeth			
			72111	270.00	- soft tissue coverage		
Open ar	nd Drain		72211	414.00	- EITHER bone removal		
39201		Anteriors and Bicuspids			OR sectioning of tooth		
39202		Molars	72221	423.00	- bone removal AND sectioning		
					of tooth		