

2025 Abbreviated General Practitioner's Suggested Fee Guide, effective February 1, 2025

(A full copy of the Suggested Fee Guide can be found in public libraries.)

Important: The Abbreviated Suggested Fee 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 | | |
|---------|----------------|-----------------------------------|-------------------|-------------------------|---------------------------------|--|--|
| DIAGN | DIAGNOSTIC | | | Appliances, Periodontal | | | |
| *Exams | 5 | | 14611 | 335.00 [L] | Maxillary Appliance Impression, | | |
| 0120 | 1 67.20 | New Patient Limited Examination | | | Insertion & Adjustment | | |
| 01202 | 2 41.60 | Recall Examination | | | | | |
| 01204 | 4 61.00 | Specific Examination | Occlusa | l Adjustmen | nt | | |
| 0120 | 5 74.90 | Emergency Examination | 16511 | 122.00 | - one unit of time | | |
| *Comp | lete Exam & Di | iagnosis | | | | | |
| 0110 | 1 96.90 | - primary | RESTOR | RATION | | | |
| 01102 | 2 131.00 | - mixed | 20111 | 146.00 | Caries, Trauma & Pain Control | | |
| 01103 | 3 146.00 | - permanent | 20141 | 49.50 | Pulp Cap (direct) | | |
| | | | Amalgan | n Restoratio | ons - Non-Bonded | | |
| Radiog | Radiographs | | | Primary Teeth | | | |
| 02102 | 2 126.00 [E] | - complete series | 21111 | 151.00 | - one surface | | |
| Periapi | cal | | 21112 | 190.00 | - two surfaces | | |
| 0211 | 1 23.00 | - single image | 21113 | 218.00 | - three surfaces | | |
| 02112 | 2 31.50 | - two images | 21114 | 251.00 | - four surfaces | | |
| 02113 | 3 40.00 | - three images | 21115 | 289.00 | - five surfaces (maximum/tooth) | | |
| 02114 | 4 48.70 | - four images | Permane | ent Anterior | s & Bicuspids | | |
| Bitewir | ng | - | 21211 | 179.00 | - one surface | | |
| 0214 | 1 23.00 | - single image | 21212 | 246.00 | - two surfaces | | |
| 02142 | 2 31.50 | - two images | 21213 | 301.00 | - three surfaces | | |
| 02143 | 3 40.00 | - three images | 21214 | 367.00 | - four surfaces | | |
| 02144 | 4 48.70 | - four images | 21215 | 447.00 | - five surfaces (maximum/tooth) | | |
| Focal F | Plane Tomogra | m(e.g. Radiographs, Panoramic) | Permane | ent Molars | , | | |
| 0260 | 1 87.00 | Panoramic image | 21221 | 194.00 | - one surface | | |
| | | - | 21222 | 291.00 | - two surfaces | | |
| Tests/A | Analysis | | 21223 | 357.00 | - three surfaces | | |
| 04403 | 3 43.00 [E] | Direct Fluorescence Visualization | 21224 | 440.00 | - four surfaces | | |
| 0450 | 1 138.00 | Pulp Vitality Test (1 unit) | 21225 | 541.00 | - five surfaces (maximum/tooth) | | |
| | | , , , | Retentive | e Pins | | | |
| PREVE | NTION | | 21401 | 43.60 | - one pin | | |
| 1110 | 1 47.60 | Polishing | 21402 | 65.50 | - two pins | | |
| Scaling | 1 | | | | · | | |
| 1111 | | - one unit of time | Tooth Co | oloured Res | storations, Bonded Technique | | |
| 11112 | 2 117.60 | - two units | Primary Anteriors | | | | |
| 11113 | | - three units | 23411 | 167.00 | - one surface | | |
| 11114 | 4 235.20 | - four units | 23412 | 211.00 | - two surfaces | | |
| 11117 | | - one half unit | 23413 | 243.00 | - three surfaces | | |
| | | (topical, whole mouth) | 23414 | 279.00 | - four surfaces | | |
| 1211 | | Rinse | 23415 | 321.00 | - five surfaces (maximum/tooth) | | |
| 12112 | | Gel or Foam | | Posteriors | , | | |
| 12113 | | Varnish | 23511 | 180.00 | - one surface | | |
| Sealant | | | 23512 | 256.00 | - two surfaces | | |
| 1340 | | - single tooth | 23513 | 307.00 | - three surfaces | | |
| 13409 | | - each additional tooth, same | 23514 | 368.00 | - four surfaces | | |
| | | quadrant | 23515 | 442.00 | - 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 | ATION cont | d | Opening through artificial crown | | | | |
| | nt Anteriors | | 39501 | 71.00 | Anteriors and Bicuspids | | |
| 23111 | 172.00 | - one surface | 39502 | 71.00 | Molars | | |
| 23112 | 209.00 | - two surfaces | | | | | |
| 23113 | 259.00 | - three surfaces | PERIODO | | | | |
| 23114 | 319.00 | - four surfaces | Root Plan | • | | | |
| 23115 | 394.00 | - five surfaces | 43421 | 58.80 | - one unit of time | | |
| (maximum/tooth) | | | 43422 | 117.60 | - two units | | |
| | nt Bicuspids | | 43423 | 176.40 | - three units | | |
| 23311 | 198.00 | - one surface | 43424 | 235.20 | - four units | | |
| 23312 | 274.00 | - two surfaces | 43427 | 29.40 | - one half unit | | |
| 23313 | 334.00 | - three surfaces | | | | | |
| 23314 | 408.00 | - four surfaces | | | - REMOVABLE | | |
| 23315 | 497.00 | - five surfaces (maximum/tooth) | - | e Dentures | | | |
| | nt Molars | | | • | - Maxillary | | |
| 23321 | 215.00 | - one surface | | | - Mandibular | | |
| 23322 | 323.00 | - two surfaces | Dentures, Partial Acrylic | | | | |
| 23323 | 397.00 | - three surfaces | Acrylic Base, Provisional (with or without clasps) | | | | |
| 23324 | 489.00 | - four surfaces | 52101 | | - Maxillary | | |
| 23325 | 601.00 | - five surfaces (maximum/tooth) | Dentures, Partial Cast | | | | |
| | | | | | connectors, Clasps, Rests | | |
| 23602 | 226.00 | Bonded core, in conjunction with | | | - Maxillary | | |
| | | crown or fixed bridge retainer | | | - Mandibular | | |
| | | | | | me/connectors, Clasps, Rests | | |
| - | single resto | | 53201 1,102.00 ^[L] - Maxillary | | | | |
| | 1,070.00 [L] | - | 53202 | 1,102.00 [L] | - Mandibular | | |
| 27211 | 1,070.00 [L] | - fused to metal base | | | | | |
| 27301 | 999.00 [L] | Cast Metal | ORAL SU | IRGERY | | | |
| | | | Surgical Removal of: Erupted Teeth | | | | |
| 25731 | 236.00 [E] | Prefabricated Retentive Post | Uncomplicated | | | | |
| | | | 71101 | 181.00 | - single tooth | | |
| | on (other) | | 71109 | 154.00 | - each additional tooth, same | | |
| | | ys/onlays/crowns | quadrant, same appointment | | | | |
| veneers/posts/natural tooth fragments | | | Complicated | | | | |
| 29101 | 104.00 [L][E | il - one unit of time | Requiring | surgical fla | p and/or sectioning of tooth | | |
| | | | 71201 | 306.00 | - each tooth | | |
| ENDODONTICS | | | 71209 | 260.00 | - each additional tooth, same | | |
| Pulpotomy - Primary | | | | | quadrant | | |
| 32232 | 105.00 | concurrent with restorations (but | | | | | |
| | | excluding final restoration) | Requiring | flap elevati | on,removing bone and may include | | |
| | | | sectioning of tooth for removal of tooth | | | | |
| Root Can | al Therapy (| uncomplicated) | Note: These codes are intended for particularly difficult | | | | |
| (includes | clinical proce | dures with appropriate radiographs, | extractions that require flap/bone/section | | | | |
| excluding final restoration) | | | 71211 | 464.00 | - each tooth | | |
| 33111 | 642.00 | - one canal | 71219 | 394.00 | - each additional tooth, same | | |
| 33121 | 820.00 | - two canals | | | quadrant | | |
| 33131 | 1,154.00 | - three canals | | | | | |
| | 1,276.00 | - four canals or more | Impacted | Teeth | | | |
| | | | 72111 | 303.00 | - soft tissue coverage | | |
| Open and | l Drain | | 72211 | 467.00 | - EITHER bone removal | | |
| 39201 | 116.00 | Anteriors and Bicuspids | | - - | OR sectioning of tooth | | |
| 39202 | 116.00 | Molars | 72221 | 479.00 | - bone removal AND sectioning | | |
| | | | | | of tooth | | |