



The Voice of BC Dentists

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.	Sug. Fee	Description	No.	Sug. Fee	Description
DIAGNOSTIC			Appliances, Periodontal		
*Exams			14611	326.00 + L	Maxillary Appliance Impression, Insertion & Adjustment
01201	63.40	New Patient Limited Examination	Occlusal Adjustment		
01202	39.50	Recall Examination	16511	120.00	- one unit of time
01204	53.00	Specific Examination	RESTORATION		
01205	73.30	Emergency Examination	20111	143.00	Caries, Trauma & Pain Control
*Complete Exam & Diagnosis			20141	48.70	Pulp Cap (direct)
01101	95.50	- primary	Amalgam Restorations - Non-Bonded		
01102	128.00	- mixed	Primary Teeth		
01103	141.00	- permanent	21111	148.00	- one surface
Radiographs			21112	187.00	- two surfaces
02102	122.00 + E	- complete series	21113	215.00	- three surfaces
Periapical			21114	247.00	- four surfaces
02111	22.30	- single image	21115	284.00	- five surfaces (maximum/tooth)
02112	30.50	- two images	Permanent Anteriors & Bicuspid		
02113	38.80	- three images	21211	175.00	- one surface
02114	47.20	- four images	21212	242.00	- two surfaces
Bitewing			21213	295.00	- three surfaces
02141	22.30	- single image	21214	360.00	- four surfaces
02142	30.50	- two images	21215	440.00	- five surfaces (maximum/tooth)
02143	38.80	- three images	Permanent Molars		
02144	47.20	- four images	21221	190.00	- one surface
Focal Plane Tomogram(e.g. Radiographs, Panoramic)			21222	286.00	- two surfaces
02601	84.50	Panoramic image	21223	351.00	- three surfaces
Tests/Analysis			21224	432.00	- four surfaces
04403	37.40 + E	Direct Fluorescence Visualization	21225	532.00	- five surfaces (maximum/tooth)
04501	130.00	Pulp Vitality Test (1 unit)	Retentive Pins		
PREVENTION			21401	42.90	- one pin
11101	46.40	Polishing	21402	64.50	- two pins
Scaling			Tooth Coloured Restorations, Bonded Technique		
11111	55.80	- one unit of time	Primary Anteriors		
11112	111.60	- two units	23411	165.00	- one surface
11113	167.40	- three units	23412	207.00	- two surfaces
11114	223.20	- four units	23413	238.00	- three surfaces
11117	27.90	- one half unit	23414	274.00	- four surfaces
Fluoride Treatments (topical, whole mouth)			23415	315.00	- five surfaces (maximum/tooth)
12111	14.20	Rinse	Primary Posteriors		
12112	19.50	Gel or Foam	23511	177.00	- one surface
12113	23.50	Varnish	23512	251.00	- two surfaces
Sealants			23513	302.00	- three surfaces
13401	32.50	- single tooth	23514	362.00	- four surfaces
13409	17.80	- each additional tooth, same 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
RESTORATION cont'd			Opening through artificial crown		
Permanent Anteriors			39501	69.20	Anteriors and Bicuspid
23111	169.00	- one surface	39502	69.20	Molars
23112	206.00	- two surfaces	PERIODONTICS		
23113	254.00	- three surfaces	Root Planing		
23114	314.00	- four surfaces	43421	55.80	- one unit of time
23115	388.00	- five surfaces (maximum/tooth)	43422	111.60	- two units
Permanent Bicuspid			43423	167.40	- three units
23311	195.00	- one surface	43424	223.20	- four units
23312	269.00	- two surfaces	43427	27.90	- one half unit
23313	328.00	- three surfaces	PROSTHODONTICS - REMOVABLE		
23314	401.00	- four surfaces	Complete Dentures Standard		
23315	489.00	- five surfaces (maximum/tooth)	51101	987.00 + L	- Maxillary
Permanent Molars			51102	1077.00 + L	- Mandibular
23321	212.00	- one surface	Dentures, Partial Acrylic		
23322	317.00	- two surfaces	Acrylic Base, Provisional (with or without clasps)		
23323	390.00	- three surfaces	52101	394.00 + L	- Maxillary
23324	480.00	- four surfaces	Dentures, Partial Cast		
23325	591.00	- five surfaces (maximum/tooth)	Free end, cast frame/connectors, Clasps, Rests		
23602	221.00	Bonded core, in conjunction with crown or fixed bridge retainer	53101	1247.00 + L	- Maxillary
Crowns (single restorations)			53102	1359.00 + L	- Mandibular
27201	1051.00 + L	Porcelain/Ceramic/Polymer Glass	Tooth Borne, cast frame/connectors, Clasps, Rests		
27211	1051.00 + L	- fused to metal base	53201	1074.00 + L	- Maxillary
27301	979.00 + L	Cast Metal	53202	1074.00 + L	- Mandibular
25731	233.00 + E	Prefabricated Retentive Post	ORAL SURGERY		
Restoration (other)			Surgical Removal of: Erupted Teeth		
Recement, rebond inlays/onlays/crowns veneers/posts/natural tooth fragments			Uncomplicated		
29101	103.00 +L+E	- one unit of time	71101	177.00	- single tooth
ENDODONTICS			71109	151.00	- each additional tooth, same quadrant, same appointment
Pulpotomy - Primary			Complicated		
32232	103.00	concurrent with restorations (but excluding final restoration)	Requiring surgical flap and/or sectioning of tooth		
Root Canal Therapy (uncomplicated)			71201	300.00	- each tooth
(includes clinical procedures with appropriate radiographs, excluding final restoration)			71209	255.00	- each additional tooth, same quadrant
33111	628.00	- one canal	Requiring flap elevation, removing bone and may include sectioning of tooth for removal of tooth		
33121	801.00	- two canals	Note: These codes are intended for particularly difficult <i>extractions that require flap/bone/section</i>		
33131	1124.00	- three canals	71211	451.00	- each tooth
33141	1238.00	- four canals or more	71219	383.00	- each additional tooth, same quadrant
Open and Drain			Impacted Teeth		
39201	115.00	Anteriors and Bicuspid	72111	298.00	- soft tissue coverage
39202	115.00	Molars	72211	458.00	- EITHER bone removal OR sectioning of tooth
			72221	468.00	- bone removal AND sectioning of tooth