

2026 Abbreviated General Practitioner's Suggested Fee Guide, effective February 1, 2026

(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 |
|--|------------|--|-------|------------|--|
| DIAGNOSTIC | | | | | |
| *Exams | | | | | |
| 01201 | 68.80 | New Patient Limited Examination | 14611 | 352.00 [L] | Maxillary Appliance Impression, Insertion & Adjustment |
| 01202 | 42.90 | Recall Examination | 16511 | 125.00 | - one unit of time |
| 01204 | 62.60 | Specific Examination | | | |
| 01205 | 76.90 | Emergency Examination | | | |
| *Complete Exam & Diagnosis | | | | | |
| 01101 | 102.00 | - primary | | | |
| 01102 | 136.00 | - mixed | | | |
| 01103 | 150.00 | - permanent | | | |
| Radiographs | | | | | |
| 02102 | 130.00 [E] | - complete series | | | |
| Periapical | | | | | |
| 02111 | 23.70 | - single image | 21111 | 157.00 | - one surface |
| 02112 | 32.50 | - two images | 21112 | 198.00 | - two surfaces |
| 02113 | 41.30 | - three images | 21113 | 228.00 | - three surfaces |
| 02114 | 50.30 | - four images | 21114 | 262.00 | - four surfaces |
| Bitewing | | | | | |
| 02141 | 23.70 | - single image | 21115 | 301.00 | - five surfaces (maximum/tooth) |
| 02142 | 32.50 | - two images | | | |
| 02143 | 41.30 | - three images | | | |
| 02144 | 50.30 | - four images | | | |
| Focal Plane Tomogram(e.g. Radiographs, Panoramic) | | | | | |
| 02601 | 89.90 | Panoramic image | | | |
| Tests/Analysis | | | | | |
| 04403 | 44.50 [E] | Direct Fluorescence Visualization | 21211 | 186.00 | - one surface |
| 04501 | 143.00 | Pulp Vitality Test (1 unit) | 21212 | 257.00 | - two surfaces |
| PREVENTION | | | | | |
| 11101 | 48.40 | Polishing | 21213 | 313.00 | - three surfaces |
| Scaling | | | 21214 | 382.00 | - four surfaces |
| 11111 | 60.50 | - one unit of time | 21215 | 467.00 | - five surfaces (maximum/tooth) |
| 11112 | 121.00 | - two units | | | |
| 11113 | 181.50 | - three units | | | |
| 11114 | 242.00 | - four units | | | |
| 11117 | 30.25 | - one half unit | | | |
| Fluoride Treatments (topical, whole mouth) | | | | | |
| 12111 | 15.00 | Rinse | | | |
| 12112 | 20.60 | Gel or Foam | | | |
| 12113 | 24.60 | Varnish | | | |
| Sealants | | | | | |
| 13401 | 33.40 | - single tooth | 23411 | 171.00 | - one surface |
| 13409 | 18.30 | - each additional tooth, same quadrant | 23412 | 215.00 | - two surfaces |
| | | | 23413 | 247.00 | - three surfaces |
| | | | 23414 | 285.00 | - four surfaces |
| | | | 23415 | 327.00 | - five surfaces (maximum/tooth) |
| Tooth Coloured Restorations, Bonded Technique | | | | | |
| Primary Anteriors | | | | | |
| 23511 | 184.00 | - one surface | | | |
| 23512 | 261.00 | - two surfaces | | | |
| 23513 | 313.00 | - three surfaces | | | |
| 23514 | 376.00 | - four surfaces | | | |
| 23515 | 451.00 | - 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. If delegated to qualified staff, then the time used to complete charting and measuring should be deducted from scaling/root planing units.



| No. | Sug. Fee | Description | No. | Sug. Fee | Description |
|--|---------------|--|-------|----------|---|
| RESTORATION cont'd | | | | | |
| Permanent Antiors | | | | | |
| 23111 | 175.00 | - one surface | 39501 | 73.70 | Antiors and Bicuspid |
| 23112 | 214.00 | - two surfaces | 39502 | 73.70 | Molars |
| 23113 | 264.00 | - three surfaces | | | |
| 23114 | 326.00 | - four surfaces | | | |
| 23115 | 402.00 | - five surfaces (maximum/tooth) | | | |
| Permanent Bicuspid | | | | | |
| 23311 | 202.00 | - one surface | | | |
| 23312 | 279.00 | - two surfaces | | | |
| 23313 | 341.00 | - three surfaces | | | |
| 23314 | 416.00 | - four surfaces | | | |
| 23315 | 507.00 | - five surfaces (maximum/tooth) | | | |
| Permanent Molars | | | | | |
| 23321 | 220.00 | - one surface | | | |
| 23322 | 329.00 | - two surfaces | | | |
| 23323 | 405.00 | - three surfaces | | | |
| 23324 | 498.00 | - four surfaces | | | |
| 23325 | 613.00 | - five surfaces (maximum/tooth) | | | |
| 23602 | 230.00 | Bonded core, in conjunction with crown or fixed bridge retainer | | | |
| Crowns (single restorations) | | | | | |
| 27201 | 1104.00 [L] | Porcelain/Ceramic/Polymer Glass | | | |
| 27211 | 1104.00 [L] | - fused to metal base | | | |
| 27301 | 1025.00 [L] | Cast Metal | | | |
| 25731 | 245.00 [E] | Prefabricated Retentive Post | | | |
| Restoration (other) | | | | | |
| Recement, rebond inlays/onlays/crowns veneers/posts/natural tooth fragments | | | | | |
| 29101 | 108.00 [L][E] | - one unit of time | | | |
| ENDODONTICS | | | | | |
| Pulpotomy - Primary | | | | | |
| 32232 | 111.00 | concurrent with restorations (but excluding final restoration) | | | |
| Root Canal Therapy (uncomplicated) | | | | | |
| (includes clinical procedures with appropriate radiographs, excluding final restoration) | | | | | |
| 33111 | 669.00 | - one canal | 71211 | 467.00 | - each tooth |
| 33121 | 853.00 | - two canals | 71219 | 397.00 | - each additional tooth, same quadrant |
| 33131 | 1196.00 | - three canals | | | |
| 33141 | 1346.00 | - four canals or more | | | |
| Open and Drain | | | | | |
| 39201 | 123.00 | Antiors and Bicuspid | | | |
| 39202 | 123.00 | Molars | | | |
| Opening through artificial crown | | | | | |
| | | | | | |
| PERIODONTICS | | | | | |
| Root Planing | | | | | |
| 43421 | 60.50 | - one unit of time | | | |
| 43422 | 121.00 | - two units | | | |
| 43423 | 181.50 | - three units | | | |
| 43424 | 242.00 | - four units | | | |
| 43427 | 30.25 | - one half unit | | | |
| PROSTHODONTICS - REMOVABLE | | | | | |
| Complete Dentures Standard | | | | | |
| 51101 | 1037.00 [L] | - Maxillary | | | |
| 51102 | 1131.00 [L] | - Mandibular | | | |
| Dentures, Partial Acrylic | | | | | |
| Acrylic Base, Provisional (with or without clasps) | | | | | |
| 52101 | 417.00 [L] | - Maxillary | | | |
| Dentures, Partial Cast | | | | | |
| Free end, cast frame/connectors, Clasps, Rests | | | | | |
| 53101 | 1308.00 [L] | - Maxillary | | | |
| 53102 | 1426.00 [L] | - Mandibular | | | |
| Tooth Borne, cast frame/connectors, Clasps, Rests | | | | | |
| 53201 | 1129.00 [L] | - Maxillary | | | |
| 53202 | 1129.00 [L] | - Mandibular | | | |
| ORAL SURGERY | | | | | |
| Surgical Removal of: Erupted Teeth | | | | | |
| Uncomplicated | | | | | |
| 71101 | 185.00 | - single tooth | | | |
| 71109 | 157.00 | - each additional tooth, same quadrant, same appointment | | | |
| Complicated | | | | | |
| Requiring surgical flap and/or sectioning of tooth | | | | | |
| 71201 | 312.00 | - each tooth | | | |
| 71209 | 265.00 | - each additional tooth, same quadrant | | | |
| Requiring flap elevation, removing bone and may include sectioning of tooth for removal of tooth | | | | | |
| Note: These codes are intended for particularly difficult extractions that require flap/bone/section | | | | | |
| 71211 | 467.00 | - each tooth | | | |
| 71219 | 397.00 | - each additional tooth, same quadrant | | | |
| Impacted Teeth | | | | | |
| 72111 | 311.00 | - soft tissue coverage | | | |
| 72211 | 476.00 | - EITHER bone removal OR sectioning of tooth | | | |
| 72221 | 485.00 | - bone removal AND sectioning of tooth | | | |