

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			Appliances, Periodontal		
*Exams			14611	352.00 [L]	Maxillary Appliance Impression, Insertion & Adjustment
01201	68.80	New Patient Limited Examination	Occlusal Adjustment		
01202	42.90	Recall Examination	16511	125.00	- one unit of time
01204	62.60	Specific Examination	RESTORATION		
01205	76.90	Emergency Examination	20111	148.00	Caries, Trauma & Pain Control
*Complete Exam & Diagnosis			20141	50.60	Pulp Cap (direct)
01101	102.00	- primary	Amalgam Restorations - Non-Bonded		
01102	136.00	- mixed	Primary Teeth		
01103	150.00	- permanent	21111	157.00	- one surface
Radiographs			21112	198.00	- two surfaces
02102	130.00 [E]	- complete series	21113	228.00	- three surfaces
Periapical			21114	262.00	- four surfaces
02111	23.70	- single image	21115	301.00	- five surfaces (maximum/tooth)
02112	32.50	- two images	Permanent Anteriors & Bicuspsids		
02113	41.30	- three images	21211	186.00	- one surface
02114	50.30	- four images	21212	257.00	- two surfaces
Bitewing			21213	313.00	- three surfaces
02141	23.70	- single image	21214	382.00	- four surfaces
02142	32.50	- two images	21215	467.00	- five surfaces (maximum/tooth)
02143	41.30	- three images	Permanent Molars		
02144	50.30	- four images	21221	202.00	- one surface
Focal Plane Tomogram(e.g. Radiographs, Panoramic)			21222	303.00	- two surfaces
02601	89.90	Panoramic image	21223	373.00	- three surfaces
Tests/Analysis			21224	458.00	- four surfaces
04403	44.50 [E]	Direct Fluorescence Visualization	21225	564.00	- five surfaces (maximum/tooth)
04501	143.00	Pulp Vitality Test (1 unit)	Retentive Pins		
PREVENTION			21401	44.60	- one pin
11101	48.40	Polishing	21402	67.00	- two pins
Scaling			Tooth Coloured Restorations, Bonded Technique		
11111	60.50	- one unit of time	Primary Anteriors		
11112	121.00	- two units	23411	171.00	- one surface
11113	181.50	- three units	23412	215.00	- two surfaces
11114	242.00	- four units	23413	247.00	- three surfaces
11117	30.25	- one half unit	23414	285.00	- four surfaces
Fluoride Treatments (topical, whole mouth)			23415	327.00	- five surfaces (maximum/tooth)
12111	15.00	Rinse	Primary Posteriors		
12112	20.60	Gel or Foam	23511	184.00	- one surface
12113	24.60	Varnish	23512	261.00	- two surfaces
Sealants			23513	313.00	- three surfaces
13401	33.40	- single tooth	23514	376.00	- four surfaces
13409	18.30	- each additional tooth, same quadrant	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			Opening through artificial crown		
Permanent Anteriors			39501	73.70	Anteriors and Bicuspid
23111	175.00	- one surface	39502	73.70	Molars
23112	214.00	- two surfaces	PERIODONTICS		
23113	264.00	- three surfaces	Root Planing		
23114	326.00	- four surfaces	43421	60.50	- one unit of time
23115	402.00	- five surfaces	43422	121.00	- two units
		(maximum/tooth)	43423	181.50	- three units
Permanent Bicuspid			43424	242.00	- four units
23311	202.00	- one surface	43427	30.25	- one half unit
23312	279.00	- two surfaces	PROSTHODONTICS - REMOVABLE		
23313	341.00	- three surfaces	Complete Dentures Standard		
23314	416.00	- four surfaces	51101	1037.00 [L]	- Maxillary
23315	507.00	- five surfaces (maximum/tooth)	51102	1131.00 [L]	- Mandibular
Permanent Molars			Dentures, Partial Acrylic		
23321	220.00	- one surface	Acrylic Base, Provisional (with or without clasps)		
23322	329.00	- two surfaces	52101	417.00 [L]	- Maxillary
23323	405.00	- three surfaces	Dentures, Partial Cast		
23324	498.00	- four surfaces	Free end, cast frame/connectors, Clasps, Rests		
23325	613.00	- five surfaces (maximum/tooth)	53101	1308.00 [L]	- Maxillary
			53102	1426.00 [L]	- Mandibular
23602	230.00	Bonded core, in conjunction with crown or fixed bridge retainer	Tooth Borne, cast frame/connectors, Clasps, Rests		
Crowns (single restorations)			53201	1129.00 [L]	- Maxillary
27201	1104.00 [L]	Porcelain/Ceramic/Polymer Glass	53202	1129.00 [L]	- Mandibular
27211	1104.00 [L]	- fused to metal base	ORAL SURGERY		
27301	1025.00 [L]	Cast Metal	Surgical Removal of: Erupted Teeth		
			Uncomplicated		
25731	245.00 [E]	Prefabricated Retentive Post	71101	185.00	- single tooth
Restoration (other)			71109	157.00	- each additional tooth, same quadrant, same appointment
Recement, rebond inlays/onlays/crowns veneers/posts/natural tooth fragments			Complicated		
29101	108.00 [L][E]	- one unit of time	Requiring surgical flap and/or sectioning of tooth		
ENDODONTICS			71201	312.00	- each tooth
Pulpotomy - Primary			71209	265.00	- each additional tooth, same quadrant
32232	111.00	concurrent with restorations (but excluding final restoration)	Requiring flap elevation, removing bone and may include sectioning of tooth for removal of tooth		
Root Canal Therapy (uncomplicated)			Note: These codes are intended for particularly difficult extractions that require flap/bone/section		
(includes clinical procedures with appropriate radiographs, excluding final restoration)			71211	467.00	- each tooth
33111	669.00	- one canal	71219	397.00	- each additional tooth, same quadrant
33121	853.00	- two canals	Impacted Teeth		
33131	1196.00	- three canals	72111	311.00	- soft tissue coverage
33141	1346.00	- four canals or more	72211	476.00	- EITHER bone removal OR sectioning of tooth
Open and Drain			72221	485.00	- bone removal AND sectioning of tooth
39201	123.00	Anteriors and Bicuspid			
39202	123.00	Molars			