



The Voice of BC Dentists

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
DIAGNOSTIC			Appliances, Periodontal		
*Exams					
01201	60.60	New Patient Limited Examination	14611	298.00 + L	Maxillary Appliance Impression, Insertion & Adjustment
01202	37.00	Recall Examination	Occlusal Adjustment		
01204	48.40	Specific Examination	16511	109.00	- one unit of time
01205	67.10	Emergency Examination	RESTORATION		
*Complete Exam & Diagnosis			20111	133.00	Caries, Trauma & Pain Control
01101	87.30	- primary	20141	45.10	Pulp Cap (direct)
01102	116.00	- mixed	Amalgam Restorations - Non-Bonded		
01103	119.00	- permanent	Primary Teeth		
Radiographs (diagnosis and interpretation by Dentist)			21111	129.00	- one surface
02102	108.00 + E	- complete series	21112	166.00	- two surfaces
Periapical			21113	179.00	- three surfaces
02111	19.70	- single image	21114	195.00	- four surfaces
02112	27.00	- two images	21115	247.00	- five surfaces (maximum/tooth)
02113	34.30	- three images	Permanent Anteriors & Bicuspidis		
02114	41.80	- four images	21211	149.00	- one surface
Bitewing			21212	188.00	- two surfaces
02141	19.70	- single image	21213	223.00	- three surfaces
02142	27.00	- two images	21214	269.00	- four surfaces
02143	34.30	- three images	21215	316.00	- five surfaces (maximum/tooth)
02144	41.80	- four images	Permanent Molars		
02601	74.80	Panoramic (single image)	21221	158.00	- one surface
Tests/Analysis			21222	225.00	- two surfaces
04403	35.30 + E	Direct Fluorescence Visualization	21223	260.00	- three surfaces
04501	123.00	Pulp Vitality Test (1 unit)	21224	338.00	- four surfaces
PREVENTION			21225	390.00	- five surfaces (maximum/tooth)
11101	42.50	Polishing	Retentive Pins		
Scaling			21401	41.30	- one pin
11111	50.50	- one unit of time	21402	62.20	- two pins
11112	101.00	- two units	Tooth Coloured Restorations, Bonded Technique		
11113	151.50	- three units	Primary Anteriors		
11114	202.00	- four units	23411	147.00	- one surface
11117	25.25	- one half unit	23412	189.00	- two surfaces
Fluoride Treatments (topical, whole mouth)			23413	210.00	- three surfaces
12111	12.40	Rinse	23414	241.00	- four surfaces
12112	17.10	Gel or Foam	23415	275.00	- five surfaces (maximum/tooth)
12113	21.10	Varnish	Primary Posteriors		
Sealants			23511	158.00	- one surface
13401	29.80	- single tooth	23512	226.00	- two surfaces
13409	16.30	- each additional tooth, same quadrant	23513	263.00	- three surfaces
			23514	314.00	- four surfaces
			23515	366.00	- 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			39211	62.80	Anteriors and Bicuspid
23111	151.00	- one surface	39212	62.80	Molars
23112	182.00	- two surfaces	PERIODONTICS		
23113	229.00	- three surfaces	Root Planing		
23114	286.00	- four surfaces	43421	50.50	- one unit of time
23115	338.00	- five surfaces (maximum/tooth)	43422	101.00	- two units
Permanent Bicuspid			43423	151.50	- three units
23311	174.00	- one surface	43424	202.00	- four units
23312	242.00	- two surfaces	43427	25.30	- one half unit
23313	294.00	- three surfaces	PROSTHODONTICS - REMOVABLE		
23314	361.00	- four surfaces	Complete Dentures Standard		
23315	399.00	- five surfaces (maximum/tooth)	51101	889.00 + L	- Maxillary
Permanent Molars			51102	970.00 + L	- Mandibular
23321	189.00	- one surface	Dentures, Partial Acrylic		
23322	289.00	- two surfaces	Acrylic Base, Provisional (with or without clasps)		
23323	349.00	- three surfaces	52101	357.00 + L	- Maxillary
23324	418.00	- four surfaces	Dentures, Partial Cast		
23325	496.00	- five surfaces (maximum/tooth)	Free end, cast frame/connectors, Clasps, Rests		
23602	198.00	Bonded core, in conjunction with crown or fixed bridge retainer	53101	1123.00 + L	- Maxillary
Crowns (single restorations)			53102	1224.00 + L	- Mandibular
27201	949.00 + L	Porcelain/Ceramic/Polymer Glass	Tooth Borne, cast frame/connectors, Clasps, Rests		
27211	949.00 + L	- fused to metal base	53201	968.00 + L	- Maxillary
27301	882.00 + L	Cast Metal	53202	968.00 + L	- Mandibular
25731	211.00 + 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	92.80 +L+E	- one unit of time	71101	161.00	- single tooth
ENDODONTICS			71109	121.00	- each additional tooth, same quadrant, same appointment
Pulpotomy - Primary			Complicated		
32232	94.30	concurrent with restorations (but excluding final restoration)	Requiring surgical flap and/or sectioning of tooth		
Root Canal Therapy (uncomplicated)			71201	272.00	- each tooth
(includes clinical procedures with appropriate radiographs, excluding final restoration)			71209	204.00	- each additional tooth, same quadrant
33111	570.00	- one canal	Requiring flap elevation, removing bone and may include sectioning of tooth for removal of tooth		
33121	726.00	- two canals	Note: These codes are intended for particularly difficult <i>extractions that require flap/bone/section</i>		
33131	1018.00	- three canals	71211	408.00	- each tooth
33141	1120.00	- four canals or more	71219	306.00	- each additional tooth, same quadrant
Open and Drain			Impacted Teeth		
39201	105.00	Anteriors and Bicuspid	72111	270.00	- soft tissue coverage
39202	105.00	Molars	72211	414.00	- EITHER bone removal OR sectioning of tooth
			72221	423.00	- bone removal AND sectioning of tooth