

Dental Association of Prince Edward Island

2024 Abbreviated Suggested Fee Guide for General Practitioner's

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.

	Code	Sug. Fee
DIAGNOSTIC		
Complete Oral Exam	- primary dentition	01101 54.00
	- mixed dentition	01102 110.00
	- permanent dentition	01103 134.00
Standard Oral Examination (or Recall)		01202 40.00
Specific Oral Examination		01204 55.00
Emergency Oral Examination		01205 55.00
Radiographs	- complete series	02102 131.00
	- single image	02111 28.00
	- two images	02112 34.00
	- three images	02113 41.00
	- four images	02114 48.00
Panoramic image	- single image	02601 83.00
Diagnostic Cast - Unmounted		04911 47.00 + LAB
PREVENTIVE		
Polishing	- one unit of time	11101 43.00
	- two units	11102 86.00
Scaling	- one unit of time	11111 52.00
Fluoride Treatment	- rinse	12111 21.00
Fluoride Treatment	- gel or foam	12112 25.00
Sealants	- single tooth	13401 31.00
	- each additional tooth in same quadrant	13409 17.00
Periodontal Appliances	- Maxillary	14611 386.00 + LAB
	- Mandibular	14612 386.00 + LAB
Space Maintainer, Band Type	- fixed, unilateral	15101 114.00 + LAB
	- fixed, bilateral	15103 228.00 + LAB
Occlusal Adjustment / Equilibration		16511 133.00 /U
Caries Control	- first tooth	20111 129.00
	- each additional tooth in same quadrant	20119 94.00
AMALGAM RESTORATIONS (non bonded)		
Primary Teeth	- one surface	21111 156.00
	- two surfaces	21112 192.00
	- three surfaces	21113 232.00
	- four surfaces	21114 263.00
	- five surfaces or maximum surfaces per tooth	21115 276.00
Permanent Anterior & Bicuspid Teeth	- one surface	21211 155.00
	- two surfaces	21212 221.00
	- three surfaces	21213 270.00
	- four surfaces	21214 332.00
	- five surfaces or maximum surfaces per tooth	21215 409.00
Permanent Molar Teeth	- one surface	21221 174.00
	- two surfaces	21222 247.00
	- three surfaces	21223 294.00
	- four surfaces	21224 350.00
	- five surfaces or maximum surfaces per tooth	21225 417.00
Retentive Pins	- one pin	21401 31.00
	- two pins	21402 42.00
	- three pins	21403 52.00

TOOTH COLOURED RESTORATIONS (bonded technique)

Permanent Anteriors	- one surface	23111	153.00
	- two surfaces	23112	192.00
	- three surfaces	23113	238.00
	- four surfaces	23114	295.00
	- five surfaces or maximum surfaces per tooth	23115	354.00
Permanent Bicuspid	- one surface	23311	163.00
	- two surfaces	23312	233.00
	- three surfaces	23313	284.00
	- four surfaces	23314	350.00
	- five surfaces or maximum surfaces per tooth	23315	430.00
Permanent Molar Teeth	- one surface	23321	183.00
	- two surfaces	23322	260.00
	- three surfaces	23323	310.00
	- four surfaces	23324	369.00
	- five surfaces or maximum surfaces per tooth	23325	439.00

TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS

Prefabricated, Direct Chairside - Bonded	23121	365.00
Non-Prefabricated, Direct Buildup - Bonded	23122	365.00

CROWNS (single restorations)

Porcelain / Ceramic / Polymer Glass Fused to Metal Base	27211	873.00 + LAB	
Cast Metal	27301	842.00 + LAB	
3/4, Cast Metal	27311	842.00 + LAB	
Prefabricated Metal Crown	- primary anterior	22201	265.00
	- primary posterior	22211	265.00
Posts, Cast Metal (including core) as a Separate Procedure, Single Section	25711	494.00 + LAB	
Posts, Prefabricated Retentive, One Post	25731	200.00 + EXP	
Posts, Prefabricated, with Non-bonded Core for Crown Restoration	- with amalgam core + pins, where applicable	25751	297.00 + EXP
	- with composite core + pins, where applicable	25754	341.00 + EXP

ENDODONTICS

Pulpotomy (separate emergency procedure)		
- permanent anterior and bicuspid teeth, excl. final restoration	32221	147.00
- primary tooth as a separate procedure	32231	145.00
Root Canals, Permanent Teeth / Retained Primary Teeth (uncomplicated)		
- one canal	33111	632.00
- two canals	33121	790.00
- three canals	33131	1037.00
- four canals or more	33141	1196.00

PERIODONTICS

Root Planing			43421	52.00 /U
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PROSTHODONTICS - REMOVABLE

Dentures, Complete, Standard	- Maxillary		51101	959.00 + LAB
	- Mandibular		51102	1101.00 + LAB
Partial Dentures - Cast Frame / Connector				
	- Maxillary		53201	1039.00 + LAB
	- Mandibular		53202	1066.00 + LAB
Minor Denture Adjustments			54201	96.00 /U+LAB
Relining Dentures (complete)	- direct reline	- Maxillary	56211	282.00
		- Mandibular	56212	282.00
	- processed reline	- Maxillary	56231	320.00 + LAB
		- Mandibular	56232	373.00 + LAB

ORAL SURGERY

Surgical Removal of:				
- Erupted teeth	- single tooth, uncomplicated		71101	142.00
	- each additional in same quadrant		71109	113.00
	- complicated, requiring surgical flap		71201	279.00
- Impacted teeth	- soft tissue coverage		72111	282.00
	- partial bone coverage		72211	355.00
	- complete bone coverage		72221	563.00