College of Dental Surgeons of Saskatchewan 2025 ABBREVIATED FEE GUIDE

(Refer to complete Guide for items not listed below or for detailed code descriptions.)

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		Code	Fee
DIAGNOSTIC		04404	
Complete Oral Exam	- primary dentition	01101	66.00
	- mixed dentition	01102	99.00
Standard Oral Examination (or)	- permanent dentition	01103 01202	130.00
Standard Oral Examination (or Recall) Specific Oral Examination		01202	43.00 57.00
Emergency Oral Examination		01204	63.00
Radiographs	- complete series	01203	178.00
Radiographs	- single image	02102	28.00
	- two images	02112	38.00
	- three images	02113	48.00
	- four images	02114	58.00
Panoramic image	- single image	02601	88.00
PREVENTIVE	5 5		
Polishing	- one unit of time	11101	44.00
ronsning	- one half unit of time	11107	36.00
Scaling	- one unit of time	11111	55.00
Fluoride Treatment	- varnish	12113	32.00
Sealants	- single tooth	13401	34.00
	- each additional tooth in same quadrant	13409	27.00
Space Maintainer, Band Type	- fixed, unilateral	15101	159.00 + LAB
	- fixed, bilateral	15103	268.00 + LAB
Occlusal Adjustment / Equilibra	tion	16511	123.00 /U
RESTORATION			
Caries Control	- first tooth	20111	135.00
	- each additional tooth in same quadrant	20119	135.00
AMAL CAM DESTODATIONS /			
AMALGAM RESTORATIONS (Primary Teeth	- one surface	21111	165.00
Thinary rectin	- two surfaces	21112	223.00
	- three surfaces	21112	267.00
	- four surfaces	21114	321.00
	- five surfaces or maximum surfaces per tooth	21115	385.00
Permanent Anterior &	- one surface	21211	194.00
Bicuspid Teeth	- two surfaces	21212	262.00
·	- three surfaces	21213	315.00
	- four surfaces	21214	378.00
	 five surfaces or maximum surfaces per tooth 	21215	453.00
Permanent Molar Teeth	- one surface	21221	212.00
	- two surfaces	21222	286.00
	- three surfaces	21223	343.00
	- four surfaces	21224	411.00
	- five surfaces or maximum surfaces per tooth	21225	494.00
Retentive Pins	- one pin	21401	34.00
	- two pins	21402	54.00
	- three pins	21403	73.00
TOOTH COLOURED RESTOR			
Permanent Anteriors	- one surface	23111	168.00
	- two surfaces	23112	226.00
	- three surfaces	23113	272.00
	- four surfaces	23114	326.00
Dormon ont Diagonida	 five surfaces or maximum surfaces per tooth 	23115	391.00
Permanent Bicuspids	- one surface	23311	194.00
	- two surfaces - three surfaces	23312 23313	262.00 315.00
	- four surfaces	23313	378.00
	- four surfaces	23314 23315	453.00
	into sanaoos or maximum sunaoos per tooth	20010	-100.00

Permanent Molar Teeth	- one surface - two surfaces - three surfaces - four surfaces - five surfaces or ma:	23321 23322 23323 23324 23324 23325	343.00 411.00	
TOOTH COLOURED RESTORATIONS, VENEER APPLICATIONS Non-Prefabricated, Direct Buildup - Bonded				327.00
CROWNS (single restorations) Porcelain / Ceramic / Polymer Glass Fused to Metal Base Cast Metal			27211 27301	1027.00 + LAB 1027.00 + LAB
Prefabricated Metal Crown	 primary anterior primary posterior 	22201 22211	245.00 245.00	
Posts, Cast Metal (including core) as a Separate Procedure, Single Section Posts, Prefabricated Retentive, One Post				530.00 + LAB 253.00 + EXP
Posts, Prefabricated, with Non-bonded Core for Crown Restoration - with composite core + pins, where applicable				I.C. + EXP
ENDODONTICS Pulpotomy (separate emergency procedure) - permanent anterior and bicuspid teeth, excl. final restoration 32221 170.00				
Root Canals, Permanent Teeth	/ Retained Primary Tee - one canal - two canals - three canals - four canals or more		33111 33121 33131 33141	676.00 923.00 1156.00 1337.00
PERIODONTICS Root Planing			43421	55.00 /U
PROSTHODONTICS - REMOVABLE Dentures, Complete, Standard - Maxillary - Mandibular			51101 51102	1136.00 + LAB 1237.00 + LAB
Partial Dentures - Cast Frame / Connector - Maxillary			53201	1175.00 + LAB
Minor Denture Adjustments		- Mandibular	53202 54201	1175.00 + LAB 106.00 /U+LAB
Relining Dentures (complete)	- direct reline - processed reline	- Maxillary - Mandibular - Maxillary - Mandibular	56211 56212 56231 56232	
ORAL SURGERY Surgical Removal of: - Erupted teeth - Impacted teeth	 single tooth, uncomplicated each additional in same quadrant complicated, requiring surgical flap soft tissue coverage partial bone coverage 		71101 71109 71201 72111 72211	178.00 142.00 303.00 310.00 427.00
	- complete bone coverage		72221	570.00

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.