

# Health Service Fees Guide for Northern Ireland 2026

Item No	Code	Description	Gross Fee (£)	Patient Charge (£)	Item No	Code	Description	Gross Fee (£)	Patient Charge (£)
<b>EXAMINATION AND DIAGNOSIS</b>					<b>ROOT FILLINGS</b>				
1A	101	Clinical exam & report	11.39	9.11	15A	1501	Root filling: incisor/canine	80.75	64.60
01B	111	Extensive exam & report	17.10	13.68	1501	1501	upper premolar	110.30	88.24
121	121	Full case assessment	35.79	28.63	1501	1501	lower premolar	95.14	76.11
2A1	201	Small Film 1 film	5.56	4.45	1501	1501	molar	169.93	135.94
201	201	2 films	7.93	6.34	15B	1511	Vital pulpotomy per tooth	50.90	40.72
201	201	3 films	9.67	7.74	15C	1521	Apicectomy incisor/canine	72.14	57.71
201	201	Each additional film	2.50	2.00	1522	1522	premolar	99.24	79.39
201	201	Up to a maximum for add films	23.19	18.55	1523	1523	buccal root molar	117.01	93.61
2A2	202	Medium Film 1 Film	7.49	5.99	1541	1541	retrograde root fill	15.50	12.40
202	202	Each additional film	3.12	2.50	15D	1551	Retained deciduous tooth	58.64	46.91
202	202	Up to a maximum for add films	6.45	5.16	<b>VENEERS AND INLAYS</b>				
2A3	203	Large Film 1 film	11.74	9.39	16	1601	Porcelain Veneer	145.42	116.34
203	203	Each additional film	5.49	4.39	1601	1601	Additional fee for first or only tooth	11.22	8.98
203	203	Up to a maximum for add films	11.22	8.98	17K	1781	Replacement inlay: per inlay	14.94	11.95
2A4	204	Panoral Film per film	17.43	13.94	<b>CROWNS</b>				
2B	211	Study models: per set	25.35	20.28	17B1	1711	Full or ¾ precious metal	157.43	125.94
212	212	per duplicate set	15.85	12.68	17B2	1712	Full non-precious metal	121.25	97.00
213	213	per single cast	12.51	10.01	17C	1716	Porcelain jacket	118.60	94.88
3	301	Colour Photo: 1 film	5.56	4.45	17D1	1721	Bonded precious metal (not molars)	180.74	144.59
301	301	each add film	2.85	2.28	17D2	1722	Bonded non-precious metal (not molars)	162.11	129.69
301	301	Up to a maximum for add films	5.83	4.66	17D3	1723	PJC bonded to platinum (not molars)	138.21	110.57
<b>PREVENTIVE CARE</b>					17E	1726	Synthetic resin jacket	96.80	77.44
7A	701	Fissure sealant as primary preventative measure – First molar under 9 years – Second molar under 13 years	15.36	12.29	17	17	Additional fee per arch (all crowns)	11.22	8.98
<b>PERIODONTAL</b>					17F2	1732	Core and post: Cast	50.26	40.21
10A	1001	Simple scaling	18.08	14.46	17F3	1733	Prefabricated	26.33	21.06
10B	1011	2 visit perio	43.49	34.79	17F4	1734	Pin/screw retention for core	12.51	10.01
10C	1021	Chronic perio: 1-4 teeth	55.54	44.43	17G	1742	Temporary crown no post	20.91	16.73
1021	1021	5-9	67.80	54.24	1743	1743	Temporary crown with post	29.45	23.56
1021	1021	10-16	80.09	64.07	17K	1782	Recement crown per crown	14.94	11.95
1021	1021	17 or more teeth	89.78	71.82	<b>BRIDGEWORK - RETAINERS</b>				
1022	1022	Fee per Sextant	11.22	8.98	18A1	1801	Gold inlay	145.42	116.34
11A	1101/02	Gingivectomy: 2 teeth	30.58	24.46	1803	1803	Full or jacket crown	198.72	158.98
1101/02	1101/02	Each additional tooth	6.68	5.34	18A4	1807	Bonded: Precious	191.19	152.95
1101/02	1101/02	Up to a maximum per visit	70.19	56.15	1808	1808	Non-precious	174.19	139.35
11B	1111/12	Raise/Replace mucoperiosteal: 2 teeth	67.80	54.24	18B1	1811	Core and post: Precious	51.78	41.42
1111/12	1111/12	Each additional tooth up to a maximum per visit	9.20	7.36	18B2	1812	Non-precious	35.79	28.63
11D	1131	Crown lengthening	11.22	8.98	18B3	1813	Prefabricated	26.33	21.06
14A1	1401	Amalgam: 1 surface	15.06	12.05	18B4	1814	Pin/screw retention	12.51	10.01
14A2	1402	2 or more surfaces	22.40	17.92	18B6	1816	Lab composite facing	38.78	31.02
14A3	1403	1 MO or DO filling	29.54	23.63	<b>BRIDGEWORK – PONTICS</b>				
14A4	1404	1 MOD filling	38.76	31.01	18C1	1821	Gold	99.36	79.49
14B1	1405	Composite, glass ionomer or resin fillings in patients aged under 15: Occlusal surface per tooth	32.95	0.00	18C4	1825	Bonded precious	108.53	86.82
14B2	1406	2 or more surfaces	44.34	0.00	1826	1826	Bonded non-precious	94.44	75.55
14B3	1407	2 or more MO or DO surfaces	56.94	0.00	18C5	1827	Lab composite facing with 18C1 or 2	38.98	31.18
14B4	1408	3 or more MO or DO surfaces	73.04	0.00	<b>BRIDGEWORK – MISC</b>				
14C	1411	Tunnel restoration: per filling	29.54	23.63	18D1	1831	Maryland wing unit	55.54	44.43
14D1	1421	Composite: 1 filling	28.58	22.86	18D2	1832	Maryland Pontic	106.10	84.88
1421	1421	2 or more	44.34	35.47	18F1	1851	Temp bridge: made in lab (per unit)	24.82	19.86
1422	1422	Additional fee: 1 incisal angle	9.29	7.43	18F2	1852	other (per unit)	9.20	7.36
1423	1423	incisal edge	1.80	1.44	18G1	1861	Recement: acid etch bridge	41.20	0.00
1424	1424	2 incisal angles	15.06	12.05	18G2	1862	any other bridge	21.96	0.00
1425	1425	Cuss tip	21.60	17.28	<b>EXTRACTIONS</b>				
14D2	1426	Glass ionomer: 1 filling	25.91	20.73	21	2101	Extractions: 1 tooth	13.91	11.13
1426	1426	2 or more	35.41	28.33	2101	2101	3 teeth	25.16	20.13
14E	1431	Pin/screw retention	11.97	9.58	2101	2101	3 or 4 teeth	38.76	31.01
14F	1441	Fissure sealant	17.03	13.62	2101	2101	5 – 9 teeth	51.05	40.84
1441	1441	Combination maximum 14 A,C,D&F			2101	2101	10 – 16 teeth	68.81	55.05
1441	1441	Such fee as the committee determines			2101	2101	17 or more teeth	84.01	67.21
1441	1441	Additional with 14D1 or 14E			2121	2121	Additional fee per visit	11.39	9.11
1441	1441	Such fee as the committee determines			<b>EXTRACTIONS OF SPECIAL DIFFICULTY</b>				
14H	1461	Glass ionomer where tooth otherwise extra maximum per tooth:	25.91	20.73	22A1	2201	Soft tissue only	38.76	31.01
1461	1461	maximum per tooth:	38.40	30.72	22A2	2202	Bone removal: 1s 2s 3s	53.89	43.11
14I	1471	Glass ionomer for women pregnant or breastfeeding maximum per tooth:	25.91	20.73	2203	2203	4s 5s 6s 7s	66.40	53.12
1471	1471	maximum per tooth:	38.40	30.72	<b>IMPACTED WISDOM TEETH</b>				
<b>Please consult the full statement of Dental Remuneration for details of the allowances</b>					22A2	2204	Uppers no division	68.81	55.05
					2204	2204	Lowers no division	81.27	65.02
					2205	2205	Uppers with division	86.96	69.57
					2205	2205	Lowers with division	96.01	76.81
					<b>POST OP CARE</b>				
					23A1	2301	Abnormal haemorrhage (per visit)	44.34	0.00
					23A2	2302	Removal of sutures	13.91	0.00
					23B	2311	Infected sockets: 1 visit	13.91	11.13
					2311	2311	2 or more visits	28.58	22.86

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<b>SEDATION WITH EXTRACTION: FEE PER VISIT</b>					<b>ORTHODONTICS: APPLIANCES</b>						
25A1	2551	For extraction:	1-4 teeth	35.79	28.63	32A1	3201/02	Courses:	1 rem spring – U/L	171.85	137.48
	2552		5-9 teeth	41.20	32.96	32A2	3203/04		1 simple fixed – U/L	164.87	131.90
	2553		10-16 teeth	48.42	38.74	32A3	3205/06		1 fixed multi – U/L	482.07	385.66
	2554		17 or more	60.39	48.31	32A4	3207		functional	295.64	236.51
		Combination maximum		120.89	96.71	32A5	3211	bite plane appliance		126.17	100.94
							3221	extra oral traction		70.19	56.15
<b>SEDATION WITH CONSERVATION: FEE PER VISIT</b>					<b>ORTHODONTICS: REPAIRS</b>						
25A2	2555	cost:	up to £10.00	35.79	28.63	32C1	3241	Repair acrylic		35.79	0.00
	2556		£10.01 to £25.00	65.59	52.47	32C2	3242	Repairs Cribs etc	1 repair	43.49	0.00
	2557		£25.01 to £50.00	94.44	75.55		3242		additional repair	11.22	0.00
	2558		over £50.00	120.89	96.71	32C3	3243	Repair	functional	55.54	0.00
25B	2566	Travel emergency	<1 mile	41.20	0.00	32C4	3244		fixed	75.04	0.00
	2567	Travel emergency	1+ miles	72.49	0.00		3245	Add fee per impression		10.85	0.00
25C	2571	Treatment:	inhalation	17.10	13.68	<b>DOMICILIARY/RECALLED ATTENDANCE</b>					
	2571		supplement	8.20	0.00	35A	3501	Domiciliary visit:	<10 miles	51.22	0.00
	2572		injection	30.58	24.46		3502		10-40 miles	70.19	0.00
			supplement	10.64	0.00		3503		over 40 miles	92.26	0.00
<b>DENTURES</b>					<b>MISCELLANEOUS</b>						
27B1	2731/32	Full/Full		309.55	247.64	36A	3601	Pathological/Bact examination		17.10	13.68
27B2	2731/32	Full U/L (one only)		193.15	154.52	36B	3611	Stoning/smoothing: 1 tooth		3.89	3.11
27B3	2733	Partial:	1-3 teeth	121.16	96.93		3611		2 or more teeth	7.49	5.99
	2733		4-8 teeth	160.44	128.35	36D	3631	Sensitive cementum		7.49	5.99
	2733		9 or more teeth	191.02	152.82	36E	3641	Issue Prescription		6.13	4.90
27B4	2734	Lingual/palatal bar – add fee		25.38	20.30	36F	3651	Re-implant luxated tooth		23.42	18.74
27C1	2741/42	Metal plate:	1-3 teeth	272.63	218.10	36G	3661	Removal portion fractured tooth		11.74	9.39
27C2	2743		4-8 teeth	278.92	223.14	36H	3671	Prep of tooth for over denture		15.85	12.68
	2743		9-12 teeth	305.71	244.57	37	3701	Acute infective conditions		10.85	8.68
	2743		4 or more teeth	317.95	254.36	<b>CAPITATION</b>					
27C3	2744	Single bar:	1-3 teeth	293.93	235.14	41A		0-5 years	per month	2.17	0.00
	2744		4 or more teeth	320.92	256.74			6-12 years	per month	4.43	0.00
27C4	2745	Multi bars:	1-3 teeth	305.71	244.57			13-17 years	per month	6.45	0.00
	2745		4 or more teeth	342.38	273.90	<b>DECIDUOUS TEETH</b>					
27D	2761/62	Soft lining – U/L		64.02	51.22	44A	4401	Filing		13.91	0.00
27E	2771/72	Lab constructed special trays		31.01	24.81	44B	4402	Pre-formed metal cap		36.49	0.00
27F	2781/82	Permanent denture identifier		9.92	7.94	44C	4403	Vital pulpotomy		14.55	0.00
		Proviso max – max fee	Upper/Lower	384.15	0.00	44D	4404	Non-vital pulpotomy		27.90	0.00
						44E	4405	Treatment on referral		24.62	0.00
<b>REPAIRS AND ALTERATIONS</b>					<b>CONTINUING CARE</b>						
28A1	2801	Repairs:	single	29.28	0.00	45A		Adults (18-64)	per month	1.11	0.00
	2802		additional repairs	10.25	0.00	45B		Adults (65+)	per month	1.34	0.00
28A2	2803	Clasp:	first repair	42.30	0.00	46	4601	Treatment on referral: 3-month period		9.67	0.00
	2804		additional repairs to same denture	20.52	0.00	<b>CONSERVATIVE TREATMENT</b>					
28A4	2821	Impression with repair		13.56	0.00	58C1	5815	Composite, glass ionomer or resin fillings:		32.95	0.00
28B1	2831/32	Adjusting denture		20.52	16.42			Occlusal surface			
28C1	2851/52	Reline denture		69.41	55.53	58C2	5816	2 or more surfaces		44.34	0.00
28C2	2853/54	Reline denture and odd flange		78.68	62.94	58C3	5817	2 or more MO or DO surfaces		56.94	0.00
28C3	2855/56	Soft lining		106.30	85.04	58C4	5818	3 or more MO or DO surfaces		73.04	0.00
75.11	2861/62	Addition:	Clasp	57.41	45.93	58G	5837	Treatment for women who are pregnant or breastfeeding:	per filling	25.91	20.73
28D2	2863		Tooth	48.47	38.78			max per tooth		38.40	30.72
28D3	2865/66		new gum	48.47	38.78	<b>SPLINT APPLIANCES</b>					
		Maximum repairs/additions		81.99	0.00	29D	2941	Provision of a laboratory processed heat-cured acrylic appliance normally covering all the teeth in one jaw. Normally three months between the first and last visit. Study casts must be available.		118.60	94.88
						29E	2991	Treatment involving other appliances – such a fee as the Committee may determine			

The maximum patient charge is £384  
The prior approval limit is £420

**PLEASE NOTE**  
Please consult the full statement of Dental Remuneration for details of the allowances

This guide is produced as a service to BDA members. Although every effort is made to ensure its accuracy, the BDA will not accept responsibility for any loss or damages that might result from any inaccuracies found within this guide. Not all items in the fees scale are included and some entries are condensed. It should not, therefore, be relied on as an authoritative statement and members should refer to the Statement of Dental Remuneration for the details of the relevant fees and the exact wording of the narrative.