Health Service Fees Guide for Northern Ireland 2020-2021

Item No	Code	Description		Gross Fee (£)	Patient Charge (£)
EXAMINATION AND DIAGNOSIS					
1A	0101	Clinical exam & report		9.26	7.41
1B	0111	Extensive exam & report		13.91	11.13
1C	0121	Full case assessment		29.11	23.29
2A1	0201	Small Film	1 film	4.52	3.62
	0201		2 films	6.45	5.16
	0201		3 films	7.86	6.29
	0201	Each additional film		2.03	1.62
	0201	Up to a maximum for add films		18.87	15.10
2A2	0202	Medium Film	1 Film	6.10	4.88
	0202	Each additional film		2.54	2.03
	0202	Up to a maximum for add films		5.24	4.19
2A3	0203	Large Film	1 film	9.55	7.64
	0203	Each additional film		4.46	3.57
	0203	Up to a maximum for add films		9.14	7.31
2A4	0204	Panoral Film	per film	14.18	11.34
2B	0211	Study models:	per set	20.63	16.50
	0212		per duplicate set	12.89	10.31
	0213		per single cast	10.18	8.14
3	0301	Colour Photo:	1 film	4.52	3.62
	0301		each add film	2.32	1.86
	0301	Up to a maximum for add films		4.74	3.79
PREVENTIVE CARE					
7A	0701	Fissure sealant as primary preventative measure – First molar under 9 years Second molar under 13 years		12.49	9.99
PERIODONTAL					
10A	1001	Simple scaling		14.70	11.76
10B	1011	2 visit perio		35.38	28.30
10C	1021	Chronic perio:	1-4 teeth	45.17	36.14
	1021		5-9	55.16	44.13
	1021		10-16	65.16	52.13
	1021		17 or more teeth	73.03	58.42
	1022	Fee per Sextant		9.14	7.31
11A	1101/02	Gingivectomy:	2 teeth	24.88	19.90
	1101/02	Each additional tooth		5.43	4.34
		Up to a maximum per visit		57.09	45.67
11B	1111/12	Raise/Replace mucoperiosteal: 2 teeth		55.16	44.13
	1111/12	Each additional tooth		7.47	5.98
		Up to a maximum per visit		98.64	78.91
11D	1131	Crown lengthening		9.14	7.31
FILLINGS					
14A1	1401	Amalgam:	1 surface	9.89	7.91
14A2	1402		2 or more surfaces	14.70	11.76
14A3	1403	1 MO or DO filling		19.39	15.51
14A4	1404	1 MOD filling		25.44	20.35
14B1	1405	Composite, glass ionomer or resin fillings in patients aged under 15:			
		Occlusal surface per tooth		21.64	0.00
14B2	1406	2 or more surfaces		29.11	0.00
14B3	1407	2 or more MO or DO surfaces		37.38	0.00
14B4	1408	3 or more MO or DO surfaces		47.96	0.00
14C	1411	Tunnel restoration: per filling		19.39	15.51
14D1	1421	Composite:	1 filling	18.76	15.01
	1421		2 or more	29.11	23.29
	1422	Additional fee:	1 incisal angle	6.10	4.88
	1423		incisal edge	1.19	0.95
	1424		2 incisal angles	9.89	7.91
	1425	Cuss tip		14.18	11.34
14D2	1426	Glass ionomer:	1 filling	17.01	13.61
			2 or more	23.24	18.59
14E	1431	Pin/screw retention		7.86	6.29
14F	1441	Fissure sealant		11.18	8.94
		Combination maximum 14 A,C,D&F		35.38	28.30
		Additional with 14D1 or 14E		39.39	31.51
14H	1461	Glass ionomer where tooth otherwise extracted:	per filling:	17.01	13.61
			maximum per tooth:	25.21	20.17
14I	1471	Glass ionomer for women pregnant or breastfeeding	per filling	17.01	13.61
			maximum per tooth:	25.21	20.17

PLEASE NOTE

Please consult the full statement of Dental Remuneration for details of the allowances

Item No	Code	Description		Gross Fee (£)	Patient Charge (£)
ROOT FILLINGS					
15A	1501	Root filling:	incisor/canine	53.02	42.42
	1501		upper premolar	72.42	57.94
	1501		lower premolar	62.46	49.97
	1501		molar	111.57	89.26
15B	1511	Vital pulpotomy	per tooth	33.41	26.73
15C	1521	Apicectomy	incisor/canine	47.36	37.89
	1522		premolar	65.16	52.13
	1523		buccal root molar	76.82	61.46
	1541		retrograde root fill	10.18	8.14
15D	1551	Retained deciduous tooth		38.50	30.80
VENEERS AND INLAYS					
16	1601	Porcelain Veneer		118.30	94.64
	1601	Additional fee for first or only tooth		9.14	7.31
17K	1781	Replacement inlay: per inlay		12.16	9.73
CROWNS					
17B1	1711	Full or ¾ precious metal		128.07	102.46
18B"	1712	Full non-precious metal		98.64	78.91
17C	1716	Porcelain jacket		96.48	77.18
17D1	1721	Bonded precious metal (not molars)		147.03	117.62
17D2	1722	Bonded non-precious metal (not molars)		131.87	105.50
17D3	1723	PJC bonded to platinum (not molars)		112.43	89.94
17E	1726	Synthetic resin jacket		78.75	63.00
17		Additional fee per arch (all crowns)		9.14	7.31
17F2	1732	Core and post:	cast	40.88	32.70
17F3	1733		prefabricated	21.42	17.14
17F4	1734	Pin/screw retention for core		10.18	8.14
17G	1742	Temporary crown no post		17.01	13.61
	1743	Temporary crown with post		23.95	19.16
17K	1782	Recement crown	per crown	12.16	9.73
BRIDGEWORK - RETAINERS					
18A1	1801	Gold inlay		118.30	94.64
	1803	Full or jacket crown		161.66	129.33
18A4	1807	Bonded:	precious	155.54	124.43
	1808		non-precious	141.70	113.36
18B1	1811	Core and post:	precious	42.12	33.70
18B2	1812		non-precious	29.11	23.29
18B3	1813		prefabricated	21.42	17.14
18B4	1814	Pin/screw retention		10.18	8.14
18B6	1816	Lab composite facing		31.54	25.23
BRIDGEWORK - PONTICS					
18C1	1821	Gold		80.82	64.66
18C4	1825	Bonded precious		88.29	70.63
	1826	Bonded non-precious		76.82	61.46
18C5	1827	Lab composite facing with 18C1 or 2		31.70	25.36
BRIDGEWORK - MISC					
18D1	1831	Maryland wing unit		45.17	36.14
18D2	1832	Maryland Pontic		86.31	69.05
18F1	1851	Temp bridge:	made in lab (per unit)	20.19	16.15
18F2	1852		other (per unit)	7.47	5.98
18G1	1861	Recement:	acid etch bridge	33.52	0.00
18G2	1862		any other bridge	17.86	0.00
EXTRACTIONS					
21	2101	Extractions:	1 tooth	9.14	7.31
	2101		3 teeth	16.52	13.22
	2101		3 or 4 teeth	25.44	20.35
	2101		5 – 9 teeth	33.52	26.82
	2101		10 – 16 teeth	45.17	36.14
	2101		17 or more teeth	55.16	44.13
	2121	Additional fee per visit		7.47	5.98
EXTRACTIONS OF SPECIAL DIFFICULTY					
22A1	2201	Soft tissue only		25.44	20.35
22A2	2202	Bone removal:	1s 2s 3s	35.38	28.30
	2203		4s 5s 6s 7s	43.59	34.87
IMPACTED WISDOM TEETH					
22A2	2204	Uppers no division		45.17	36.14
	2204	Lowers no division		53.36	42.69
	2205	Uppers with division		57.09	45.67
	2205	Lowers with division		63.03	50.42
POST OP CARE					
23A1	2301	Abnormal haemorrhage (per visit)		29.11	0.00
23A2	2302	Removal of plus/sutures		9.14	0.00
23B	2311	Infected sockets:	1 visit	9.14	7.31
	2311		2 or more visits	18.76	15.01

BDA

Treatment beginning on or after 1 April 2020 - ALWAYS reconcile payments

British Dental Association
64 Wimpole Street, London, W1G 8YS

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Item No	Code	Description		Gross Fee (£)	Patient Charge (£)
SEDATION WITH EXTRACTION: FEE PER VISIT					
25A1	2551	For extraction:	1-4 teeth	29.11	23.29
	2552		5-9 teeth	33.52	26.82
	2553		10-16 teeth	39.39	31.51
	2554		17 or more	49.12	39.30
		Combination maximum		98.34	78.67
SEDATION WITH CONSERVATION: FEE PER VISIT					
25A2	2555	cost:	up to £10.00	29.11	23.29
	2556		£10.01 to £25.00	53.36	42.69
	2557		£25.01 to £50.00	76.82	61.46
	2558		over £50.00	98.34	78.67
25B	2566	Travel emergy	<1 mile	33.52	0.00
	2567	Travel emergy	1+ miles	58.96	0.00
25C	2571	Treatment:	inhalation	13.91	11.13
	2571		supplement	6.67	0.00
	2572		injection	24.88	19.90
	2572		supplement	8.65	0.00
DENTURES					
27B1	2731/32	Full/Full		201.45	161.16
27B2	2731/32	Full U/L (one only)		125.71	100.57
27B3	2733	Partial:	1-3 teeth	78.85	63.08
	2733		4-8 teeth	104.41	83.53
	2733		9 or more teeth	124.31	99.45
27B4	2734	Lingual/palatal bar – add fee		16.52	13.22
27C1	2741/42	Metal ss/cc Full/ - or -/full		177.42	141.94
27C2	2743	Metal plate:	1-3 teeth	181.51	145.21
	2743		4-8 teeth	198.96	159.17
	2743		9-12 teeth	206.92	165.54
27C3	2744	Single bar:	1-3 teeth	191.28	153.02
	2744		4 or more teeth	208.84	167.07
27C4	2745	Multi bars:	1-3 teeth	198.96	159.17
	2745		4 or more teeth	222.81	178.25
27D	2761/62	Soft lining – U/L		41.66	33.33
27E	2771/72	Lab constructed special trays		20.19	16.15
27F	2781/82	Permanent denture identifier		6.45	5.16
		Proviso max Upper/Lower		250.00	200.00
REPAIRS AND ALTERATIONS					
28A1	2801	Repairs:	single	19.05	0.00
	2802		additional repairs	6.67	0.00
28A2	2803	Clasp:	first repair	27.53	0.00
	2804		additional repairs to same denture	13.35	0.00
28A4	2821	Impression with repair		8.82	0.00
28B1	2831/32	Adjusting denture		13.35	10.68
28C1	2851/52	Reline denture		45.17	36.14
28C2	2853/54	Reline denture and odd flange		51.21	40.97
28C3	2855/56	Soft lining		69.18	55.34
28D1	2861/62	Addition:	clasp	37.36	29.89
28D2	2863		tooth	31.54	25.23
28D3	2865/66		new gum	31.54	25.23
			Maximum repairs/additions	53.36	42.69
SPLINT APPLIANCES					
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.		96.48	77.18
29E	2991	Treatment involving other appliances – *such a fee as the Committee may determine*			

Item No	Code	Description		Gross Fee (£)	Patient Charge (£)
ORTHODONTICS: APPLIANCES					
32A1	3201/02	Courses:	1 rem spring – U/L	139.79	111.83
32A2	3203/04		1 simple fixed – U/L	134.12	107.30
32A3	3205/06		1 fixed multi – U/L	392.16	313.73
32A4	3207		functional	240.50	192.40
32A5	3211	bite plane appliance		102.64	82.11
	3221	extra oral traction		57.09	45.67
32B1	3231	Retention:	sup > 5 months	35.38	28.30
	3232		additional 2 months	17.86	14.29
32B2	3233/34	Retention appliance:	removable U/L	69.18	55.34
	3235/36		fixed U/L	78.85	63.08
	3237/38		pressure formed	56.07	44.86
ORTHODONTICS: REPAIRS					
32C1	3241	Repair acrylic		29.11	0.00
32C2	3242	Repairs Cribs etc	1 repair	35.38	0.00
	3242		additional repair	9.14	0.00
32C3	3243	Repair	functional	45.17	0.00
32C4	3244		fixed	61.04	0.00
	3245	Add fee per impression		8.82	0.00
DOMICILIARY/RECALLED ATTENDANCE					
35A	3501	Domiciliary visit:	<10 miles	41.66	0.00
	3502		10-40 miles	57.09	0.00
	3503		over 40 miles	75.05	0.00
35B	3511	Recalled attendance:	<1 mile	49.12	0.00
	3512		1 or more miles	80.82	0.00
MISCELLANEOUS					
36A	3601	Pathological/Bact examination		13.91	11.13
36B	3611	Stoning/smoothing:	1 tooth	3.16	2.53
	3611		2 or more teeth	6.10	4.88
36D	3631	Sensitive cementum		6.10	4.88
36E	3641	Issue Prescription		4.99	3.99
36F	3651	Re-implant luxated tooth		19.05	15.24
36G	3661	Removal portion fractured tooth		9.55	7.64
36H	3671	Prep of tooth for over denture		12.89	10.31
37	3701	Acute infective conditions		8.82	7.06
CAPITATION					
41A		0-5 years	per month	1.77	0.00
		6-12 years	per month	3.60	0.00
		13-17 years	per month	5.24	0.00
DECIDUOUS TEETH					
44A	4401	Filing		9.14	0.00
44B	4402	Pre-formed metal cap		23.95	0.00
44C	4403	Vital pulpotomy		9.55	0.00
44D	4404	Non-vital pulpotomy		18.32	0.00
44E	4405	Treatment on referral		16.16	0.00
CONTINUING CARE					
45A		Adults (18-64)	per month	0.90	0.00
45B		Adults (65+)	per month	1.09	0.00
46	4601	Treatment on referral:	3-month period	7.86	0.00
CONSERVATIVE TREATMENT					
58C1	5815	Composite, glass ionomer or resin fillings: Occlusal surface		21.64	0.00
58C2	5816	2 or more surfaces		29.11	0.00
58C3	5817	2 or more MO or DO surfaces		37.38	0.00
58C4	5818	3 or more MO or DO surfaces		47.96	0.00
58G	5837	Treatment for women who are pregnant or breastfeeding:	per filling	17.01	13.61
			max per tooth	25.21	20.17

The maximum patient charge is £384
The prior approval limit is £280

PLEASE NOTE
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