

Health Service Fees Guide for Northern Ireland 2024

Note 1: SDR 2024 published by DoH on 7/5/24 applying a 4.92% uplift to fees. **Note 2:** *30% enhancement (inclusive of 4.92% uplift) to apply to fees for fillings, extractions & root canal treatments for 24/25 under the Enhancement of Select Item of Service Fees. See Annex A for eligible items at <https://bso.hscni.net/wp-content/uploads/2024/05/Re-Issue-Letter-From-Michael-ONeill-GDS-Investment-2024-25-07-May-2024.pdf>

Item No	Code	Description	Gross Fee (£)	Patient Charge (£)	Item No	Code	Description	Gross Fee (£)	Patient Charge (£)
EXAMINATION AND DIAGNOSIS					ROOT FILLINGS				
1A	0101	Clinical exam & report	10.44	8.35	15A	1501*	Root filling: incisor/canine	59.74	47.79
01B	0111	Extensive exam & report	15.68	12.54		1501*	upper premolar	81.61	65.29
0001C	0121	Full case assessment	32.81	26.25		1501*	lower premolar	70.39	56.31
2A1	0201	Small Film 1 film	5.10	4.08		1501*	molar	125.73	100.58
	0201	2 films	7.27	5.82	15B	1511	Vital pulpotomy per tooth	37.66	30.13
	0201	3 films	8.86	7.09	15C	1521	Apicectomy incisor/canine	53.37	42.70
	0201	Each additional film	2.29	1.83		1522	premolar	73.42	58.74
	0201	Up to a maximum for add films	21.26	17.01		1523	buccal root molar	86.57	69.26
2A2	0202	Medium Film 1 Film	6.87	5.50		1541	retrograde root fill	11.47	9.18
	0202	Each additional film	2.86	2.29	15D	1551*	Retained deciduous tooth	43.38	34.70
	0202	Up to a maximum for add films	5.91	4.73	VENEERS AND INLAYS				
2A3	0203	Large Film 1 film	10.76	8.61	16	1601	Porcelain Veneer	133.31	106.65
	0203	Each additional film	5.03	4.02		1601	Additional fee for first or only tooth	10.29	8.23
	0203	Up to a maximum for add films	10.29	8.23	17K	1781	Replacement inlay: per inlay	13.70	10.96
2A4	0204	Panoral Film per film	15.98	12.78	CROWNS				
2B	0211	Study models: per set	23.24	18.59	17B1	1711	Full or ¾ precious metal	144.32	115.46
	0212	per duplicate set	14.53	11.62	18B"	1712	Full non-precious metal	111.15	88.92
	0213	per single cast	11.47	9.18	17C	1716	Porcelain jacket	108.72	86.98
3	0301	Colour Photo: 1 film	5.10	4.08	17D1	1721	Bonded precious metal (not molars)	165.69	132.55
	0301	each add film	2.61	2.09	17D2	1722	Bonded non-precious metal (not molars)	148.61	118.89
	0301	Up to a maximum for add films	5.34	4.27	17D3	1723	PJC bonded to platinum (not molars)	126.70	101.36
PREVENTIVE CARE					17E	1726	Synthetic resin jacket	88.74	70.99
7A	0701	Fissure sealant as primary preventative measure – First molar under 9 years	14.08	11.26	17		Additional fee per arch (all crowns)	10.29	8.23
		Second molar under 13 years			17F2	1732	Core and post: Cast	46.07	36.86
PERIODONTAL					17F3	1733	Prefabricated	24.14	19.31
10A	1001	Simple scaling	16.57	13.26	17F4	1734	Pin/screw retention for core	11.47	9.18
10B	1011	2 visit perio	39.87	31.90	17G	1742	Temporary crown no post	19.17	15.34
10C	1021	Chronic perio: 1-4 teeth	50.91	40.73		1743	Temporary crown with post	27.00	21.60
	1021	5-9	62.15	49.72	17K	1782	Recement crown per crown	13.70	10.96
	1021	10-16	73.42	58.74	BRIDGEWORK - RETAINERS				
	1021	17 or more teeth	82.30	65.84	18A1	1801	Gold inlay	133.31	106.65
	1022	Fee per Sextant	10.29	8.23		1803	Full or jacket crown	182.17	145.74
11A	1101/02	Gingivectomy: 2 teeth	28.03	22.42	18A4	1807	Bonded: precious	175.27	140.22
	1101/02	Each additional tooth	6.12	4.90		1808	non-precious	159.68	127.24
		Up to a maximum per visit	64.34	51.47	18B1	1811	Core and post: Precious	47.47	37.98
11B	1111/12	Raise/Replace mucoperiosteal: 2 teeth	62.15	49.72	18B2	1812	non-precious	32.81	26.25
	1111/12	Each additional tooth	8.43	6.74	18B3	1813	Prefabricated	24.14	19.31
		Up to a maximum per visit	111.15	88.92	18B4	1814	Pin/screw retention	11.47	9.18
11D	1131	Crown lengthening	10.29	8.23	18B6	1816	Lab composite facing	35.55	28.44
14A1	1401*	Amalgam: 1 surface	11.14	8.91	BRIDGEWORK – PONTICS				
14A2	1402*	2 or more surfaces	16.57	13.26	18C1	1821	Gold	91.08	72.86
14A3	1403*	1 MO or DO filling	21.85	17.48	18C4	1825	Bonded precious	99.49	79.59
14A4	1404*	1 MOD filling	28.67	22.94		1826	Bonded non-precious	86.57	69.26
14B1	1405*	Composite, glass ionomer or resin fillings in patients aged under 15: Occlusal surface per tooth	24.38	0.00	18C5	1827	Lab composite facing with 18C1 or 2	35.73	28.58
		2 or more surfaces	32.81	0.00	BRIDGEWORK – MISC				
14B2	1406*	2 or more MO or DO surfaces	42.13	0.00	18D1	1831	Maryland wing unit	50.93	40.73
14B3	1407*	3 or more MO or DO surfaces	54.04	0.00	18D2	1832	Maryland Pontic	97.26	77.81
14B4	1408*	Tunnel restoration: per filling	21.85	17.48	18F1	1851	Temp bridge: made in lab (per unit)	22.75	18.20
14C	1411*	Composite: 1 filling	21.14	16.91	18F2	1852	other (per unit)	8.43	6.74
14D1	1421*	Additional fee: 1 incisal angle	6.87	5.50	18G1	1861	Recement: acid etch bridge	37.77	0.00
	1422*	incisal edge	1.33	1.06	18G2	1862	any other bridge	20.13	0.00
	1424*	2 incisal angles	11.14	8.91	EXTRACTIONS				
	1425*	Cuss tip	15.98	12.78	21	2101*	Extractions: 1 tooth	10.29	8.23
14D2	1426*	Glass ionomer: 1 filling	19.17	15.34		2101*	3 teeth	18.61	14.89
		2 or more	26.20	20.96		2101*	3 or 4 teeth	28.67	22.94
14E	1431*	Pin/screw retention	8.86	7.09		2101*	5 – 9 teeth	37.77	30.22
14F	1441*	Fissure sealant	12.60	10.08		2101*	10 – 16 teeth	50.91	40.73
		Combination maximum 14 A,C,D&F				2101*	17 or more teeth	62.15	49.72
		Such fee as the committee determines				2121*	Additional fee per visit	8.43	6.74
		Additional with 14D1 or 14E			EXTRACTIONS OF SPECIAL DIFFICULTY				
14H	1461*	Glass ionomer where tooth otherwise extracted: per filling:	19.17	15.34	22A1	2201*	Soft tissue only	28.67	22.94
		maximum per tooth:	28.41	22.73	22A2	2202*	Bone removal: 1s 2s 3s	39.87	31.90
14I	14718	Glass ionomer for women pregnant or breastfeeding per filling	19.17	15.34		2203*	4s 5s 6s 7s	49.12	39.30
		maximum per tooth:	28.41	22.73	IMPACTED WISDOM TEETH				
Please consult the full statement of Dental Remuneration for details of the allowances					22A2	2204*	Uppers no division	50.91	40.73
						2204*	Lower no division	60.13	48.10
						2205*	Uppers with division	64.34	51.47
						2205*	Lower with division	71.03	56.82
					POST OP CARE				
					23A1	2301*	Abnormal haemorrhage (per visit)	32.81	0.00
					23A2	2302*	Removal of plus/sutures	10.29	0.00
					23B	2311*	Infected sockets: 1 visit	10.29	8.23
						2311*	2 or more visits	21.14	16.91

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SEDATION WITH EXTRACTION: FEE PER VISIT					ORTHODONTICS: APPLIANCES				
25A1	2551	For extraction: 1-4 teeth	32.81	26.25	32A1	3201/02	Courses: 1 rem spring – U/L	157.54	126.03
	2552	5-9 teeth	37.77	30.22	32A2	3203/04	1 simple fixed – U/L	151.14	120.91
	2553	10-16 teeth	44.39	35.51	32A3	3205/06	1 fixed multi – U/L	441.92	353.54
	2554	17 or more	55.36	44.29	32A4	3207	functional	271.02	216.82
		Combination maximum	110.82	88.66	32A5	3211	bite plane appliance	115.66	92.53
SEDATION WITH CONSERVATION: FEE PER VISIT						3221	extra oral traction	64.34	51.47
25A2	2555	cost: up to £10.00	32.81	26.25	32B1	3231	Retention: sup > 5 months	39.87	31.94
	2556	£10.01 to £25.00	60.13	48.10		3232	additional 2 months	20.13	16.10
	2557	£25.01 to £50.00	86.57	69.26	32B2	3233/34	Retention appliance: removable U/L	77.96	62.37
	2558	over £50.00	110.82	88.66		3235/36	fixed U/L	88.86	71.09
25B	2566	Travel emergency <1 mile	37.77	0.00		3237/38	pressure formed	63.18	50.54
	2567	Travel emergency 1+ miles	66.45	0.00	ORTHODONTICS: REPAIRS				
25C	2571	Treatment: inhalation	15.68	12.54	32C1	3241	Repair acrylic	32.81	0.00
	2571	supplement	7.52	0.00	32C2	3242	Repairs Cribbs etc 1 repair	39.87	0.00
	2572	injection	28.03	22.42		3242	additional repair	10.29	0.00
	2572	supplement	9.75	0.00	32C3	3243	Repair functional	50.91	0.00
DENTURES					32C4	3244	fixed	68.79	0.00
27B1	2731/32	Full/Full	283.77	227.02		3245	Add fee per impression	9.95	0.00
27B2	2731/32	Full U/L (one only)	177.06	141.65	DOMICILIARY/RECALLED ATTENDANCE				
27B3	2733	Partial: 1-3 teeth	111.07	88.86	35A	3501	Domiciliary visit: <10 miles	46.95	0.00
	2733	4-8 teeth	147.08	117.66		3502	10-40 miles	64.34	0.00
	2733	9 or more teeth	175.11	140.09		3503	over 40 miles	84.58	0.00
27B4	2734	Lingual/palatal bar – add fee	23.27	18.62	35B	3511	Recalled attendance: <1 mile	55.36	0.00
27C1	2741/42	Metal ss/cc Full/ - or -/full	249.92	199.94		3512	1 or more miles	91.08	0.00
27C2	2743	Metal plate: 1-3 teeth	255.69	204.55	MISCELLANEOUS				
	2743	4-8 teeth	280.25	224.20	36A	3601	Pathological/Bact examination	15.68	12.54
	2743	9-12 teeth	291.47	233.18	36B	3611	Stoning/smoothing: 1 tooth	3.57	2.86
27C3	2744	Single bar: 1-3 teeth	269.45	215.56		3611	2 or more teeth	6.87	5.50
	2744	4 or more teeth	294.19	235.35	36D	3631	Sensitive cementum	6.87	5.50
27C4	2745	Multi bars: 1-3 teeth	280.25	224.20	36E	3641	Issue Prescription	5.62	4.50
	2745	4 or more teeth	313.86	251.09	36F	3651	Re-implant luxated tooth	21.47	17.18
27D	2761/62	Soft lining – U/L	58.69	46.95	36G	3661	Removal portion fractured tooth	10.76	8.61
27E	2771/72	Lab constructed special trays	28.43	22.74	36H	3671	Prep of tooth for over denture	14.53	11.62
27F	2781/82	Permanent denture identifier	9.09	7.27	37	3701	Acute infective conditions	9.95	7.96
		Proviso max Upper/Lower – maximum fee	352.15	0.00	CAPITATION				
REPAIRS AND ALTERATIONS					41A		0-5 years per month	1.99	0.00
28A1	2801	Repairs: single	26.84	0.00			6-12 years per month	4.06	0.00
	2802	additional repairs	9.40	0.00			13-17 years per month	5.91	0.00
28A2	2803	Clasp: first repair	38.78	0.00	DECIDUOUS TEETH				
	2804	additional repairs to same denture	18.81	0.00	44A	4401*	Filing	10.29	0.00
28A4	2821	Impression with repair	12.43	0.00	44B	4402*	Pre-formed metal cap	27.00	0.00
28B1	2831/32	Adjusting denture	18.81	15.05	44C	4403*	Vital pulpotomy	10.76	0.00
28C1	2851/52	Reline denture	63.63	50.90	44D	4404*	Non-vital pulpotomy	20.65	0.00
28C2	2853/54	Reline denture and odd flange	72.13	57.70	44E	4405*	Treatment on referral	18.21	0.00
28C3	2855/56	Soft lining	97.45	77.96	CONTINUING CARE				
75.11	2861/62	Addition: Clasp	52.63	42.10	45A		Adults (18-64) per month	1.02	0.00
28D2	2863	Tooth	44.43	35.54	45B		Adults (65+) per month	1.23	0.00
28D3	2865/66	new gum	44.43	35.54	46	4601	Treatment on referral: 3-month period	8.86	0.00
		Maximum repairs/additions	75.16	0.00	CONSERVATIVE TREATMENT				
SPLINT APPLIANCES					58C1	5815*	Composite, glass ionomer or resin fillings: Occlusal surface	24.38	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.	108.72	86.98	58C2	5816*	2 or more surfaces	32.81	0.00
		Treatment involving other appliances – such a fee as the Committee may determine			58C3	5817*	2 or more MO or DO surfaces	42.13	0.00
29E	2991				58C4	5818*	3 or more MO or DO surfaces	54.04	0.00
					58G	5837*	Treatment for women who are pregnant or breastfeeding: per filling max per tooth	19.17	15.34
								28.41	22.73

The maximum patient charge is £384
The prior approval limit is £400

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.