

BDA SCOTLAND FEES GUIDE 2017 - 18

Item No	Code	Description	Gross Fee (£)	Patient Charge (£)	Item No	Code	Description	Gross Fee (£)	Patient Charge (£)
EXAMINATION AND DIAGNOSIS					VENEERS AND INLAYS				
1A	0101	Clinical exam & report	8.90	Zero	16	1601	Porcelain Veneer	112.90	90.32
1B	0111	Extensive exam & report	13.30	Zero		1600	Additional fee for first or only	8.75	7.00
1C	0121	Full case assessment	27.75	Zero	17A1	1704	Inlays: 3+ surfaces	137.25	109.80
2A1	0201	Small Film	4.35	3.48	17K	1781	Recement inlay per inlay	11.70	9.36
	0201	2 films	6.10	4.88	CROWNS				
	0201	3 films	7.40	5.92	17B1	1711	Full or 3/4 precious metal	122.25	97.80
	0201	Each additional film	2.00	1.60	17B2	1712	Full Non-Precious metal	94.00	75.20
	0201	Maximum for additional films	18.10	14.48	17C	1716	Porcelain jacket	92.00	73.60
2A2	0202	Medium Film: 1 film	5.80	4.64	17D1	1721	Bonded precious metal (not molars)	140.15	112.12
	0202	Each additional film	2.50	2.00	17D2	1722	Bonded non precious metal (not molars)	125.85	100.68
	0202	Up to a maximum for additional films	5.15	4.12	17D3	1723	PJC bonded to platinum (not molars)	107.15	85.72
2A3	0203	Large Film: 1 film	9.15	7.32	17E	1726	Synthetic resin jacket	75.10	60.08
	0203	Each additional film	4.35	3.48		1700	Additional fee per arch (all crowns)	8.75	7.00
2A4	0204	Panoral Film per film	13.55	10.84	17F2	1732	Core and post: cast	38.95	31.16
2B	0211	Study models: per set	19.60	15.68	17F3	1733	prefabricated	20.25	16.20
	0212	per dupl set	12.30	9.84	17F4	1734	Pin/screw retention for core	9.65	7.72
	0213	single model	9.65	7.72	17G	1742	Temporary crown no post	16.20	12.96
3	0301	Colour Photograph 1 film	4.35	3.48		1743	Temporary crown with post	22.85	18.28
	0301	Colour Photograph each add film	2.25	1.80	17K	1782	Recement Crown per crown	11.70	9.36
	0301	up to a maximum for additional films	4.55	3.64	BRIDGEWORK				
PERIODONTAL					Retainers				
10A	1001	Simple Scaling	13.90	11.12	18A1	1803	Full or jacket crown gold	154.20	123.36
10B	1011	2 visit perio	33.75	27.00	18A4	1807	Bonded crown: precious	148.20	118.56
10C	1021	Chronic perio: 1-4 teeth	43.05	34.44		1808	non precious	135.15	108.12
	1021	5 - 9	52.55	42.04	18B1	1811	Core and post: precious	40.10	32.08
	1021	10 - 16	62.15	49.72	18B2	1812	non precious	27.75	22.20
	1021	17 or more teeth	69.60	55.68	18B3	1813	prefabricated	20.25	16.20
	1022	Additional Fee per Sextant	8.75	7.00	18B4	1814	Pin/screw retention	9.65	7.72
11A	1101/02	Gingivectomy: First 2 adjacent teeth - U/L	23.75	19.00	18B6	1816	Lab composite facing	30.05	24.04
	1103	Each additional tooth	5.30	4.24	Pontics				
	1103	Maximum per visit	54.45	43.56	18C1	1821	Gold	77.15	61.72
11D	1131	Crown Lengthening	8.75	7.00	18C4	1825	Bonded precious	84.25	67.40
FILLINGS						1826	Bonded non precious	73.20	58.56
14A1	1401	Amalgam: 1 surface	9.45	7.56	18C5	1827	Lab composite facing with 18C1 or 2	30.20	24.16
14A2	1402	2 or more surfaces	13.90	11.12	Misc				
14A3	1403	1 MO or DO filling	18.40	14.72	18D1	1831	Maryland wing unit	43.05	34.44
14A4	1404	1 MOD filling	24.30	19.44	18D2	1832	Maryland pontic	82.30	65.84
14B	1411	Tunnel restoration per filling	18.40	14.72	18F1	1851	Temp bridge: made in lab (per unit)	19.15	15.32
	1412	Maximum per tooth	24.30	19.44	18F2	1852	other (per unit)	7.10	5.68
14C1	1421	Composite: 1 filling	17.85	14.28	18G1	1861	Recement: acid etch bridge	31.95	Zero
	1420	2 or more	27.75	22.20	18G2	1862	any other bridge	16.90	Zero
	1422	Additional fee: 1 incisal angle	5.80	4.64	EXTRACTIONS				
	1423	incisal edge	1.10	0.88	21	2101	Extractions of Permanent or Retained Deciduous Teeth:		
	1424	2 incisal angles	9.45	7.56		2101	1 tooth	8.75	7.00
	1425	Cusp tip	13.55	10.84		2101	2 teeth	15.75	12.60
14C2	1426	Glass ionomer: 1 filling	16.20	12.96		2101	3 or 4 teeth	24.30	19.44
	1427	2 or more	22.15	17.72		2101	5-9 teeth	31.95	25.56
14D	1431	Pin/screw retention	7.40	5.92		2101	10-16 teeth	43.05	34.44
SEALANT RESTORATION						2101	17 or more teeth	52.55	42.04
14H	1481	Fissure sealant only	8.75	7.00		2121	fee per visit	7.10	5.68
14I	1482	Fissure sealant composite resin	12.30	9.84	Extractions of Deciduous Teeth for Minors:				
14J	1483	glass ionomer & composite resin	18.40	14.72		2102	1 tooth	8.75	Zero
	1470	Combination max.14A, B, C, H, I & j	33.75	27.00		2102	2 teeth	15.75	Zero
	1471	Maximum with 14C1 or 14D	37.65	30.12		2102	3 or 4 teeth	24.30	Zero
ROOT FILLINGS						2102	5 to 9 teeth	31.95	Zero
15A	1501	Root Filling: incisor/canine	51.15	40.92		2102	10 to 16 teeth	43.05	Zero
	1502	upper premolar	69.65	55.72		2102	17 or more teeth	52.55	Zero
	1503	lower premolar	60.35	48.28		2121	fee per visit (relates to 2101 & 2102)	7.10	Zero
	1504	molar	107.00	85.60	Extractions of special difficulty				
15B	1511	Vital pulpotomy per tooth	20.25	16.20	22A1	2201	Soft tissue only	24.30	19.44
15C	1521	Apicectomy: incisor/canine	45.20	36.16	22A2(i)	2202	Bone removal: 1s 2s 3s	33.75	27.00
	1522	premolar	62.15	49.72	22A2(ii)	2203	4s, 5s 6s 7s	41.45	33.16
	1523	buccal root molar	73.20	58.56	Impacted wisdom teeth				
	1541	retrograde root fill	9.65	7.72	22A2(iii)	2204	Uppers no division	43.05	34.44
15D	1551	Retained deciduous tooth	25.30	20.24	22A2(iii)	2206	Lowers no division	50.80	40.64
					22A2(iv)	2205	Uppers with division	54.45	43.56
					22A2(iv)	2207	Lowers with division	60.25	48.20
					Misc				
					23A1	2301	Abnormal haemorrhage (per visit)	27.75	Zero
					23A2	2302	Removal of plugs/sutures	8.75	Zero
					23B	2311	Infected sockets: 1 visit	8.75	7.00
						2311	>1 visit	17.85	14.28



PLEASE NOTE

Please consult the full Statement of Dental Remuneration for details of the allowances.

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SEDATION					ORTHODONTICS					
Sedation with extraction: Fee per visit					Appliances					
25A1	2551	For extraction:			32A1	3201/02	Courses:	1 rem spring - U/L	133.40	106.72
	2552		27.75	22.20	32A2	3203/04		1 simple fixed - U/L	127.90	102.32
	2553		31.95	25.56	32A3	3205/06		1 fixed multi - U/L	374.05	299.24
	2554		37.65	30.12	32A4	3207		functional	229.30	183.44
	2555		46.80	37.44	32A5	3211	bite plane appliance - U/L		97.85	78.28
	2560	Combination Maximum	93.70	74.96	3221	3221	extra oral traction - U/L		54.45	43.56
Sedation with conservation: Fee per visit					32B1	3231	Retention:	sup >5 months	33.75	27.00
25A2	2555	cost up to £10.00	27.75	22.20		3232		additional 2 months	16.90	13.52
	2556	£10.01 to £25.00	50.80	40.64	32B2	3233/34	Retention appliance:removable U/L		65.90	52.72
	2557	£25.01 to £50.00	73.20	58.56		3235/36		fixed U/L	75.10	60.08
	2558	over £50.00	93.70	74.96		3237/38	Removable pressure formed retainer U/L		53.45	42.76
25B	2566	Travel emerg:			Repairs					
	2567	Travel emerg:			32C1	3241/47	Repair acrylic - U/L		27.75	Zero
	2573	inhalation	13.30	10.64	32C2	3242/48	Repair Cribs etc	1 rep - U/L	33.75	Zero
	2573	supplement	6.30	Zero		3242/48		additional repair -U/L	8.75	Zero
	2574	injection	23.75	19.00		3245/46	Add fee per impression - U/L		8.45	Zero
	2574	supplement	8.25	Zero	MISCELLANEOUS					
DENTURES					36A	3601	Pathological/ Bact examination		13.30	10.64
27B1	2730	Full/Full	192.10	153.68	36B	3611	Stoning/smoothing:	1 tooth	3.10	2.48
27B2	2731/32	Full/ - or - /full	119.85	95.88		3611		2 or more teeth	5.80	4.64
27B3	2733/35	Partial:			36D	3631	Sensitive cementum		5.80	4.64
	2733/35		75.10	60.08	36E	3641	Issue Prescription		4.80	3.84
	2733/35		99.65	79.72	36F	3651	Re-implant luxated tooth		18.15	14.52
	2733/35		118.45	94.76	36G	3661	Removal portion fractured tooth		9.15	7.32
27B4	2734	Lingual/palatal bar - addit fee	15.75	12.60	36H	3671	Prep of tooth for over denture			
	2738	Proviso Max for 27b2 +27b3 - U/L	238.30	190.64				Maximum 4 teeth	12.30	9.84
27C1	2741/42	Metal ss/cc F/- or -/F	169.35	135.48	37	3701	Acute infective conditions		8.45	6.76
27C2	2743/47	plate:			CAPITATION					
	2743/47		173.00	138.40	41A		0-2 years	per month	1.82	Zero
	2743/47		189.80	151.84			3-5 years	per month	2.42	Zero
	2743/47		197.30	157.84			6-12 years	per month	4.26	Zero
	2744/48	Single bar:					13-17 years	per month	5.48	Zero
	2744/48		182.40	145.92	CHILDSMILE					
	2744/48		199.20	159.36	(Age 0-2 years inclusive)					
27C3	2745/49	Multi bars:			41A(ii)(1)	4103/04	Toothbrushing instruction by dentist/DCP			
	2745/49		189.80	151.84	41A(ii)(2)	4105/06	Dietary advice by dentist/DCP			
	2745/49		212.50	170.00		4101	SIMD 1-3	Annual Fee	16.71	Zero
	2746	Backings: per tooth	11.95	9.56		4102	SIMD 4-5	Annual Fee	5.48	Zero
	2746	Maximum	71.45	57.16	(Age 3-5 years inclusive)					
27D	2761/62	Soft lining - U/L	39.55	31.64	41A(iv)(1)	4107/08	Toothbrushing instruction by dentist/DCP			
27E	2771/72	Lab constructed special trays - U/L	19.15	15.32		4109/10	Dietary advice by dentist/DCP			
27F	2781/82	Permanent denture identifier - U/L	6.10	4.88		4111	SIMD 1-3		5.48	Zero
REPAIRS AND ALTERATIONS					DECIDUOUS TEETH					
28A1	2801/02	Repairs - U/L			44A	4401	Filling		8.75	Zero
			18.15	Zero	44B	4402	Pre-formed metal cap		22.85	Zero
		single	6.30	Zero	44C	4403	Vital pulpotomy		9.15	Zero
		additional repairs	26.30	Zero	44D	4404	Non-vital pulpotomy		17.40	Zero
28A2	2803/04	Clasp			44E	4405	Treatment on referral		15.45	Zero
			12.75	Zero	44F	4406	Fissure sealant as preventive measure		8.75	Zero
	2810/20	Maximum Repairs for 28A1 + 28A2 - U/L	41.45	Zero	44G	4407	Application of topical fluoride to all tooth surface where patient is aged 2-5 years inclusive		6.55	Zero
28A4	2821/22	Impression with repair - U/L	8.45	Zero	CONTINUING CARE					
28B1	2831/32	Adjusting denture - U/L	12.75	10.20	45A		Adults (18-64)	per month	1.05	Zero
28C1	2851/52	Reline denture - U/L	43.05	34.44	45B		Adults (65+)	per month	1.34	Zero
28C2	2853/54	Reline denture and add flange	48.95	39.16	46	4601	Treatment on referral	3 month period	7.40	Zero
28C3	2855/56	Addition:			DOMICILIARY/RECALLED ATTENDANCE					
		Soft lining - U/L	65.90	52.72	35A	3501	Domiciliary visit:	< 10 miles	39.55	Zero
28D1	2861/62	clasp - U/L	35.65	28.52		3502		10-40 miles	54.45	Zero
28D2	2863/64	tooth - U/L	30.05	24.04		3503		over 40 miles	71.45	Zero
28D3	2865/66	new gum - U/L	30.05	24.04		3511	Recalled attendance:	<1 mile	46.80	Zero
						3512		1 or more miles	77.15	Zero

The maximum patient charge is £384
The prior approval limit is £390

Treatment beginning on or after 1 October 2017

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 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 details of the relevant fees and the exact wording of the narrative.

Practitioner Services Discretionary Fees Guide 2017
https://nhs.uk/media/2370/discretionaryfeeguide-april2017_001.pdf

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