

Nobel Biocare N1™ system

Guidance
for practice
implementation



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Implementing the Nobel Biocare N1™ system in your practice

Financial suggestions

At a glance

1. As a specialist, bill for the Nobel Biocare N1 Implant as usual.
2. If placing (and billing) for a Nobel Biocare N1 Base, use an **Unspecified Code**.
Do NOT bill it as an abutment.
3. Let your referral bill for the abutment and crown.
4. Coordinate with a local lab (or two) to align on well-defined lab pricing for your referrals.
5. Help your patients understand the value of the products you and your referrals use.

Financial gains with the Nobel Biocare N1 system

Small gains in chair time can be achieved due to the quicker Nobel Biocare N1 system drilling protocol.

For example:

- If you can save 5 minutes per surgery with the Nobel Biocare N1 system, performing 6 surgeries per day will save 30 minutes of chair time each day.
- Divide the value you place on your chair time by 2, and this is your savings per day.
- Multiply this by the number of days worked per year and you can see that the gains amass quickly.

Reference guide



Implementing the Nobel Biocare N1™ system in your practice – continued

Financial suggestions – continued

Establish a Nobel Biocare N1 Treatment Efficiency Model

Surgeon, referrals and labs should establish set fees for a Nobel Biocare N1 single tooth case.

Surgeon bills for surgical procedure

- Implant
- Grafting
- CBCT
- Temp (if applicable)
- Guided surgery (if applicable)

Note If a Nobel Biocare N1 Base is placed, surgeon should NOT bill it as an abutment. Use an **Unspecified Code** for billing instead with an appropriate value. The Nobel Biocare N1 Base should be described as a “transmucosal surgical component to protect and stabilize mucosa.”

Referral bills for restorative procedure

- When possible, no change should be made to how a referral bills for the abutment and crown. Ideally, referrals will have no decrease in the fees they collect from insurance and/or the patient. If they do, they may be resistant to restoring the Nobel Biocare N1 Implant.
- Make sure the referral understands how different types of implant restorations receive different insurance reimbursements.

Lab billing

For Nobel Biocare N1, labs should have a set of select options and fees for implant level and base level restorations. Work with the lab to get their discounting at the appropriate level.

Implant level:

- Crown only (abutment supplied by referral)
- Crown + TiBase (Universal Abutment)
- Crown + prepped abutment (Esthetic Abutment)
- Crown + custom abutment (TiBlank – only applicable if the lab has milling capabilities)

Base level:

- Crown only (abutment supplied by referral)
- Crown + TiBase (Universal Abutment)
- Crown + prepped abutment (Esthetic Abutment)
- FCZ / cutback / crown + custom abutment (NobelProcera®)

Reference guide



Implementing the Nobel Biocare N1™ system in your practice – continued

Guidelines for case acceptance

Helping patients understand what they are paying for

Be as specific as possible

The better the estimate of a total implant procedure you can provide up front, the more likely the patient is to accept treatment.

- Think of yourself as a consumer: Are you more or less likely to make a sizable purchase if you have a better understanding of the cost up front? Consumers like to feel informed; nobody likes hidden fees.

Itemize/detail everything possible when billing the patient (and their insurance).

- This helps patients better understand everything that goes into their treatment and provides value in itself.

Discuss insurance billing

When discussing your fee with the patient, be sure to let them know you'll bill as much as you can to their insurance but that they may/will have to pay the remainder out of pocket (assuming you are out-of-network with their insurance).

- Remember, just because you are out-of-network with an insurance provider, it doesn't mean you cannot bill them.
- As a specialist, you may be able to bill a patient's medical insurance as well. In these circumstances, it may be better to use language such as "oral rehabilitation" when billing medical insurance.

Explain why you charge your fee

Patients will certainly see low-cost dental implant advertisements. Be proactive in helping them understand the difference and value of receiving an implant from you.

- Help the patient understand Nobel Biocare's value propositions to patients: Nobel Biocare is the very first dental implant company which has helped the industry evolve through continuous research and development. Most of the low-cost implants they see advertised don't have any kind of scientific backing.
- If the Nobel Biocare N1 system is a more premium option within the practice, help the patient understand it is a gentler, less-invasive method of implant treatment and often results in better healing, compared to conventional methods of treatment.
- Help them understand the value of Nobel Biocare's precision engineering, the importance of genuine components and the lifetime warranty Nobel Biocare provides (the clinician decides what, if any, kind of warranty they want to provide on their treatment/services).
- Include information about the product warranty and importance of genuine components in your patient consent forms.

US dental insurance CDT codes¹

Oral surgery



Note The insurance codes provided in this reference guide are for example only. Official verbiage from CDT Code Book may have been simplified for conciseness/understanding and some procedures may have individual codes for maxillary and mandibular arches. Please refer to the American Dental Association's *CDT 2023: Current Dental Terminology* guide book (ISBN: 978-1-68447-173-7) for complete descriptions and all related coding. Consult the ADA CDT list and the patient's insurance company guidelines before claim submission to ensure accurate coding and billing. ADA is the official and definitive source for CDT.

Implant-retained overdenture (including 2023 ADA updates)

CODE	DESCRIPTION
D6110	Implant supported removable denture for edentulous arch (billed separate for maxillary and mandibular) <i>Best code for implant retained overdentures</i>
D5863	Overdenture maxillary
D5865	Overdenture mandibular
D5862	Male/female precision attachments
D5867	Replacement of precision attachments
D6056	Prefabricated abutment, includes modification and placement (GPS/locators for overdentures)
D6052	Reported for each semi-precision attachment that is placed within the overdenture and required to retain the prosthesis. It is reported regardless of whether the denture's semi-precision attachment is placed at the laboratory or in-office.

Abutments

CODE	DESCRIPTION
D6020	Abutment placement or substitution: endosteal implant. An abutment is placed to permit fabrication of a dental prosthesis. This procedure may include the removal of a temporary healing cap or replacement with an abutment of alternate design.
D6051	Interim abutment/temporary
D6056	Multi-unit Abutment/prefabricated abutment
D6057	Custom prefabricated abutment (final)
D6058	Porcelain/ceramic crown that is anchored to the implant (final)
D6085	Provisional/temporary implant crown
D6065	Implant supported crown – includes crown delivery
D6062	Abutment supported cast metal crown

Unspecified codes

Great for adding value to treatment plans or adding uncoded items to treatment

CODE	DESCRIPTION
D9992	Dental case management/care coordination
D6199	Unspecified dental implant procedure code
D7999	Unspecified oral surgery procedure

Extraction codes most often used in regard to implant procedures

CODE	DESCRIPTION
D7140	Simple extraction
D7210	Surgical extraction

¹ American Dental Association. *CDT 2023: Current Dental Terminology*. 1st ed. ADA; 2023. All rights reserved.

Single implant

CODE	DESCRIPTION
D9222	Sedation first 15 minutes
D9223	Sedation each additional 15 minutes
D9610	IV antibiotics
D9630	Oral medications – without sedation
D6010	Endosteal implant
D6104	Bone graft at the time of implant
D7953	Bone graft at the time of extraction (if completing single implant in phases)
D6085	Immediate provisional implant crown

Implant bridge

CODE	DESCRIPTION
D9222	Sedation first 15 minutes
D9223	Sedation each additional 15 minutes
D9610	IV antibiotics
D9630	Oral medications – without sedation
D6010	Endosteal implant x # of implants
D6104	Bone graft at the time of implant x # of implants
D6085	Immediate provisional implant crown x # of implants
D6056	Multi-unit Abutments x # of implants
D7311	Alveoplasty (1–3 teeth per quad)

All-on-4® treatment concept

CODE	DESCRIPTION
D9222	Sedation first 15 minutes
D9223	Sedation each additional 15 minutes
D9610	IV antibiotics
D7210	Surgical extraction x # of teeth
D6104	Bone graft at the time of implant x # of implants
D6010	Endosteal implant x # of implants
D7310	Alveoplasty (4+ teeth per quad)
D6051	IPH temporary copings x # of implants
D6056	Multi-unit Abutments x # of implants
D6119	Conversion (pick up) for maxillary arch
D6618	Conversion (pick up) for mandibular arch
D9992	Hybrid lab fee (can be used for any misc. fees needed to be attached to the treatment)

Coding examples Oral surgery – continued



Implant removal

CODE	DESCRIPTION
D9222	Sedation first 15 minutes
D9223	Sedation each additional 15 minutes
D9610	IV antibiotics
D9630	Oral medications – without sedation
D6100	Implant removal
D6103	Bone graft at time of implant removal

Miscellaneous codes

CODE	DESCRIPTION
D5982	Drill guide
D5211	Maxillary flipper
D5212	Mandibular flipper
D5982	3D printed skull/arch work-up
D5820	Interim partial – maxilla
D5821	Interim partial – mandibular
D5810	Immediate maxillary temporary denture
D5811	Immediate mandibular temporary denture
D7995	BMP grafting
D7921	PRF grafting
D4265	Alloderm grafting
D4266	Resorbable membrane
D4267	Non-resorbable membrane

US dental insurance CDT codes¹

3D image/scanning



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3D imaging/scanning/planning (new or revised codes)

CODE	DESCRIPTION
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D0393	Virtual treatment simulation using 3D image volume or surface scan
D0709	Intraoral – comprehensive series of radiographic images – image capture only
D9450	Case presentation, subsequent to detailed and extensive treatment planning

3D dental and facial surface scanning procedures (new codes)

Replacement for deleted codes: D0351 / D0704

Code as "direct" when the patient is present and "indirect" when a physical model, such as a diagnostic cast, is involved

CODE	DESCRIPTION
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D0801	3D dental surface scan – direct
D0802	3D dental surface scan – indirect
D0803	3D facial surface scan – direct
D0804	3D facial surface scan – indirect

Image capture with interpretation

The codes in this section relate to a radiographic survey of the whole mouth intended to display the crowns and roots of all teeth, periapical areas, interproximal areas, and alveolar bone including edentulous areas

CODE	DESCRIPTION
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D0210	Intraoral – comprehensive series of radiographic images
D0372	Intraoral tomosynthesis – comprehensive series of radiographic images

Image capture only:

D0709	Intraoral – comprehensive series of radiographic images
D0387	Intraoral tomosynthesis – comprehensive series of radiographic images

2023 deleted codes

CODE	DESCRIPTION
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D0351	3D photographic image
D0704	3D photographic image – image capture only

¹ American Dental Association. *CDT 2023: Current Dental Terminology*. 1st ed. ADA; 2023. All rights reserved.

Note You can still use all normal diagnosis codes for these dental billing changes.

Medical implant surgery

Teeth numbers or quadrant (UL, UR, LL, LR) are the modifiers when entering the medical claim

MEDICAL CODE	DESCRIPTION	EQUIVALENT DENTAL CODE
41899	Surgical extraction	D7210
41899	Alveoplasty	D7310
21248	Implant placement	D6010
20900	Bone graft at time of implant	D6104
99151	Deep sedation – first 15 minutes	D9222
99152	Deep sedation – each 15 minutes after	D9223
96372	Therapeutic injection	D9610

Tips for successful medical insurance claim submissions

- There are so many more medical codes that can be converted from dental to medical coding. The coding above is the most often paid codes for dental implant procedures that are not denied by medical insurance. Most insurance companies (even though they state they won't) have conversion tables that can change the dental code to a medical code when going through electronically.
- It's important to send a preoperative and postoperative panoramic X-ray or bitewing with implant sites and a written medical necessity letter with a surgery explanation for every medical claim that is submitted. This will bring down denial and resubmission issues.
- Always include the reasoning for an implant and bone graft. Medical insurance companies try to deny the claims stating that a removable prosthesis is all that the patient needs medically.
- It is important to include ICD-10 and explanations for any morbidities, e.g., diabetes, high blood pressure, obesity, excessive dry mouth, periodontitis, excessive bone loss, etc. This will show the medical insurance company that a removable prosthesis will not give the patient the best surgical outcome.

Note Typically, only specialists can bill medical insurance.