



# Dental Clinical Policy

**Subject:** Clinical Crown Lengthening

**Guideline #:** 04-206

**Status:** Revised

**Publish Date:** 01/01/2022

**Last Review Date:** 10/30/2021

## Description

This document addresses the procedure of clinical crown lengthening.

The plan performs review of crown lengthening due to contractual requirements that necessitate benefits for dental services meet specific contract requirements. For example, plan contract(s) may require the provision of benefits for services that meet generally accepted standards of dental care at the lowest cost that properly addresses the patient's condition. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by the dental plan.

## Clinical Indications

Clinically, crown lengthening is necessary and appropriate in a healthy periodontal environment when there is inadequate tooth structure exposed to the oral cavity to retain a dental restoration.

Dental review as it applies to accepted standards of care means dental services that a Dentist, exercising prudent clinical judgment, provides to a patient for the purpose of evaluating, diagnosing or treating a dental injury or disease or its symptoms, and that are: in accordance with the generally accepted standards of dental practice; , in terms of type, frequency and extent and is considered effective for the patient's dental injury or disease; and is not primarily performed for the convenience of the patient or Dentist, is not cosmetic and is not more costly than an alternative service.

For dental purposes, "generally accepted standards of dental practice" means:

- Standards that are based on credible scientific evidence published in peer-reviewed, dental literature generally recognized by the practicing dental community
- specialty society recommendations/criteria
- the views of recognized dentists practicing in the relevant clinical area
- any other relevant factors from credible sources

## General Criteria

1. Clinical crown lengthening is appropriate where the margin of a proposed restoration would violate the periodontal attachment apparatus. A diagnostic radiograph must be submitted which documents less than three millimeters of sound natural tooth structure between the restorative margin and the alveolar crest.
2. When indications are not evident by radiographic examination, additional patient records may

- be requested documenting the need for treatment.
3. Clinical crown lengthening may only be performed in a periodontally healthy environment.
  4. Clinical crown lengthening will not be considered when performed in conjunction with any procedure that addresses a periodontal treatment for unhealthy periodontal tissues within the same quadrant on the same date of service. This includes any periodontal procedure, but not limited to, gingivectomy, frenectomy, distal wedge reduction, grafting, and scaling and root planing, which will be considered as an integral component of a clinical crown lengthening procedure.
  5. Prior to final restoration of a tooth, a minimum of 6 weeks must be allowed for healing of bone and soft tissue following clinical crown lengthening.
  6. This procedure requires removal of hard (osseous tissue as well as soft (gingival) tissue and requires an alteration of crown-root ratio of the tooth. If the resulting bone removal results in an inadequate crown to tooth ration, there will be no benefit as the long-term progress of the remaining tooth will be compromised.
  7. When performed to correct congenital or developmental defects, this procedure is considered elective treatment.
  8. Clinical crown lengthening will not be considered for treatment of teeth with structural loss due to wear, erosion, attrition, abrasion and abfraction.
  9. Clinical crown lengthening will be considered for treatment of natural teeth only.
  10. Clinical crown lengthening will be considered only when subgingival caries or fracture requires removal of soft and hard tissue to enable restoration of a tooth.
  11. When performed in conjunction with osseous surgery for periodontal disease, the crown lengthening procedure is inclusive with osseous surgery.
  12. If distal or proximal wedge procedure (D4274) performed in conjunction with D4249 on same date of service, then D4274 is considered inclusive.
  13. When performed for cosmetic reasons crown lengthening will not be allowed.
  14. 'Troughing' of the soft tissue as part of the crown preparation, or to visualize the margins for impressions, does not meet the CDT descriptor for D4249.
  15. If crown lengthening is performed on the same date of service as the crown, D4249 is considered inclusive with the crown.
  16. Periodontal pocket charting may be required.

## Coding

*The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

**CDT** Including, but not limited to, the following:

D4249 Clinical crown lengthening – hard tissue

**IDC-10** CM Diagnoses for Dental Diseases and Conditions: See the current CDT code book for details

## References

1. American Dental Association: 2016 CDT (Current Dental Terminology) Dental Procedure Codes: @2015 American Dental Association; page 37.

2. Radiographic assessment of clinical root-crown ratios of permanent teeth in a healthy Korean population: Jour of Advanced Prosthodontics 2014 Jun; 6(3): 171–176. Hee-Jung Yun, Jin-Sun Jeong, Nan-Sim Pang, Il-Keun Kwon, Bock-Young Jung.
3. The prosthodontic concept of crown-to-root ratio: a review of the literature: J Prosthetic Dent. 2005 Jun; 93(6):559-62. Grossman Y., Sadan A.
4. Surgical Crown Lengthening: Evaluation of the Biological Width; Sharon K. Lanning, Thomas C. Waldrop, John C. Gunsolley, and J. Gary Maynard; Jour of Perio; Vol 74, No. 4.

**History**

Revision History	Version	Date	Nature of Change	SME
	initial	8/10/17		
	Revision	2/6/18	Related Dental Policies, Appropriateness and Medical necessity	M Kahn
	Revision	11/04/2020	Annual Review	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee

Federal and State law, as well as contract language, and Dental Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Clinical Policy Committee are available for general adoption by plans or lines of business for consistent review of the medical or dental necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether to implement a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical or dental necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical or dental necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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