

**Delta Dental of Virginia Clinical Policy # 409**
**Subject**

Clinical Crown Lengthening

**Originating Department**

Clinical Professional Services

**Signature Authority**

Dental Director

**Type:**       New                       Replacement                       Revision                       Clarification

**Date:**              11/09/2009                      **Revision Date:**              11/15/2011

**Preamble:**

The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in relevant clinical areas, and other relevant factors. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information.

A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and enrollees to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. 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 DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.

**History:**

When a tooth fractures, has extensive decay, or has a large restoration, the dentist may recommend a crown to restore the tooth to normal function. If an evaluation of the extent of the fracture, decay, or restoration reveals that the margin of the proposed crown may extend beneath the gingiva (gum) and impinge on the periodontal attachment apparatus, a clinical crown-lengthening procedure may be required.

Clinical crown lengthening is a surgical procedure used to expose sound tooth structure and facilitate placement of a new restoration in an area that is inaccessible due to fracture, a present restoration, or decay extending below the gingival margin. This procedure can ensure an adequate tooth to restoration junction and prevent a compromise of the biologic periodontal attachment to the tooth.

Crown lengthening procedures require full thickness gingival flap reflection and involve appropriate removal of both soft (gingival) and hard (osseous) tissues. In the absence of bone loss due to periodontal disease, clinical crown-lengthening may require extension of osseous re-contouring to the adjacent teeth on either

	side, if present.
<b>Policy:</b>	<p>DDVA Guidelines:</p> <ol style="list-style-type: none"> <li>1. Documentation of the need for this procedure must include a diagnostic radiograph.</li> <li>2. Clinical crown lengthening will not be considered if performed in conjunction with periodontal osseous surgery in the same quadrant on the same date of service.</li> <li>3. Any other periodontal treatment performed in the same quadrant on the same date of service, including flap surgery, gingivectomy, frenectomy, distal wedge reduction, grafting, and scaling and root planing, is considered inclusive with a clinical crown lengthening procedure.</li> <li>4. Prior to final restoration of a tooth, a minimum of six weeks must be allowed following clinical crown lengthening.</li> <li>5. This procedure requires removal of hard (osseous) tissue as well as soft (gingival) tissue and requires an alteration of the crown-root ratio of the tooth.</li> <li>6. If performed for cosmetic (esthetic) purposes or to correct congenital or developmental defects, this procedure is considered optional treatment.</li> <li>7. Clinical crown lengthening is appropriate treatment where the preparation of a restoration violates the biologic width of the periodontal attachment apparatus. For example, where there is less than three millimeters of tooth structure remaining between the alveolar crest and the restorative margin as noted by radiographic review or bone sounding, this procedure is appropriate.</li> <li>8. Clinical crown lengthening will not be considered for treatment of teeth with structural loss due to wear, attrition, abrasion and abfraction.</li> <li>9. Clinical crown lengthening will be considered for treatment of natural teeth only.</li> </ol>
<b>Code(4):</b>	D4249 – Clinical crown lengthening – hard tissue
<b>References:</b>	<ol style="list-style-type: none"> <li>1. Johnson JH. Lengthening clinical crowns. <i>Journal of the American Dental Association</i> 1990;121:473-476.</li> <li>2. Palomo F and Kopczyk RA. Rationale and methods for crown lengthening. <i>Journal of the American Dental Association</i> 1978;96:257-260.</li> <li>3. Hempton TJ and Dominici JT. Contemporary crown-lengthening therapy. A review. <i>J Amer Dent Assoc</i> 2010;141:647-655.</li> <li>4. American Dental Association, <i>Current Dental Terminology. CDT 2011-2012</i>; 27 (©ADA 2010).</li> </ol>