



CROWN LENGTHENING

Policy # D010

Implementation Date: 5/1/12

Review Dates: 1/28/16, 2/23/17

Revision Dates: 1/28/16, 2/23/17, 10/19/2022

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial and Select Health Advantage (Medicare/CMS) plans. Refer to the "Policy" section for more information.

Description

This procedure is employed to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity. Crown lengthening requires reflection of a full thickness flap and removal of bone, altering the crown to root ratio. It is performed in a healthy periodontal environment, as opposed to osseous surgery, which is performed in the presence of periodontal disease.

Commercial Plan Policy

Select Health will reimburse for crown lengthening if the following criteria are met:

- Periapical radiographic image
- Chart notes indicate a flap was reflected, removal of bone, placement of sutures and that there will be a sufficient healing period before the restorative process begins.

Select Health will not reimburse a crown lengthening billed on the same day as a restorative procedure. Upon appeal, exceptions may be considered when there is sufficient evidence and necessity that would show improvement the member's oral health. Please see the Dental Provider Manual or contact Member Services for provider appeal information.

Notes:

Local Anesthesia is considered included in any dental surgical procedure and will not be reimbursed separately.

Three months of post-operative care is included in the initial reimbursement for surgical procedures.

Select Health Advantage (Medicare/CMS)

Select Health Advantage will follow the commercial plan

Billing/Coding Information**CDT CODES:**

D4249 Clinical crown lengthening- hard tissue

Key References

1. Coding Companion for Dental Services – Ingenix (2016)
2. *Current Dental Terminology* (2016) – American Dental Association

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Dental Coding/Reimbursement policies do not constitute dental advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate dental care providers to obtain needed dental advice, care, and treatment. Benefits and eligibility are determined before dental guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included 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.

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Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Dental Provider Relations at **800-538-5054**.

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