



Dental Clinical Policy

Subject: Clinical Crown Lengthening

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Description

Clinical crown lengthening is a dental procedure in which the bone surrounding a tooth is reshaped or removed to expose more of the tooth's surface. The procedure involves a full thickness flap and removal of bone for functional reasons. The goal is to increase the amount of available tooth structure above the osseous crest, to allow a restorative procedure on a tooth.

Clinical Indications

Clinically, crown lengthening is necessary and appropriate in a healthy periodontal environment to allow a restorative procedure on a tooth with little or no tooth structure exposed to the oral cavity.

Criteria

1. Clinical crown lengthening is appropriate where the margin of a proposed restoration would violate the periodontal attachment apparatus. A current (within 12 months), dated, diagnostic, pretreatment 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 is performed in a healthy periodontally environment.
4. Clinical crown lengthening will not be considered when performed in conjunction with any periodontal procedure that addresses a 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 four weeks must be allowed for healing of bone and soft tissue following clinical crown lengthening.
6. Clinical crown lengthening requires reflection of a full thickness flap and 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 root ratio, there will be no benefit as the long-term prognosis 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 when subgingival caries or fracture requires removal of soft and hard tissue to enable restoration of a tooth.
11. Clinical crown lengthening procedure is inclusive with osseous surgery when performed in conjunction with osseous surgery for periodontal disease.
12. Mesial/distal wedge procedure performed in conjunction with clinical crown lengthening on same date of service, then mesial/distal wedge procedure 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 or capture the margins for impressions/scanning, does not meet the CDT descriptor for clinical crown lengthening.
15. Clinical crown lengthening performed on the same date of service as the crown procedure is considered inclusive.
16. Periodontal charting may be required.
17. Archive
18. Clinical crown lengthening for the purpose of correcting altered passive eruption is not benefited.
19. Clinical crown lengthening performed for cosmetic purposes is not benefited.

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

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

References

1. F, Kopczyk RA. Rationale and methods for crown lengthening. *J Am Dent Assoc.* 1978;96(2):257-260. doi:10.14219/jada.archive.1978.0066
2. Lanning SK, Waldrop TC, Gunsolley JC, Maynard JG. Surgical crown lengthening: evaluation of the biological width. *J Periodontol.* 2003;74(4):468-474. doi:10.1902/jop.2003.74.4.468
3. Parameter on Mucogingival Conditions. *J Periodontol.* 2000;71: 861-862. <https://doi.org/10.1902/jop.2000.71.5-S.861>
4. CDT 2026 Current Dental Terminology, American Dental Association
5. Yun HJ, Jeong JS, Pang NS, Kwon IK, Jung BY. Radiographic assessment of clinical root-crown ratios of permanent teeth in a healthy Korean population. *J Adv Prosthodont.* 2014;6(3):171-176. doi:10.4047/jap.2014.6.3.171
6. Grossmann Y, Sadan A. The prosthodontic concept of crown-to-root ratio: a review of the literature. *J Prosthet Dent.* 2005;93(6):559-562. doi:10.1016/j.jprostdent.2005.03.006

History

Revision History	Version	Date	Nature of Change	SME
	Initial	8/10/2017		
	Revision	2/6/2018	Related Dental Policies, Appropriateness and Medical necessity	Dr. Kahn
	Revision	11/04/2020	Annual Review	Committee
	Revised	12/04/2020	Annual Review	Committee
	Revised	10/30/2021	Annual Review	Committee
	Revised	10/26/2022	Annual Review	Committee
	Revised	10/23/2023	Annual Review	Committee
	Revised	10/25/2024	Minor editorial refinements to description, clinical indications, criteria, and reference; intent unchanged.	Committee
	Reviewed	10/27/2025	No Changes	Dr. Stewart Balikov

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