

**STATE OF MICHIGAN**  
**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES**  
**Before the Director of Insurance and Financial Services**

**In the matter of:**

██████████,

**Petitioner,**

**V**

**File No. 151864-001**

**Guardian Life Insurance Company of America,**

**Respondent.**

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Issued and entered  
this 23<sup>rd</sup> day of February 2016  
by **Randall S. Gregg**  
**Special Deputy Director**

**ORDER**

**I. PROCEDURAL BACKGROUND**

██████████ (Petitioner) was denied coverage for a crown-lengthening procedure by his dental insurer, Guardian Life Insurance Company of America (Guardian).

On January 25, 2016, ██████████, DDS, the Petitioner's authorized representative, filed a request with the Director of Insurance and Financial Services for an external review of that denial under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.*

The Petitioner has dental coverage through a group plan underwritten by Guardian. The Director immediately notified Guardian of the external review request and asked for the information it used to make its final adverse determination. Guardian furnished the information on February 2, 2016. After a preliminary review of the material submitted, the Director accepted the request on February 1, 2016.

To address the medical issues in the case, the Director assigned it to an independent medical review organization which provided its analysis and recommendation on February 10, 2016.

**II. FACTUAL BACKGROUND**

The Petitioner's dental benefits are defined in a certificate of group insurance issued by Guardian entitled "Your Group Insurance Plan Benefits" (the certificate).

On November 5, 2015, the Petitioner had a crown lengthening (procedure code D4249) on tooth #14. The charge was \$995.00. Guardian denied coverage for the procedure, saying the tooth had only a guarded prognosis because of a significant loss of structure.

The Petitioner appealed the denial through Guardian's internal appeals process. At the conclusion of that process, Guardian affirmed its decision in a final adverse determination dated January 6, 2016. The Petitioner now seeks a review of that final adverse determination from the Director.

### III. ISSUE

Did Guardian correctly deny coverage for the crown lengthening on tooth #14?

### IV. ANALYSIS

#### Petitioner's Argument

On the request for external review form, the Petitioner's authorized representative wrote:

Patient was presented to our office with pain and discomfort. Exam was done, heavy plaque and calculus subgingival causing bleeding gums requiring patient to have a deep scaling. Tooth #14 large decay near the nerve requiring patient to have root canal, crown lengthening and crown. Crown lengthening is a definite procedure due to the minimal tooth structure remaining after all decay is removed. Tooth will have a good prognosis after all is done. Patient must have this done, if not there is a big chance the tooth will need to come out.

In an undated letter of appeal to Guardian, the Petitioner's dentist explained:

. . . Tooth is diagnosed with endodontic needs and the prognosis is good. However, the tooth needs exposure of sound tooth structure of the distal to be able to make a crown. 1 ½ mm of bone was removed to get adequate margin to place a crown. Root canal was completed and has great prognosis.

#### Respondent's Argument

In its final adverse determination, Guardian stated:

On 11/16/15 your grievance for D4249 [crown lengthening] performed on 11/5/15 was received.

Coverage for these services were denied.

For the following teeth and/or quadrants: 14

- This tooth appears to have sufficient loss of tooth structure creating poor crown / root ratio which presents a guarded prognosis. Endodontic, periodontal and restorative procedures or appliances performed for a tooth, or teeth, with a guarded, questionable, or poor prognosis are not covered benefits.

### Director's Review

The certificate covers dentally necessary crown lengthening under "Periodontal Surgery." The benefit is described on p. 44:

Allowance includes the treatment plan, local anesthetic and post-surgical care. Requires documentation of periodontal disease confirmed by both radiographs and pocket depth probings of each tooth involved.

The following treatment is limited to a total of one of the following, once per tooth in any 12 consecutive months.

\* \* \*

Crown lengthening - hard tissue

The question of whether the crown lengthening on tooth #14 was dentally (medically) necessary was presented to an independent review organization (IRO) as required by section 11(6) of the Patient's Right to Independent Review Act, MCL 550.1911(6).

The IRO reviewer is certified by the American Board of Oral and Maxillofacial Surgery; a member of the American Dental Association; published in peer reviewed literature; and in active practice. The IRO report included the following analysis and recommendation:

#### **Reviewer's Decision and Principal Reasons for the Decision:**

**Question: Was the crown lengthening services (D4249) provided the enrollee on November 5, 2015, medically necessary for treatment of his condition?**

Yes. It is the determination of this reviewer that the crown lengthening services (D4249) [on tooth #14] on November 5, 2015 were medically necessary for the treatment of the enrollee's condition.

#### **Clinical Rationale for the Decision:**

Crown lengthening is a surgical procedure that involves manipulation of either soft tissue or both soft and hard tissue around a tooth or teeth for esthetic or restorative purposes. Esthetic crown lengthening is indicated in patients with excessive gingival display (known as a gummy smile) or gingival overgrowth, whereas restorative (or functional) crown lengthening aims to gain retention and resistance form of sound tooth structure above the alveolar crest level in cases of subgingival caries, subgingival restorative margins, or tooth fracture. Both aim to

increase the amount of supragingival tooth structure for esthetic and /or restorative purposes. In selecting the type of procedure for esthetic or restorative (or functional) crown lengthening, the key considerations include assessment of the width of keratinized gingiva and distance of the cemento-enamel junction or finished restoration margin to alveolar bone around the tooth / teeth involved.

For teeth with subgingival caries, fractures or both, crown lengthening can establish a biological width and, if needed, a ferrule length facilitating prosthetic management. Crown-lengthening surgery involves various techniques, including gingivectomy or gingivoplasty or apically positioned flaps, which may include osseous resection. Authors of wound-healing investigations have reported that an average of three millimeters of supragingival soft tissue will rebound coronal to the alveolar crest and can take a minimum of three months to complete vertical growth.

The radiograph in the documentation submitted for review does not show bone loss, so periodontal concerns were not a problem. The removal of 1.5 mm of bone was required for an adequate margin for a crown. There was a sufficient amount of tooth structure for a crown after the procedure was performed. Therefore, for the reasons noted above, the crown lengthening services on November 5, 2015 were medically necessary for this enrollee.

The Director is not required to accept the IRO's recommendation. *Ross v Blue Care Network of Michigan*, 480 Mich 153 (2008). However, the recommendation is afforded deference by the Director. In a decision to uphold or reverse an adverse determination, the Director must cite "the principal reason or reasons why the [Director] did not follow the assigned independent review organization's recommendation." MCL 550.1911(16)(b). The IRO's recommendation here is based on experience, expertise, and professional judgment. Furthermore, it is not contrary to any provision of the certificate of coverage. MCL 550.1911(15).

The Director, discerning no reason why the IRO's recommendation should be rejected, finds that the crown lengthening on tooth #14 was medically necessary and is therefore a covered benefit.

#### **V. ORDER**

The Director reverses Guardian Life Insurance Company of America's January 6, 2016, final adverse determination.

Guardian shall immediately cover the Petitioner's November 5, 2015, crown lengthening services, MCL 500.1911(17), and shall, within seven days of providing coverage, furnish the Director with proof it implemented this Order.

To enforce this Order, the Petitioner may report any complaint regarding its implementation to the Department of Insurance and financial Services, Health Care Appeals Section, at this toll free telephone number: (877) 999-6442.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this order may seek judicial review no later than 60 days from the date of this order in the circuit court for the Michigan county where the covered person resides or in the circuit court of Ingham County. A copy of the petition for judicial review should be sent to the Department of Insurance and Financial Services, Office of General Counsel, Post Office Box 30220, Lansing, MI 48909-7720.

Patrick M. McPharlin  
Director

For the Director:



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Randall S. Gregg  
Special Deputy Director