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# **Delta Dental of Ohio Clinical Criteria for Utilization Management Decisions**

## **Clinical Criteria for Coronectomy**

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### **Introduction**

This Delta Dental of Ohio clinical criteria document addresses the coronectomy procedure. The purpose of this document is to provide written clinical criteria to ensure that Delta Dental of Ohio consistently applies sound and objective clinical evidence when determining the medical necessity and clinical appropriateness of the coronectomy procedure, as well as taking individual patient circumstances and the local delivery system into account.

A coronectomy is a surgical procedure involving impacted teeth where an intentional partial removal of the crown of a tooth is performed when a neurovascular complication is likely with a conventional extraction. A coronectomy is most commonly associated with impacted third molars where the complete removal has a high potential of causing temporary or permanent neurological disturbances of the inferior alveolar nerve.

A typical coronectomy involves the elevation of a full-thickness mucoperiosteal flap extending from a first molar distal to an impacted third molar location along the external oblique line. Once the tissue is reflected and appropriate access to the coronal portion of the impacted tooth is confirmed, an alveolectomy is performed to the level of the cementoenamel junction using a variety of surgical handpieces and burs with copious irrigation. The exposed coronal portion of the tooth is then separated from the radicular complex using a fissure bur and any required hand instruments. Amelodentinal substance should be removed 2 to 4 millimeters below the level of the alveolar crest and the separation line of the crown from the roots should be perpendicular to the long axis of the tooth. The radicular pulp does not require any special treatment or endodontic therapy, but any rough bony edges should be smoothed and appropriate radiographs taken to confirm that there is no residual coronal material remaining prior to closure. Following suture removal and postoperative evaluation, clinical and radiographic follow-up should occur at 6-month intervals for a period of 1-2 years, then annually thereafter to assess the migration of the residual roots for any needed surgical intervention.

Coronectomy procedures are generally performed by oral surgeons and periodontists under both local anesthesia and some level of sedation, but appropriately trained and qualified general dentists may also render the service.

### **Applicable Dental Procedure Codes**

The following dental procedure codes defined in the current version of the American Dental Association's Code on Dental Procedures and Nomenclature (the CDT® Code) are applicable to this document and are the appropriate codes to use when documenting the performance of a coronectomy procedure. Inclusion of these codes here is for informational purposes only and does not imply benefit coverage or noncoverage of a procedure by a member's dental plan. A determination that a dental procedure is medically necessary and clinically appropriate does not guarantee that the procedure is a covered benefit of a member's dental plan. To determine if coronectomy services are a covered benefit of an individual member's dental plan, please refer to the plan documents in effect on the date of service.

CDT® Procedure Code	Procedure Code Nomenclature
D7251	Coronectomy - intentional partial tooth removal, impacted teeth only
Note: The D7251 coronectomy is a distinct procedure from the D3921 decoronation or submergence of an erupted tooth, which is the intentional removal of coronal tooth structure for preservation of the root and surrounding bone.	

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### Clinical Criteria<sup>1</sup>

When approval of benefit payment for a coronectomy procedure by a member's dental plan requires a determination by Delta Dental of Ohio that the service is medically necessary and clinically appropriate, the patient's dental record must document a generally accepted indication for performing the procedure. For a coronectomy procedure to be considered necessary and appropriate, the tooth must meet at least one indication from each of the following two sets of conditions:

1. There must be an indication for the extraction of an impacted tooth<sup>2</sup>, including:
  - An impacted tooth (other than a third molar) cannot erupt into a functional position and presents with a generally accepted indication for removal
  - An impacted third molar is not expected to erupt by the middle of the third decade and presents with a generally accepted indication for removal
  - A supernumerary tooth is impacted and not expected to be functional
2. There must be an indication that the removal of the roots of an impacted tooth may either directly or indirectly damage the associated neurovascular bundle (most commonly the inferior alveolar nerve), including:
  - An impacted tooth is associated with chronic soft tissue infections (pericoronitis), bone or attachment loss of the adjacent tooth
  - An impacted tooth is associated with recurrent or chronic pain due to a blocked path of eruption
  - An impacted tooth is associated with resorption of the adjacent tooth
  - An impacted tooth is interfering with the successful completion of needed restorative, endodontic or periodontal therapy of an adjacent tooth
  - An impacted tooth has an associated coronal pathology (e.g., dentigerous cyst limited to the coronal portion)
  - An impacted tooth must be removed due to an underlying medical condition or pending surgical services (e.g., prevention of chronic periodontal infections in support of transplant surgery, chemotherapy or radiation therapy)

For patients who do not meet the published qualifying criteria for a coronectomy procedure, Delta Dental of Ohio will consider documentation from relevant clinicians that explains the necessity of covering the service for conditions not included in the criteria.

<sup>1</sup> Government regulations or the provisions of a member's dental plan that define when a dental procedure may be considered medically necessary and clinically appropriate with respect to benefit coverage may take precedence over these clinical criteria.

<sup>2</sup> See Delta Dental of Ohio Clinical Criteria of Extraction of Teeth (ID 282.24) available at <https://deltadental.pub/clinicalcriteria>.

Depending on the clinical circumstances, the performance of a coronectomy procedure under the following conditions may be considered not medically necessary, inadvisable or deficient in clinical quality and may result in disapproval of benefits based on a professional determination that treatment is not medically necessary or not clinically appropriate:

- Where the criteria for the extraction of impacted teeth are not met
- Where a neurovascular bundle is not involved and a standard surgical extraction would suffice (e.g., a young person with incomplete root formation without neurovascular bundle involvement)
- Where the procedure is performed for prophylactic reasons and the tooth/area is without any associated signs and symptoms of pain, disease, pathology or locally deleterious effects
- Where the coronal portion of the tooth lies in close proximity to the inferior alveolar nerve or other vital structures where removal would pose a serious health risk
- Where the radicular portions of the tooth are associated with pathology (e.g., tumor or large cyst) or infection
- Where the preoperative tooth is mobile
- Where the coronectomy procedure results in incomplete removal of the coronal portion
- Where the coronectomy procedure results in mobilized root fragments
- Where the coronectomy procedure results in iatrogenic damage to adjacent structures, alveolar complex or teeth
- Where the risk of the surgery outweighs the benefits when the patient is compromised due to antiresorptive agent therapy (bisphosphonates) or head and neck radiotherapy
- Where the patient is deemed to be medically unstable
- Conditions where more conservative treatment can manage a patient's condition and render tooth extraction unnecessary

Depending on an individual patient's condition and circumstances, the following additional criteria for coronectomy services may be applied for coverage determinations:

- Where teeth other than impacted third molars present with neurovascular bundle involvement
- Where dental taurodontism of an impacted tooth may pose an increased risk of mandibular angle fracture or paresthesia
- Where impacted teeth present with curved, dilacerated or thin roots prone to fracture
- Where maxillary teeth present with close approximation to the maxillary antra or associated neurovascular bundles (e.g., involvement with the infraorbital canal and nerve)
- May be indicated to avoid inferior alveolar nerve injury and mandible fracture, mainly in oncological patients
- Where the likelihood of lingual plate fracture is high
- Where patients with coagulation dysfunction present with a significant risk of uncontrolled bleeding
- When dental benefit programs have established program-specific criteria that define when coronectomy treatment is considered medically necessary and eligible for benefit coverage, or that place other limitations on such services, Delta Dental of Ohio will apply that criteria when there is a need to evaluate coronectomy procedures for medical necessity.

## **Other Considerations**

When the payment of benefits for a dental procedure by a member's dental plan depends on the application of clinical criteria to determine whether the procedure is medically necessary or clinically appropriate, the following additional information will be taken into consideration, if applicable:

- Individual patient characteristics including age, comorbidities, complications, progress of treatment, psychosocial situation and home environment
- Available services in the local dental delivery system and their ability to meet the member's specific dental care needs when clinical criteria are applied

## **Required Documentation**

The decision to perform a coronectomy procedure on a patient should be based on a thorough clinical and radiographic examination that facilitates the formulation of an appropriate treatment plan. When the payment of benefits for a coronectomy procedure by a member's dental plan depends on a review of the procedure's medical necessity and clinical appropriateness, the treating practitioner should submit with the claim the following information as applicable from the patient's dental record. If the practitioner is unable to provide this information, benefit payment may be disapproved.

- Preoperative diagnostic quality radiographs must be submitted of both the tooth planned for a coronectomy and the opposing dentition. Submitted radiographs must allow evaluation of the entire tooth from crown to root tip and any associated vital structures, including the neurovascular bundles.
- If the submitted radiographs do not clearly support the decision that a coronectomy was medically necessary, documentation consistent with the patient record should be submitted that explains the preoperative rationale for treatment planning a coronectomy procedure.

When determining coverage based on medical necessity or clinical appropriateness, Delta Dental of Ohio may request other clinical information relevant to a patient's care if needed to make coverage decisions.

## **Additional Information**

The provision of dental advice and clinical treatment of patients is the sole responsibility of treating dentists, and these clinical criteria are not intended to restrict dentists from carrying out that responsibility or recommend treatment to their patients.

Delta Dental of Ohio's clinical criteria are developed and annually updated by a panel of licensed dental general practitioners and specialists serving on Delta Dental of Ohio's Utilization Management (UM) Committee, including the Dental Director and Utilization Management Director. The criteria are developed in alignment with evidence-based clinical recommendations, guidelines and parameters of care of leading nationally recognized dental public health organizations, health research agencies and professional organizations, credible scientific evidence published in peer-reviewed medical and dental literature, the curriculum of accredited dental schools, the regulatory status of relevant dental technologies, the rules and requirements of the Centers for Medicare and Medicaid Services, Delta Dental of Ohio national processing policies and input from practicing dentists. New and revised clinical criteria must be approved by the Dental Director and adopted by the UM Committee prior to release.

Federal or state statutes or regulations, dental plan contract provisions, local or national claim processing policies or other mandated requirements may take precedence over these clinical criteria.

Delta Dental of Ohio reserves the right to modify or replace this document at any time as appropriate to ensure the soundness, accuracy and objectivity of Delta Dental of Ohio's clinical criteria.

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