

Oral Surgery: Non-Pathologic Excisional Procedures

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Coverage Rationale

Frenulectomy/Frenuloplasty

Frenulectomy and Frenuloplasty are indicated for the following:

- When attachment of the [Frenum](#) is coronal to the mucogingival junction, within the free gingiva, or in the papilla causing a diastema, gingival recession, or stripping
- When the position attachment of the Frenum is interfering with proper oral hygiene
- Prior to the construction of a removable denture replacing teeth in the area of aberrant frenal attachment
- When there is a functional disturbance, including, but not limited to mastication, swallowing, and speech
- For [Ankyloglossia](#) or papillary penetrating attachment of maxillary labial Frenum in newborns when there is interference with feeding

Excision of Hyperplastic Tissue and Surgical Reduction of Fibrous Tuberosity

Excision of [Hyperplastic](#) tissue and surgical reduction of a fibrous [Tuberosity](#) is indicated when the presence of excess tissue interferes with the fit of a partial or complete denture (existing or new).

Excision of Pericoronal Gingiva

Excision of pericoronal gingiva is indicated for the following:

- For recurrent infections of the operculum around impacted or partially erupted lower third molars
- When an erupted maxillary third molar is traumatizing soft tissue around opposing tooth
- When the presence interferes with the fit of a partial or complete denture

Transseptal Fiberotomy/Supra Crestal Fiberotomy (by Report)

Transseptal fiberotomy/supra crestal fiberotomy is indicated to reduce rotational relapse of individual teeth following orthodontic treatment.

Removal of Lateral Exostosis (Maxilla or Mandible), Torus Palatinus, and Torus Mandibularis

Removal of lateral [Exostoses](#), [Torus Palatinus](#), and [Torus Mandibularis](#) is indicated for the following:

- If a partial or complete denture cannot be adapted successfully
- When causing soft tissue trauma with existing removable appliances
- For unusually large protuberances that are prone to recurrent traumatic injury
- When there is a functional disturbance, including, but not limited to mastication, swallowing and speech

Excisional procedures may not be indicated for the following:

- Individuals with an unmanaged medical condition; these conditions include, but are not limited to, metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis
- Individuals taking medications that negatively affects the healing response; these include, but are not limited to, immunosuppressive agents, corticosteroids, anticoagulants, NSAIDs, and nicotine

Definitions

Ankyloglossia: Partial or complete fusion of the tongue with the floor of the mouth or the lingual gingiva due to an abnormally short, mid-line lingual Frenulum, resulting in restricted tongue movement (also known as tongue-tie). (AAP)

Exostosis/Exostoses: A benign, bony growth projecting outward from the surface of a bone. (AAP)

Frenum/Frenulum: A fold of mucous membrane tissue that attaches the lips and cheeks to the alveolar mucosa (and/or gingiva) and underlying periosteum. (AAP)

The Placek's Classification of Labial Frenal Attachments (Devishree et. al):

- Mucosal: When the frenal fibres are attached up to the mucogingival junction
- Gingival: When the fibres are inserted within the attached gingiva
- Papillary: When the fibres are extending into the interdental papilla
- Papilla Penetrating: When the frenal fibres cross the alveolar process and extend up to the palatine papilla

Hyperplastic: The increase in the size of a structure due to an increase in the number of cells. (AAP)

Torus Mandibularis: A bony Exostosis on the lingual aspect of the mandible, generally in the premolarmolar region; commonly bilateral. (AAP)

Torus Palatinus: A bony protuberance occurring at the midline of the hard palate. (AAP)

Tuberosity: An osseous projection or protuberance. (AAP)

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CDT Code	Description
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7961	Buccal / labial frenectomy (frenulectomy)
D7962	Lingual frenectomy (frenulectomy)
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue – per arch
D7971	Excision of pericoronary gingiva
D7972	Surgical reduction of fibrous tuberosity
D7999	Unspecified oral surgery procedure, by report

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Description of Services

Oral surgery excisional procedures involve the removal and/or alteration of hard and soft oral tissues to achieve normal physiologic function or allow the proper fit of removable appliances.

Pursuant to CA AB2585: While not common in dentistry, nonpharmacological pain management strategies should be encouraged if appropriate.

References

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Shenoy S, Boaz K, Caroline Rodriguez Pena, et al. Textbook of Oral Medicine, Oral Diagnosis and Oral Radiology, 2nd ed. India: Mosby c2013. Section II- Oral and Maxillofacial Disturbances, Chapter 2, Developmental Disturbances; p.19-21.

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Guideline History/Revision Information

Date	Summary of Changes
10/01/2024	<p>Coverage Rationale Removal of Lateral Exostosis (Maxilla or Mandible), Torus Palatinus, and Torus Mandibularis</p> <ul style="list-style-type: none">Replaced language stating “<i>bony</i> excisional procedures are not indicated for the [listed conditions]” with “excisional procedures may not be indicated for the [listed conditions]”Revised list of conditions for/in which excisional procedures may not be indicated:<ul style="list-style-type: none">Added “for individuals taking medications that negatively affect the healing response; these include, but are not limited to, immunosuppressive agents, corticosteroids, anticoagulants, NSAIDS, and nicotine”Replaced “for <i>patients</i> with unmanaged medical conditions <i>that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response</i>” with “for <i>individuals</i> with an unmanaged medical condition; <i>these conditions include, but are not limited to, metabolic, cardiovascular, and autoimmune/inflammatory, as well as genetic conditions that affect collagen synthesis</i>” <p>Applicable Codes</p> <ul style="list-style-type: none">Updated list of applicable CPT codes; removed 21031, 21032, 40806, 40819, 41010, 41115, 41520, 41821, 41822, and 41828 <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version DCG029.10

Instructions for Use

This Dental Coverage Guideline provides assistance in interpreting UnitedHealthcare standard and Medicare Advantage dental plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard dental plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Dental Coverage Guideline is provided for informational purposes. It does not constitute medical advice.