Oral Surgery: Non-Pathologic Excisional Procedures

Guideline Number: DCG029.11
Effective Date: October 1, 2024

Instructions for Use

Table of Contents **Page**

Related Dental Policies

- Fixed Prosthodontics
- Medically Necessary Orthodontic Treatment
- Oral Surgery: Alveoloplasty and Vestibuloplasty
- Oral Surgery: Miscellaneous Surgical Procedures
- Removable Prosthodontics

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 pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity
D7999	Unspecified oral surgery procedure, by report

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

Akylacin S, Kapadia H, English J. Mosby's Orthodontic Review, 2nd ed. St. Louis: Mosby c2015. Chapter 23, Retention and Relapse in Orthodontics; p. 297.

American Academy of Pediatric Dentistry Guideline on Management Considerations for Pediatric Oral Surgery and Oral Pathology. Adopted 2005. Revised 2020.

American Academy of Peridontology (AAP) Glossary of Periodontal Terms.

American Dental Association (ADA) CDT Codebook 2024.

American Dental Association Glossary of Clinical and Administrative Terms.

Carr A, Brown D. McCracken's Removable Partial Prosthodontics, 13th ed. St. Louis: Mosby c2016. Chapter 14, Preparation of the Mouth for Removable Partial Dentures; p. 190-191.

Devishree, Gujjari SK, Shubhashini PV. Frenectomy: a review with the reports of surgical techniques. J Clin Diagn Res. 2012 Nov; 6(9):1587-92.

Kerr A, Miller C, Nelson R. Little and Falace's Dental Management of the Medically Compromised Patient, 10th ed. St. Louis: Elsevier c2024. Chapter 1, Patient Evaluation, Risk Assessment, and the Diagnostic Process; p. 1-17.

Ness G. Atlas of Oral and Maxillofacial Surgery, 1st ed. St. Louis: Mosby c2016. Chapter 14, Palatal and Lingual Torus Removal; p.120-26.

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.

Takei E. Scheyer T, Azzi R, et al. Newman and Carranza's Clinical Periodontology, 13th ed. St. Louis: Mosby c2019. Chapter 65, Periodontal Plastic and Esthetic Surgery; p. 660-663.

Guideline History/Revision Information

Date	Summary of Changes
10/01/2024	**Coverage Rationale** ***Removal of Lateral Exostosis (Maxilla or Mandible), Torus Palatinus, and Torus Mandibularis*** • Replaced language stating "*bony* 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: ○ 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 *patients* with unmanaged medical conditions *that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response*" with "for *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*" **Applicable Codes** • Updated list of applicable CPT codes; removed 21031, 21032, 40806, 40819, 41010, 41115, 41520, 41821, 41822, and 41828 **Supporting Information** • 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.