

# Oral Surgery: Non-Pathologic Excisional Procedures

**Guideline Number:** DCG029.10  
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[➔ Instructions for Use](#)

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## Related Dental Policies

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- [Oral Surgery: Miscellaneous 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

**Bony excisional procedures are not indicated for patients with unmanaged medical conditions that result in excessive or uncontrolled bleeding, reduced resistance to infection, or poor healing response.**

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

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

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CPT Code	Description
21031	Excision of torus mandibularis
21032	Excision of maxillary torus palatinus
40806	Incision of labial frenum (frenotomy)
40819	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
41010	Incision of lingual frenum (frenotomy)
41115	Excision of lingual frenum (frenectomy)
41520	Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)
41821	Operculectomy, excision pericoronal tissues
41822	Excision of fibrous tuberosities, dentoalveolar structures
41828	Excision of hyperplastic alveolar mucosa, each quadrant (specify)

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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

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 Periodontology (AAP) Glossary of Periodontal Terms.

American Dental Association (ADA) CDT Codebook 2023.

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.

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
02/01/2024	<p><b>Template Update</b></p> <ul style="list-style-type: none"> <li>Updated <i>Instructions for Use</i> to clarify this policy applies to both Commercial and Medicare Advantage plans</li> </ul>

Date	Summary of Changes
10/01/2023	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Removed content addressing coverage limitations and exclusions</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version DCG029.09</li> </ul>

## 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.