DELTA DENTAL

Delta Dental of Virginia Clinical Policy # 703	
Subject Frenulectomy (Frenectomy or Frenotomy) and Frenuloplasty	**Originating Department** Clinical Professional Services **Signature Authority** Dental Director

Type: ☒ New ☐ Replacement ☐ Revision ☐ Clarification

Date: 11/15/2009 **Revision Date:**

Preamble:	The Clinical Policy Bulletin is an expression of Delta Dental of Virginia's (DDVA) determination regarding whether certain services or supplies are medically or dentally necessary. DDVA bases its conclusions on a review of currently available clinical literature. This includes, but is not limited to, clinical outcome studies published in the peer-reviewed medical and dental literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians and dentists practicing in pertinent clinical areas, and other applicable information. DDVA reserves the right to revise these policies as new clinical information is available and we welcome submission of further relevant information. A group may define covered dental services under their dental plan, as well as those services that may be subject to dollar caps or other limits. The plan documents outline covered benefits, exclusions and limitations. DDVA advises dentists and subscribers to consult the plan documents to determine if there are exclusions or other benefit limitations applicable to the service request. The conclusion that a particular service is medically or dentally necessary does not constitute an indication or warranty that the service requested is a covered benefit payable by DDVA. Some plans exclude coverage for services that DDVA considers either medically or dentally necessary. When there is a discrepancy between DDVA's clinical policy and the group's plan documents, DDVA is to defer to the group's plan documents as to whether the dental service is a covered benefit. In addition, if state or federal regulations mandate coverage then DDVA will adhere to the applicable regulatory requirement.
History:	Dentally, a frenum, or frenulum, is a mucous membrane-covered connective tissue attachment that limits the movement of the lips, cheeks or tongue (1,2,13). Histologically, the frenum has been shown to contain dense collagen, loose connective tissue and elastic tissue fibers, but no muscle fibers, which may be seen in contiguous vestibular tissue but not in the frenum proper (3). A frenum may be aberrant in that it may develop in a disadvantageous anatomical position that adversely affects the health of other oral structures or interferes with the placement and function of tooth replacement devices. An aberrant frenum, depending on the anatomical position, is capable of retracting the gingival margin, perpetuating diastema, affecting esthetics, limiting functional movement of the tongue, and compromising the fit of a dental prosthesis (4,5,6,7,8,9,10). The effect of the maxillary labial frenum on the etiology of midline diastema is unclear (7,11,12). The labial frenum often attaches to the center of the upper lip and between the upper two front teeth. This can cause a large gap and gum recession by pulling the gums off of the bone. A labial frenectomy removes the labial frenulum. Orthodontic patients often have this procedure done to assist with closing a front teeth gap. When a denture patient's lips move, the frenulum pulls and loosens the denture,

DELTA DENTAL

	which can be quite upsetting for the patient. This surgery is often done to help dentures fit better. Research has shown the probability of long term spontaneous closure of a small diastema as the same, regardless of frenectomy surgery (4), if the frenum is not very fibrous. However, large fibrous frena that obstruct diastema closure or exert a traumatic influence on the gingiva should be eliminated (4,5). There is evidence to support removal of a frenum following post-orthodontic closure of a maxillary midline diastema, as well as for instances of restrictive lip or tongue movement, and when indicated prior to placement of a prosthesis (4). A frenulectomy (frenectomy/frenectomy) and frenuloplasty are the surgical procedures designed to correct, by elimination or realignment, the adverse anatomic position of an aberrant frenum. The removal of the lingual frenum under the tongue can be accomplished with either frenectomy or frenuloplasty. This surgery is used to treat a patient diagnosed as being tongue-tied. Immediately after this minor oral surgical procedure, the tongue will be able to protrude or extend out of the mouth which could not be done previously.
Policy:	DDVA Guidelines: 1. Frenulectomy and frenuloplasty are considered incidental procedures when performed with any other surgical procedure in the same surgical area by the same dentist/dental office on the same date of service. 2. Frenectomy is appropriate for the treatment of ankyloglossia (tongue-tied). 3. Frenectomy is appropriate when the frenum develops in a disadvantageous anatomical position that adversely affects the periodontal health of other oral structures or interferes with the placement and function of tooth replacement devices. 4. When a frenulum is attached to the alveolar ridge where it unseats a full denture prosthesis, frenectomy is appropriate to improve the stability of the denture.
Code(s):	D7960 – Frenulectomy (frenectomy or frenotomy) D7963 – Frenuloplasty
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DELTA DENTAL

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