# Delta Dental of New Jersey Clinical Policy #2015-04000-00007

<table>
<thead>
<tr>
<th>Subject</th>
<th>Originating Department</th>
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<tr>
<td>Frenectomy</td>
<td>Professional Services</td>
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<th>Signature Authority</th>
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<td>Dental Director/Chief Clinical Officer</td>
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Type: [ ] New  [ ] Replacement  [ ] Revision  [ ] Clarification

Date: 5/29/2014  Revision Date: ____________

## Preamble:
The Clinical Policy Bulletin is an expression of Delta Dental of New Jersey’s (DDNJ) determination regarding whether certain services or supplies are medically or dentally necessary. Its dental consultants also consider their training and experience in determining medical/clinical necessary. Although each source is not necessarily applied in the development of each and every criterion the clinical policies consider the following sources:

- Appropriate peer review dental literature
- Published standards of professional organizations
- Input from dentists and Delta Dental dental directors and dental consultants
- Input from the DeltaUSA Scientific Advisory Committee
- Changes to the CDT (updated annually)
- The DeltaUSA Dental Consultant Manual

The enrollee’s Certificate of Coverage defines covered services as well as other limits. DDNJ advises dentists and enrollees 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 DDNJ. Some plans exclude coverage for services that DDNJ considers either medically or dentally necessary. When there is a discrepancy between DDNJ’s clinical policy and the enrollee’s plan documents, DDNJ will defer to the enrollee’s plan documents as to whether the dental service is a covered benefit.
| **Policy Therapy/Guidelines:** | a. The definition of a frenum is a mucous membrane covered connective tissue attachment that limits the movement of the lips, cheeks or tongue (1,2).  

b. A frenectomy (frenulectomy/frenuloplasty) is the surgical procedure utilized to correct an adverse anatomic position of a large or aberrant frenum by removal or realignment(3).  
c. A frenum may need to be removed if it develops in a disadvantageous anatomical position that adversely affects the health of other oral structures, or in a position that interferes with the placement and function of tooth replacement devices. An abnormal frenum, depending on the anatomical position, is capable of retracting the gingival margin, perpetuating a diastema, affecting esthetics, limiting functional movement of the tongue, and compromising the fit of a dental prosthesis (4,5,6).  
d. A frenectomy may also be indicated for orthodontic purposes, to fit and retain a dental prosthesis, or to facilitate proper tongue movement in the case of a lingual frenum |