



## Alaska Medicaid Policy Update for Buccal/Labial (D7961) and Lingual (D7962) Frenectomy (Frenulectomy)

### POLICY:

Effective 10/01/2021 and in accordance with 7 AAC 105.100(5) and 42 CFR 440.100, Alaska Medicaid will authorize Buccal/Labial (D7961) and Lingual (D7962) Frenectomy services when considered medically necessary and if the medical appropriateness criteria are met.

### BACKGROUND:

A frenectomy is a simple dental surgical procedure which is performed on infants, children, and adults to remove the frenulum, a small fold of connective tissue membrane which attaches one surface within the mouth to another.

### MEDICAL APPROPRIATENESS:

- Buccal/labial and lingual frenectomies are considered medically appropriate if **ALL** the category/age criteria are met:
  - Members under six weeks old
    - Primary care provider must document that it is medically necessary and reasoning in patient records. Member will be responsible for out-of-pocket costs if service is considered “optional”
    - If urgent to help with breast feeding and relief of mother’s pain
    - Lingual frenectomy evaluations and diagnosis of limitations as early as 5 days old
    - SA not required
    - Photographs required
  - Members six weeks and older
    - Completed by oral surgeon, periodontist, pediatric dentist, primary care provider

- Should be billed using code sets appropriate to the provider specialty
- SA required
- Photographs required
- Documentation of a true-tie and limited range of motion of the tongue. (i.e., unable to touch the cheeks when going sideways and unable to touch the edge of the lower lip when going forward)
- Labial – lip unable to fold up and touch the nares. (The labial frenum, position on the maxillary ridge, and thickness do not determine if the lip is tied)
- Buccal – side/cheek. This is not considered medically necessary in any case.
- Labial frenectomy
  - Thick and tight labial frenum that persists in the permanent dentition and can prevent closure of a diastema
  - Frenectomy is not indicated for closure or treatment of a diastema under age 10
  - Permanent max incisors and permanent maxillary canines should all be erupted before treatment. Performed prior to this can cause diastema that would require revision of the scar tissue
  - Frenectomy in conjunction with active ortho treatment warranted in the permanent dentition if requested by an orthodontist

## IMPORTANT REMINDERS:

Medical Policies are developed to provide guidance to recipients and providers. This medical policy relates only to the services or supplies described in it. The existence of a medical policy is not an authorization, certification, explanation of benefits or a contract for the service (or supply) that is referenced in the medical policy.

If you have questions, please contact Carrie Crouse at [Carrie.Crouse@alaska.gov](mailto:Carrie.Crouse@alaska.gov) or Sherri LaRue at [Sherri.LaRue@alaska.gov](mailto:Sherri.LaRue@alaska.gov).

References:

[7 AAC 105.100. Covered Services](#)

[42 CFR 440.100 Dental Services](#)