Frenectomy or Frenotomy for Ankyloglossia
Policy Number: PG0407
Last Review: 12/01/2019

GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
_ Facility

DESCRIPTION
Ankyloglossia is the medical term for an abnormally short lingual frenulum (also referred to as frenum), the small band of tissue that attaches the underside of the tongue to the floor of the mouth. This congenital anomaly, also known as “tongue-tie”, may impair the normal mobility of the tongue by impeding protrusion and excursion, possibly affecting feeding, chewing, swallowing, and/or speech. The diagnosis of ankyloglossia is not based on an objective anatomical measurement; rather, it is defined by functional ability. The lingual frenum associated with ankyloglossia should not be confused with the labial frenum, which attaches to the center of the upper lip and between the upper two front teeth. The labial frenum can cause gum recession, a large gap in the front teeth, and difficulty with denture placement. The buccal frenum is a fold or band of mucous membrane connecting the alveolar ridge to the cheek and separating the labial vestibule from the buccal vestibule.

Ankyloglossia is uncommon in newborns and, when discovered, it is generally without significant consequence. Most newborns with ankyloglossia breastfeed successfully without medical or surgical intervention. Ankyloglossia does not routinely cause speech impairments or problems with articulation. The current literature suggests that if the tongue is able to touch the anterior dentition (front teeth), adequate mobility exists for the development of normal speech.

Frenectomy (also known as frenulectomy, frenumectomy, or frenotomy), involves the excision of the frenulum for the purpose of increasing the mobility of the tongue. Simple excision of the frenulum (tongue clipping) is adequate for partial ankyloglossia and is often an office procedure in neonates. Older children require division or excision of the frenulum to be performed in the operating room because the frenulum is thicker and more vascular, requiring surgical correction that includes simple division either with or without a Z-plasty repair.

POLICY

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<thead>
<tr>
<th>HMO, PPO, Individual Marketplace, Advantage, Elite/ProMedica Medicare Plan</th>
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<tbody>
<tr>
<td>Lingual frenectomy, lingual frenotomy (i.e., frenulectomy), frenum incision/excision, or frenoplasty to treat ankyloglossia (41010, 41115, 41520) does not require prior authorization for any age, all product lines, when the medical indication criteria listed below is met.</td>
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Procedures 40806, 40819 are non-covered for HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan.

Procedures 40806, 40819 require prior authorization for Advantage.
COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
Coverage is subject to the terms, conditions, and limitations of the member's contract.

Lingual frenectomy, lingual frenotomy (i.e., frenulectomy), frenum incision/excision, or frenoplasty to treat ankyloglossia is considered medically necessary and, therefore, covered for any of the following symptoms:

- Difficulty feeding/eating
- Difficulty chewing (mastication)
- Difficulty swallowing
- Speech impairment or difficulty with articulation

All other indications are considered experimental / investigational and not medically necessary.

Procedures associated with the lingual frenum (other than for ankyloglossia), the labial frenum (i.e., labial frenotomy), and the buccal frenum are always considered dental procedures and never considered medical procedures. Therefore, these procedures are considered benefit contract exclusions.

All documentation must be available upon request. The individual's medical record must reflect the medical necessity for the care provided. These medical records may include, but are not limited to records from the professional provider's office, hospital, nursing home, home health agencies, therapies, and test reports.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

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<th>CPT CODES</th>
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<tr>
<td>040806 Incision of labial frenum (frenotomy)</td>
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<tr>
<td>040819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy)</td>
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<tr>
<td>41010 Incision of lingual frenum (frenotomy)</td>
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<tr>
<td>41115 Excision of lingual frenum (frenectomy)</td>
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<tr>
<td>41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty)</td>
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<th>ICD-10-CM CODES</th>
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<tr>
<td>Q38.1 Ankyloglossia (Tongue tie)</td>
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REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 09/22/2017

09/22/17: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

09/27/18: Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

12/01/19: Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Clinical Work Group. Lingual frenectomy, lingual frenotomy (i.e., frenulectomy), frenum incision/excision, or frenoplasty to treat ankyloglossia, 41010, 41115, 41520, no longer requires a prior authorization, all ages, when medical indicated criteria is met, as of 1/1/2020, all product lines.

12/28/2020: Medical policy placed on the new Paramount Medical policy format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid