

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT2024177    NOVEMBER 12, 2024

## IHCP adds prior authorization requirement for medical and dental frenectomy codes

Effective for dates of service (DOS) on or after Dec. 12, 2024, the Indiana Health Coverage Programs (IHCP) will require prior authorization (PA) for all ages for the Current Procedural Terminology (CPT<sup>®1</sup>) and Current Dental Terminology (CDT<sup>®2</sup>) codes listed in Table 1.

*Table 1 – Medical and dental frenectomy codes requiring PA, effective for DOS on or after Dec. 12, 2024*

Procedure code	Code description	PA required	Other limitations
40806	Incision of tissue joining lip and gum	Yes	
40819	Removal of tissue at dental edge and cheek	Yes	
41010	Incision of tissue connecting tongue and floor of mouth	Yes	
41115	Removal of tissue connecting tongue and floor of mouth	Yes	
D7961	Buccal/labial frenectomy (frenulectomy)	Yes	One per arch per lifetime
D7962	Lingual frenectomy (frenulectomy)	Yes	One per lifetime

### PA requirements for ages under 1 years old (infants)

Ankyloglossia is limited tongue mobility caused by a restrictive lingual frenulum/frenum with a prevalence of one to 10 percent. The majority of infants with ankyloglossia will be able to bottle and/or breastfeed without problems.

Ankyloglossia clinical features include:

- Abnormally short lingual frenulum/frenum
- Difficulty lifting the tongue to the upper dental alveolus
- Inability to protrude the tongue more than one to two millimeters past the mandibular alveolar ridge
- Notched or heart-shaped tongue when protruded
- Frenulum/frenum prevents the placement of the examiner's finger between the underside of the tongue and the mandibular alveolus

For more clinical information about ankyloglossia, please see the following:

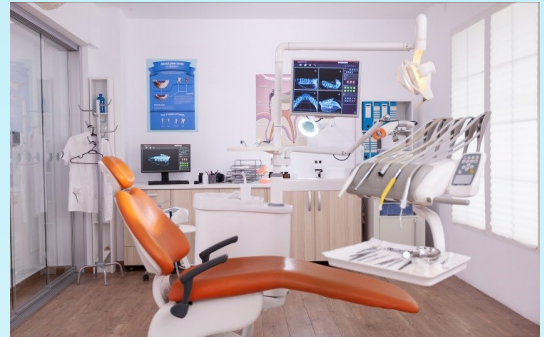
- [Clinical Consensus Statement: Ankyloglossia in Children](#)
- [Policy on Management of the Frenulum in Pediatric Patients](#)

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<sup>2</sup>CDT copyright 2024 American Dental Association. All rights reserved. CDT is a registered trademark of the American Dental Association.

For a frenectomy to be reimbursed, all the following must be met:

- Frenulum/frenum attachment is diagnosed as the primary cause of the infant's breastfeeding difficulty
- Infant is breastfed
- Feeding difficulty, such as:
  - Nipple pain
  - Poor latch
  - Prolonged feeding times
  - Failure to thrive
- Frenulum/frenum is attached to the tip or nearly to the tip of the tongue with crying (heart shaped)



Maxillary labial frenectomy/frenulectomy is rarely medically necessary in infants.

### **Required documentation for frenectomy performed on infants**

If a frenectomy is done in a newborn nursery, the medical provider must have clearly documented urgency and necessity in the infant's medical record.

If a frenectomy is done after discharge, the provider performing the frenectomy must have a referral from the infant's medical provider, photographs and any available lactation consultant records. These documents must be available in the infant's medical records.

Postpayment review may be required.

### **PA requirements for ages over 1 years old**

For a frenectomy to be reimbursed, one of the following must be met:

- Speech impairment
  - If speech therapy alone is not improving the speech issues caused by a restrictive frenulum/frenum
- Feeding or other oral difficulties
  - If tongue mobility is restricted and affects eating and swallowing
- Dental development issues
  - If frenulum/frenum is causing gaps between the teeth; frenectomy will not be approved to reduce or eliminate natural spacing between primary teeth
- Periodontal problems
  - When the frenulum/frenum attachment causes a gingival defect and/or loss of alveolar bone
- Frenulum/frenum interfering with dental appliances
  - Denture seating and fit
  - Other oral appliance fit or there is tissue trauma from the dental appliance
- Frenulum/frenum interfering with orthodontic treatments
  - May prevent teeth from moving into proper alignment

**Required documentation for frenectomy performed on members 1 year old or older**

For members 1 year old and older, dentists and/or medical providers will be required to keep documentation such as the referral and charts notes from the adult or pediatric primary care physician (PCP) or speech pathologist and a photograph of the frenulum.

Postpayment review may be required.



**QUESTIONS?**

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