

Exhibit AA – Criteria for Frenectomy (Frenulectomy or Frenotomy)

Reference: American Academy of Pediatric Dentistry

Frenectomies treating failure to latch, or speech disorders may be considered under the medical plan.

I. Maxillary Frenectomy

A. Documentation required for authorization:

- Requires authorization.
- Must provide a narrative confirming medical necessity (see criteria below)
- For ages 0-18 months, a letter from a physician is necessary to establish medical necessity diagnosis of failure to latch in which a frenectomy would alleviate the condition.
- Any available documentation from speech pathologists, pediatricians, oral surgeons, or otolaryngologists should be provided.
- Digital photographs must be provided.

II. Mandibular Labial Frenectomy Documentation required for authorization:

- Requires authorization.
- Must provide narrative confirming medical necessity (see criteria below)
- For ages 0-18 months, a letter from a physician is necessary to establish medical necessity diagnosis of failure to latch in which a frenectomy would alleviate the condition.
- Any available documentation from speech pathologists, pediatricians, oral surgeons, or otolaryngologists should be provided.
- Digital photographs must be provided.

III. Mandibular Lingual Frenectomy Documentation required for authorization:

- Requires authorization.
- Must provide narrative confirming medical necessity (see criteria below).
- For ages 0-18 months, a letter from a physician is necessary to establish medical necessity diagnosis of failure to latch in which a frenectomy would alleviate the condition.
- Any available documentation from speech pathologists, pediatricians, oral surgeons, otolaryngologists should be provided.
- Digital photographs must be provided.

IV. Criteria for Maxillary Frenectomy

- With Diastemas, treatment should not be rendered until the permanent incisors and cuspids have fully erupted and any diastema has had an opportunity to close naturally, only benefited with approved orthodontic treatment. For infants aged 0-18 months, a letter from a pediatrician is necessary to establish a medical necessity diagnosis of failure to latch in which a frenectomy would alleviate the condition. Frenectomies should not be performed prior to denture placement. Necessity will be based on documented failure to retain the denture despite adjustments.

V. Criteria for Mandibular Labial Frenectomy

- Treatment should be considered if the position of the mandibular labial frenum is

causing inflammation, recession, pocket formation, and possible loss of the alveolar bone and/or tooth. For infants aged 0-18 months, a letter from a pediatrician is necessary to establish a medical necessity diagnosis of failure to latch in which a frenectomy would alleviate the condition. Frenectomies should not be performed prior to denture placement. Necessity will be based on documented failure to retain the denture despite adjustments.

VI. Criteria for Mandibular Lingual Frenectomy

- For infants aged 0-18 months, a letter from a pediatrician is necessary to establish a medical necessity diagnosis of failure to latch in which a frenectomy would alleviate the condition. Frenectomies should not be performed prior to denture placement. Necessity will be based on documented failure to retain the denture despite adjustments. If it is suspected that the position of the lingual frenum is a contributing factor in altered speech patterns, a letter from a speech pathologist, pediatrician, oral surgeon, or otolaryngologist must be included with the claim.

VII. Additional Information

- Procedures that may meet clinical criteria for approval may be disallowed due to frequency limitations.
- Services that fail to meet clinical criteria due to prior treatment will be disallowed.

Reference:

- OAC 5160-5-01 Dental Services
- Identification and Management of Ankyloglossia and Its Effect on Breastfeeding in Infants: Clinical Report, American Academy of Pediatrics, 29 July 2024.