

Comprehensive Medical and Dental Program Clinical Guidelines

Subject: Frenectomy Indications for Ankyloglossia

Unit: Health Services

Policy:

This policy's intended use is as a clinical guideline for determining medical necessity in the review of prior authorizations requesting frenectomy, also known as frenulectomy, for ankyloglossia.

The following guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

Indications for the use of Frenectomy (tongue clipping) for Ankyloglossia (tongue-tie)

There is a great deal of controversy in the medical literature regarding the standard of care for an infant with ankyloglossia (or tongue-tie). There are generally two periods of time in which this issue may pose a problem. The first is in early infancy in which the presentation is not only the inability to latch onto the breast effectively, but also failure to gain weight appropriately.

Infants with mild to moderate tongue-tie are likely to breastfeed successfully and usually require no treatment. Many times the tongue-tie will tear spontaneously and the situation will resolve itself. If the infant with any degree of tongue-tie has difficulty with breastfeeding, they need immediate lactation support. If the problem is not resolved with intensive lactation support, the medical literature supports tongue clipping. Frenotomy, frenectomy, and frenuloplasty are the main surgical treatment options to release/remove an ankyloglossia (tongue-tie). Complications from the procedure are minimal.

Later in life, around the ages of 3-4, children with untreated tongue-tie may develop articulation difficulties and "substitution errors" in which they incorrectly substitute one sound (that they can make) for another that they are unable to make. The front of the tongue is bound down and they are unable to roll the tongue forward to make certain sounds (like the "T" sounds).

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CMDP will consider authorization of this procedure for the following criteria:

- Young infant in the first few weeks of life with feeding difficulties and failure to gain weight appropriately (follow curve on standardized growth chart).
- Child is age 2-4 years and has significant articulation errors.

References:

Obladen M. Much ado about nothing: two millenia of controversy on tongue-tie. *Neonatology* Jan 2010; 97(2): 83-9

Ankyloglossia: facts and myths in diagnosis and treatment. [Review]. *Periodontol.* Aug 2009;80(8):1204-19

Karabulut R. Ankyloglossia and effects on breast-feeding, speech problems and mechanical/social issues in children. *B-ENT* Jan 2008; 4(2): 81-5

Cho A. Clinical inquiries. When should you treat tongue-tie in a newborn? *J Fam Pract* Dec 2010; 59(12): 712a-b

Signature on file
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Date