

# IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS    BT202396    AUGUST 10, 2023

## IHCP removes PA requirements for newborn or infant frenectomies

Effective Sept. 11, 2023, the Indiana Health Coverage Programs (IHCP) will remove prior authorization (PA) requirements for newborn or infant frenectomy procedures for members ages 0 to 1 year.

The Current Dental Terminology (CDT<sup>®1</sup>) procedure codes for frenectomies affected by this coverage change are the following:

- D7961 – *Buccal/labial frenectomy (frenulectomy)*
- D7962 – *Lingual frenectomy (frenulectomy)*

Each of these frenectomy codes is limited to two units, per day, per member for reimbursement. While the IHCP is removing PA requirements, medical necessity must be established within the patient's file including a referral from the member's provider documenting significant feeding challenges as a condition and photos for coverage of this service.



Reimbursement and billing information listed in this bulletin applies to services delivered under the fee-for-service (FFS) delivery system. Individual managed care entities (MCEs) establish and publish reimbursement and billing criteria within the managed care delivery system. Questions about managed care billing should be directed to the MCE with which the member is enrolled.

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### QUESTIONS?

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