



## Guidance document for processing PM-JAY packages

### Ankyloglossia

Procedures covered: 2

Specialty: Pediatric Surgery

Package name	Procedure name	HBP 1.0 code	HBP 2.0 code	Package price
Ankyloglossia	Ankyloglossia Minor	S1400002	SS002A	5,000
Ankyloglossia	Ankyloglossia Major	S1400001	SS002B	15,000

**ALOS:** 1-2 Days

**Minimum qualification of the treating doctor:**

**Essential:** MCh/ equivalent (in Pediatric surgery/Plastic Surgery)

**Special empanelment criteria/linkage to empanelment module:** None

**Disclaimer:**

For monitoring and administering the claim management process of **Ankyloglossia**, NHA shall be following these guidelines. This document has been prepared for guidance of PROCESSING TEAM and TRANSACTION MANAGEMENT SYSTEM of AB PM-JAY for the claims of procedures mentioned above. The hospitals can also refer to this document so that they have the insight on how the claims will be processed. However, this document doesn't provide any guidance on clinical and therapeutic management of patient. In that respect the hospitals and physicians may refer to any other relevant material as per the extant professional norms.

#### **PART I: Guidelines for Clinicians and Healthcare Providers**

##### **1.1 Objective:**

The purpose of this section is to act as a guidance & a clinical decision support tool for the clinicians in deciding the line of treatment, plan clinical management of patient and decide referral of cases to the appropriate level of care (as required) for treatment of patients under PMJAY and selection of corresponding Health Benefit Package.

It will also serve as a tool for hospitals to determine and submit the mandatory documents required for claiming reimbursement of health benefit package under PMJAY.

##### **1.2 Clinical key pointers:**

Ankyloglossia, or tongue-tie, is a congenital anomaly in which a short, lingual frenulum or a highly-attached genioglossus muscle restricts tongue movement (ie, restrictive lingual frenulum).

Proceed with Ankyloglossia only if diagnosis made is backed by clinical manifestation:

- inability to lift the tongue to the upper dental alveolus
- impaired protrusion of the tongue



- impaired side-to-side movement of the tongue
- notched or heart shape to the tongue when it is protruded
- abnormally short frenulum, inserting at or near the tip of the tongue

Tongue-tie is typically diagnosed during a physical exam. For infants, the doctor might use a screening tool (Kotlow's revised classification of ankyloglossia) to score various aspects of the tongue's appearance and ability to move. For infants too young to voluntarily protrude the tongue, a frenulum that prevents placement of the examiner's fingers between the underside of the tongue and mandibular alveolus is considered abnormally restrictive.

Indications for surgery may include:

- breastfeeding difficulty
- articulation problems
- mechanical/social problems

#### **Kotlow's revised classification of ankyloglossia**

- Class I: Mild ankyloglossia: 12 to 16 mm
- Class II: Moderate ankyloglossia: 8 to 11 mm
- Class III: Severe ankyloglossia: 3 to 7 mm
- Class IV: Complete ankyloglossia: Less than 3 mm

#### **Management**

The two most commonly-performed procedures for ankyloglossia are simple release (frenulotomy) or Z-plasty (frenuloplasty).

- **Frenotomy** — Frenotomy (also called frenulotomy) is simple release, or "clipping," of the frenulum. This procedure is often performed for infants with breastfeeding difficulty, with or without local anesthesia
- **Frenuloplasty** — Frenuloplasty is release of ankyloglossia with plastic repair. It is reserved for ankyloglossia that is not relieved by simple division of the frenulum, posterior tongue-ties, and revision cases. Frenuloplasty requires general anesthesia, sometimes by mask but more commonly with oro- or nasotracheal intubation

#### **1.4 Mandatory documents- For healthcare providers**

There is no gold standard for the diagnosis of Ankyloglossia. The choice of investigation depends on the clinical situation for which the investigation is asked for:

Following documents should be uploaded by the concerned hospital staff at the time of pre-authorization and claims submission:

Mandatory document	Ankyloglossia
<b>i. At the time of Pre-authorization</b>	
Clinical notes with indications	Yes
Grading of ankyloglossia	Yes
<b>ii. At the time of claim submission</b>	
Indoor case papers (ICPs)	Yes
Detailed Procedure / operative notes	Yes
Detailed discharge summary	Yes
Pre & Post-operative photograph	Yes
Documentary evidence of failed/ non-indicated conservative management of ankyloglossia in patient aged $\geq 2$ years	Yes

## **PART II: GUIDELINES FOR PROCESSING TEAM**

### **PART III: GUIDELINES FOR IT**

**3.1 Objective:** To enable setting up of cross check mechanisms / rule engines within the IT platform (TMS) to ensure compliance with STGs and to prevent fraud / abuse of the Health Benefit Package.

**3.2 Below mentioned are the scenarios where a provision would be built in TMS for pop-ups:**

- On intraoral examination, short lingual frenum and restricted tongue movements were observed? Yes
- Is the reason(s) for performing the procedure/ surgery mentioned? Yes

Till the time the functionality is being developed, the processing doctors shall check the above manually.

### **References**

- Glenn C Isaacson. Ankyloglossia (Tongue-tie) in infants and children – UpToDate. Last updated – October, 2019.
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- Yousefi J, Tabrizian Namini F, Raisolsadat SM, Gillies R, Ashkezari A, Meara JG. Tongue-tie Repair: Z-Plasty Vs Simple Release. *Iran J Otorhinolaryngol.* 2015;27(79):127-135. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4409957/pdf/ijo-27-127.pdf>
- Walsh J, Tunkel D. Diagnosis and Treatment of Ankyloglossia in Newborns and Infants: A Review. *JAMA Otolaryngol Head Neck Surg.* 2017;143(10):1032–1039. doi:10.1001/jamaoto.2017.0948
- Chaubal TV, Dixit MB. Ankyloglossia and its management. *J Indian Soc Periodontol.* 2011;15(3):270-272. doi:10.4103/0972-124X.85673 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3200025/>