

# July 18, 2025 Meeting Materials

## Health Technology Clinical Committee

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- Meeting minutes: June 13, 2025
- Timeline, overview, and comments – Frenotomy and frenectomy with breastfeeding support
- Draft findings and decision – Frenotomy and frenectomy with breastfeeding support

**Health Technology Clinical Committee****Date:** June 13, 2025**Time:** 8:00 a.m. – 12:30 p.m.**Location:** Webinar**Adopted:** Pending

Meeting materials and transcripts are available on the [HTA website](#).

**HTCC Minutes**

**Members present:** John Bramhall, MD, PhD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Laurie Mischley, ND, MPH, PhD; Evan Oakes, MD, MPH; Amy Occhino, MD; Jonathan Sham, MD; Tony Yen, MD

**Clinical experts:** Charlotte Lewis, MD

**HTCC Formal Action**

- 1. Welcome and Chair remarks:** Dr. Friedly, chair, called the meeting to order; members present constituted a quorum.
- 2. HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- 3. Previous meeting business:**

**March 21, 2025 meeting minutes:** Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

*Action:* Nine committee members approved the March 21, 2025 meeting minutes.

**Vote on hyperbaric oxygen therapy for sudden sensorineural hearing loss draft findings and decision:** Public comments and draft findings reviewed and considered by the committee.

*Action:* Seven committee members voted to finalize hyperbaric oxygen therapy for sudden sensorineural hearing loss draft findings; two members abstained.

**Vote on continuous glucose monitoring draft findings and decision:** Public comments and draft findings reviewed and considered by the committee.

*Action:* Five committee members voted to finalize continuous glucose monitoring draft findings; two members voted to change the conditions as written; two members abstained.

- 4. Frenotomy and frenectomy with breastfeeding support**

**HTCC discussion and action:**

**Committee decision**

Based on the deliberations of key health outcomes, the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee discussed and voted separately on the evidence for the use of lingual and labial frenotomy for breastfeeding difficulties. The committee decided that the current evidence on frenotomy is sufficient to determine coverage with conditions for lingual frenotomy. The committee

**Draft**

considered the evidence, public comment, and expert input, and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to cover with conditions lingual frenotomy and to not cover labial frenotomy for breastfeeding difficulties.

	Not covered	Covered under certain conditions	Covered unconditionally
Lingual frenotomy with breastfeeding support	0	9	0
Labial frenotomy with breastfeeding support	9	0	0

**Discussion**

The committee reviewed and discussed the available studies on lingual and labial frenotomy for breastfeeding support. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. In addition to consideration of the evidence from the report and evidence shared by public commenters, the committee discussed other payer policies and the relationship to Medicare and HTCC decision process. The majority of committee members present supported the conditions of coverage on lingual frenotomy and to not cover labial frenotomy for breastfeeding difficulties.

**Decision**

Coverage with conditions of lingual frenotomy for breastfeeding difficulties when the following conditions are met:

1. Symptomatic ankyloglossia not improved with lactation support,
2. Other causes of breastfeeding problems have been evaluated and treated, and
3. Performed or referred by a primary care provider with expertise caring for newborns and providing ongoing care for the infant.

Non-coverage of labial frenotomy for breastfeeding difficulties

Notes:

Lactation support not limited to lactation consultants

**Action**

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD) which is not applicable to children.

The committee discussed clinical guidelines identified from the following organizations:

- American Academy of Otolaryngology—Head and Neck Surgery Foundation, 2020

- American Academy of Pediatric Dentistry, 2022
- American Academy of Pediatrics, 2024
- The Academy of Breastfeeding Medicine, 2021
- International Board of Lactation Consultant Examiners, 2017
- Canadian Paediatric Society, 2015; Reaffirmed 2024
- Canadian Agency for Drugs and Technologies in Health, 2016

The recommendations of the guidelines vary. The committee’s determination is consistent with the noted guidelines.

HTA staff will prepare a findings and decision document on frenotomy for breastfeeding support for public comment to be followed by consideration for final approval at the next committee meeting.

**5. Meeting adjourned**

**Frenotomy with breastfeeding support**

**Draft findings and decision**

**Timeline, overview and comments**

**Timeline, overview, and comments will be available for review after July 8.**

**Health Technology Clinical Committee  
DRAFT Findings and Decision**

**Topic:** Frenotomy and frenectomy with breastfeeding support

**Meeting date:** June 13, 2025

**Final adoption:** Pending

**Number and coverage topic:**

**20250613A – Frenotomy and frenectomy with breastfeeding support**

**HTCC coverage determination:**

Lingual frenotomy with breastfeeding support is a **covered benefit with conditions**.

Labial frenotomy with breastfeeding support is **not a covered benefit**.

**HTCC reimbursement determination:**

**Limitations of coverage:**

Coverage with conditions of lingual frenotomy for breastfeeding difficulties when the following conditions are met:

1. Symptomatic ankyloglossia not improved with lactation support, AND
2. Other causes of breastfeeding problems have been evaluated and treated, AND
3. Performed or referred by a primary care provider with expertise caring for newborns and providing ongoing care for the infant.

**Notes:**

- Lactation support not limited to lactation consultants.
- Frenotomy includes frenectomy, frenuloplasty, and related procedures to cut or remove the frenulum.

**Related documents:**

- [Final key questions](#)
- [Final evidence report](#)
- [Meeting materials and transcript](#)

**Agency contact information:**

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public and School Employees Health Plan	1-800-200-1004
Washington State Medicaid	1-800-562-3022

**Draft**

**HTCC coverage vote and formal action:**

***Committee decision***

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### **Health Technology Clinical Committee Authority:**

Washington State's legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company that takes public input at all stages.

Pursuant to RCW 70.14.110, a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology's safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Director.