

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Medical Management	<b>DOCUMENT NAME:</b> Elective Circumcision
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<b>APPROVED DATE:</b> 9/23/09	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 9/23/09	<b>REVIEWED/REVISED:</b> 8/18/2010; 2/23/2011; 2/20/2012; 2/7/2013; 2/7/2014; 1/27/2015; 1/26/2016; 1/10/2017; 1/2018
<b>PRODUCT TYPE:</b> All	<b>REFERENCE NUMBER:</b> GA.MP.13

**SCOPE:** Peach State Health Plan (Peach State) Medical Management Departments

**PURPOSE:**

To ensure that elective circumcision is a covered benefit for male members.

**POLICY:**

Elective Circumcision is a Peach State Health Plan (Peach State) covered benefit for male newborn infants performed at the birth hospital before discharge from the newborn nursery or a few days after discharge in the doctors office. We recommend male newborn infants, whose parent(s)' want circumcision to be circumcised before discharge from the hospital, since after the newborn period circumcision usually requires general anesthesia. The CPT codes 54160 circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less) and 54150 circumcision using clamp or other device with regional dorsal penile or ring block do not require prior authorization.

For older infants and children, CPT 54161 circumcision older than 28 days do not require prior authorization if performed at the doctor's office (place of service POS 11) or in a participating ambulatory surgery center (ASC) (place of service POS 24).

Prior authorization is required at all ages for any circumcision CPT 54161 performed at the Outpatient section of a hospital (place of service POS 22).

**REFERENCES / ASSOCIATED PROCESSES:**

American Academy of Pediatrics. Task Force on Circumcision. Circumcision Policy Statement. PEDIATRICS Vol. 103 No. 3 March 1999. Reaffirmed, 2005. <http://pediatrics.aappublications.org/content/pediatrics/103/3/686.full.pdf>. Accessed 1/25/2016.

American Urological Association Policy Statements. Circumcision. May, 2017

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(Revised). <https://www.auanet.org/education/policy-statements/circumcision.cfm>. Accessed 1/25/2016.

<https://auanet.org/guidelines/circumcision>. Accessed 1/2/2018

American Academy of Pediatrics, Task Force on Circumcision. Male Circumcision. PEDIATRICS Vol. 130 No. 3 September 2012.

<http://pediatrics.aappublications.org/content/early/2012/08/22/peds.2012-1990.full.pdf+html>. Accessed 1/31/2013. Accessed 1/25/2016.

American Academy of Pediatrics, Task Force on Circumcision. Circumcision Policy Statement. PEDIATRICS Vol. 130 No. 3 September 2012.

<http://pediatrics.aappublications.org/content/pediatrics/130/3/585.full.pdf>. Accessed 1/31/2013. Accessed 1/25/2016.

Gattari, TB, Bedway, AR, Drongowski, R, et al. Neonatal Circumcision: Is Feeding Behavior Altered?. Hospital Pediatrics. October 2013;134:362-365.

Hart-Cooper, GD, Tao, G, Stock, J, et al. American Academy of Pediatrics. Circumcision of Privately Insured Males Aged 0 to 18 Years in the United States. PEDIATRICS. 2014; 134;950-956.

Freedman, AL. American Academy of Pediatrics. The Circumcision Debate: Beyond Benefits and Risks. PEDIATRICS. 2016; 137, number 5, May 2016:e20160594. Accessed 1/03/2017.

Sneppen, I, Thorup, J. American Academy of Pediatrics. Foreskin Morbidity in Uncircumcised Males. PEDIATRICS. 2016; 137, number 5, May 2016:e20154340. Accessed 1/09/2017.

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<b>ATTACHMENTS:</b>
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<b>REVISIONS:</b>	<b>DATE</b>
Annual Review	8/18/2010
<p>Changed first and second paragraph to state: Elective Circumcision is a Peach State Health Plan (Peach State) covered benefit for male newborn infants performed at the birth hospital before discharge from the newborn nursery or a few days after discharge in the doctors office. We recommend male newborn infants, whose parent(s)' want circumcision to be circumcised before discharge from the hospital, since after the newborn period circumcision usually requires general anesthesia.</p> <p>For older infants and children, circumcision or repair of incomplete circumcision does not require prior authorization if performed at the doctor's office (place of service POS 11) or in an ambulatory surgical center (ASC) (place of service POS 24).</p> <p>Prior authorization is required at all ages for any circumcision or repair of incomplete circumcision performed at the Outpatient section of a hospital (place of service POS 22). Medical necessity criteria for any circumcision or repair of incomplete circumcision performed at the Outpatient section of a hospital (place of service POS 22) will be applied using InterQual Procedures criteria for circumcision.</p> <p>Went to PSHP Utilization Management Committee Feb. 23, 2011</p>	2/2011
Annual Review: added a participating ASC under Policy.	2/20/12
Annual Review: Updated references, added CPT codes: CPT code 54160 circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less), circumcision CPT	2/7/2013

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54161; Lysis or excision of penile-post circumcision adhesions CPT 54162; or repair of incomplete circumcision CPT 54163	
Added CPT code 54150 circumcision using clamp or other device with regional dorsal penile or ring block do not require prior authorization.	1/21/2014
Annual review, no changes made.	1/27/2015
Annual review. Updated References	1/26/2016
Annual review. Updated References. Removed Lysis or excision of penile-post circumcision adhesions CPT 54162 and repair of incomplete circumcision CPT 54163 as the Centene Cosmetic and Reconstructive Surgery Clinical Policy CP.MP.31 addresses circumcision revisions. Added “CPT 54161 circumcision older than 28 days” to this sentence below under <b>POLICY section</b> to clarify the CPT code number. “For older infants and children, CPT 54161 circumcision older than 28 days do not require prior authorization if performed at the doctor’s office (place of service POS 11) or in a participating ambulatory surgery center (ASC) (place of service POS 24).”	1/10/2017
Annual review. Updated References. Deleted this sentence below since the Centene Cosmetic and Reconstructive Surgery Clinical Policy CP.MP.31 addresses circumcision revisions. “Medical necessity criteria for any circumcision, Lysis or excision of penile-post circumcision adhesions or repair of incomplete circumcision performed at the Outpatient section of a hospital (place of service POS 22) will be applied using InterQual Procedures criteria for circumcision”.	1/10/2018

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### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene' Policy and Procedure Management software is considered equivalent to a physical signature.