



**CIRCUMCISION
(FLORIDA MEDICAID)
HS-151**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

**Circumcision
(Florida Medicaid)**

Policy Number: HS-151

Original Effective Date: 2/4/2010

Revised Date(s): 2/4/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

An estimated 1 million circumcisions are performed each year in the United States. The rate of circumcision began rapidly to increase prior to World War II. The percent of men circumcised increased from 34% in 1932 to 60% in 1935. In 1960, over 80% of men in the United States were circumcised. However, the percentage is now decreasing, and in 1992 the prevalence of circumcised men was estimated to be 77%. One study found that between 1987 and 1996, 37% of newborn males were circumcised during newborn hospitalization. Circumcision rates are shown to differ among racial and ethnic groups. Circumcision, in the preterm or term infant, is an *elective* routine procedure which this guideline does not address. However, in some males, a circumcision is performed alone or as part of a procedure to correct urethrogenital problems.

This document is based on state Medicaid guidelines and the *Circumcision Policy Statement* of the American Academy of Pediatrics (AAP). Both resources discuss suggested medical indications for circumcision. The most frequent indications are phimosis and paraphimosis. Phimosis is a tightness of the foreskin or prepuce that prevents the retraction of the foreskin over the glans and may cause pain with erection or during intercourse. Conversely, paraphimosis occurs when a narrow foreskin is retracted and becomes trapped behind the groove of the coronal sulcus between the shaft and the glans. This causes blood to pool in the veins behind the entrapment, leading to swelling and severe pain. Acute paraphimosis is a urologic emergency requiring reduction of the foreskin through surgical or nonsurgical methods. Recurrent balanitis and posthitis (inflammation of the foreskin), neoplasms, redundant foreskin tissue and tears in the frenulum are also medical indications for circumcision (AAP, 2005).

A circumcision may be performed as part of a surgical repair of congenital urethrogenital defects, most common of which is hypospadias. Hypospadias is a congenital anomaly resulting in the abnormal location of the urethral opening on the underside of the penis. Surgical repair of this condition places the urethra at the end of the penis and removes the foreskin if necessary. The foreskin tissue is sometimes used for grafting if the repair is extensive.

The AAP recommend that the benefits and risks of circumcision should be explained to the patient or parents of the patient and informed consent obtained (AAP, 2005).

POSITION STATEMENT

Circumcision, excision of post-circumcision adhesions (foreskin manipulation including lysis of preputial adhesions and stretching), and repair of incomplete circumcision **are considered medically necessary** if the following criteria are met:

General Criteria

- The procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the member's needs; **AND**,
- The procedure can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**,
- The procedure is furnished in a manner not primarily intended for the convenience or non-medically indicated desire of the member, the member's caretaker, or the provider

A. Medically Necessary Circumcision

- 1) **Circumcision in newborns (first 28 days of life) is considered medically necessary if the newborn presents with ONE of the following conditions:**
 - **753.29, 753.6, 753.8** - Congenital obstructive urinary tract anomalies; **OR**,

- **596.54** - Neurogenic bladder; **OR**,
- **741.9** - Spina bifida; **OR**,
- **771.82** - Recurrent urinary tract infections with the first 28 days of life.

NOTE: Conditions justifying medical necessity in newborns are rare and are subject to individual review.

NOTE: V50.2 - Routine or elective newborn circumcisions are **NOT** medically necessary.

2) Circumcision in non-newborns is considered medically necessary if ONE of the following conditions is present:

- **599.0** Recurrent urinary tract infection; **OR**,
- **593.70, 593.71, 593.72, 593.72** - Documented vesicoureteral reflux of at least a Grade III;
 - **Grade III:** Urine backs up into the ureter and collecting system. The ureter and pelvis appear mildly dilated, and the calyces are mildly blunted.
 - **Grade IV:** Urine backs up into the ureter and collecting system. The ureter and pelvis appear moderately dilated, and the calyces are moderately blunted.
 - **Grade V:** Urine backs up into the ureter and collecting system. The pelvis is severely dilated, the Ureter appears tortuous, and the calyces are severely blunted
- **605** Paraphimosis; **OR**,
- **607.1** Recurrent balanitis (posthitis) with **ONE** of the following causes:
 - 006.8 Amebic;
 - 112.2 Candidal
 - 099.53 Chlamydia
 - 099.0 Due to Ducrey's bacillus
 - 607.1 Erosive circinata et gangraenosa;
 - 607.1 Gangrenous;
 - 098.0 Gonococcal (acute);
 - 098.2 Chronic gonococcal (or duration of 2 months or more);
 - 607.1 Nongonococcal;
 - 607.1 Phagedenic;
 - 099.8 Venereal NEC;
 - 607.81 Xerotica obliterans
- **605** True phimosis causing urinary obstruction, hematuria or preputial pain for members aged 6 and older; **OR**,
- **605** Secondary or acquired phimosis (099.0 chancroidal or due to infection) causing urinary obstruction, hematuria, or preputial pain unresponsive to medical therapy; **OR**,
- **078.11** Condyloma acuminatum; **OR**,
- **187.1, 198.82, 222.1, 233.5** - Malignant neoplasm of the prepuce; **OR**,
- **079.4** Genital warts on foreskin (human papilloma virus); **OR**,
- **922.4** Tears in the frenulum; **OR**,
- **922.4** Trauma to the foreskin

B. Other Medically Necessary Procedures

- 1) Lysis or excision of penile post-circumcision adhesions
- 2) Repair of incomplete circumcision

CODING

Covered CPT® Codes

54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	Circumcision, neonate - 28 days of age or less; surgical excision other than clamp, device, or dorsal slit.
54161	Circumcision, older than 28 days of age; surgical excision other than clamp, device, or dorsal slit.
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision

ICD-9-CM Procedure Code

64.0 Circumcision, Male

Covered ICD-9-CM Diagnosis Codes

079.4	Genital warts on foreskin (human papilloma virus)
187.1	Malignant Neoplasm of Prepuce
198.82	Secondary Malignant Neoplasm of Genital Organs
222.1	Benign Neoplasm of Penis
233.5	Carcinoma in Situ of the Penis
593.70	Vesicoureteral reflux unspecified or without reflux nephropathy
593.71	Vesicoureteral reflux with reflux nephropathy, unilateral
593.72	Vesicoureteral reflux with reflux nephropathy, bilateral
593.73	Vesicoureteral reflux with reflux nephropathy Not otherwise specified
599.0	Urinary tract infection, recurrent
605	Paraphimosis, Congenital Phimosis
607.1+	Balanitis (balanoposthitis) (circinata) (gangraenosa) (infectious) (vulgaris); +Use additional code to identify organism, if known. <ul style="list-style-type: none">o 006.8 Amebico 112.2 Candidalo 098.0 Gonococcal , Acuteo 098.2 Gonococcal, Chronic or duration of 2 months or overo 099.0 Due to Ducrey's bacillus; chancroidalo 099.53 Chlamydialo 099.8 Venereal Not elsewhere classifiedo 607.81 Xerotica Obliterans
771.82	Urinary Tract Infection of newborn originating or recurring during the first 28 days of life
922.4	Tears or Trauma to the foreskin or frenulum

*Current Procedural Terminology (CPT®) ©2010 American Medical Association: Chicago, IL.

REFERENCES

Peer Reviewed – N/A

Government Agencies, Professional and Medical Organizations

1. American Academy of Pediatrics, Task Force on Circumcision. Circumcision Policy Statement. PEDIATRICS Vol. 103 No. 3 March 1999. Reaffirmed, 2005.
2. American Urological Association. Circumcision Policy. May, 2007 (revised).
3. Florida State Medicaid. 2010 Benefit Determinations.
4. North Carolina Medicaid, Division of Medical Assistance. Medically Necessary Circumcision. July 1, 2007

(revised).

HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
2/4/2011	• Approved by MPC.