CIRCUMCISION

Policy Number: 2015M0068B  Effective Date: February 1, 2015  (RETIRED May 11, 2017)

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INSTRUCTIONS:

“Medical Policy assists in administering UCare benefits when making coverage determinations for members under our health benefit plans. When deciding coverage, all reviewers must first identify enrollee eligibility, federal and state legislation or regulatory guidance regarding benefit mandates, and the member specific Evidence of Coverage (EOC) document must be referenced prior to using the medical policies. In the event of a conflict, the enrollee's specific benefit document and federal and state legislation and regulatory guidance supersede this Medical Policy. In the absence of benefit mandates or regulatory guidance that govern the service, procedure or treatment, or when the member’s EOC document is silent or not specific, medical policies help to clarify which healthcare services may or may not be covered. This Medical Policy is provided for informational purposes and does not constitute medical advice. In addition to medical policies, UCare also uses tools developed by third parties, such as the InterQual Guidelines®, to assist us in administering health benefits. The InterQual Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice. Other Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to provide benefits otherwise excluded by medical policies when necessitated by operational considerations.”
POLICY DESCRIPTION:

This policy provides information on circumcision, the surgical removal of the foreskin (prepuce) that covers and protects the head (glans) of the penis. It is essentially irreversible, once the foreskin is removed, it cannot be put back on again.

Male circumcision is a common procedure, regarded as a minor operation, generally performed during the newborn period. The decision about whether to have a baby circumcised is often based on the personal preference of the parents.

The American Academy of Pediatrics Taskforce on Circumcision states that the health benefits of newborn male circumcision outweigh the risks and that the benefits of newborn male circumcision justify access to this procedure for families who choose it.

The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) recommends that the health benefits and risks of elective neonatal, pediatric, or adolescent medically performed male circumcision should be considered in consultation with medical providers. Other factors associated with decision-making around male circumcision including religion, societal norms and social customs, hygiene, aesthetic preference, and ethics should also be taken into consideration. These recommendations relate to the prevention of human immunodeficiency virus (HIV) infection, sexually transmitted infections (STIs), and other health outcomes.

Parents ultimately should decide whether circumcision is in the best interests of their newborn male child. Older males can decide on their own later in life. Such decision making is made in the context of not only health considerations, but also other social, cultural, ethical, and religious factors.

COVERAGE RATIONALE / CLINICAL CONSIDERATIONS:

Circumcision may be considered MEDICALLY NECESSARY when required, in the opinion of the attending physician, to treat or prevent a pathologic condition.

I. NEWBORNS

A. Newborn male circumcision may be MEDICALLY NECESSARY for the following conditions:

1. Congenital obstructive urinary tract anomalies such as posterior urethral valve or mega-ureters
2. High grade vesicoureteral reflux
3. Neurogenic bladder
4. Spina bifida
5. Urinary tract infections
6. Newborn Circumcision (28 days old or younger) for families choosing the procedure in consultation with medical providers. When circumcision is deferred in the newborn period due to a prolonged or complicated neonatal intensive care unit (NICU) course, circumcision may be performed at a later time, when the patient is deemed stable to withstand the procedure.

Note:
The American Academy of Pediatrics Taskforce on Circumcision states that the health benefits of newborn male circumcision outweigh the risks and that the benefits of newborn male circumcision justify access to this procedure for families who choose it.

The Centers for Disease Control and Prevention (CDC) recommends that the health benefits and risks of elective neonatal medically performed male circumcision should be considered in consultation with medical providers. Factors associated with decision-making around male circumcision including religion, societal norms and social customs, hygiene, aesthetic preference, and ethics should also be taken into consideration. These recommendations relate to the prevention of human immunodeficiency virus (HIV) infection, sexually transmitted infections (STIs), and other health outcomes.

Parents in consultation with medical providers ultimately should decide whether circumcision is in the best interests of their newborn male child. Such decision making is made in the context of not only health considerations, but also other social, cultural, ethical, and religious factors.

II. INFANTS/CHILDREN (PREPUBERTAL)

Circumcision is considered MEDICALLY NECESSARY for the treatment of any of the following conditions (not an all-inclusive list):
1. Phimosis:
• True phimosis causing urinary obstruction, hematuria or preputial pain, that has not responded to conservative treatment (e.g., trial of topical steroids)
• Phimosis secondary to balanitis xerotica obliterans (Lichen sclerosus)
• Phimosis associated with urologic anomalies (e.g., pyelonephritis, and renal failure)

2. Paraphimosis when a tight foreskin is retracted behind the head of the penis but cannot be returned to the unretracted position
3. Recurrent urinary tract infection or single UTI with an urological abnormality (e.g. vesicoureteral
reflux)
4. Recurrent or unresponsive balanitis and balanoposthitis (inflammation of the prepuce)
5. Gangrene, frostbite, and/or irreparable physical trauma of the foreskin

III. ADOLESCENTS/ADULTS

Circumcision is considered **MEDICALLY NECESSARY** for the treatment of any of the following conditions (not an all-inclusive list):

1. Paraphimosis when a tight foreskin is retracted behind the head of the penis but cannot be returned to the unretracted position
2. Phimosis not responsive to topical steroid ointment and:
   • Interferes with erection by history or,
   • Interferes with urination by history or,
   • Pain on foreskin retraction or,
   • Bleeding or tearing of skin on foreskin retraction
3. Balanitis or balanoposthitis
   • Recurrent or unresponsive to treatment with topical antibiotics and penile hygiene
   • Yeast balanoposthitis secondary to diabetes mellitus
4. Condyloma acuminate (HPV) confirmed by Physical Exam/testing of foreskin (prepuce).
5. Radiation therapy for penile cancer
6. Recurrent UTI in male without any other anatomic urinary tract abnormalities identified
7. Recurrent preputial adhesions
8. Excessive prepuce redundancy
9. Sexually transmitted disease
10. True lymphogenous cysts of the prepuce which do not resolve spontaneously
11. Penile lymphedema in patients experiencing urinary difficulty
12. Gangrene, frostbite, and/or irreparable physical trauma of the foreskin
13. Males requiring continuous intermittent catheterization (CIC) who suffer from UTIs

IV. COMPLICATIONS

Treatment of complications of circumcision such as, but not limited to, post-surgical adhesions and repair of incomplete circumcision is considered **MEDICALLY NECESSARY**.
IV. INDICATIONS CONSIDERED NOT MEDICALLY NECESSARY

Circumcision is considered NOT MEDICALLY NECESSARY for other reasons not listed above, including, but not limited to the following:

1. When performed specifically for cosmetic reasons.
2. When performed for religious practice.
3. Phimosis alone in infants and children is not considered a pathologic condition.

Circumcision performed in the home setting is considered NOT MEDICALLY NECESSARY and, therefore, not covered, regardless of the provider.

Clinical Considerations:

It is usual for the foreskin to be non-retractable in the early years of life, even up to age 8-10 years. There is wide variability in terms of the age at which retraction occurs. Until complete retraction occurs, episodes of redness, smegma collections and ballooning of the foreskin are very common and can be managed symptomatically. Frequently, reassurance is all that is required.

Documentation: The individual's medical record must reflect the medical necessity for the care provided.

The CDC recommends elective circumcision counseling to all sexually active adolescent and adult males regardless of circumcision status, sexual orientation.

Complications: The most common complications are bleeding and infection; however, complications may occur later and include buried penis, meatal stenosis, skin bridges, or chordee. However, these risks are small. The complication rate is less than 2 percent. Serious complications are very rare (one in 500 circumcised newborns).

Contraindications for circumcision include:

1. Family or personal history of bleeding disorders (e.g., hemophilia)
2. Bilateral large hydroceles
3. Penile abnormalities, such as hypospadias, epispadias, micropenis, ambiguous genitalia, megalourethra, and webbed penis because the foreskin may be necessary in order to reconstruct the penis at a later date.
4. Acute local infection

BACKGROUND:

Circumcision is the surgical removal of the foreskin (prepuce) that covers the head (glans) of the penis. Male circumcision is a common procedure, generally performed during the newborn period in the United States. The Disease Control and Prevention (CDC) reports that the overall rates of routine newborn circumcision have been declining: 62.5% in 1999 to 54.7% in 2010. This decline is thought to have occurred when the American Academy of Pediatrics (AAP) issued a policy statement in 1999, stating that the potential medical benefits of neonatal circumcision weren't strong enough to recommend it as a routine
procedure. In 2007, the AAP formed a multidisciplinary task force of AAP members and other stakeholders to evaluate the recent evidence on male circumcision and update the Academy’s 1999 recommendations. The taskforce determined that existing scientific evidence demonstrates potential medical benefits of newborn male circumcision, but the data was not sufficient to recommend it as a routine procedure in newborns. Potential benefits identified included prevention of urinary tract infections, penile cancer, and transmission of some sexually transmitted infections, including HIV. The AAP task force recommendation is not without controversy, as critics state that the task force did not take into account inherent physical, sexual, and psychological harm of circumcision and that it violates medical ethics to cut off a natural, healthy, functioning body part.

The American College of Obstetricians and Gynecologists and the American Academy of Family Physicians have endorsed the AAP statement.

The CDC recommends that the health benefits and risks of elective neonatal, pediatric, or adolescent medically performed male circumcision should be considered in consultation with medical providers. Other factors associated with decision-making around male circumcision including religion, societal norms and social customs, hygiene, aesthetic preference, and ethics should also be taken into consideration. These recommendations relate to the prevention of human immunodeficiency virus (HIV) infection, sexually transmitted infections (STIs), and other health outcomes.

There are several methods of circumcision. The three most common methods are the Plastibell, Gomco, and Mogen methods.

- The Plastibell Method uses a plastic ring that is tied around the end of the penis. The foreskin is removed and the plastic ring stays on the end of the penis and prevents bleeding after the surgery.
- The Gomco and Mogen Methods do not use a plastic ring. The foreskin is removed from the penis using the Gomco or Mogen devices.

Currently, Medicaid programs in 18 states in the U.S. (including Minnesota) do not provide coverage for routine circumcision of infant boys and men unless there is a medical indication. This policy identifies conditions which are considered appropriate medical indications.

REGULATORY STATUS:

1. **U.S. FOOD AND DRUG ADMINISTRATION (FDA):**
   - The circumcision procedure is not regulated by the FDA.

2. **CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS):**
   - There is no Medicare coverage determination addressing this service.
   - Medicare does not have a National Coverage Determination (NCD) specific for circumcisions.
   - Local Coverage Determinations (LCDs) for circumcision procedures do not exist at this time.

3. **MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS):**
MINNESOTA HEALTH CARE PROGRAMS (MHCP) only covers male circumcision when the procedure is medically necessary (in the opinion of the attending physician, a pathologic condition exists where circumcision is required), and it is approved by authorization. Refer to MHCP Authorization policy for prior authorization process (Revised: 05-13-2014).

CLINICAL EVIDENCE:

SUMMARY:

**The American Academy of Pediatrics (AAP):** On August 27, 2012, the American Academy of Pediatrics issued a revised Circumcision Policy Statement saying that the benefits outweigh the risks. The revised policy is based on the findings of a multidisciplinary task force that did a systematic evaluation of the peerreviewed literature from 1995 through 2010 for and against circumcision. Ethical, religious, legal, and cultural issues are outside the sphere of science, and the AAP leaves those issues for parents and society to decide. They cite evidence that support that preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and other sexually transmitted infections in later life. Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it.

The procedure is well tolerated when performed by trained professionals under sterile conditions with appropriate pain management. Complications are infrequent and far less likely in the newborn period than if circumcision is performed later in life. Evidence for other benefits and detailed information about risks are included in the Technical Report by the panel along with a discussion of the arguments and with further recommendations.

**The Department of Health and Human Services, Centers for The Disease Control and Prevention (CDC):**

The CDC recommends that the health benefits and risks of elective neonatal, pediatric, or adolescent medically performed male circumcision should be considered in consultation with medical providers. Other factors associated with decision-making around male circumcision including religion, societal norms and social customs, hygiene, aesthetic preference, and ethics should also be taken into consideration. These recommendations relate to the prevention of human immunodeficiency virus (HIV) infection, sexually transmitted infections (STIs), and other health outcomes.

**American College of Obstetricians and Gynecologists (ACOG):** The new statement has also been endorsed by the American College of Obstetricians and Gynecologists (ACOG). ACOG says that preventive health benefits of elective circumcision of male newborns outweigh the risks of the procedure. Although health benefits are not great enough to recommend routine circumcision for all male newborns, the benefits of circumcision are sufficient to justify access to this procedure for families choosing it. Parents ultimately should decide whether circumcision is in the best interests of their male child. They will need to weigh medical information in the context of their own religious, ethical, and cultural beliefs and practices. The medical benefits alone may not outweigh these other considerations for individual families.
### APPLICABLE CODES:

The Current Procedural Terminology (CPT®) codes and HCPCS codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other medical policies and coverage determination guidelines may apply.

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<td>Routine or ritual circumcision (check benefit for coverage)</td>
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REFERENCES:


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30. Frisch M, Friis S, Kjaer SK, Melbye M. Falling incidence of penile cancer in an uncircumcised population (Denmark 1943–90). Br Med J. 1995;311:1471. Available at: [http://www.bmj.com/cgi/content/full/311/7018/1471?ijkey=b630608a618265d15db9e08f84ec3113736439ce&keytype2=tf_ipsecsha](http://www.bmj.com/cgi/content/full/311/7018/1471?ijkey=b630608a618265d15db9e08f84ec3113736439ce&keytype2=tf_ipsecsha). Assessed September 3, 2014.


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