Comprehensive Medical and Dental Program
Authorization Guideline

Subject: Circumcision
Unit: Health Services

Purpose

This guideline is used in the prior authorization and decision-making process regarding requests for circumcision.

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

Routine Circumcision in the Newborn

Routine newborn circumcision is not a covered service by AHCCCS or CMDP, as of October 2002.

Non-routine circumcision

Circumcisions that are considered medically necessary by the healthcare provider require a prior authorization by CMDP Medical Services. The request for authorization must be accompanied by documentation to substantiate medical necessity.

Background

Phimosis is a constriction of the prepuce resulting in an inability to retract the foreskin back over the glans. Developmental (physiological) nonretractile foreskin is very common in the toddler and young child. True phimosis (adhesion of the foreskin to the glans) is much less common. In 10% of uncircumcised 3-year-old boys, the foreskin cannot be fully retracted, but the foreskin will become fully retractable for nearly all the boys by the onset of puberty.

Balanitis (inflammation/infection of foreskin) is not common and, if it occurs, it is not an absolute reason to perform a circumcision. Pediatric urologists follow many children and young men longitudinally who do not desire circumcision, yet have repeated bouts of balanitis. This can be successfully managed medically (without surgical intervention).

Criteria to Substantiate Medical Necessity for Circumcision:

- True phimosis (vs. developmental/physiological non-retractile foreskin) in a boy older than 6 years of age.
- True phimosis, which has failed an adequate trial of daily topical therapy (steroid therapy) for 4-6 weeks duration. [For patients between 6 months and 6 years of age betamethasone (a steroid cream) can be applied to gradually and gently break adhesions, if phimosis is a real concern.]
- Phimosis that has resulted in impaired urinary stream.
- Paraphimosis which causes the foreskin, once pulled back, to not return to its original location.
- Associated with other penile surgery

Other considerations may include:

- Balanitis or Balanoposthitis resulting in the need for repeated emergency department visits.
- Recurrent UTI's

References:

American Academy of Pediatrics (AAP) 1971, 1975, 1983, 1989 and March1999, and 2011

Cost-effective Treatment of Phimosis; RS Van Howe. *Pediatrics* 1998;102;43-46
Postneonatal circumcision: population profile; GL Larsen, SD Williams. *Pediatrics* 1990;85(5);808-812

Circumcision in children beyond the neonatal period; TE Wiswell, et al. Pediatrics 1993;92(6):791-793

__Signature on file_____
Medical Director

___11/21/17_____
Date