



# Comprehensive Medical and Dental Program Authorization Guideline

<b>TITLE</b> Circumcision Prior Authorization Guideline
<b>RESPONSIBLE AREA</b> Health Services
<b>Effective Date:</b> 06/03/19

## **DESCRIPTION**

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

## **DEFINITIONS**

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).

## **COVERAGE DETERMINATION GUIDELINE**

Circumcision of newborn male infants is a covered service under EPSDT when it is determined to be medically necessary. The procedure requires prior authorization by CMDP Medical Services. The request for authorization must be accompanied by documentation to substantiate medical necessity.

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 Urological Association Legal:**

A.R.S. §36-2907, Covered health and medical services; modifications; related delivery of service requirements; definition.

**Government Agency, Medical Society and Other Authoritative Publications:**

AHCCCS Medical Policy Manual (AMPM), Chapter 400, Medical Policy for Maternal and Child Health, Policy 410, Maternity Care Services

**Peer Reviewed Publications:**

Cost-effective Treatment of Phimosis. RS Van Howe, MD (Pediatrics 1998; 102; e43) DOI: 10.1542/peds.102.4.e432; 43-46.

Postneonatal circumcision: population profile; GL Larsen, SD Williams. Pediatrics 1990; 85(5);808-812 (ISSN: 0031-4005).

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

**PLEASE NOTE:** State and Federal law take precedence over prior authorization guidelines. CMDP reserves the right to review and update guidelines periodically. Providers are responsible for the treatment and recommendations provided to members.

**APPROVAL HISTORY/REVISIONS**

<b>REVIEW DATE</b>	<b>APPROVAL DATE</b>
4/2006, 1/2007, 6/2008, 1/2012, 4/10/2013, 8/15/13, 3/13/14, 1/23/15, 7/1/16, 3/31/17, 11/21/17, 12/17/18; 06/03/19	06/03/19