

Subject: **Male Circumcision**
Guideline #: **CG-SURG-103**
Status: **New**

Publish Date: **09/25/2019**
Last Review Date: **08/22/2019**

Description

Male circumcision is a surgical procedure to remove the foreskin of the penis. This document addresses circumcision in males older than 4 weeks in corrected age (corrected age is defined as birth age minus the number of weeks a child is born prematurely).

Note: This document does not address routine male circumcisions performed for the term or preterm infant in the newborn period.

Clinical Indications

Medically Necessary:

Male circumcision is considered medically necessary when the individual has *any* of the following conditions:

- **Preputial neoplasms; or**
- **Recurrent balanitis; or**
- **Recurrent balanoposthitis; or**
- **Risk reduction for males at high risk of HIV infection; or**
- **Symptomatic phimosis; or**
- **Paraphimosis; or**
- **Tears of the frenulum; or**
- **Trauma to the foreskin requiring surgical treatment.**

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Male circumcision is considered medically necessary when the individual is undergoing surgical repair of congenital urethral or genital abnormalities.

Not Medically Necessary:

Male circumcision is considered not medically necessary when the criteria listed above have not been met.

Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT

54161

Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days of age

ICD-10 Procedure

0VTTXZZ

Resection of prepuce, external approach

ICD-10 Diagnosis

C60.0-C60.9

Malignant neoplasm of penis

D07.4

Carcinoma in situ of penis

D29.0

Benign neoplasm of penis

D40.8

Neoplasm of uncertain behavior of other specified male genital organs

N47.0-N47.8

Disorders of prepuce

N48.0

Leukoplakia of penis

N48.1

Balanitis

Q54.0-Q54.9

Hypospadias

S31.20XA-S31.25XS

Open wound of penis

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Circumcision

<u>S38.01XA-S38.01XS</u>	<u>Crushing injury of penis</u>
<u>Z20.6</u>	<u>Contact with and (suspected) exposure to human immunodeficiency virus [HIV]</u>
<u>Z40.8-Z40.9</u>	<u>Encounter for other/unspecified prophylactic surgery</u>

Discussion/General Information

Elective circumcision of the male infant in the newborn period is outside the scope of this guideline. Guidelines by the American Academy of Pediatrics (AAP, 2012), American Urological Association (AUA, 2018), American Academy of Family Physicians (AAFP, 2018), and the Centers for Disease Control and Prevention have determined that the health benefits of circumcision in the newborn period are sufficient to justify the procedure for families choosing it. The AAP has noted that circumcision in the newborn period is associated with “considerably lower complication rates” than circumcision performed later in life. The AUA notes that general anesthesia is generally required for circumcision beyond the newborn period.

There are several conditions that create a medical need for circumcision beyond the newborn period.

Phimosis is the inability to retract the foreskin. This condition can be physiologic or pathologic. The foreskin is a redundant fold protecting the glans penis and urethral meatus. This fold begins developing in the first trimester of pregnancy. By the time of full-term birth, the foreskin is usually fully developed; however, most boys are born with adhesions between the glans and the inner squamous epithelium of the foreskin. These adhesions prevent full retraction of the foreskin in almost all newborn boys and prevents full visualization of the urethral meatus in more than half (Baskin, 2005).

Inability to retract the foreskin is normal in most newborn boys. This condition is known as physiologic phimosis and does not require surgical treatment (McGregor, 2007). Full retraction of the foreskin may not develop until adulthood, but most boys develop an ability to fully or partially retract the foreskin by their teenage years.

The AAP/ACOG guidelines for perinatal care (2017) states that, because of physiologic adhesions, the foreskin usually does not retract fully for several years and should not be forcibly retracted. Thus, an unretractable foreskin in a neonate and young infant does not warrant circumcision.

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Pathologic phimosis is due to scarring from infection or inflammation. This can lead to inflammation of the glans penis (balanitis) or of the foreskin and glans penis (balanoposthitis). Balanitis and balanoposthitis can be caused by several factors such as bacteria common in urinary tract infections and sexually transmissible pathogens including human papilloma virus. Balanitis may also be due to a variety of dermatologic conditions (Lewis, 2018) including eczema, psoriasis, lichen planus, and lichen sclerosis. Effective treatment of balanitis and balanoposthitis is often provided through treatment of the underlying condition (Anandan, 2018; Celis, 2014; Clouston, 2011).

Paraphimosis occurs when scarring of the foreskin prevents return to its normal position after retraction. This can result in constriction proximal to the glans penis leading to progressive venous and lymphatic engorgement. That can develop into arterial constriction over hours to days. Paraphimosis is a urologic emergency requiring urgent reduction of the foreskin (AAFP, 1999; Little, 2005).

Recurrent balanitis, balanoposthitis and paraphimosis are recognized by AUA (AUA 2018) and AAFP (Holman, 1999) as indications for circumcision beyond the neonatal period. A tear of the frenulum impairs or eliminates its function in maintaining normal foreskin position in the unretracted state. Such a tear is recognized by AAFP as an indication for circumcision.

Maternal herpes simplex infection has been proposed as an indication to delay newborn male circumcision. The AAP and the American College of Obstetricians and Gynecologists ACOG guidelines for perinatal care (2017) state:

There are no data indicating that the circumcision of newborn male infants who may have been exposed to herpes simplex virus at birth should be postponed. It may be prudent, however, to delay circumcision for approximately 1 month for those at highest risk of disease (e.g. male infants delivered vaginally by women with active genital lesions). Our allowance for circumcision up to 4 weeks corrected age should accommodate this.

Circumcision may be performed as part of a surgical repair of congenital urethrogenital defects or after resection of neoplasms of the penis. Hypospadias is a congenital anomaly in which the urethra opens on the

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underside of the penis. Surgical repair of this condition places the urethra at the end of the penis. Removal of the foreskin is usually necessary to support this procedure.

The use of circumcision as a prophylactic method for HIV infection and other conditions has been shown to be an effective approach in Africa. This has been used as the basis for recommendations for circumcision by several organizations including the American Academy of Pediatrics (AAP, 2012) and the World Health Organization (WHO) Joint United Nations Programme on HIV/AIDS (UNAIDS, 2019). However, the US Centers for Disease Control and Prevention, in their recommendations regarding male circumcision and prevention of HIV infection currently in draft form, notes the following:

While the benefits of circumcision for uninfected men at risk for HIV infection can be high, the overall public health benefit in the entire U.S. population may be limited due to the lack of proven benefit among people who are infected through the major routes of transmission at a national level (i.e., male-to-male and male-to-female HIV transmission). The greatest benefit will be among uncircumcised heterosexual men living in geographic areas with a high prevalence of HIV.

Ultimately, the degree to which male circumcision affects overall HIV transmission in the United States in the future will depend on a number of factors whose impact are not yet known (CDC, 2017).

Definitions

Balanitis: Inflammation of the glans penis

Balanoposthitis: Inflammation of the foreskin and the glans penis

Corrected Age: Chronologic age reduced by the number of weeks born before 40 weeks gestation

Frenulum: A band of tissue connecting two other structures. The frenulum of the glans penis connects the foreskin to the glans helping to maintain the position of the foreskin over the glans in the unretracted state.

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Newborn Period: The time between birth and a corrected age of 1 month.

Phimosis: Constriction of the foreskin which may result in narrowing preventing the foreskin from being retracted.

Paraphimosis: A condition in which the foreskin is retracted and cannot return to its anatomic position. This may lead to swelling, pain, ischemia, and necrosis.

Posthitis: Inflammation of the foreskin.

Prepuce: Foreskin in males, also a similar fold of skin above the clitoris in females.

Preputial: Related to the prepuce.

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Peer Reviewed Publications:

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4. Little B, White M. Treatment options for paraphimosis. Int J Clin Pract. 2005; 59(5):591-593.
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Government Agency, Medical Society, and Other Authoritative Publications:

1. American Academy of Family Physicians. Neonatal Circumcision. 2018. Available at: <https://www.aafp.org/about/policies/all/neonatal-circumcision.html>. Accessed on August 22, 2019.

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Clinical UM Guideline

Circumcision

2. American Academy of Pediatrics Task Force on Circumcision. Circumcision Policy Statement. Pediatrics. 2012; 130(3):585-586.
3. American Academy of Pediatrics, American College of Obstetricians and Gynecologists. Guidelines for perinatal care. 8th ed. Elk Grove Village (IL): AAP; Washington, DC: American College of Obstetricians and Gynecologists; 2017.
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7. United States Centers for Disease Control and Prevention. Draft CDC recommendations for providers counseling male patients and parents regarding male circumcision and the prevention of HIV infection, STIs, and other health outcomes. 2017. Available at: <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/mc-factsheet-508.pdf>. Accessed on August 22, 2019.
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Index

Circumcision

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History

Status	Date	Action
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New

08/22/2019

Medical Policy & Technology Assessment Committee (MPTAC) review.
Initial document development.

DRAFT

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