

Circumcision Preauthorization Criteria Guideline

Criteria Guideline Name: Circumcision (Single Procedure for Medical Necessity)

Circumcision is covered by FCA when performed at Shands Jacksonville during the first 10 days of life. After the first 10 days of life, Circumcision is covered by Medicaid only when medically necessary. The PCP must send a request for authorization to FCA. The request needs to include medical records that reflect clear documentation of medical necessity as outlined in the following Circumcision Preauthorization Criteria Guidelines. A parent guide to care of uncircumcised penis has been developed and may be used by the PCP as appropriate.

Guideline:

Circumcision (as a single procedure) beyond the first ten days of life is a covered benefit only for those patients who demonstrate clear medical necessity and for whom the procedure has been preauthorized. Requests for a circumcision will be reviewed on a case-by-case basis during which time medical necessity will be determined.

- Interqual Criteria is used as the guideline to determine medical necessity.
- Approval of medically necessary circumcision requires documentation of a medical condition resulting from either the uncircumcised foreskin or from complications of the previous circumcision.
- Circumcisions are performed as outpatient surgery, unless specific need for inpatient status is documented in the request.

Indications for medically necessary circumcisions, adults and children (adapted from Interqual Criteria):

1. Paraphimosis: defined as painful swelling of the glans that results when a tight foreskin is retracted behind the head of the penis. This may be a medical emergency that requires a dorsal slit procedure.
2. Balanitis xerotica obliterans: defined as chronic sclerosis and atrophic process of the glans penis and prepuce of unknown etiology. Genetic factors have been implicated. Associated phimosis, if present, is characterized by white scarring and induration.
3. Phimosis: defined as narrowing of the preputial orifice leading to non-retractability of the prepuce that in rare instances may be a congenital condition, but which is more commonly associated with balanitis xerotica obliterans or balanoposthitis.
4. Non-retractile foreskin due to preputial adhesions (a normal developmental process whereby the prepuce gradually separates from the glans as epithelial cell layers become keratinized and smegma is produced) when complicated by:
 - a. One or more episodes of balanitis that do not respond to:
 - Use of topical antibiotics/topical steroids
 - Teaching and practice of proper penile hygiene
 - Improved blood sugar control if diabetic

- b. Posthitis: defined as inflammation of the foreskin.
- c. Penile cellulitis
- d. Obstruction of urination (e.g., the foreskin balloons during voiding).
- e. Painful or incomplete erection.

[NOTE: a non-retractile foreskin is a normal finding during development. Over the first several years of life, the prepuce gradually separates from the glans as epithelial cell layers become keratinized and smegma is produced.]

5. Non-retractile foreskin due to preputial adhesions that persist beyond the 3rd birthday despite implementation of an appropriate regimen of penile hygiene. [Providers should educate parents and caretakers of male infants who are not circumcised during the initial birth hospitalization about penile hygiene routines.]
6. Recurrent urinary tract infections where it has been documented that other urinary tract abnormalities do not coexist, using one or more of the following studies:
 - IVP – not indicated in children
 - VCUG
 - US
7. Revision of a prior circumcision due to inadequate removal of foreskin or correction of operative complication.