



******* High Priority *******

Service Alert Notification

Subject: Guidelines for Medically Necessary Circumcision

Date: May 11, 2010

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.

Circumcision Preauthorization Criteria Guideline

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

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.

Caring for Your Son's Uncircumcised Penis

First few months:

- Clean and bathe your baby's penis with soap and water like the rest of the diaper area.
- No special cleaning with cotton swabs or special soaps is needed.
- Do not try to pull the foreskin back. The foreskin is attached to the head of the penis. Pulling the foreskin back can cause pain and bleeding.
- If stream of urine is no more than a trickle, notify the baby's doctor.
- The baby's doctor will tell you when it is safe to pull back your baby's foreskin. This will not happen for several months or years.

As your son gets older:

After the baby's doctor tells you it is safe, teach your son how to clean his penis by:

- Gently pulling the foreskin back away from the head of the penis
- Rinsing the head of the penis and inside fold of the foreskin with soap and water.
- Pulling the foreskin back over the head of the penis.