

	<h2>Circumcision Guidelines</h2>	
<p>Guideline # 6177</p>	<p>Categories Clinical → Care Coordination, Care Coordination – Utilization management , TCHP Guidelines</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all circumcisions on members over the age of 12 months.

DEFINITIONS:

Balanitis xerotica obliterans: 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.

Paraphimosis: 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.

Phimosis: 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.

Preputial adhesions are a normal developmental process whereby the prepuce gradually separates from the glans as epithelial cell layers become keratinized and smegma is produced.

Posthitis: inflammation of the foreskin.

Chordee: the curvature of the penis usually downwards or ventrally. The etiology of chordee is unknown and often can be associated with hypospadias.

PRIOR AUTHORIZATION GUIDELINES

1. Prior Authorization is not required for circumcision in children under the age of 1 year old.
2. All requests for prior authorization for circumcisions in children who are 1 year of age and older are received via online submission, fax, phone or mail by the Utilization Management Department and processed during normal business hours.

3. To request prior authorization for circumcision in a member over the age of 12 months, documentation supporting the medical necessity of the procedure must be provided.
4. Utilization Management professionals will reference the most recent available version of InterQual criteria to establish medical necessity for the circumcision.
5. In cases where the clinical reason for the circumcision is not clearly stated in the InterQual criteria, TCHP considers the following as indications for medically necessary circumcision:
 - 5.1. Phimosis:
 - True phimosis causing urinary obstruction, hematuria or preputial pain, that has not responded to conservative treatment (e.g., trial of topical steroids)
 - Phimosis secondary to balanitis xerotica obliterans
 - Phimosis associated with urologic anomalies (e.g., pyelonephritis, and renal failure)
 - 5.2. Recurrent paraphimosis that cannot be returned to the unretracted position
 - 5.3. Urinary tract infection with a urological abnormality (e.g. vesicoureteral reflux)
 - 5.4. Balanitis and balanoposthitis (inflammation of the prepuce) unresponsive to:
 - Use of topical antibiotics/topical steroids
 - Teaching and practice of proper penile hygiene
 - Improved blood sugar control if diabetic
 - 5.5. Gangrene, frostbite, and/or irreparable physical trauma of the foreskin
 - 5.6. Non-retractile foreskin due to preputial adhesions when complicated by:
 - Posthitis
 - Penile cellulitis
 - Obstruction of urination (e.g., the foreskin balloons during voiding).
 - Painful or incomplete erection
 - 5.7. Non-retractile foreskin due to preputial adhesions that persist beyond the 3rd birthday despite:
 - Implementation of an appropriate regimen of penile hygiene.
 - Trial of appropriate potency topical steroid (e.g. betamethasone)
 - 5.8. Revision of a prior circumcision due to inadequate removal of foreskin or correction of operative complication.
 - 5.9. Condyloma acuminata (HPV) confirmed by Physical Exam/testing of foreskin (prepuce).
 - 5.10. Radiation therapy for penile cancer
 - 5.11. Recurrent UTI in adolescent/adult male without any other anatomic urinary tract abnormalities identified.

- 5.12. Chordee in members who are older than one year. In cases of members with chordee, circumcision may be postponed until after one year of life to allow additional growth, because the skin may be utilized for corrective surgery of the penis.
 - 5.13. In other urogenital cases including but not limited to penial torsion, inguinal hernia and testicular torsion.
 - 5.14. Dyspareunia in sexually active male members.
 - 5.15. Additional consideration for circumcision in members older than one year of age may be made for members that are undergoing another related or unrelated surgical procedure and the member wishes to have a circumcision completed while under general anesthesia.
6. All requests for circumcision that do not meet the guidelines referenced here will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
 7. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

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