



Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements. This MCP applies if no CMS criteria are available.
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I. Procedure / Service: Circumcision Revision

II. Diagnoses: Paraphimosis, Phimosis, Balanitis / Balanoposthitis, Condyloma acuminata/HPV, penile cancer, and lichen sclerosis (LS)/ balanitis xerotica obliterans (BXO).

III. Specialists: Urology, Pediatrics, Obstetrics

IV. Exclusions and Limitations

Circumcision revision requested solely for cosmetic reasons, is not medically appropriate and not a covered benefit.

A. In general, Kaiser Permanente Mid-Atlantic States (KPMAS) coverage for plastic and reconstructive surgery is contractually limited to those procedures that significantly improve physical function. Procedures and services that improve or maintain appearance, and are not expected to significantly improve physical function, are considered cosmetic and are usually contractually excluded.

B. Inform your patient that certain plastic surgery procedures may not be a covered benefit because of specific exclusions in their employer's contract with KPMAS.

V. Revision of Circumcision Referral (for all ages)

A. Revision of circumcision is indicated for lysis or excision of penile post circumcision adhesions which have resulted in preputial bridges or post circumcision phimosis.

B. Referral for revision should be made after patient has failed the trial of topical steroid therapy (see therapeutic measures in section VII. below).

VI. Conditions indicated for members who have not been previously circumcised

A. Preputial neoplasms; **or**

B. Recurrent balanitis; **or**

C. Recurrent balanoposthitis; **or**

D. Risk reduction for individuals at high risk of HIV infection; **or**

E. Symptomatic phimosis; **or**

F. Paraphimosis; **or**

G. Tears of the frenulum; **or**

H. Trauma to the foreskin that would require surgical treatment.



VII. Therapeutic Measures Prior to Non-Routine/Revision Circumcision Referral

- A. For phimosis in uncircumcised males or for post circumcision phimosis, treat with topical steroids
 1. 0.1% steroid ointment twice a day for up to 6 weeks;
 2. Local hygiene, e.g., retracting foreskin and cleaning the glans twice daily while symptoms persist; *and*
 3. Avoid soaps while inflammation is present
- B. Trial of topical antimicrobial therapy, as indicated by diagnosis.
If balanitis comorbid with DM, blood sugar control may help reduce recurrence
- C. In paraphimosis, an attempt to reduce the retraction manually with sedation and lubrication.
If the retraction cannot be reduced, treat urgently with a dorsal slit procedure.

VIII. Diagnostic Measures Prior to Referral

- A. Imaging and testing necessary to establish a diagnosis are covered services when ordered by a Kaiser Permanente participating physician.
- B. The following tests are required prior to a referral for non-routine circumcision, except in non-sexually active pediatric patients:
 1. Sub-preputial swab for Candida and bacterial culture to exclude an infective cause or super infection of a skin lesion;
 2. Urinalysis for glucose if Candida infection is suspected;
 3. Culture for Herpes simplex if ulceration/fissures are present;
 4. Syphilis serology if an ulcer is present;
 5. Culture for Trichomonas vaginalis if a female partner has an undiagnosed vaginal discharge;
 6. Screen for other sexually transmitted infections, particularly Chlamydia trachomatis infection / nonspecific urethritis if a circinate-type balanitis is present; and
 7. Biopsy, if the diagnosis is uncertain and the condition persists.



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 KAISER PERMANENTE ® Mid-Atlantic States	Circumcision Revision Medical Coverage Policy
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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC*	Date of Implementation
07/24/2020	07/24/2020
06/24/2021	06/24/2021
06/20/2022	06/20/2022
06/26/2023	06/26/2023
06/25/2024	06/25/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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