**To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.**

## Table of Contents

**Related Clinical Coverage Policies**
Refer to https://medicaid.ncdhhs.gov/ for the related coverage policies listed below:
1L-1, *Anesthesia Services*

# 1.0 Description of the Procedure, Product, or Service

Male circumcision is the surgical removal of the foreskin (prepuce), which is the layer of skin covering the head (glans) of the penis. The foreskin provides sensation and lubrication for the penis. After the foreskin is removed, it can't be put back on again.

Circumcision can provide the following health benefits:

a. Relief from problems of irritation with the penis which can happen with or without circumcision.
b. Decreased risk of sexually transmitted infections (STIs) later in life including HIV.
c. Decreased risk of urinary tract infections.
d. Decreased risk of penile cancer later in life.

## 1.1 Definitions

### 1.1.1 Lysis of Penile Adhesions

Lysis of adhesions involves surgical release (excision) of penile adhesions resulting from a previous circumcision procedure. Lysis of adhesions can also be accomplished through foreskin manipulation and stretching.

### 1.1.2 Repair of an Incomplete Circumcision

Surgical removal of excessive residual foreskin after a previous circumcision procedure.

### 1.1.3 Newborn

A newborn is an infant (neonate) within the first 28 days of life.

### 1.1.4 True phimosis

Pathological scarring of the tip of the foreskin (prepuce) preventing sufficient retraction of the foreskin to visualize the meatus and does not include congenital or acquired preputial adhesions to the glans proximal to the meatus.

### 1.1.5 Human Immunodeficiency Virus (HIV)

The virus that causes Acquired Immunodeficiency Syndrome (AIDS).

# 2.0 Eligibility Requirements

## 2.1 Provisions

### 2.1.1 General

**(*The term "General" found throughout this policy applies to all Medicaid policies*)**

a. An eligible beneficiary shall be enrolled in the NC Medicaid Program (Medicaid is a NC Medicaid program, unless context clearly indicates otherwise).

b. Provider(s) shall verify each Medicaid beneficiary's eligibility each time a service is rendered.

c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

### 2.1.2 Specific

(***The term "Specific" found throughout this policy only applies to this policy***)

**a. Medicaid**

None Apply

## 2.2 Special Provisions

### 2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. **42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]**

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.

2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide,* and on the EPSDT provider page. The Web addresses are specified below.

*NCTracks Provider Claims and Billing Assistance Guide*: https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html

EPSDT provider page: https://medicaid.ncdhhs.gov/

## 3.0 When the Procedure, Product, or Service Is Covered

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.***

### 3.1 General Criteria Covered

Medicaid shall cover the procedure, product, or service related to this policy when medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's need;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

### 3.2 Specific Criteria Covered

### 3.2.1 Specific criteria covered by Medicaid

#### a. Medically Necessary Circumcision for Newborns

Medicaid shall cover a circumcision for a healthy newborn (28 days or less) while the baby is in the hospital or in an office setting for:

1. Congenital obstructive urinary tract anomalies;
2. Neurogenic bladder;
3. Spina bifida;
4. Urinary tract infections; or
5. Prophylaxis for Human Immunodeficiency Virus (HIV).

#### b. Medically Necessary Circumcision for Non-Newborns

Medicaid shall cover a circumcision for a beneficiary beyond the newborn period (greater than 28 days) only when the procedure is medically necessary. Conditions that meet medical necessity for non-newborn circumcision are:

1. A documented prior history of recurrent urinary tract infections;
2. Documented vesicoureteral reflux of at least a Grade III;
3. Paraphimosis;
4. Recurrent balanoposthitis;
5. Recurrent balanitis or balanitis xerotica obliterans;
6. Congenital Chordee;
7. True phimosis causing urinary obstruction, hematuria or preputial pain for a beneficiary age six and older;
8. Secondary or acquired phimosis causing urinary obstruction, hematuria or preputial pain unresponsive to medical therapy;
9. Condyloma acuminatum;
10. Malignant neoplasm of the prepuce; or
11. Prophylaxis for Human Immunodeficiency Virus (HIV).

#### c. Lysis or Excision of Penile Post-Circumcision Adhesions

Medicaid shall cover lysis or excision of penile post-circumcision adhesions when medically necessary.

1. Refer to **Attachment A, Section C** for the specific CPT code when adhesions are severe enough to require anesthesia or analgesia stronger than topical analgesia and an instrumented release under sterile conditions.
2. Refer to **Attachment A, Section C** for the specific CPT code if adhesions require only foreskin manipulation, including lysis of preputial adhesions and stretching.

#### d. Repair of Incomplete Circumcision

Medicaid shall cover the repair of incomplete circumcision when excessive residual prepuce remains after a previous medically necessary circumcision.

#### 3.2.2 Medicaid Additional Criteria Covered

None Apply.

## 4.0 When the Procedure, Product, or Service Is Not Covered

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.***

### 4.1 General Criteria Not Covered

Medicaid shall not cover the procedure, product, or service related to this policy when:

a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**
c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

### 4.2 Specific Criteria Not Covered

#### 4.2.1 Specific Criteria Not Covered by Medicaid

According to Session Law 2011-0145 Section 10.37(a) (11)(g)(2), Medicaid and NCHC shall "Restrict circumcision coverage to medically necessary procedures."

#### 4.2.2 Medicaid Additional Criteria Not Covered

None apply.

## 5.0 Requirements for and Limitations on Coverage

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.***

### 5.1 Prior Approval

Medicaid shall not require prior approval for medically necessary circumcision; however, all claims for circumcision are subject to post-payment review.

### 5.2 Limitations

The following procedures, when medically necessary, are covered only once per lifetime.

a. Circumcision; and
b. Repair of incomplete circumcision.

### 5.3 Documentation

Documentation supporting medical necessity must be provided to NC Medicaid or its contractual agents upon request.

When providing a medically necessary post-circumcision procedure (refer to **Subsections 3.2.1(c) and (d)**, the date of the original circumcision must be noted in the health record.

# 6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the provider(s) shall:

a. meet Medicaid qualifications for participation;
b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

## 6.1 Provider Qualifications and Occupational Licensing Entity Regulations

None Apply.

## 6.2 Provider Certifications

None Apply.

# 7.0 Additional Requirements

***Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.***

## 7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

## 7.2 Use of Anesthesia or Analgesics for the Procedure

Anesthesia or analgesia stronger than topical analgesia must be provided during the procedure when it is determined that a beneficiary meets medical necessity criteria for the following:

a. Circumcision;
b. Lysis or excision of penile post-circumcision adhesions; and
c. Repair of incomplete circumcision.

Anesthesia or analgesia stronger than topical analgesia may not be necessary for foreskin manipulation including lysis of preputial adhesions and stretching.

# 8.0 Policy Implementation/Revision Information

**Original Effective Date:** November 1, 2001

**Revision Information:**

| Date | Section Revised | Change |
|---|---|---|
| 07/01/2007 | Throughout | Initial promulgation of Medicaid policy. |
| 7/1/2010 | Throughout | Session Law 2009-451, Section 10.31(a) Transition of NC Health Choice Program administrative oversight from the State Health Plan to the Division of Medical Assistance (DMA) in the NC Department of Health and Human Services. |
| 3/12/2012 | Throughout | To be equivalent where applicable to NC DMA's Clinical Coverage Policy # 1A-22 under Session Law 2011-145 § 10.41.(b) |
| 3/12/2012 | Throughout | Technical changes to merge Medicaid and NCHC current coverage into one policy. |
| 10/01/2015 | All Sections and Attachments | Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable. |
| 03/15/2019 | Table of Contents | Added, "To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after November 1, 2019, please contact your PHP." |
| 03/15/2019 | All Sections and Attachments | Updated policy template language. |
| 01/01/2021 | Section 1.0 | Rewrote and clarified description of procedure, product or services and removed unnecessary language. |
| 01/01/2021 | Subsection 1.1 | Added definitions |
| | Subsection 3.2.1 (a)(b)(c)(d) | Moved Medically Necessary Circumcision for Newborns from Subsection 3.2.2 to Section 3.2.1 (a.) and modified other items in subsection. 3.2.1.(b) became "Medically Necessary Circumcision for Non-Newborns." 3.2.1 (c) became "Lysis or Excision of Penile Post-Circumcision Adhesions" and 3.2.1(d) became "Repair of Incomplete Circumcision". Added clarifying criteria to subsections where appropriate. |
| 01/01/2021 | Subsection 3.2.1 (a) | Reformatted criteria for Medically Necessary Circumcision for Newborns. " |
| 01/01/2021 | Subsection 3.2.1 (a)(5) | Added "Prophylaxis for Human Immunodeficiency Virus (HIV)" to medical necessity criteria for newborns. |

| Date | Section Revised | Change |
|---|---|---|
| 01/01/2021 | Subsection 3.2.1(b) | Added clarifying language. Changed the wording "Examples of medical necessity for non-newborn circumcision include but are not limited to the following conditions:" to "Conditions that meet medical necessity for non-newborn circumcision are:" Clarified non-newborn period as "(greater than 28 days)". Removed definition of "true phimosis" and added to definitions Subsection 1.1. |
| 01/01/2021 | Subsection 3.2.1 (b)(5) | Added "Recurrent balanitis or balanitis xerotica obliterans" to list of conditions that meet medical necessity for non-newborn circumcision. |
| 01/01/2021 | Subsection 3.2.1 (b)(6) | Added "Congenital chordee" to list of conditions that meet medical necessity for non-newborn circumcision. |
| 01/01/2021 | Subsection 3.2.1(b)(11) | Added "Prophylaxis for Human Immunodeficiency Virus (HIV)" to medical necessity criteria for non-newborns. |
| 01/01/2021 | Subsection 3.2.1(b)(1) | Removed wording "Young males with" |
| 01/01/2021 | Subsection 3.2.1(b)(2) | Removed wording "Males with" |
| 01/01/2021 | Subsection 3.2.2 (a) | Removed criteria for "Medically Necessary Circumcision for Newborns" and moved to Section 3.2.1(a). |
| 01/01/2021 | Subsection 4.2.1 | **Added** wording "According to Session Law 2011-0145 Section 10.37(a) (11)(g)(2), Medicaid shall "Restrict circumcision coverage to medically necessary procedures."<br>**Removed** wording "None apply." |
| 01/01/2021 | Subsection 4.2.2 | **Removed** wording "Medicaid program does not cover routine or elective newborn circumcision. N.C. state law prohibits the Medicaid program from reimbursing for ritualistic, religious, and routine newborn circumcision." and **removed** wording "Specific diagnosis codes do not indicate medical necessity for newborn circumcision and are, therefore, not covered under Medicaid. Refer to Attachment A, Section B for specific newborn non-covered diagnosis codes from Subsection 4.2.2."<br>**Added** "None Apply" to Subsection 4.2.2. |
| 01/01/2021 | Subsection 5.1 | Reworded prior approval section and removed duplicated wording (sections a. and b). |

| Date | Section Revised | Change |
|---|---|---|
| 01/01/2021 | Subsection 5.3 | Added clarifying language and changed reference to "section 3.3" to the correct "Subsection 3.2.1 (b) and (c)". |
| 01/01/2021 | Attachment A (B) | Removed list of diagnosis codes that do not indicate medical necessity for newborn circumcision and its associated language. Added the following note:<br>**Note:** Circumcision claims for Human Immunodeficiency Virus (HIV) Prophylaxis must be submitted with ICD-10-CM diagnosis code Z29.8 (Encounter for other specified prophylactic measures) as the primary or secondary diagnosis on the claim. |
| 01/01/2021 | Attachment A (F) | Removed the word "Hospital" from "Inpatient Hospital" and removed the word "Physician's" from "Physician's Office." |
| 06/15/2021 | Subsection 3.2.1 (a) (4) | Changed wording from "Urinary tract infections; and" to "Urinary tract infections; or" |
| 06/15/2021 | Subsection 3.2.1 (b) (1-10) | Removed periods from and added semicolons after each covered diagnosis criteria in list numbers 1-10 and added the word "or" after the semicolon in number 10. |
| 6/15/2021 | | Policy posted 6/15/21 with an effective date of 5/15/21 |
| 05/01/2023 | Attachment A | **Removed Note:** Circumcision claims for Human Immunodeficiency Virus (HIV) Prophylaxis must be submitted with ICD-10-CM diagnosis code Z29.8 (Encounter for other specified prophylactic measures) as the primary or secondary diagnosis on the claim. |
| 05/01/2023 | All Sections and Attachment(s) | Updated policy template language due to North Carolina Health Choice Program's move to Medicaid. |
| 05/01/2023 | | Policy posted 05/01/2023 with an effective date of 04/01/2023 |

# Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid:

## A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

Unless directed otherwise, Institutional Claims must be billed according to the National Uniform Billing Guidelines. All claims must comply with National Coding Guidelines.

## B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

## C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

| CPT Code(s) | |
|---|---|
| 54150 | 54162 |
| 54160 | 54163 |
| 54161 | 54450 |

**Unlisted Procedure or Service**
**CPT:** The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

**HCPCS:** The provider(s) shall refer to and comply with the Instructions for use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

## D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

## E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

## F. Place of Service

Inpatient, Outpatient, Ambulatory Surgery Center, and Office.

## G. Co-payments

For Medicaid refer to Medicaid State Plan:
https://medicaid.ncdhhs.gov/meetings-notices/medicaid-state-plan-public-notices

## H. Reimbursement

Provider(s) shall bill their usual and customary charges.
For a schedule of rates, refer to: https://medicaid.ncdhhs.gov/