

Policy Number: CP-MCD20-001B

Effective Date: April 1, 2025

## Male Circumcision

The purpose of this policy is to provide clarity and specificity for coverage of Male Circumcision under the UCare PMAP, MNCare, Connect Products

### DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan document, the UCare plan document is used to determine coverage.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

### PRODUCT SUMMARY

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare's Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	✓
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	✓
Minnesota Senior Care Plus (MSC+)	

#### Benefit category:

**Surgical Services**

### Definitions or summary

Based on information from the American Academy of Pediatrics, UCare has made the decision to cover circumcision for newborn males up to and including 28 days of age, or when the procedure is determined to be medically appropriate\*, when families choose the procedure in consultation with health care providers and the parents feel the benefits exceed the risks.

*\* If a newborn is subject to a prolonged or complicated stay in a neonatal intensive care unit (NICU), circumcision may be delayed beyond 28 days of age and performed at a later time when the health care provider determines that the newborn is medically stable to undergo the procedure.*

### Coverage policy

#### **Covered indications include but are not limited to:**

- Recurrent urinary tract infections, or
- Balanitis

#### **Indications that are not covered**

- Circumcision performed outside of a health care facility.
- Phimosis (phimosis alone is not considered a pathologic condition and does not support medical necessity for circumcision in infants and children)
- Removal of redundant foreskin

### CPT/ HCPCS/ICD-10 Codes

*\*Note: If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. This list may not be all-inclusive.*

CPT®, HCPCS or ICD-10 CODES	Modifier	Narrative Description
54150	N/A	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	N/A	Circumcision, surgical excision other than clamp, device, or dorsal slit, neonate (28 days of age or less)
54161	N/A	Circumcision, surgical excision other than clamp, device, or dorsal slit (older than 28 days of age)
00920	N/A	Anesthesia for procedures on male genitalia

\* CPT Copyright 2019 American Medical Association.

### Prior authorization

**Not Required.**

### Related policies and documentation

*References to other policies or documentation that may be relevant to this policy*

Policy Number	Policy Description
None	

### References and source documents

*Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy*

None

### Coverage policy history

Version	Date	Note(s)
V1	Oct. 1, 2020	New policy
V2	July 1, 2022	Update format and language to confirm coverage
	Nov.30, 2022	Annual review: policy amended 7/1/2022; no changes
V3	Oct 10, 2023	Annual review, updated to include all SPP products.
V4	Oct. 3, 2024	Annual review, 54162, 54163 add to CPT Updated disclaimer, effective date change
	March 28, 2025	March 2025, DHS guideline requirement