

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

X.D. Circumcision for Newborns

Effective for dates of service on or after January 1, 2013, PHC will add newborn circumcisions as a new PHC Medi-Cal benefit for newborns 0 through 3 months of age. Claims should be billed with CPT code 54150.

Background: In August, 2012, the American Academy of Pediatrics revised its recommendation on circumcision (detailed in Pediatrics: Based on a review of the current medical evidence, the health benefits of newborn male circumcision justify access to this procedure for those families who choose it.

In October, 2012 the PHC Board of Commissions voted to ratify the recommendation of the Physician Advisory Committee, to add newborn circumcision as a supplemental benefit for our members.

Services covered: Newborn male circumcision is performed at the request of the child's parent or parents, after full informed consent is obtained from the parent by the surgeon, describing the risks, benefits and alternatives of the procedure. It may be performed under local anesthesia, in either the hospital setting (for newborns) or in the office setting. In general it is performed within 3 weeks of birth, unless the child is born premature, in which case it may be done at an older age. No Treatment authorization request (TAR) is required if the child is under 90 days of age, for newborn male circumcision. Same day surgery or hospital admission solely for the purpose of performing newborn male circumcision (without medical indications) is not covered.

Circumcisions for other indications: Circumcisions performed for medical indications (including, but not limited to paraphimosis, phimosis, chronic balanitis) require a TAR and are subject to Interqual criteria.