

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCUP3121		Lead Department: Health Services	
		Business Unit: Utilization Management	
Policy/Procedure Title: Neonatal Circumcision		<input checked="" type="checkbox"/> External Policy	
		<input type="checkbox"/> Internal Policy	
Original Date: 11/28/2012		Next Review Date: 04/08/2027	
Effective Date: 01/01/2013		Last Review Date: 04/08/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 04/08/2026

I. RELATED POLICIES:

MCUP3041 – Treatment Authorization Request (TAR) Review Process

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services

III. DEFINITIONS:

N/A

IV. ATTACHMENTS:

- A. N/A

V. PURPOSE:

To describe the approval process for circumcision.

VI. POLICY / PROCEDURE:

- A. Background: In August, 2012, the American Academy of Pediatrics revised its recommendation on penile circumcision (detailed in Pediatrics: Based on a review of the current medical evidence, the health benefits of newborn penile circumcision justify access to this procedure for those families who choose it.) In October, 2012 the Board of Commissioners voted to ratify the recommendation of the Physician Advisory Committee, to add newborn penile circumcision as a supplemental benefit for our Members.
- B. Services covered: Newborn penile circumcision is performed at the request of the child’s parent(s)/ or legal guardian(s), after full informed consent is obtained from the parent(s)/ legal guardian(s) by the surgeon, describing the risks, benefits and alternatives of the procedure. It should 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 for newborn penile circumcision if the newborn is under 4 months of age. Same day surgery or hospital admission solely for the purpose of performing newborn penile circumcision (without medical indications) is not covered.
- C. Penile 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.

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VII. REFERENCES:

- A. American Academy of Pediatrics. Male Circumcision: Task force on Circumcision. Pediatrics 2012; 130/3756; available online at: <http://pediatrics.aappublications.org/content/130/3/e756.full.pdf+html>
- B. InterQual® criteria

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 01/20/16; 11/16/16; 11/15/17; *02/13/19; 03/11/20; 03/10/21; 05/11/22; 05/10/23; 05/08/24; 05/14/25; 04/08/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.