

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-19		Lead Department: Claims	
Policy/Procedure Title: Circumcisions		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2026 Last Review Date:	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Lisa Malvo</i>		Approval Date: 9/1/25	

I. RELATED POLICIES:

A. N/A

II. IMPACTED DEPTS:

A. Claims

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To provide, for providers, the general guidelines and billing requirements for circumcision services

VI. POLICY / PROCEDURE:

Effective for dates of service on or after January 1, 2013, Partnership has added newborn circumcisions as a new Partnership 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 Partnership 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 120 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

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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 Inter Qual criteria.

VII. REFERENCES:

A.

VIII. DISTRIBUTION:

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

X. REVISION DATES: 9/1/25