

February 20, 2008

Montana Healthcare Programs Notice

Physician, Mid-Level Practitioner, Inpatient Hospital, Outpatient Hospital, Ambulatory Surgical Centers, Indian Health Services

Changes to Prior Authorization for Circumcision

Effective February 15, 2008, the screening criteria for circumcision has changed. Previously the Department required documented recurrent, troublesome episodes of infection beneath the foreskin (balanoposthitis) that did not respond to other non-invasive treatments and/or sufficient hygiene. The new criteria will only need to include a single episode of balanitis, not recurrent episodes.

Following are the revised criteria.

Description

Circumcision is the surgical removal of the sleeve of the skin and mucosal tissue that normally covers the glans (head) of the penis.

The request for a circumcision will be reviewed on a case-by-case basis, based on medical necessity. Routine circumcisions are not covered.

Indications for Circumcision:

- The one absolute indication for circumcision is scarring of the opening of the foreskin making it non-retractable (pathological phimosis). The occurrence of phimosis must be treated with non-surgical methods i.e., topical steroids, before circumcision is indicated.
- Urinary obstruction
- Urinary tract infection
- Balanitis

Prior authorization requests should be sent to:

Mountain-Pacific Quality Health Foundation
3404 Cooney Drive
Helena, MT 59602
Phone: (406) 457-5887 local; (877) 443-4021, ext. 5887 long-distance
Fax: (877) 443-2580 toll-free local and long-distance

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

E-mail: MTPRHelpdesk@ACS-inc.com

Visit the Provider Information website:

<http://www.mtmedicaid.org>