

2010 Procedures Pediatric Criteria

Lysis of Penile Adhesions (Custom) - UDOH

PATIENT:	Name _____	D.O.B. _____	ID# _____	GROUP# _____
CPT/ICD9:	Code _____	Facility _____	Service Date _____	
PROVIDER:	Name _____		ID# _____	Phone# _____
	Signature _____		Date _____	

INDICATIONS (choose one and see below)

- 100 Lysis of penile skin bridge
- Indication Not Listed (Provide clinical justification below)
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- 100 Lysis of penile skin bridge [One]
- 110 Documentation of penile skin bridge in post circumcised client ^(1*RIN)

Notes

(1)-RIN:

For penile adhesion or penile skin bridge in uncircumcised patients, please refer to the UDOH circumcision criteria; Indication: Penile Adhesions

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