

## 2011 Procedures Adult Criteria

## Circumcision

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

ICD-9-CM: 64.0

## INDICATIONS (choose one and see below)

- ☐ 100 Paraphimosis ♦  
☐ 200 Phimosis  
☐ 300 Balanitis  
☐ 400 Condyloma acuminata/HPV of foreskin (prepuce)  
☐ Indication Not Listed (Provide clinical justification below)

- ☐ 100 Paraphimosis ♦<sup>(1, 2)</sup>  
☐ 200 Phimosis **[One]**<sup>(3, 4)</sup>
  - ☐ 210 Interferes with erection by Hx
  - ☐ 220 Interferes with urination by Hx
  - ☐ 230 ≥ 1 episode of infection by Hx **[One]**<sup>(5)</sup>
    - ☐ 231 Balanitis<sup>(6, 7)</sup>
    - ☐ 232 Posthitis<sup>(8)</sup>
    - ☐ 233 Penile cellulitis
  - ☐ 240 Pain on foreskin retraction☐ 300 Balanitis **[Both]**<sup>(6, 7)</sup>
  - ☐ 310 ≥ 1 episode<sup>(5)</sup>
  - ☐ 320 Continued Sx/findings **after** Rx **[Both]**
    - ☐ 321 Topical Abx
    - ☐ 322 Penile hygiene<sup>(9)</sup>☐ 400 Condyloma acuminata/HPV of foreskin (prepuce)<sup>(10, 11)</sup>

## Notes

## (1)-DEF:

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Paraphimosis occurs when a tight foreskin (phimosis) is retracted behind the head of the penis and causes painful swelling of the glans and foreskin and cannot be pulled over the glans penis.

(2)

In paraphimosis, venous stasis and distal and proximal edema exacerbate the pain. Difficulty voiding can also occur due to pressure on the urethra. Ischemia and gangrene can ensue if the problem is not corrected. Often, it is possible to reduce the retraction manually with sedation and lubrication. If the retraction cannot be reduced, it can be treated urgently with a dorsal slit procedure followed by an elective circumcision.

(3)-DEF:

Phimosis is a fibrotic foreskin that cannot be retracted over the glans. It is either congenital or a result of long-standing inflammation.

(4)

Complications of phimosis include edema, bleeding or cracking of the foreskin, impaired erection, posthitis (inflammation of the foreskin), balanitis (inflammation or infection of the glans penis), and cellulitis of any penile structure.

(5)

There are no clear data on the number of episodes of infection which should prompt circumcision. Most providers recommend surgery after the first episode of infection; however, if the infection was mild, surgery is generally postponed until after a second episode.

(6)-DEF:

Balanitis is inflammation or infection of the glans of the penis, and is often secondary to phimosis and poor hygiene.

(7)

If the patient with balanitis has DM, improved BS control and better hygiene may help to reduce recurrence.

(8)-DEF:

Posthitis is inflammation of the foreskin.

(9)

Penile hygiene (i.e., retracting foreskin and cleaning the glans) is important in preventing balanitis and other penile infections. Surgery is rarely necessary if the patient practices good penile care.

(10)

Condyloma acuminata is also called external genital warts.

(11)

Condylomatous disease is usually caused by HPV infection and has been associated with squamous cell carcinoma of the penis and dysplastic premalignant penile intraepithelial neoplasia. Extensive condyloma acuminata located on the foreskin (prepuce) are best treated with circumcision (Tietjen and Malek, Urology 1998; 52(4): 559-565). Success rates of 90% clearance and 20% recurrence rate have been shown following circumcision for preputial condylomata (Pinto and Mellinger, Urol Clin North Am 1999; 26(4): 797-807, ix).