

Routine Circumcision

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4029

Recent review date: 1/2026

Next review date: 5/2027

Policy contains: Circumcision, Newborn.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case-by-case basis by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Policy statement

For newborns covered by AmeriHealth Caritas Louisiana, routine circumcision is covered as a value-added benefit.

All medically necessary circumcisions are a covered benefit for all members.

References

Louisiana Medicaid Professional Services Provider Manual. 2012. Newborn Care and Discharge. Chapter 5, Section 5.1. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/ps/ps.pdf>. Issued 08/08/2025.

Policy updates

Initial review date: 3/2/2021

3/2023: Policy references updated.

1/2024: Policy references updated.

1/2025: Policy references updated.

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.4029. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code Description
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54160	Circumcision, surgical excision other than clamp, device, or dorsal slit; neonate (28 days of age or less)