

Bayou Health MCOs – Circumcision Policy

The information below regarding circumcision is current as of Aug. 7, 2015. Circumcisions are a voluntary covered services by the MCOs as an expanded benefit. Routine circumcisions are not covered by Legacy Medicaid. [For the most current information or questions contact the MCO directly.](#) Contact information is listed below in the table.

	Aetna Better Health	Amerigroup	AmeriHealth Caritas	Louisiana Healthcare Connections	UnitedHealthcare Community
Contact Number	1-855-424-0802	1-800-454-3730	1-888-922-0007	1-866-595-8133	1-866-675-1607
Newborn	Yes	Yes	Yes	Yes	Yes
Max Age when Coded as Routine	1 Month	30 days	28 days	30 days	30 days
CPT Codes (Newborn)	54160, 54150, 54161	54160, 54161	54160, 54150	54150, 54160, 54161	54150, 54160, 54161
CPT Codes (Routine)	54160, 54150, 54161	54150, 54161	54160, 54150	N/A	N/A
Location Code	All	11, 21, 22, 24	All	11, 21	11, 21
Coverage for Participating providers	Yes	Yes	Yes	Yes	Yes
Coverage for Non-participating Providers	Yes	Covered for newborns if performed within the first 30 days of life	Yes	Prior authorization required	Prior authorization required
Inpatient Coverage	Yes	Yes	Yes	Yes, any age during initial hospitalization at birth	Yes, any age during initial newborn hospital stay
Outpatient Coverage	Yes	Yes	Yes	Location 11 (office) Only	Yes
Prior Authorization Required	Newborn – never; Participating facility place of service – never; Non-newborn/non- participating provider – always; Non Par facility place of service – 54160 only.	Required for non-participating providers, unless the service is rendered within the first 30 days of life	Required after 28 days of life	Not for routine circumcisions in the first 30 days of life at location 11 or 21	Required after 30 days of life Required if done as inpatient, but not during member’s newborn admission
Is member reimbursement possible (when a member has prepaid for this service)?	No	No	No	No	No
Other comments	Any circumcision is covered during the first month of life.	54162 and 54163 are codes for correcting issues that arise after circumcision. They may not be considered “routine”.	Member and provider reimbursement is limited to the Louisiana Medicaid Fee Schedule rate in effect on the date of service. Member reimbursement is in limited circumstances when the service is performed by a non-participating provider. Participating providers must bill ACLA directly.	These configuration updates are under way and will be completed no later than 4/1/15. As soon as the configuration is complete, any previously denied claims meeting criteria and with dates of service on or after 2/1/15 will be automatically reprocessed for payment. <i>Providers will not need to resubmit denied claims.</i>	