

Policy for Male Circumcision

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Version:	2.0
Purpose	<p>This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.</p> <p>This policy is based on the ICB's Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).</p>
Supersedes:	1.4
Author (inc Job Title):	Clinical Policy Group
Ratified by: (Name of responsible Committee)	Quality and Outcomes Committee
Cross reference to other Policies/Guidance	
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Document control:		
Date:	Version Number:	Section and Description of Change
November 2017	1	Pan-Lancashire and South Cumbria ratified policy
December 2017	1.1	OPCS and ICD codes added to appendices
July 2021	1.2	Changed word order of title. No change to content required.
January 2022	1.3	JH proposal to add not routinely commission circumcision for physiological phimosis. Clarified that it was all-age. Ratified by Strategic Commissioning Committee
July 2022	1.4	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant
November 2025	2.0	Updated to prioritise the circumstances in which circumcision is not commissioned. Some criteria have been merged. Redundant prepuce in isolation has been removed. Paraphimosis and balanitis should be recurrent. Physiological phimosis and UTI have been added. Jan 2026: Minor criteria/terminology/pathway clarification following evidence review and template migration. No change to commissioning intent or expected activity.

1. Policy

- 1.1 The ICB will not routinely commission circumcision for asymptomatic non-retraction of the foreskin (physiological phimosis) in boys under 16 years of age, as retractility increases with maturity.
- 1.2 The ICB will not routinely commission male circumcision for non-therapeutic purposes, including cultural, religious or cosmetic reasons.
- 1.3 Circumcision will be commissioned in the following circumstances:
 - 1.3.1 Boys approaching puberty with **symptomatic** physiological phimosis where a trial of topical steroid therapy has failed to resolve the phimosis.
 - 1.3.2 Congenital abnormalities where reconstruction is not possible.
 - 1.3.3 Pathological phimosis.
 - 1.3.4 Recurrent balanoposthitis.
 - 1.3.5 Recurrent paraphimosis.
 - 1.3.6 Recurrent UTI or high risk of UTI.
 - 1.3.7 Phimosis in adults interfering with sexual function.
 - 1.3.8 Trauma.
 - 1.3.9 Possible or confirmed malignancy.

1.4 Exclusions:

- 1.4.1 Female genital mutilation (sometimes termed female circumcision) is prohibited by law and is not covered by this policy.

2. Scope and definitions

- 2.1 Circumcision is a surgical procedure with a range of medical indications.
- 2.2 The scope of this policy relates to requests for male circumcision at all ages.
- 2.3 The scope of this policy does not include female circumcision which has no medical indication and is prohibited in law by the Female Genital Mutilation Act 2003.
- 2.4 The ICB recognises that a patient may:
 - suffer from a condition for which male circumcision has been offered.
 - wish to have a service provided for their condition,
 - be advised that they are clinically suitable for the treatment, and
 - be distressed by their condition, and by the fact that this service is not normally commissioned by this commissioning organisation.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

- 2.5 For the purpose of this policy the ICB defines male circumcision as the surgical procedure to remove of all or part of the foreskin of the penis.

3. Appropriate Healthcare

- 3.1 The ICB considers that the purpose of circumcision is to prevent, diagnose and treat a medical condition and therefore, accords with the principle of appropriateness.

4. Effective Healthcare

- 4.1 If the ICB is satisfied by evidence in relation to a particular treatment or service that the probable effect on a population of patients is that the benefits of the treatment or service will substantially outweigh the harm done by the treatment or service, then the ICB regards the treatment or service as effective.
- 4.2 Male circumcision will be funded for therapeutic reasons only (as described in section 1).
- 4.3 The following reported benefits of male circumcision are insufficient to justify its therapeutic use: reduction of urinary tract infections in low-risk individuals, reduction of sexually transmitted infections and reduction of penile cancer risk.

5. Cost Effectiveness

- 5.1 The ICB recognises that the outcome cost effectiveness of this treatment is within the threshold, and that the service satisfies the criterion of cost effectiveness.

6. Ethics

- 6.1 The commissioning organisation recognises that this service satisfies the criteria within the 'ethical' component of the Principles for Commissioning Health and Health Care document.

7. Affordability

- 7.1 The ICB recognises that this service satisfies the criteria within the 'affordability' component of the Principles for Commissioning Health and Health Care document.

8. Exceptions

- 8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

9. Force

- 9.1 This policy remains in force until it is superseded by a revised policy.

10. References

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11. Clinical Codes

OPCS codes
N303 – Circumcision
ICD codes
Z412 - Non-therapeutic purposes such as cultural, religious or cosmetic reasons

N47X - Non-retraction of the foreskin (physiological phimosis) in children and up to 18 years of age

ICD-10 (Exceptions)

N47X - Phimosis

N480 - Balanitis xerotica obliterans

N481 - Balanoposthitis and balanitis

N483 - Painful erection

N488 - Scarring of penis

C600, C601, C608, C609, C798 – Cancer

S302, S308, S309, S312, S380, S398, S399 - Trauma