



# Medical Coverage Policy

Effective Date .....05/15/2026

Next Review Date .....05/15/2027

Coverage Policy Number..... 0582

## Circumcision

### Table of Contents

Overview ..... 2  
 Coverage Policy ..... 2  
 Coding Information ..... 2  
 Background and Supporting Information.. 2  
 Health Equity Considerations..... 9  
 References..... 9  
 Revision Details ..... 14

### Related Coverage Resources

#### **INSTRUCTIONS FOR USE**

*The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer’s particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer’s benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer’s benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health*

*benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.*

## Overview

This Coverage Policy addresses circumcision in males older than 28 days of age (CPT® 54161).

## Coverage Policy

Circumcision in an individual older than 28 days of age (CPT® 54161) is considered medically necessary for any of the following indications:

- in conjunction with surgical repair of congenital urethral or penile abnormalities
- unresponsive or recurrent balanitis, balanoposthitis, or lichen sclerosus
- neoplasm of the penis
- paraphimosis
- severe phimosis, recurrent phimosis, or phimosis that is unresponsive to medical therapy
- traumatic injury to the foreskin
- recurrent\* urinary tract infection (UTI)
- high grade (grade 3 and above) vesicoureteral reflux (VUR)
- sexually active male for the purpose of preventing HIV, human papilloma virus (HPV), or herpes simplex virus type 2 (HSV-2) infection

\*The National Library of Medicine defines recurrent UTI as two or more UTIs in six months.

Circumcision in an individual older than 28 days of age is considered not medically necessary for all other indications.

## Coding Information

### Notes:

1. This list of codes may not be all-inclusive since the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) code updates may occur more frequently than policy updates.
2. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

CPT®* Codes	Description
54161	Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age

\*Current Procedural Terminology (CPT®) ©2025 American Medical Association: Chicago, IL.

## Background and Supporting Information

Circumcision is the surgical removal of the penis foreskin (prepuce). It is commonly performed shortly after birth in males in the United States (US) based on parental preference, and/or sociocultural or religious practice. Circumcision beyond infancy is undertaken for various reasons, including religious or cultural considerations, treatment of pathological conditions, prevention of sexually transmitted infections, management of certain sexual dysfunctions, and individual personal preference.

Considerations for the timing of male circumcision:

- Neonatal male circumcision is safer, less expensive, and heals more rapidly than circumcision performed on older males.
- Most of the health benefits of male circumcision occur after sexual debut (i.e., after becoming sexually active).
- Male circumcision can also be conducted in adulthood when the individual can make the decision for their self. However, male circumcision after sexual debut could result in missed opportunities for:
  - HIV and STI prevention during the window period between sexual debut and circumcision
  - prevention of UTIs during infancy (CDC, 2014)

## **CONGENITAL**

There are several congenital conditions that affect the penis. Mild conditions that do not impact function may not require treatment. If surgery is indicated, a surgeon may perform circumcision at the time of the repair.

Hypospadias is a condition where the urethra and foreskin don't develop properly. Early in a fetus's development, the urethra starts as an open channel. The channel closes to form a complete tube as a fetus develops before birth and the meatus (opening at the end of the urethra) is at the tip of the penis. In a baby with hypospadias, the urethral tube doesn't close all the way, causing the meatus to form below the tip of the penis. During hypospadias repair, the pediatric urologist will usually:

- straighten the penis and correct any curvature.
- reconstruct the urethra to complete the "tube." This will create a urethral opening near the tip of the penis.
- reconstruct the remaining penis skin and perform a circumcision.

Penile torsion is when a baby's penis appears rotated or twisted. It almost always rotates to the left (counterclockwise). It happens when the skin and connective tissue of the penis don't form as expected while a fetus is developing in the uterus. It's a common congenital condition. Penile torsion can range from mild to severe. In severe penile torsion, a penis may rotate more than 90 degrees. More than half of people with penile torsion have an abnormal urinary stream. Penile torsion can be a stand-alone medical condition, or it may come with other congenital conditions such as hypospadias and congenital penile curvature (chordee). Penile torsion usually doesn't require treatment, especially if the rotation is less than 90 degrees. Penile torsion treatment involves surgery under general anesthesia. The surgeon may use different surgical methods depending on if other conditions also require treatment, like hypospadias or congenital penile curvature.

Congenital penile curvature is also called 'chordee'. Most congenital penile curvatures are mild and don't require treatment. But in more severe cases, a penis is significantly bent or twisted along the shaft. This may cause pain, urinary dysfunction, and/or sexual dysfunction. In these cases, surgery may be necessary.

Frenulum breve (short frenulum) is the fold of skin that connects the head of the penis (glans) to the foreskin on an uncircumcised penis. The purpose of the frenulum is to allow the foreskin to draw back over the glans. If the frenulum is too short, it pulls on the foreskin and causes pain or discomfort. Most people who have frenulum breve are born with it (congenital). Sometimes, frenulum breve can happen because of other penile disorders.

### **BALANITIS**

Balanitis is defined as inflammation of the glans penis (the tip or head of the penis). Balanoposthitis is inflammation of the glans penis and the prepuce (foreskin). The European Association of Urology (EAU) Guidelines on Pediatric Urology noted "balanoposthitis may be seen in 6% of uncircumcised boys" (Radmayr, et al., 2025). In common usage, "balanitis" and "balanoposthitis" are interchangeable, although balanoposthitis occurs only in uncircumcised males. Most cases of balanitis are due to infection. However, in clinical practice, cases of balanitis may also have no known etiology following diagnostic evaluation. If not treated, the consequences can include acquired phimosis and lichen sclerosus (LS), the treatment of which can often be challenging. A history of balanitis is a risk factor for penile cancer (NCCN, 2025). While topical antifungal creams can be used to treat each of these, usually accompanied by advice on hygiene, the definitive treatment is circumcision.

Observational studies, randomized controlled trial data, and meta-analyses demonstrate that male circumcision substantially reduces the risk of balanitis. Meta-analytic evidence shows that circumcised males have approximately a 68% lower prevalence of balanitis compared with uncircumcised males (odds ratio ~0.32; 95% CI 0.20–0.52) (Morris, et al., 2012). This protective effect has been observed in both pediatric and adult populations. In adults, balanitis affects roughly 11–13% of uncircumcised men versus about 2% of circumcised men, with higher prevalence among individuals with diabetes or immunocompromise (Morris, et al. 2017). Randomized controlled trial data show incident balanitis occurring only in uncircumcised men, with no cases observed among those circumcised during follow-up (Krieger, et al., 2008). The American Urological Association, Inc.® (AUA) stated, "properly performed neonatal circumcision prevents phimosis, paraphimosis and balanoposthitis" (AUA, 2018).

### **LICHEN SCLEROSUS (LS)**

Lichen sclerosus (also known as lichen sclerosus et atrophicus and balanitis xerotica obliterans) is an inflammatory condition of the squamous epithelium cells. The disease can affect the urethra and cause strictures. (Leeson et al., 2025; Fox & McKenna, 2024) It is a common cause of phimosis in adolescent males. It is also associated with an increased risk of penile cancer (NCCN, 2025; Leeson, et al., 2025). Fox and McKenna (2024) proposed a treatment algorithm for the management of severe lichen sclerosus and stated, "The diagnosis of lichen sclerosus in boys requires a high level of suspicion, and early biopsies should be obtained if suspected. If identified before circumcision or meatotomy, initial treatment should be medical. If the patient fails topical steroid therapy, circumcision and biopsy are the initial recommended surgical approach". (Fox & McKenna, 2024) The EuroGuiderm guideline on lichen sclerosus (Kirtschig, et al., 2024) stated that potent topical corticosteroids are the gold standard of care in men and boys with LS. Co-treatment with emollients is recommended. If standard treatment fails, a surgical intervention is recommended, complete circumcision may cure LS. This approach is also supported by the EAU Guidelines on Urological Paediatric Urology (Radmayr, et al., 2025).

### **NEOPLASM**

Penile cancer is not common in the United States. It is mostly diagnosed in older adult males. Most penile cancers are squamous cell carcinoma. Factors increasing the risk of penile cancer include inflammatory conditions and lack of neonatal circumcision. (Thumma, et al., 2024; NCCN, 2025) Thus, circumcision may reduce the risk of developing penile cancer. The AUA noted, "properly performed neonatal circumcision...is associated with a markedly decreased incidence of

cancer of the penis among U.S. males” (AUA, 2018). The CDC (2014) stated that male circumcision reduces the risk of penile cancer. Circumcision is also a curative procedure or an adjunct to treatment for individuals who do develop penile cancer. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) on Penile Cancer (Version 1.2026 – November 12, 2025) stated:

- Penile tumors of the shaft may be treated with wide local excision, with or without circumcision. Circumcision alone may be reasonable for tumors of the distal prepuce.
- Circumcision should always precede RT to prevent radiation-related complications.

### **PARAPHIMOSIS**

Paraphimosis refers to a retracted foreskin in an uncircumcised or partially circumcised male that cannot be returned to normal position. Over time (hours to days), the retracted foreskin causes swelling and restricted blood flow. This can result in pain, swelling, and even tissue death. Predisposing factors for paraphimosis may include, but are not limited to, phimosis/partial phimosis, neglecting to replace the foreskin after cleaning or after urination, failure to return a fully retractable foreskin to normal position after cystoscopy or bladder catheterization, sexual activity, or penile trauma. Paraphimosis is a medical emergency. A dorsal slit or an urgent circumcision may be warranted in cases where manual reduction is unsuccessful, or necrosis of the foreskin has already occurred. Elective circumcision may be considered after a resolved case of paraphimosis, especially if phimosis is present, to prevent recurrence. The only way to fully prevent paraphimosis is to be completely circumcised (Leeson, et al., 2025; Cleveland Clinic Health Library, 2025; Morris, et al., 2017).

### **PHIMOSIS**

Phimosis is defined as the inability to completely retract the foreskin and expose the glans. This common condition can be congenital (primary, without signs of scarring) or acquired (secondary and pathological); the latter is a consequence of local inflammation (recurrent balanitis or balanoposthitis) or infections due to poor hygiene. Some diseases like diabetes mellitus and lichen sclerosus could also cause phimosis. It is mostly common in children in the first decade of life with a second peak of incidence occurring after the sixth decade of life. The treatment of phimosis varies depending on the age of the individual and severity of disease. Phimosis carries an increased risk for penile cancer of 25% to 60% (NCCN, 2025). Physiologic phimosis usually doesn't need treatment. Pathologic phimosis treatment may initially include a topical corticosteroid cream and antibiotics to treat an underlying infection. Additionally, gradual foreskin stretching exercises may be used. Circumcision is generally recommended if conservative treatment does not work, phimosis is severe, phimosis is caused by lichen sclerosus, or phimosis is the cause of painful sexual activity. Circumcision is considered the most effective treatment for phimosis with efficacy estimated at nearly 100%. (Cleveland Clinic Health Library, 2025; Rosato, et al., 2024; Czajkowski, et al., 2021; Morris, et al., 2017; Leeson, et al., 2025; Radmayr, et al., 2025).

### **RECURRENT URINARY TRACT INFECTIONS / VESICoureTERAL REFLUX (VUR)**

Research in the published peer-reviewed literature demonstrates that circumcision substantially reduces the risk of UTI. Literature supports the use of circumcision for males with a history of recurrent urinary tract infection and high-grade (grade 3 and above) vesicoureteral reflux (VUR). Studies have shown a recurrence rate of UTI in preschool children of around 10% in the absence of significant urinary tract abnormality. The recurrence rate increases to 30% in children with vesicoureteral reflux of grade 3 and above. The data do not support the routine circumcision of healthy male children to prevent UTI. (Belko, et al., 2024; Chan, et al., 2023; Renko, et al., 2022; Gucuk, et al., 2013; Singh-Grewal, et al., 2005; Radmayr, et al., 2025).

The American Academy of Pediatrics (AAP) Subcommittee on Urinary Tract Infection noted that the rate of urinary tract infection (UTI) among febrile infant males is 4 to 20 times higher in those who are uncircumcised than those who are circumcised, whose rate of UTI is only 0.2% to 0.4%.

The AUA Statement on Circumcision noted that for the first three to six months of life, the incidence of urinary tract infections is at least ten times higher in uncircumcised than circumcised males (AUA, 2018). The CDC (2014) notes that male circumcision has been shown to reduce the risk of urinary tract infections in males aged 0–1 years by 90%, in males aged 1–16 years by 85%, and in males > 16 years by 71%.

The American Urological Association guidelines on Management and Screening of Primary Vesicoureteral Reflux (VUR) in Children (published 2010, amended 2017) notes that for the child with VUR less than one year of age, an 'Option' (not listed as a Recommendation) is circumcision.

- "Circumcision of the infant male with VUR may be considered based on an increased risk of urinary tract infections in boys who are not circumcised compared to those who are circumcised. Although there are insufficient data to evaluate the degree of this increased risk and its duration, parents need to be made aware of this association to permit informed decision-making (Based on review of the data and Panel consensus)."

### **TRAUMATIC INJURY**

There is scant literature describing the specific role of circumcision in penile trauma. The most common penile injuries are penile fracture and penetrating trauma (Morey, et al., 2020). Circumcision may be required with traumatic injury of the foreskin. The European Association of Urology describes the standard principles of care including debridement and preservation of as much tissue as possible. In injuries with a large loss of skin, tissue has to be carefully chosen for reconstruction (Kitrey, et al., 2025). Individual case reports demonstrate that circumcision can be necessary in the repair of injuries such as zipper entrapment (Sallami, et al., 2017). Ultimately, surgical intervention involves individual decision-making on the choices of tissue salvage versus tissue removal for the best individual outcome.

### **HIV RISK REDUCTION / PREVENTION**

HIV infection in heterosexual men — Data support circumcision as an effective intervention in the prevention of HIV. Evidence from three large randomized controlled trials conducted in South Africa, Kenya, and Uganda demonstrated that voluntary medical male circumcision substantially reduces the risk of heterosexual HIV acquisition in men. Across these trials, circumcision was associated with an approximate 50–60% reduction in HIV incidence, with the Rakai, Uganda trial reporting a 51% reduction at 24 months and as-treated estimates approaching 60% (Gray et al., 2007), the Kisumu, Kenya trial demonstrating a 53% reduction with adjusted estimates of 60% (Bailey et al., 2007), and the ANRS 1265 trial in South Africa showing a 60% protective effect (Auvert et al., 2005). A 2026 prospective observational cohort study by Slaymaker et. al., found that for young men, male circumcision conferred a protective effect against seroconversion to positive HIV status (adj HR 0.38; 95% CI 0.21-0.70). Long-term follow-up from Rakai confirmed durability of protection, concluding that "high effectiveness of male circumcision for HIV prevention was maintained for almost 5 years following trial closure", with adjusted effectiveness of 67% and no evidence of behavioral risk compensation (Gray et al., 2012). The biological plausibility of this protective effect is supported by the high concentration of HIV target cells in the foreskin and the vulnerability of the inner preputial mucosa to viral entry, as well as reductions in genital ulcer disease following circumcision (Bailey et al., 2007; Auvert et al., 2005).

HIV infection in MSM —Trials investigating the protective impact of circumcision have focused on heterosexual populations; thus, data specific to men who have sex with men (MSM) are scant. Evidence for protection is limited and inconsistent; a comprehensive meta-analysis found "insufficient evidence that male circumcision protects against HIV infection or other STIs" in MSM overall, although a protective association was observed in studies conducted prior to the widespread availability of antiretroviral therapy (Millett et al., 2008). A 2019 meta-analysis by Yuan, et al., reviewed the associations between circumcision and HIV and other STIs among MSM included 62 observational studies and found that circumcision was associated with 23% reduced

odds of HIV infection among MSM overall. This association was significantly stronger among MSM in countries of low- and middle-income compared with MSM in high-income countries. The authors noted that further data is required, given limitations regarding stratification by subcategories of sexual position and differentiating bisexual men from men who have sex exclusively with men. Circumcision was significantly associated with reduced odds of herpes simplex virus (HSV) infection among MSM overall and penile human papillomavirus (HPV) infection among MSM living with HIV (Yuan, et al., 2019; CDC, 2014).

Collectively, these findings support male circumcision as an effective, durable biomedical intervention for reducing heterosexual HIV transmission in high-prevalence settings, while underscoring the need for population-specific considerations in other transmission contexts.

**World Health Organization (WHO):** The WHO published a guideline in August 2020 titled “Preventing HIV Through Safe Voluntary Medical Male Circumcision For Adolescent Boys And Men In Generalized HIV Epidemics Recommendations And Key Considerations”. The purpose was to maximize the HIV prevention impact of safe voluntary medical male circumcision (VMMC) services and to guide the transition to sustained provision of interventions with a focus on the health and well-being of both adolescent boys and men.

- VMMC should continue to be promoted as an additional efficacious HIV prevention option within combination prevention for adolescents 15 years and older and adult men in settings with generalized epidemics to reduce the risk of heterosexually acquired HIV infection (strong recommendation, high quality evidence).

The WHO noted that while the protective effect of VMMC against men’s heterosexual acquisition of HIV is well established, the evidence is less clear whether VMMC reduces HIV infection among men who have sex with men (WHO, 2020).

**International Antiviral Society - USA HIV Prevention Recommendations Panel:** The panel published recommendations addressing HIV prevention in clinical care settings (Marrazzo, et al., 2014). The objective was to provide current recommendations for the prevention of HIV infection in adults and adolescents for integration in clinical care settings. The IAS-USA HIV Prevention Recommendations Panel was an international panel of experts in HIV biomedical and behavioral science and practice. A systematic review of the literature was conducted. Panel members reviewed available data and formed recommendations by full-panel consensus. Recommendations regarding voluntary medical male circumcision include:

- Voluntary medical male circumcision should be recommended to sexually active heterosexual males for the purpose of HIV prevention, especially in areas with high background HIV prevalence. Rating: AIa
- Voluntary medical male circumcision should be discussed with MSM who engage in primarily insertive anal sex, particularly in settings of high HIV prevalence. Rating: BIIb
- Parents and guardians should be informed of the preventive benefits of male infant circumcision. Rating: BIIb

\*Ratings

Strength of recommendation

A: Strong support for the recommendation

B: Moderate support for the recommendation

C: Limited support for the recommendation

Quality of evidence

Ia: Evidence from 1 or more randomized controlled clinical trials published in the peer-reviewed literature

Ib: Evidence from 1 or more randomized controlled clinical trials presented in abstract form at peer-reviewed scientific meetings

IIa: Evidence from nonrandomized clinical trials or cohort or case-control studies published in the peer-reviewed literature

IIb: Evidence from nonrandomized clinical trials or cohort or case-control studies presented in abstract form at peer-reviewed scientific meetings

III: Recommendation based on the panel's analysis of the accumulated available evidence

**Centers for Disease Control and Prevention (CDC):** The CDC published a notice titled "Information for Providers to Share with Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV Infection, Sexually Transmitted Infections, and other Health Outcomes" on 12/02/2014. The CDC concluded that medically performed male circumcision provides significant, but partial, protection against several infectious diseases, with the strongest evidence for prevention of heterosexually acquired HIV infection. The CDC cited the evidence from randomized controlled trials conducted in sub-Saharan Africa which demonstrated that adult male circumcision reduced HIV acquisition through penile-vaginal sex and also significantly reduced acquisition of certain sexually transmitted infections, including genital ulcer disease ( $\approx 48\%$ ), high-risk human papillomavirus ( $\approx 23\% - 47\%$ ), herpes simplex virus-2, and syphilis. The CDC emphasizes that circumcision "reduces, but does not eliminate, the risk of acquiring HIV and some STIs" and must be used in conjunction with other proven prevention strategies such as condom use and HIV prophylaxis. Evidence for benefit among men who have sex with men is more limited and primarily observational (lower-quality evidence), with potential benefit only for those who practice predominantly insertive sex; no protective effect has been demonstrated for receptive sex. Additional disease-prevention benefits include a substantial reduction in urinary tract infections across the lifespan, a lower risk of penile cancer, and reduced prevalence of certain infections among female partners, while serious adverse events from medically performed circumcision are rare ( $< 1\%$ ), particularly when performed in infancy or by trained clinicians.

**American Academy of Pediatrics (AAP):** The American Academy of Pediatrics (AAP, 2012) published a policy statement in 2012 on male circumcision. The AAP indicates that preventive health benefits of elective circumcision of male newborns outweighs the risks of the procedure. Benefits include significant reductions in the risk of urinary tract infection in the first year of life and, subsequently, in the risk of heterosexual acquisition of HIV and the transmission of other sexually transmitted infections.

**Cochrane Review:** Wiysonge et al. (2011) authored a Cochrane review titled "Male circumcision for prevention of homosexual acquisition of HIV in men". The authors concluded: Current evidence suggests that male circumcision may be protective among men who have sex with men (MSM) who practice primarily insertive anal sex, but the role of male circumcision overall in the prevention of HIV and other sexually transmitted infections among MSM remains to be determined. Therefore, there is not enough evidence to recommend male circumcision for HIV prevention among MSM at present. Further research should be of high quality and further explore interaction with the predominant sexual role.

Siegfried et al. (2009) authored a Cochrane review titled "Male circumcision for prevention of heterosexual acquisition of HIV in men". The authors concluded: We found insufficient evidence to support an interventional effect of male circumcision on HIV acquisition in heterosexual men. The results from existing observational studies show a strong epidemiological association between male circumcision and prevention of HIV, especially among high-risk groups. The review found that men who have already been circumcised have lower rates of HIV infection than uncircumcised men. However, there is no strong evidence of the effects of male circumcision to try to reduce the spread of HIV/AIDS.

## **Other Sexually Transmitted Infection Risk Reduction / Prevention**

Clinical evidence suggests that circumcision has a protective effect against sexually transmitted infections beyond HIV. Male circumcision is an effective, one-time intervention to reduce the risk of human papilloma virus (HPV) and herpes simplex virus type 2 (HSV-2). Although it is not the sole recommended strategy in preventing acquisition of these infections, it is noted as an option for risk reduction particularly when used in combination with other risk-reducing practices (CDC, 2014; Tobian, et al., 2009; Grund, et al., 2017).

Randomized control trials and meta analyses demonstrated relative reductions in HSV-2 and HPV incidence of approximately 25–35%, significantly lower prevalence of high-risk HPV genotypes among circumcised men, and reduced incidence and increased clearance of HPV infections (Auvert et al., 2009; Albero, et al., 2012; Larke, et al., 2011; Shapiro, et al., 2023; Sobngwi-Tambekou, et al., 2010; Tobian, et al., 2009). Serwadda, et al., 2010 demonstrated reduced prevalence of high-risk HPV but found no effect on single-type infection or clearance. These reductions in male HPV burden may translate into indirect benefits for female partners, including lower risks of HPV infection, cervical dysplasia, and cervical cancer (Auvert, et al., 2009; Grund, et al., 2017; Shapiro, et al., 2023; Qurieshi, et al., 2025). In contrast, evidence for protection against non-ulcerative bacterial STIs such as gonorrhea and chlamydia is less consistent, with some studies showing modest benefit and others finding no significant association (Auvert, et al., 2009). Tobian, et al. (2009) reported no significant difference in the incidence of syphilis between study and control groups.

The American Urological Association (AUA) (2018) statement on circumcision concluded “circumcision may reduce the risk of Human Papilloma Virus (HPV) infection. Circumcision should not be offered as the only strategy for HIV and/or HPV risk reduction. Other methods of HIV and/or HPV risk reduction, including safe sexual practices, should be emphasized”.

The EAU guidelines on Urological Infections (Bonkat et al., 2025) recommended to “discuss male circumcision with patients as an additional one-time preventative intervention for HPV-related disease”. The panel gave the evidence a strong rating citing two systematic reviews and meta-analyses (i.e., Larke, et al., 2023 and Albero, et al., 2012).

## **Health Equity Considerations**

Health equity is the highest level of health for all people; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which people are born, grow, live, work, and age.

Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include safe housing, transportation, and neighborhoods; racism, discrimination and violence; education, job opportunities and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

To date, it is estimated that the prevalence of circumcised men is between 12.5% and 33% of the world male population. In Europe, the circumcision rate is low (around 1.5% in England). In the USA, the prevalence of circumcised men is higher among whites than blacks and Hispanics (81% vs. 65% and 54%, respectively).

## **References**

1. Albero G, Castellsague X, Giuliano AR, Bosch FX. Male Circumcision and Genital Human Papillomavirus: A Systematic Review and Meta-Analysis. *Sex Transm Dis.* 2012 Feb;39(2):104-113. doi:10.1097/OLQ.0b013e3182387
2. American Academy of Pediatrics Task Force on Circumcision. Male circumcision. *Pediatrics.* 2012 Sep;130(3):e756-85. Circumcision Policy Statement is expired. Accessed March 2025. Available at URL address:  
<https://publications.aap.org/collection/519/Policy-Statements>  
<https://publications.aap.org/pediatrics/article/130/3/585/30235/Circumcision-Policy-Statement?autologincheck=redirected>
3. American Academy of Pediatrics. Health Issues. Recurrent Urinary Tract Infections (UTIs) in Children. Accessed February 2026. Available at URL address:  
<https://www.healthychildren.org/English/health-issues/conditions/genitourinary-tract/Pages/Urinary-Tract-Infections-in-Teens.aspx>
4. American Urological Association. AUA Statements. CLINICAL CONSENSUS STATEMENTS. Circumcision. Reaffirmed October 2018. Accessed March 2026. Available at URL address:  
<https://www.auanet.org/about-us/aua-statements/circumcision>
5. American Urological Association. Non-Oncology Guidelines. Management and Screening of Primary Vesicoureteral Reflux in Children. Published 2010, amended 2017. Accessed February 2026. Available at URL address:  
<https://www.auanet.org/guidelines-and-quality/guidelines/vesicoureteral-reflux-guideline>
6. Auvert B, Sobngwi-Tambekou J, Cutler E, Nieuwoudt M, Lissouba P, et al. Effect of Male Circumcision on the Prevalence of High-Risk Human Papillomavirus in Young Men: Results of a Randomized Controlled Trial Conducted in Orange Farm, South Africa. *J Infect Dis.* 2009 Jan;199(1):14-19. doi:10.1086/595566
7. Auvert B, Taljaard D, Lagarde E, Sobngwi-Tambekou J, Sitta R, et al. Randomized, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial. *PLoS Med.* 2005 Oct;2(11):e298. doi:10.1371/journal.pmed.0020298
8. Bailey RC, Moses S, Parker CB, Agot K, Maclean I, et al. Male Circumcision for HIV Prevention in Young Men in Kisumu, Kenya: A Randomised Controlled Trial. *Lancet.* 2007;369:643-656.
9. Belko NA, Pohl HG. Pediatric Urinary Tract Infections. *Urol Clin North Am.* 2024 Nov;51(4):537-549. doi:10.1016/j.ucl.2024.06.004
10. Bonkat G, Kranz J, Cai T, Geerlings SE, Koves B, et al. EAU Guidelines on Urological Infections. European Association of Urology. 2025. Accessed Mar 2026. Available at URL address: <https://uroweb.org/guidelines/urological-infections>
11. Centers for Disease Control and Prevention. Notices. Information for providers counseling male patients and parents regarding male circumcision and the prevention of HIV infection, STIs, and other health outcomes. 12/02/2014. FR Document: 2014-27814; Citation: 79 FR 71433. Accessed March 2026. Available at URL address:  
<https://stacks.cdc.gov/view/cdc/58456>
12. Chan JY, Khondker A, Lee MJ, Kim JK, Chancy M, et al. The role of circumcision in preventing urinary tract infections in children with antenatal hydronephrosis: Systematic

review and meta-analysis. *J Pediatr Urol*. 2023 Dec;19(6):766-777.  
doi:10.1016/j.jpuro.2023.07.017

13. Cleveland Clinic. Health Library. 2025. Accessed February 2026. Available at URL address:  
<https://my.clevelandclinic.org/health/diseases/22065-phimosis>  
<https://my.clevelandclinic.org/health/diseases/22244-paraphimosis>  
<https://my.clevelandclinic.org/health/diseases/15060-hypospadias>  
<https://my.clevelandclinic.org/health/diseases/15952-congenital-penile-curvedness>  
<https://my.clevelandclinic.org/health/diseases/15454-penile-torsion>  
<https://my.clevelandclinic.org/health/diseases/23361-frenulum-brevum-short-frenulum>
14. Czajkowski M, Czajkowska K, Zarańska K, Giemza A, Kłęcz J, Sokołowska-Wojdyło M, Matuszewski M. Male Circumcision Due to Phimosis as the Procedure That Is Not Only Relieving Clinical Symptoms of Phimosis But Also Improves the Quality of Sexual Life. *Sex Med*. 2021 Apr;9(2):100315.
15. Fox W, McKenna PH. Treatment algorithm for the comprehensive management of severe lichen sclerosus in boys based on the pathophysiology of the disease. *J Pediatr Urol*. 2024;20 Suppl 1:S66-S73.
16. Gray RH, Kigozi G, Kong X, Ssempiija V, Makumbi F, et al. The Effectiveness of Male Circumcisions for HIV Prevention and Effects on Risk Behaviors in a Post-Trial Follow Up Study in Rakai, Uganda. *AIDS*. 2012 Mar;26(5):609-615.  
doi:10.1097/QAD.0b013e3283504a3f
17. Gray RH, Kigozi G, Serwadda D, Makumbi F, Watya S, et al. Male Circumcision for HIV Prevention in Men in Rakai, Uganda: A Randomised Trial. *Lancet*. 2007 Feb;369:657-666.
18. Grund JM, Bryant TS, Jackson I, et al. Association between male circumcision and women's biomedical health outcomes: a systematic review. *Lancet Glob Health* 2017;5:e1113-22.  
doi:10.1016/S2214-109X(17)30369-8
19. Gucuk A, Burgu B, Gökçe İ, Mermerkaya M, Soygür T. Do antibiotic prophylaxis and/or circumcision change periurethral uropathogen colonization and urinary tract infection rates in boys with VUR? *J Pediatr Urol*. 2013 Dec;9(6 Pt B):1131-6.
20. Guevara CG, Achua JK, Blachman-Braun R, Cabrera-Valencia I, Ransford GA, Gosalbez R, Labbie AS, Castellan MA, Alam A. Neonatal Circumcision: What Are the Factors Affecting Parental Decision? *Cureus*. 2021 Nov 9;13(11):e19415. Erratum in: *Cureus*. 2023 Oct;15(10):c137. doi:10.7759/cureus.c137
21. Kirtschig G, Kinberger M, Kreuter A, Simpson R, Günthert A, et al. EuroGuiderm guideline on lichen sclerosus-Treatment of lichen sclerosus. *J Eur Acad Dermatol Venereol*. 2024 Oct;38(10):1874-1909. doi:10.1111/jdv.20083. Epub 2024 Jun 1. PMID: 38822598. Accessed February 2026. Available at URL address:  
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/jdv.20083>
22. Kitrey ND, Campos-Janatey F, Hallscheidt P, Mayer E, Serafetinidis E, et al. EAU Guidelines on Urological Trauma. European Association of Urology. 2025. Accessed March 2026. Available at URL address: <https://uroweb.org/guidelines/urological-trauma>

23. Krieger JN, Mehta SD, Bailey RC, Agot K, Ndinya-Achola JO, et al. Adult Male Circumcision: Effects on Sexual Function and Sexual Satisfaction in Kisumu, Kenya. *J Sex Med.* 2008 Nov;5(11):2610-2622. doi:10.1111/j.1743-6109.2008.00979.x
24. Larke N, Thomas SL, dos Santos Silva I, Weiss HA. Male Circumcision and Human Papillomavirus Infection in Men: A Systematic Review and Meta-Analysis. *The Journal of Infectious Diseases.* 2011 Nov;204(9):1375-1390. doi:10.1093/infdis/jir523
25. Leeson C, Vigil H, Witherspoon L. Foreskin care: Hygiene, importance of counselling, and management of common complications. *Can Fam Physician.* 2025 Feb;71(2):97-102. doi:10.46747/cfp.710297
26. Marrazzo JM, del Rio C, Holtgrave DR, Cohen MS, Kalichman SC, Mayer KH, Montaner JS, Wheeler DP, Grant RM, Grinsztejn B, Kumarasamy N, Shoptaw S, Walensky RP, Dabis F, Sugarman J, Benson CA; International Antiviral Society-USA Panel. HIV prevention in clinical care settings: 2014 recommendations of the International Antiviral Society-USA Panel. *JAMA.* 2014 Jul 23-30;312(4):390-409. doi:10.1001/jama.2014.7999. Erratum in: *JAMA.* 2014 Aug 13;312(6):652. Erratum in: *JAMA.* 2014 Jul 23-30;312(4):403.
27. Millett GA, Flores SA, Marks G, Reed JB, Herbst JH. Circumcision Status and Risk of HIV and Sexually Transmitted Infections Among Men Who Have Sex With Men. A Meta-Analysis. *JAMA.* 2008 Oct;300:14:1674-1684. doi:10.1001/jama.300.14.1674
28. Morey AF, Brandes S, Dugi DD III, Armstrong JH, Breyer BN, Broghammer JA, et al. Urotrauma: AUA guideline. *J Urol.* 2014;192:327.
29. Morris BJ, Krieger JN. Penile Inflammatory Skin Disorders and the Preventive Role of Circumcision. *Int J Prev Med.* 2017 May 4;8:32. doi:10.4103/ijpvm.IJPVM\_377\_16
30. Morris BJ, Waskett JH, Banerjee J, Wamai RG, Tobian AAR, et al. A 'Snip' in Time: What is the Best Age to Circumcise? *BMC Pediatrics.* 2012;12:20. doi:10.1186/1471-2431-12-20
31. Nabavizadeh B, Li KD, Hakam N, Shaw NM, Leapman MS, Breyer BN. Incidence of circumcision among insured adults in the United States. *PLoS One.* 2022 Oct 17;17(10):e0275207. doi:10.1371/journal.pone.0275207
32. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®). Penile Cancer. Version 1.2026. Nov 12, 2025. Accessed February 2026. Available at URL address: [https://www.nccn.org/professionals/physician\\_gls/pdf/penile.pdf](https://www.nccn.org/professionals/physician_gls/pdf/penile.pdf)
33. Nelson Z, Aslan AT, Beahm NP, Blyth M, Cappiello M, Casaus D, et al. Guidelines for the Prevention, Diagnosis, and Management of Urinary Tract Infections in Pediatrics and Adults: A WikiGuidelines Group Consensus Statement. *JAMA Netw Open.* 2024 Nov 4;7(11):e2444495. Erratum in: *JAMA Netw Open.* 2024 Dec 2;7(12):e2453497.
34. Perera CL, Bridgewater FH, Thavaneswaran P, Maddern GJ. Safety and efficacy of nontherapeutic male circumcision: a systematic review. *Ann Fam Med.* 2010 Jan-Feb;8(1):64-72. doi:10.1370/afm.1073
35. Radmayr C, Bogaert G, Bujons A, Burgu B, Castagnetti M, et al. EAU Guidelines on Paediatric Urology. European Association of Urology. 2025. Accessed Mar 2026. Available at URL address: <https://uroweb.org/guidelines/paediatric-urology>

36. Renko M, Salo J, Ekstrand M, Pokka T, Pieviläinen O, et al. Meta-analysis of the Risk Factors for Urinary Tract Infection in Children. *Pediatr Infect Dis J*. 2022 Oct 1;41(10):787-792. doi:10.1097/INF.0000000000003628
37. Rosato E, Miano R, Germani S, Asimakopoulos AD. Phimosis in Adults: Narrative Review of the New Available Devices and the Standard Treatments. *Clin Pract*. 2024 Feb 18;14(1):361-376. doi:10.3390/clinpract14010028
38. Sallami S, Zribi S, Abou El Makarim S, Touinsi H. Penile Foreskin Trapped in a Zipper: What To Do? *Tunis Med*. 2017 Nov;95(11):998-999.
39. Serwadda D, Wawer MJ, Makumbi F, Kong X, Kigozi G, et al. Circumcision of HIV-infected Men: Effects on High Risk Human Papillomavirus Infections in a Randomized Trial in Rakai, Uganda. *J Infect Dis*. 2010 May;201(10):1463-1469. doi:10.1086/652185
40. Shapiro SB, Laurie C, El-Zein M, Franco EL. Association Between Male Circumcision and Human Papillomavirus Infection in Males and Females: A Systematic Review, Meta-Analysis, and Meta-Regression. *Clin Microbiol Infect*. 2023 Aug;29(8):968-978. doi:10.1016/j.cmi.2023.03.028
41. Siegfried N, Muller M, Volmink J, Deeks J, Egger M, Low N, et al. Male circumcision for prevention of heterosexual acquisition of HIV in men. *Cochrane Database Syst Rev*. 2009 Apr 15;2009(2):CD003362. doi:10.1002/14651858.CD003362
42. Singh-Grewal D, Macdessi J, Craig J. Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. *Arch Dis Child*. 2005 Aug;90(8):853-8. doi:10.1136/adc.2004.049353
43. Slaymaker E, Calvert C, Marston M, Risher K, Imai-Eaton JW, et al. Individual and Population-Level Risk Factors for New HIV Infections Among Adults in Eastern and Southern Africa. *Nat Commun*. 2026 Jan;17(1):1195. doi:10.1038/s41467-025-67966-0
44. Sobngwi-Tambekou J, Taljaard D, Lissouba P, Zarca K, Puren A, et al. Effect of HSV-2 Serostatus on Acquisition of HIV by Young Men: Results of a Longitudinal Study in Orange Farm, South Africa. *J Infect Dis*. 2009 Apr;199(7):958-964. doi:10.1086/597208
45. Subcommittee on Urinary Tract Infection, Steering Committee on Quality Improvement and Management; Roberts KB. Urinary tract infection: clinical practice guideline for the diagnosis and management of the initial UTI in febrile infants and children 2 to 24 months. *Pediatrics*. 2011 Sep;128(3):595-610. Accessed March 2026. Available at URL address: <https://publications.aap.org/pediatrics/article/128/3/595/30724/Urinary-Tract-Infection-Clinical-Practice> (This Clinical Practice Guideline was retired May 2021.)
46. Szabo R, Short RV. How does male circumcision protect against HIV infection? *BMJ*. 2000 Jun 10;320(7249):1592-4. doi:10.1136/bmj.320.7249.1592
47. Thumma N, Pitla N, Gorantla V, du Plessis M. A comprehensive review of current knowledge on penile squamous cell carcinoma. *Front Oncol*. 2024 May 22;14:1375882. doi:10.3389/fonc.2024.1375882
48. Tobian AAR, Serwadda D, Quinn TC, Kigozi G, Gravitt PE, et al. Male Circumcision for the prevention of HSV-2 and HPV Infections and Syphilis. *N Engl J Med*. 2009 Mar;360(13):1298-1309. doi:1.1056/NEJMoa0802556

49. Qurieshi MA, Haq I, Malik TZ, Ahmad SZ, Khan SMS. Association Between Male Circumcision and Cervical Cancer Risk: A Systematic Review and Meta-Analysis of Analytical Studies. *JCO Global Oncol.* 2025 Dec;11:e2500126. doi:10.1200/GO-25-00126
50. Wiysonge CS, Kongnyuy EJ, Shey M, Muula AS, Navti OB, et al. Male circumcision for prevention of homosexual acquisition of HIV in men. *Cochrane Database Syst Rev.* 2011 Jun 15;(6):CD007496. doi:10.1002/14651858.CD007496.pub2
51. World Health Organization (WHO) Guidelines. Preventing HIV Through Safe Voluntary Medical Male Circumcision For Adolescent Boys And Men In Generalized HIV Epidemics Recommendations And Key Considerations. August 2020. Accessed February 2026. Available at URL address: Available at: <https://www.who.int/publications/i/item/978-92-4-000854-0>
52. World Health Organization (WHO). HIV and AIDS. Risk factors. Behaviors and conditions that put people at greater risk of contracting HIV. July 2024. Accessed February 2026. Available at URL address: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>
53. Yuan T, Fitzpatrick T, Ko NY, Cai Y, Chen Y, et al. Circumcision to prevent HIV and other sexually transmitted infections in men who have sex with men: a systematic review and meta-analysis of global data. *Lancet Glob Health.* 2019 Apr;7(4):e436-e447. doi:10.1016/S2214-109X(18)30567-9

## Revision Details

Type of Revision	Summary of Changes	Date
Annual Review	<ul style="list-style-type: none"> <li>Revised policy statement for circumcision for the purpose of preventing infections.</li> </ul>	5/15/2026
Initial Review	<ul style="list-style-type: none"> <li>New policy statement</li> </ul>	5/15/2025

“Cigna Companies” refers to operating subsidiaries of The Cigna Group. All products and services are provided exclusively by or through such operating subsidiaries, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of The Cigna Group. © 2026 The Cigna Group.