

Gynecomastia Surgery Guideline (0134-GL-DEPT-0022-HS)

Prior authorization does not guarantee payment. Coverage of services is based on member eligibility and member's benefits per the medical certificate of coverage at the time services are rendered.

Gynecomastia is excessive development of the breasts in males. This usually is the result of hormonal imbalance or treatment with certain drugs (including some antihypertensives, over-the-counter medicines, and illegal drugs), tumors or disease (for example genetic disorders like Klinefelters).

Approval Criteria:

Mastectomy for gynecomastia is considered medically necessary, regardless of age, when there is **legitimate** concern that a breast mass may represent breast carcinoma. Mammography may be of value to determine the need for surgery in some instances.

The Plan considers surgical treatment for gynecomastia medically necessary for a male member when **ALL** of the following criteria are met and documented in the member's medical record:

1. Age 18 years of age or older or two (2) years past documented completion of puberty, whichever is later*; **AND**
2. Body mass index (BMI) of:
 - a) Less than 30 kg/m²; **OR**
 - b) If BMI > 30, the gynecomastia is documented to have been present for at least two (2) years and failed to respond to conservative measures which must include participation in a clinically supervised, comprehensive weight loss & exercise program for at least six (6) months.
3. Gynecomastia with:
 - a) Diagnosis of Klinefelter's syndrome; **OR**
 - b) All of the following clinical signs/symptoms:
 - Excess breast tissue that is negative for breast cyst or tumor as confirmed by clinical exam, mammogram, or ultrasound; **AND**
 - Normal estradiol level or normal testicular ultra-sonogram (if the serum estradiol level is elevated) with clinical examination findings that do not suggest a testicular neoplasm; **AND**
 - Member has ONE (1) of the following conditions:
 - A) Persistent pain and/or physical discomfort from the breast despite clear documentation of the use of analgesics for at least six (6) months; **OR**
 - B) Medically refractory skin breakdown or intertrigo resistant to conservative and non-surgical treatment over an extended period of time; **AND**
 - C) Presence of substantial breast enlargement for at least two (2) years with no signs of spontaneous involution and with:
 - Documentation of appropriate specialist consultation (i.e., surgeon, plastic surgeon and/or endocrinologist) to identify and treat or correct any underlying causes and failure of conservative corrective treatments, including medication management, such as clomiphene, tamoxifen, testolactone or danazol; **AND**
 - If applicable, the use of any gynecomastia-causing drugs or Over The Counter (OTC) products under the direction of a licensed clinician to treat a medical condition (see Definitions section) have been discontinued for at least six (6) months with persistent symptoms, or it is well-documented that the medication cannot be safely discontinued; **AND**
4. Gynecomastia is documented as Grade III or IV based on the American Society of Plastic Surgeons (ASPS) Gynecomastia Scale (as specified in the Definitions section); **AND**

5. Medical record clearly excludes substance abuse, supplements, herbal products, and recreational hormones (including steroids) from contributing to the gynecomastia.

Otherwise, surgical treatment for gynecomastia is considered a cosmetic service, and therefore excluded from coverage, when Plan criteria specified in this policy are not met or when one of the non-coverage circumstances listed below exists.

***Note:** Surgery is generally not recommended until adult testicular size is attained, as there may be re-growth of the breast tissue if the surgery is performed before puberty is substantially completed (Tanner 5). If adult size is not attained by 18 years of age, genetic disorders should be considered.

Non-Coverage Circumstances:

If any of the following circumstances exist, gynecomastia surgery will not be covered under this policy (this is not a complete list):

- Grade I or II gynecomastia (according to the ASPS Gynecomastia Scale)
- Pseudogynecomastia (excess adipose/ tissue)
- Gynecomastia that is expected to resolve (i.e., a result of a developmental condition expected to resolve with time – i.e., adolescence)
- Gynecomastia caused by substance abuse
- Gynecomastia as a result of supplements, herbal products, or hormones (including steroids) that are not prescribed by a licensed clinician to treat a medical condition.
- When the primary reason for wanted gynecomastia surgery is to treat psychological distress related to the condition or associated symptoms.

Special Notes:

- The Plan considers suction-assisted lipectomy or liposuction as the sole method of surgical treatment for male gynecomastia to be cosmetic and not medically necessary when performed to improve the appearance of the male breast.
- A request for gynecomastia surgery for a member less than age 18 requires Medical Director review. Generally, gynecomastia surgery will not be approved for any person less than 18 years of age, because it is highly unlikely that a younger patient will fulfill all of the necessary criteria in this policy.

Clinical information to support medical necessity may include, but is not limited to, the following:

- Office and hospital records
- A history of the presenting problem
- A clinical exam
- Diagnostic testing results
- Treatment plans and progress notes
- Patient psychosocial history
- Information on consultations with the treating practitioner
- Evaluations from other health care practitioners and providers
- The request must include recent photographs of the patient's chest must (AP and lateral)
- Operative and pathological reports
- Rehabilitation evaluations
- A printed copy of criteria related to the request
- Information regarding benefits for services or procedures
- Information regarding the local delivery system
- Patient characteristics and information
- Information from responsible family members

Definitions:

ASPS Gynecomastia Scale:

- Grade I: Small breast enlargement with localized button of tissue around the areola
- Grade II: Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest
- Grade III: Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy
- Grade IV: Marked breast enlargement with skin redundancy and feminization of the breast

Gynecomastia-Causing Drugs: Estrogens, spironolactones, reserpine, digitalis, INH, Calcium Channel Blockers, ketoconazole, theophylline, cimetidine, metronidazole, methadone, or antineoplastic drugs are the most common

Gynecomastia-Causing OTC Products: Certain supplements, herbal products or “natural” hormones (including steroids)

References:

ASPS Gynecomastia Practice Parameters – Feb 2004.

Hayes, Inc “Reduction Mammoplasty for Macromastia in Adolescents” – Nov 26, 2012.

ACOG Committee Opinion “Breast Concerns in the Adolescent” – Nov 2006.

Humana Gynecomastia Surgery Medical Coverage Policy (CLPD-0437-006) – Feb 28, 2013.

Aetna Clinical Policy Bulletin “Breast Reduction Surgery and Gynecomastia Surgery” (#0017) – Dec 4, 2013.

Scott & White Health Plan Medical Policy “Gynecomastia”

Boston Medical Center HealthNet Plan and WellSense Health Plan Medical Policy statement “Gynecomastia Surgery”

Johns Hopkins Health Plan Medical Policy “Mastectomy for Gynecomastia” (CMS07.01) – Aug 23, 2011.

HealthNet National Medical Policy “Reduction Mammoplasty for Gynecomastia” – June 2011.

UPMC Health Plans Medical Policy “Male Gynecomastia”

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