



Clinical Review Criteria Related to Surgical Treatment of Gynecomastia

Definition: Gynecomastia is a benign enlargement of the male breast due to glandular or fatty tissue proliferation. Minuteman Health Insurance (MHI) will consider approval for coverage of mastectomy for gynecomastia on an individual case-by-case basis.

I. Clinical Coverage Criteria: Gynecomastia is accompanied by one or more of the following clinical signs and symptoms:

A. Unilateral or bilateral surgical treatment of gynecomastia may be medically necessary with the following clinical signs and symptoms below:

1. Member is 17 years old or older
2. A diagnosis of Klinefelter's with documentation of abnormal chromosome analysis. OR all of the below
3. Excess breast tissue is glandular, not fatty, and tissue is free from cysts or tumors as confirmed by physical exam, mammogram or tissue pathology.
4. Persistent breast pain or tenderness unrelieved by analgesics
5. Clinical information clearly excludes substance abuse, supplements, herbal products, and recreational hormones (steroids) as contributing factors.
6. Presence of the condition for at least 24 consecutive months for adolescent gynecomastia and
7. Adult onset gynecomastia that has persisted for at least 12 consecutive months with no signs of spontaneous involution despite conservative treatment for at least 6 months to correct the underlying cause

**** Adolescent gynecomastia is common during puberty and most cases resolve within 1-2 years.**

II. Required Documentation Must Include:

A. Clinical information must contain the member's age, height, weight and Tanners stage of development (if adolescent).

- B. Documented medical history, last physical exam, including the date of onset, of gynecomastia, primary and secondary diagnosis name, pertinent to clinical symptoms and comorbid conditions
- C. All prior treatments used to manage medical symptoms
- D. Results from diagnostic tests pertinent to the diagnosis taken within last 6 months
- E. The gynecomastia has been classified according to member's age on date of service as
 - 1. Grade II, III or IV for members **under** 18 years of age. **OR**
 - 2. Grade III, IV for members 18 years of age or older.
- F. Use of previous or current nonprescription/prescription drugs which may contribute to the diagnosis of gynecomastia
- G. A pathological cause not expected to resolve spontaneously or with hormone manipulation
- H. Photographs confirming breast hypertrophy taken within last 6 months
- I. Surgical treatment plan

III. What is Not Covered:

- A. MHI does not cover Gynecomastia surgery for any of the following conditions:
 - 1. Grade I gynecomastia
 - 2. Pseudogynecomastia
 - 3. Gynecomastia that is expected to resolve
 - 4. Gynecomastia caused by substance abuse
 - 5. Gynecomastia as a result of supplements, herbal products, hormones (including steroids) not prescribed by a licensed provider to treat a medical condition
 - 6. To treat psychological distress related to the condition or symptoms
 - 7. Use of procedure for cosmetic purposes

Gynecomastia Classification: The American Society of Plastic Surgeons (ASPS) recommends the use of the Gynecomastia classification system adapted from the (McKinney, Simon, Hoffman and Kahn scales) for classification of the severity of gynecomastia.

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 present
Grade IV	Marked breast enlargement with skin redundancy and feminization of the breast

Codes:

ICD 10 Diagnosis

N62 A disorder characterized by excessive development of the breast in males

ICD 10 Procedure

0HBV0ZZ Excision of bilateral breast, open approach (when specified as gynecomastia surgery)

0HTT0ZZ-0HTV0ZZ Resection of breast, open approach

CPT

19300 Mastectomy for Gynecomastia

Reference:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

American Society of Plastic Surgeons (ASPS). Practice Parameters. Gynecomastia.

2006. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Gynecomastia-PP.pdf>

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Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Cosmetic and Reconstructive Surgery (L34698).

<https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>

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Fischer S, Hirsch T, Hirche C, et al. Surgical treatment of primary gynecomastia in children and adolescents. *Pediatric Surg Int* 2014;30(6):641-647

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Ladzinski B, Lee KC, Nutan FN, et al. Gynecomastia: etiologies, clinical presentations, diagnosis and management. *South Med J* 2014;107(1):44-49.

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<http://www.mass.gov/eohhs/docs/masshealth/guidelines/mg-mastectomygynecomastia.pdf>

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Lars Schroder, Christian Rudlowski, Gisela Wagenbach-Brunagel, et al. Surgical Strategies in the Treatment of Gynecomastia Grade I-II: the combination of Liposuction and Subcutaneous Mastectomy Provides Excellent Patient Outcome and Satisfaction. Breast Care (Basel):2015 Jul; 10(3):184-188 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4569250/> (Last Accessed 12/27/16)

Summary of Changes:

02/09/2017

- New policy