MEDICA®
UTILIZATION MANAGEMENT POLICY

TITLE: MALE GYNECOMASTIA SURGERY

EFFECTIVE DATE: August 20, 2018

This policy was developed with input from specialists in plastic surgery, general surgery, and endocrinology and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY
These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE
To promote consistency between reviewers in utilization management decision-making by providing criteria that generally determines the medical necessity of gynecomastia surgery. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

BACKGROUND
I. Definitions
   A. **Gynecomastia** is the presence of an abnormal development of glandular breast tissue in males. Gynecomastia in adolescents is very common, estimated to affect up to 40% of 12 to 16 year old boys. In most cases, breast development is minimal and spontaneously regresses two to three years later. Breast development may be bilateral or unilateral. Gynecomastia may be due to a variety of causes, including Klinefelter's syndrome, congenital hypogonadism, hermaphroditism, testicular trauma, a breast tumor, ingestion of any of a variety of prescription medications, contact with family members who use estrogen creams, abuse of anabolic steroids, abuse of heroin, malnutrition, liver disease, or treatment with chemotherapy. Treatment of gynecomastia depends on the cause.
   B. **Pseudogynecomastia** refers to breast enlargement due to the accumulation of fat. Pseudogynecomastia often affects obese boys and men. It can be treated by weight loss or liposuction.
II. Comments
   A. Member demand exists for gynecomastia surgery in the absence of functional signs and symptoms, solely to improve the member's perception of their appearance.
   B. The factors that distinguish appearance-related requests from medically necessary requests are symptoms and physical findings caused by excess breast tissue mass.

BENEFIT CONSIDERATIONS
1. Prior authorization **is required** for gynecomastia surgery. Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
3. Cosmetic surgery is generally an exclusion in the member's plan document. Surgery performed solely to improve appearance of the male breast, to alter contours of the breast wall, or to treat psychological or psychosocial complaints are cosmetic and therefore, *not covered*.

4. Surgery for the treatment of pseudogynecomastia is cosmetic and therefore *not covered*.
5. The use of liposuction to perform gynecomastia surgery is cosmetic and therefore *not covered*.
6. If the Medical Necessity and Coverage Criteria are met, Medica will authorize benefits within the limits in the member's plan document.
7. If it appears that the Medical Necessity and Coverage Criteria are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeals process in their Medica Provider Administrative Manual.
8. Refer to Medica's Utilization Management Policy, *Female Breast Reduction Surgery – Reduction Mammoplasty*, for coverage of surgery for macromastia in women.

MEDICAL NECESSITY CRITERIA

I. Male gynecomastia surgery is considered medically necessary when documentation in the medical record indicates that **one of the following** criteria are met
   A. Pubertal (adolescent) onset gynecomastia when **all of the following** are met:
      1. The condition has been present for at least two years
      2. Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography
      3. The gynecomastia is classified as Grade II, III or IV per the American Society of Plastic Surgeons classification *(See Appendix 1)*
      4. The condition is associated with persistent breast pain, despite the use of analgesics
      5. The use of potential gynecomastia-inducing drugs and substances has been identified and discontinued for at least one year, when medically appropriate
      6. Hormonal causes, including hyperthyroidism, estrogen excess, prolactinomas and hypogonadism have been excluded by appropriate laboratory testing (e.g., with levels of thyroid stimulating hormone [TSH], estradiol, prolactin, testosterone and/or luteinizing hormone [LH]) and, if present, have been treated for at least one year before surgery has been considered
      7. Other medical causes have been ruled out, as indicated by normal laboratory results (e.g., liver and kidney function studies/enzymes)
      8. Photographs are required.
   B. Post pubertal-onset gynecomastia when **all of the following** met:
      1. The condition has been present for at least one year
      2. Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography
      3. The gynecomastia is classified as Grade II, III or IV per the American Society of Plastic Surgeons classification (*See Appendix 1)*
      4. The condition is associated with persistent breast pain, despite the use of analgesics
      5. The use of potential gynecomastia-inducing drugs and substances has been identified and discontinued for at least one year, when medically appropriate
      6. Hormonal causes, including hyperthyroidism, estrogen excess, prolactinomas and hypogonadism have been excluded by appropriate laboratory testing (e.g., with levels of thyroid stimulating hormone [TSH], estradiol, prolactin, testosterone and/or luteinizing hormone [LH]) and, if present, have been treated for at least one year before surgery has been considered
      7. Other medical causes have been ruled out, as indicated by normal laboratory results (e.g., liver and kidney function studies/enzymes)
      8. Photographs are required.

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at: http://www.cms.hhs.gov/mcd/search.asp?

DOCUMENT HISTORY

Original Effective Date	September 2010
MPC Endorsement Date(s):	06/2011, 06/2012, 06/2013, 06/2014, 06/2015, 6/2016, 06/2017, 06/2018
Administrative Update(s)	05/2017

References

Pre-6/2015 Medical Policy Committee (MPC):

1. Ansstas G. Gynecomastia. eMedicine Specialities: Endocrinology [website]. http://emedicine.medscape.com/article/120858-print. Last updated March 2013. Accessed April 16, 2014.
2. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Gynecomasia. http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Gynecomastia-Insurance-Coverage.pdf. March 2002. Accessed April 16, 2014.
3. Americna Society of Plastic Surgeons. Practice Parameters: Gynecomastia [website]. http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Gynecomastia-PP.pdf. February 2004. Accessed April 21, 2014.
4. Braunstein GD. Clinical practice: gynecomastia. *N Eng J Med*. September 2007;357(12):1229-1237.
5. Carlson HE. Approach to the patient with gynecomastia. *J Clin Endocrinol Metab*. January 2011;96(1):15-21. doi:10.1210/jc.2010-1720.
6. Dickson G. Gynecomastia. *Am Fam Physician*. April 2012;85(7):716-722.
7. Di Lorenzo G, Autorino R, Perdonà S, De Placido S. Management of gynaecomastia in patients with prostate cancer: a systematic review. *Lancet Oncol*. December 2005;6(12): 972-979.
8. Hayes, Inc. *Hayes Brief: Mastectomy for Gynecomastia*. July 2010. Annual Update July 2012. [Archived August 2013] Lansdale, PA.
9. Hayes, Inc. *Hayes Search & Summary: Mastectomy for Male Gynecomastia*. December 2008. [Archived]. Lansdale, PA.
10. Johnson RE, Hassan M. Gynecomastia: pathophysiology, evaluation, and management. *Mayo Clin Proc*. November 2009;84(11):1010-1015. Doi: 10.1016/S0025-6196(11)60671-X.
11. Narula HS, Carlson HE. Gynecomastia. *Endocrinol Metab Clin N Am*. June 2007;36(2):497-519.

06/2015 MPC:

12. American Society of Plastic Surgeons. Gynecomastia Surgery: *Male Breast Reduction Surgery*. http://www.plasticsurgery.org/cosmetic-procedures/gynecomastia-surgery.html. 2015. Accessed April 21, 2015.
13. Ansstas G. Gynecomastia. eMedicine Specialities: Endocrinology [website]. http://emedicine.medscape.com/article/120858-overview. April 2014. Accessed April 21, 2015.
14. ECRI Institute. *ECRI Hotline: Liposuction for Breast Reduction Surgery.* May 2014. Plymouth Meeting, PA.
15. Fischer S, Hirsch T, Hirche C, et al. Surgical treatment of primary gynecomastia in children and adolescents. *Pediatr Surg Int*. June 2014;30(6):641-647. doi: 10.1007/s00383-014-3508-8.

06/2016 MPC:

16. Brown RH, Chang DK, Siy R, Friedman J. Trends in the surgical correction of gynecomastia. *Semin Plast Surg*. May 2015;29(2):122-130. doi: 10.1055/s-0035-1549053.
17. El-Sabbagh AH. Combined approach for gynecomastia. *GMS Interdiscip Plast Reconstr Surg DGPW*. February 23, 2016;5:Doc10. doi: 10.3205/iprs000089.
18. Rew L, Young C, Harrison T, Caridi R. A systematic review of literature on psychosocial aspects of gynecomastia in adolescents and young men. *J Adolesc.* August 2015;43:206-212. doi: 10.1016/j.adolescence.2015.06.007.

06/2017 MPC:

No new references.

06/2018 MPC:

19. Soliman AT, De Sanctis V, Yassin M. Management of adolescent gynecomastia: an update. *Acta Biomed*. August 23, 2017;88(2):204-213. doi: 10.23750/abm.v88i2.6665.
20. Mieritz MG, et al. Gynaecomastia in 786 adult men: clinical and biochemical findings. *Eur J Endocrinol*. May 2017;176(5):555-66. doi: 10.1530/eje-16-0643.

APPENDIX 1

The American Society of Plastic Surgeons (ASPS) recommends using a scale adapted from the McKinney and Simon, Hoffman and Khan scales to characterize the severity of gynecomastia:

Grade I	Unilateral breast nodular enlargement, minor but visible breast enlargement without skin redundancy.
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.