



Clinical Medical Policy Male Gynecomastia - Surgery

Benefit Coverage:

Conditional benefit; approval is based on review of medical necessity documentation.

Description:

Gynecomastia is over development of the male breasts.

Gynecomastia in babies and adolescents normally does not require treatment and will usually resolve on its own. When gynecomastia is caused by medication or disease, stopping the medication or treating the disease will often cure the condition. Hormonal treatment may be prescribed when gynecomastia is caused by a lack of testosterone and increase in estrogen.

Coverage Determination:

Breast reduction surgery, performed by a plastic surgeon, is considered an option when medical necessity criteria are met.

Submitted documentation must include a comprehensive medical history and physical exam to identify factors contributing to gynecomastia, including but not limited to:

- Member’s age, height and weight,
- Date of onset and diagnosis of gynecomastia,
- Previous or current use of prescribed or nonprescribed drugs contributing to a diagnosis of gynecomastia,
- Documentation and rationale that indicates the condition is not expected to resolve spontaneously or with hormone manipulation.

In the absence of medical necessity, surgery to restore or enhance physical appearance is considered “cosmetic”, and therefore not covered.

Service	Coverage Determination	Criteria	CPT Codes	Diagnosis Code
Male Gynecomastia	Prior authorization and review of medical necessity documentation is required	All of the following criteria must be met: 1) Persistent gynecomastia for no less than two (2) years, or persistent for at least one (1) year if the member is less than sixteen years of age, and 3) Documented presence of fibrous changes or sub-areolar breast tissue, per	19300	611.1



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		mammogram.		
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CMP Number: CMP-008.01
CMP Cross Reference: CMP 012-00 Plastic Surgery

References:
 Evidenced Based Practice Guidelines, American Society of Plastic Surgeons, "Practice Parameters – Gynecomastia," 2/04
http://www.plasticsurgery.org/Documents/Medical_Profesionals/Gynecomastia-PP.pdf

Guidelines for Medical Necessity Determination for Mastectomy for Gynecomastia, Health and Human Services, Mass.Gov website. October 2005.

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