BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Gynecomastia Surgery

Policy #: 114
Category: Surgery

Latest Review Date: February 2020
Policy Grade: D

BACKGROUND:

Blue Advantage *medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
   - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
   - *Furnished in a setting appropriate to the patient's medical needs and condition;*
   - *Ordered and furnished by qualified personnel;*
   - *One that meets, but does not exceed, the patient's medical need; and*
   - *At least as beneficial as an existing and available medically appropriate alternative.*

In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill* ***Original Medicare* *for covered services that are related to* ***clinical trials*** *that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Effective for dates of service on or after July 1, 2016:

Blue Advantage will treat **Mastectomy for gynecomastia as a covered benefit** for:

- Adult and mid to late pubertal (age 14 to 20) male patients with non-tender, palpable breast tissue;
- Adult male patients with recent onset of progressive breast enlargement with or without tenderness;
- Patients with Klinefelter's Syndrome.

The following information will be used to determine if true gynecomastia is present (except in those patients with Klinefelter's Syndrome). **True gynecomastia is defined as the presence of glandular tissue and not fatty tissue**:

- Full history that includes conditions present for at least 12 months on an adolescent, medication history to include drugs, alcohol, and specific questions regarding hepatic dysfunction, testicular insufficiency (decreased libido or impotence), pulmonary symptoms suggestive of lung cancer, and hyperthyroidism;
- Physical exam that includes description of palpation of breast, evidence of any alteration of expected secondary sexual characteristics, and testicular, liver, and thyroid examination;
- Work-up of any abnormal findings;
- Medical evaluation to exclude endocrinopathy;
- Pre-op photos;
- Post-operatively, a pathology report may be requested to confirm the presence of glandular tissue as **removal of fatty tissue is considered cosmetic**.

For an adult male with recent onset of progressive breast enlargement, with or without tenderness and mid to late pubertal patients, the following **additional information** will be used to determine true gynecomastia versus other etiologies. **True gynecomastia is defined as the presence of glandular tissue and not fatty tissue**:

- Emphasis on drug-induced gynecomastia (with discontinuance of the drug, if possible, for one month with re-evaluation);
- Measurement of serum chorionic gonadotropin, testosterone, estradiol, and luteinizing hormone is required when no underlying cause is apparent;
- If reports result in diagnosis of idiopathic gynecomastia, the condition may be monitored for six months.

Mastectomy for gynecomastia does not meet Blue Advantage coverage criteria for:

- **Pubertal gynecomastia with tender palpable breast tissue or fatty tissue**;
- **Drug related gynecomastia** (these may include but not limited to: androgens and anabolic steroids, oral and topical estrogens, spironolactone, methyldopa, phenytoin, cimetidine, digitalis, psychoactive agents, alcohol, marijuana);
- **Removal of fatty tissue**.

Blue Advantage will **not cover** mastectomy for gynecomastia **performed by liposuction ONLY.**

Effective for dates of service prior to July 1, 2016:
Blue Advantage will treat **Gynecomastia** surgery as a **non-covered** benefit and as **cosmetic**.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Gynecomastia is the benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. The most common cause of gynecomastia in the male is puberty. It accounts for more than 65 percent of male breast disorders. In true gynecomastia, the breast enlargement is due to glandular breast tissue; in pseudogynecomastia, the breast enlargement is secondary to fat accumulation. The condition may occur in one or both breasts and begins as a small lump beneath the nipple, which may be tender. Gynecomastia during puberty is not uncommon, is self-limiting and usually resolves spontaneously within two years. The etiology appears to be related to an increase in estrogens, a decrease in androgens or some alteration in the estrogen-androgen level. Surgical removal of the breast tissue may be considered if conservative therapies are not effective.

Gynecomastia can be attributed to physiologic, pathologic, or pharmacologic causes. Physiologically in newborns breast development may be associated with galactorrhea. It is also seen with aging and teenage boys. Causes of pathologic gynecomastia may include testicular and pituitary tumors, chronic liver disease, genetic disorders/congenital endocrine conditions (Klinefelter's disease) and kidney failure. The surgical procedure may involve surgical excision (i.e. mastectomy) or more recently, liposuction has been used.

Pharmacological causes are related to side effects of many drugs. Examples of these drugs include anabolic steroids, cannabinoids, psychotropics, antihypertensives and estrogens for prostatic/testicular carcinoma.

Some men and boys have fat on their chest that makes it look as though they have breasts. This condition is called pseudogynecomastia, and is not the same as gynecomastia. Pectoral hypertrophy can also be confused with gynecomastia.

KEY POINTS:

This has been updated regularly with searches of the MEDLINE database. The most recent literature update was performed through December 9, 2019.

Summary of Evidence
The medical literature indicates that gynecomastia is due to the stimulated growth of glandular breast tissue and does not significantly affect the disposition of fatty tissue. Therefore, mastectomy for gynecomastia should focus on the removal of glandular tissue underlying the condition. The use of liposuction as a method of mastectomy for gynecomastia has not been sufficiently proven to remove glandular tissue and is not considered an acceptable alternative to standard surgical approaches.

Practice Guidelines and Position Statements
The American Society of Plastic Surgeons
The American Society of Plastic Surgeons (ASPS) issued practice criteria for third-party payers in 2002, which was affirmed in 2015. ASPS classified gynecomastia using the following scale, which was "adapted from the McKinney and Simon, Hoffman and Kohn scales":

Grade I	Small breast enlargement with localized button of tissue that is concentrated 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.

According to the ASPS, in adolescents, surgical treatment for unilateral or bilateral grade II or III gynecomastia may be appropriate if the gynecomastia persists for more than one year after pathological causation is ruled out (or six months if grade IV) and continues after six months if medical treatment is unsuccessful. In adults, surgical treatment for unilateral or bilateral grade III or grade IV gynecomastia is ruled out and continues after three to four months after pathological causation is ruled out and continues after three to four months of medical treatment that is unsuccessful. The ASPS also indicates surgical treatment of gynecomastia may be appropriate when distention and tightness cause pain and discomfort.

U.S. Preventive Services Task Force Recommendations
Surgery for gynecomastia is not a preventive service.

KEY WORDS:
Gynecomastia, mastectomy

APPROVED BY GOVERNING BODIES:
Removal of breast tissue is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT codes:

19300	Mastectomy for gynecomastia

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POLICY HISTORY:

Adopted for Blue Advantage, March 2005
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Medical Policy Group, May 2006
Medical Policy Group, May 2007
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Medical Policy Group, April 2016
Medical Policy Group, June 2016
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Medical Policy Group, March 2018
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