 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Gynecomastia Surgery
	PRODUCT LINE:	All
	POLICY NUMBER:	034
	ORIGINAL POLICY EFFECTIVE DATE:	02/28/2012
	LAST REVISED DATE:	03/10/2022
	LAST REVIEWED DATE:	03/02/2024

**POLICY:** Gynecomastia is a common endocrine disorder in which there is a benign enlargement of breast tissue in males. Most adolescent boys, up to 70%, have some breast development during puberty. Newborn and adolescent males frequently experience temporary gynecomastia due to the influence of maternal hormones at birth and hormonal changes during puberty.

The surgical removal of excess male breast issue is rarely indicated and is usually for cosmetic reasons as there is no functional impairment associated with this disorder.

**PROCEDURE: Prior Authorization Required: Yes**

**COMMERCIAL**


**ETF/Commercial: Not covered.**

Breast reduction, surgical mastectomy or liposuction for gynecomastia, either unilateral or Bilateral is considered a cosmetic surgical procedure. Medical therapy should be aimed at correcting any reversible causes. According to clinical research, there is insufficient evidence that surgical removal is more effective than conservative management for pain due to gynecomastia.

**MEDICAID**

Gynecomastia surgery is covered benefit for Medicaid but is considered medically necessary only when the following criteria are met:

1. Member must be 18 years of age or older and has completed puberty, and meets **all** of the following criteria:
  - a. Gynecomastia has persisted for at least one year after puberty and is documented in the physician progress notes.
  - b. The member has persistent breast pain and tenderness that has failed at a minimum a 3 month trial and significantly impacts completing activities of daily living.
  - c. Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography and is not related to obesity. If member is obese, then weight loss would be the recommended treatment.
  - d. The member has been evaluated and other hormonal causes of gynecomastia have been excluded by appropriate laboratory testing (TSH, estradiol, prolactin, testosterone, and/or luteinizing hormone).
  - e. The symptoms have not resolved after discontinuing, for at least one year, any drugs that may result in gynecomastia.
  - f. The gynecomastia persists despite treatment of other conditions that may result in gynecomastia.
  - g. Gynecomastia is classified as a Grade II, III, or IV per the American Society of Plastic Surgeons classification\*.

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**American Society of Plastic Surgeons' scale adapted from the McKinney and Simon, Hoffman, and Khan scales:**

- **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 indistinct from the chest with skin redundancy present.)
- **Grade IV:** (Marked breast enlargement with skin redundancy and feminization of the breast.)

APPROVED: Michelle Bauer MD.

DATE: 03/02/2024

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
03/11/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P
02/15/2014	Lynne Komanec, RN HM Mgr	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Updated format
04/22/2016	Betsy Kelly, RN	Updated for ForwardHealth coverage criteria changes from 3/1/2016
04/25/2017	Michele Bauer, MD, CMO	Reviewed with no changes
04/01/2018	Michele Bauer, MD, CMO	Reviewed with no changes
04/04/2019	Michele Bauer, MD, CMO	Reviewed with no changes
05/14/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
03/10/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
03/10/2022	Michele Bauer, MD, CMO	Updated the criteria.
03/09/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
03/02/2024	Michele Bauer, MD, CMO	Reviewed. No changes.