

 KMTSJ, Inc.	DEPARTMENT:	Utilization Management
	SUBJECT:	Gynecomastia Surgery
	PRODUCT LINE:	All
	POLICY NUMBER:	034
	ORIGINAL POLICY EFFECTIVE DATE:	02/28/12
	LAST REVISED DATE:	3/10/2022
	LAST REVIEWED DATE:	3/9/2023

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*.

