
Medical Policy



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***Current Policy Effective Date: 1/1/21**
(See policy history boxes for previous effective dates)

Title: Surgical Treatment for Male Gynecomastia

Description/Background

Gynecomastia (GM) is a benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three and accounts for more than 65 percent of male breast disorders. GM has a broad range of causes that are classified as either physiological or pathological, although in many cases no specific cause can be found.

Bilateral gynecomastia may be associated with any of the following:

- An underlying hormonal disorder (ie, conditions causing either estrogen excess or testosterone deficiency such as liver disease or an endocrine disorder)
- An adverse effect of certain drugs
- Extreme obesity
- Related to specific age groups, ie,
 - Neonatal gynecomastia, related to action of maternal or placental estrogens
 - Adolescent gynecomastia, which consists of transient, bilateral breast enlargement, which may be tender
 - Gynecomastia of aging, related to the decreasing levels of testosterone and relative estrogen excess
- Medical conditions including:
 - Hypogonadism, liver and kidney function
- Majority of patients present with idiopathic gynecomastia.

Treatment of gynecomastia involves consideration of the underlying cause. For example, treatment of the underlying hormonal disorder, cessation of drug therapy, or weight loss may all be effective therapies. Gynecomastia may also resolve spontaneously, and adolescent gynecomastia may resolve with aging.

Prolonged gynecomastia causes periductal fibrosis and stromal hyalinization, which prevent regression of the breast tissue. Surgical removal of the breast tissue, using surgical excision or liposuction, may be considered if the conservative therapies above are not effective or possible and the gynecomastia does not resolve spontaneously or with aging.

Regulatory Status

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

Medical Policy Statement

The safety and effectiveness of mastectomy for male gynecomastia have been established. It is a useful therapeutic option when specific criteria are met.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:

Glandular breast tissue, and the tissue is ≥ 2 cm in size by either physical examination and/or radiographic imaging, and one of the following:

- Pubertal or adolescent gynecomastia of more than two years duration and member has reached full puberty, **OR**
- Non-adolescent gynecomastia due to irreversible causes.

Exclusions:

Surgical treatment for enlarged breasts is considered cosmetic in the following situations:

- Gynecomastia that results from obesity, the effect of non-prescribed drugs or the effect of drugs that can be discontinued.
 - Pubertal or adolescent gynecomastia of less than two years duration or the member has not reached full puberty.
 - Glandular breast tissue < 2 cm in size.
 - Non-glandular or fatty breast enlargement.
 - Liposuction to perform mastectomy for gynecomastia.
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CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes:

19300

Other codes (investigational, not medically necessary, etc.):

15877

Note: Code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.

Rationale

Gynecomastia is not life-threatening but it can cause significant emotional distress. Most cases take months or years to resolve. Young people with gynecomastia become depressed, isolated, refuse to participate in any activity that involves removing the shirt and have low self-esteem. There is also a small risk of breast cancer.

According to The American Society of Plastic Surgeons, pubertal gynecomastia often regresses spontaneously in six months, 75 percent of cases resolve within two years of onset and 90 percent resolve within three years of onset. Medical literature supports mastectomy for treatment of gynecomastia in males when the tissue is glandular and over two centimeters in size. As adolescent gynecomastia can resolve spontaneously prior to the end of puberty, removal of the glandular tissue is recommended only after it has been present for two years and the male has reached full puberty, based on sexual characteristic maturity.

Choi et al reported on a study of 1454 patients, 71 were adolescents. Subcutaneous mastectomy with liposuction was performed for adolescent patients who had gynecomastia for more than three years and showed psychosocial distress. Most of the patients were satisfied with the results. The authors concluded that liposuction and/or surgical removal of glandular tissue is an acceptable treatment for adolescent gynecomastia in selective patients who have had gynecomastia for three years and have experienced psychosocial distress.

Vandeven et al (2019) discussed the recommended treatments for gynecomastia (GM). Gynecomastia is classified into four grades depending on the amount of breast enlargement, skin excess and ptosis. Treatment of GM consists of first treating any underlying condition that is contributing to the condition (i.e. breast cancer, obesity, hypogonadism, diseases of the liver, adrenal or thyroid, renal failure, malnutrition, hormonal imbalances). Discontinue any medications that have been shown to contribute to GM (i.e. digoxin, thiazides, estrogens, phenothiazines, theophylline, some chemotherapy medications). Address any abnormality found on physical exam. If the underlying condition is identified and treated, and the condition persists, surgical treatment can be considered.

Removal of fatty tissue is considered to be cosmetic. Breast enlargement resulting from obesity is not considered appropriate for mastectomy.

Supplemental Information

PRACTICE GUIDELINES AND POSITION STATEMENTS

The American Society of Plastic Surgeons (ASPS) issued practice criteria for third-party payers in 2002. 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 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 pathologic 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 IV gynecomastia may be appropriate if the gynecomastia persists for more than three or four months after pathologic causation is ruled out and continues after three or four months of medical treatment that is unsuccessful. ASPS also indicated that surgical treatment of gynecomastia may be appropriate when distention and tightness cause pain and discomfort.

The European Academy of Andrology (2019) suggests surgical treatment only when patients have long-lasting gynecomastia, which does not regress spontaneously or respond to medical therapy. The extent and type of surgery depend on the size of breast enlargement, and the amount of adipose tissue.

Government Regulations

National:

There is no national coverage determination.

Local:

Wisconsin Physicians Service (WPS), LCD 34698 for Cosmetic and Reconstructive Surgery. For services performed on or after 10/31/19.

Mastectomy for gynecomastia

Gynecomastia is the excessive growth of the male mammary glands. These conditions can cause significant clinical manifestations when the excessive breast weight adversely affects the supporting structures of the shoulders, neck, **AND** trunk. Payment may be made for this procedure if it is documented that the tissue is primarily breast tissue **AND** not just adipose (fatty tissue).

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Cosmetic and Reconstructive Surgery
 - Reconstructive Breast Surgery/Management of Breast Implants
 - Reduction Mammoplasty for Breast-Related Symptoms
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References

1. American Society of Plastic Surgeons (ASPS), "ASPS Recommended Insurance Coverage Criteria for Third-Party Payers," March 2002
2. American Society of Plastic Surgeons (ASPS), "Practice Parameters Gynecomastia." February 2004
3. Arca, Marjorie, J., MD and Donna A. Caniano, MD, "Breast disorders in the adolescent patient," *Adolescent Medicine Clinics*, Vol. 15, No. 3, October 2004, pp. 473-485.
4. Blue Cross Blue Shield Association, "Surgical Treatment of Bilateral Gynecomastia," *Medical Policy Reference Manual # 7.01.13*, Original Policy Date 12/1/95, Last Review Date February 2016.
5. Choi, B.S., et al., "The characteristics and short-term surgical outcomes of adolescent gynecomastia," *Aesthetic Plast Surg.*, 2017 Oct;41(5):1011-1021.
6. Greydanus, Donald E., MD, et al. "Breast Disorders in Children and Adolescents," *Primary Care: Clinics in Office Practice*, Vol. 33, Issue 2, 2006, pp. 455-502.
7. HAYES Technology at a Glance, "Mastectomy for Gynecomastia," Lansdale, PA: HAYES Inc., July 6, 2010, Update Search July 12, 2012, Archived August 6, 2013.
8. Kanakis, GA., Nordkap, L., et al. "EEA clinical practice guidelines-gynecomastia evaluation and management." *Andrology*, 2019 (7) 778-793.
9. Muneer, Ambreen, et al., "Gynaecomastia: Management in a Developing Country," *J Ayub Med Coll Abbottabad*, Volume 21, Issue 3, 2009, pp. 7-11.
10. Narula, Harmeet Singh, MD and Harold E. Carlson, MD, "Gynecomastia," *Endocrinol Metab Clin N Am*, 36, Issue 2, 2007, pp. 497-519.
11. Vandeven HA, Pensler JM. Gynecomastia. In: StatPearls. Treasure Island (FL): StatPearls Publishing; October 12, 2019.
12. Wisconsin Physicians Service (WPS), "Cosmetic and Reconstructive Surgery," *WPS Local Medical Review Policy*, L34698, Original Determination Date 10/01/15, Revision Effective Date 01/01/17.
13. Wise, Gilbert J., MD, et al., "Male Breast Disease," *Journal of the American College of Surgeons*, Volume 200, Issue 2, 2005, pp. 255-268.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 8/5/20, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
12/1/02	12/1/02	12/1/02	Joint policy established
5/24/04	5/24/04	6/15/04	Routine maintenance
9/7/05	9/7/05	8/27/05	Routine maintenance
9/1/06	7/10/06	5/24/06	Routine maintenance
9/1/07	7/1/07	8/29/07	Routine maintenance
9/1/08	7/25/08	9/1/08	Routine maintenance
1/1/10	10/13/09	10/13/09	Routine maintenance
1/1/12	10/11/11	11/9/11	Routine maintenance
3/1/13	12/11/12	12/31/12	Routine maintenance
7/1/14	4/10/14	4/15/14	Routine maintenance
9/1/15	6/19/15	7/16/15	Routine maintenance
9/1/16	6/21/16	6/21/16	Routine maintenance
9/1/17	6/20/17	6/20/17	Routine maintenance
9/1/18	6/19/18	6/19/18	Routine maintenance
9/1/19	6/18/19		Routine maintenance
1/1/20	10/15/19		Routine maintenance Title changed from "Mammoplasty for Male Gynecomastia" to "Surgical Treatment for Male Gynecomastia"
1/1/21	10/20/20		Routine maintenance

Next Review Date: 4th Qtr, 2021

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: SURGICAL TREATMENT FOR MALE GYNECOMASTIA

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered, policy and certificate guidelines apply. Exception: Not covered for U-M Premier Care and Grad Care members (per 2020 certificates)
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.