

Subject: Gynecomastia Surgery

Background: Gynecomastia is a benign proliferation of the male breast. It is caused by an imbalance in the ratio of male hormone (testosterone) to female hormone (estrogen). The condition is often associated with pain or tenderness and is characterized by growth of the glandular tissue or by an accumulation of fatty tissue deposits. Pathological gynecomastia is caused by conditions that decrease the production of testosterone or increase the activity of estrogen. Some specific conditions that are associated with gynecomastia include Klinefelter's syndrome, hyperthyroidism and hypogonadism.

Authorization: Prior authorization is required for gynecomastia surgery requested for members enrolled in commercial (HMO, POS, and PPO) products.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs— HPHConnect Clinical Upload function, email (utilization_requests@harvardpilgrim.org), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here.](#)) Members may access these materials by logging into their online account (visit www.harvardpilgrim.org click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) considers surgical treatment of gynecomastia as reasonable and medically necessary when documentation confirms EITHER of the following criteria are met:

- Documentation and photographs confirm that member has Klinefelter's syndrome, OR
- Documentation of ALL of the following conditions:
 - Member is male and 18 years or older; AND
 - Physical examination, mammogram or tissue pathology confirms that breast tissue is glandular, not fatty tissue; AND
 - Member experiences tenderness or pain in breast tissue despite a 3-month trial of analgesic or non-steroidal anti-inflammatory drugs (NSAIDs); AND
 - Grade III or IV gynecomastia (unilateral or bilateral) persists more than 1 year or persists after 6 months of unsuccessful medical treatment of pathologic gynecomastia; AND
 - History excludes alcohol abuse and use of medications or other substances (e.g., hormones, steroids, supplements, herbal products) from contributing to pathologic gynecomastia; AND
 - Preoperative photographs are provided

Note: Faxed photographs usually do not allow adequate assessment of the grade/extent of gynecomastia. Mailed or emailed copies of colored photographs are required.

Exclusions: Harvard Pilgrim Health Care (HPHC) considers gynecomastia surgery as cosmetic for all other indications. In addition, HPHC does not cover gynecomastia surgery when:

- Psychological distress is the primary reason for surgery
- There is a history of substance abuse (e.g., marijuana, heroin, amphetamines), chronic alcohol abuse, and/or use of supplements/herbal products/hormones that can cause gynecomastia, and these substances have not been prescribed by a licensed clinician to treat a medical condition
- Liposuction is the sole surgical procedure requested to treat the gynecomastia
- Treatment is determined to be cosmetic (primarily to improve or reshape the member's appearance)

Supporting Information:

Choi et al. (2017) conducted a smaller retrospective study to report on short-term surgical outcomes of gynecomastia for 71 adolescents out of 1454 patients. All cases were bilateral and performed with liposuction on adolescents with a history of gynecomastia for over 3 years with psychological distress. 51 patients (71.8%) were classified as having a glandular type breast component. 14 patients (19.7%) had complications, but only 3 cases (4.2%) required revision. In conclusion, glandular type gynecomastia did not regress spontaneously so not only liposuction but also the surgical removal of the glandular tissue was necessary.

Brown et al. (2015) reviewed the surgical techniques in the treatment of gynecomastia. They stated that contemporary surgical techniques have become increasingly less invasive with the use of liposuction. However, the authors concluded that these techniques have been largely limited in their inability to address significant skin excess and ptosis.

Rosen et al. (2010) evaluated adolescents with gynecomastia in a retrospective review and compared surgical outcomes of normal weighted subjects versus overweight and obese individuals. BMI criteria indicated that 51% of the subjects were obese, 16% were overweight and 33% were within normal weight range. Major complications (surgical hematoma requiring operative evacuation) occurred in 4 subjects (5.8%), and minor complications in 19 (27.5%) and obese individuals required more extensive operations. Limitations included sample size and the retrospective design of the study and it was concluded that obesity should not be used as an absolute contraindication to gynecomastia surgery.

Guidelines:

The American Society of Plastic Surgeons (ASPS) has adopted the following classification system for gynecomastia from the McKinney and Simon, Hoffman and Kohn Scale:

- Grade I – small breast enlargement with localized button of tissue 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
- Grade IV – marked breast enlargement with skin redundancy and feminization of the breast

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Code	Description
19300	Mastectomy for gynecomastia

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. Ansstas G. Gynecomastia Treatment & Management: Approach Considerations, Pharmacologic Therapy, Breast Surgery. <https://emedicine.medscape.com/article/120858-treatment>. Published 2018. Accessed July 19, 2021.
2. American Society of Plastic Surgeons (ASPS). Health Policy. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Gynecomastia. January 2016. Available at: https://www.plasticsurgery.org/Documents/Health-Policy/Positions/Gynecomastia_ICC.pdf
3. Brown RH, Chang DK, Siy R, Friedman J. Trends in the surgical correction of gynecomastia. *Semin Plast Surg.* 2015;29(2):122-30.
4. Choi B, Lee S, Byun G, Hwang S, Koo B. The Characteristics and Short-Term Surgical Outcomes of Adolescent Gynecomastia. *Aesthetic Plast Surg.* 2017;41(5):1011-1021. doi:10.1007/s00266-017-0886-z.
5. Clinical Features, Diagnosis, and Evaluation of Gynecomastia in Adults. UpToDate.com/login [via subscription only]. Accessed July 19, 2021.
6. Dickson G. Gynecomastia. *Aafp.org.* 2018. Available at: <https://www.aafp.org/afp/2012/0401/p716.html#sec-4>. Accessed December 11, 2020.
7. Management of Gynecomastia. UpToDate.com/login [via subscription only]. Accessed on July 19, 2021.
8. Mastectomy for Gynecomastia. *Hayesinc.com/subscribers* [via subscription only]. Accessed on July 19, 2021.
9. Rosen H, Webb M, DiVasta A et al. Adolescent Gynecomastia. *Ann Plast Surg.* 2010;1. doi:10.1097/sap.0b013e3181dba827.

Summary of Changes:

Date	Change
7/21	No changes
1/21	Annual review; criteria updated
1/20	Annual review; no changes
4/19	No changes; Policy Automated through InterQual®
1/19	Annual policy review; references updated

Approved by Medical Policy Committee: 7/20/21

Approved by Clinical Policy Operational Committee: 4/19; 1/20; 2/21

Policy Effective Date: 08/09/2021

Initiated: 12/05