Gynecomastia Surgery

Policy Number: MP.012.13
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Instructions for Use

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- Cosmetic and Reconstructive Procedures
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Community Plan Policy

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Coverage Rationale

See Benefit Considerations

A mastectomy for treatment of Benign Gynecomastia for a male member under age 18 is considered reconstructive and medically necessary when all the following criteria are met:

- Gynecomastia or breast enlargement with moderate to severe chest pain that is causing a Functional or Physical Impairment. The inability to participate in athletic events, sports or social activities is not considered to be a functional or physical or physiological impairment.
- Persistent gynecomastia after cessation of prescribed medications and appropriate screening(s) of non-prescription and/or recreational drugs or substances that have a known side effect of gynecomastia (examples include, but are not limited to the following: testosterone, marijuana, asthma drugs, phenothiazines, anabolic steroids, cimetidine and calcium channel blockers).
- The breast enlargement must be present for at least 2 years and appropriate evaluation of medical causes with supporting laboratory testing has been normal. If so, lab tests which might include, but are not limited to the following must be performed:
  - Hormone testing (e.g., beta-human chorionic gonadotropin, estradiol, follicle-stimulating hormone, luteinizing hormone, prolactin, testosterone)
  - Liver enzymes
  - Serum creatinine
  - Thyroid function studies

Mastectomy for treatment of Benign Gynecomastia for a male member age 18 and over is considered reconstructive and medically necessary when all the following criteria are met:

- Discontinuation of medications, nutritional supplements, and non-prescription medications or substances (examples include, but are not limited to the following: testosterone, marijuana, asthma drugs, phenothiazines, anabolic steroids, cimetidine and calcium channel blockers) that have a known side effect of gynecomastia or breast enlargement and the breast size did not regress after discontinuation of use as appropriate.

- Glandular breast tissue is the primary cause of gynecomastia as opposed to fatty deposits (pseudo gynecomastia) and is documented on physical exam and/or mammography.
- Gynecomastia or breast enlargement with moderate to severe chest pain that is causing a Functional or Physical Impairment. The inability to participate in athletic events, sports or social activities is not considered to be a functional or physical or physiological impairment.
- Appropriate evaluation of medical causes with supporting laboratory testing has been normal. If so, lab tests which might include, but are not limited to the following must be performed:
  - Hormone testing (e.g., beta-human chorionic gonadotropin, follicle-stimulating hormone, estradiol, luteinizing hormone, prolactin, testosterone)
  - Liver enzymes
  - Serum creatinine
  - Thyroid function studies

Note: Regardless of age, if a tumor or neoplasm is suspected, a breast ultrasound and/or mammogram may be performed. As indicated, a breast biopsy may also be performed.

Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

CPT Code*	Required Clinical Information
Gynecomastia Surgery	

19300	Medical notes documenting the following, when applicable:
	• History of the medical condition
	• Relevant history of prescribed medication
	• Screening for non-prescription and/or recreational drugs or substances (examples include but are not limited to testosterone, marijuana, asthma drugs, phenothiazines, anabolic steroids, cimetidine, and calcium channel blockers)
	• Severity of pain and details of functional or physiological impairment(s)
	• Treatment plan for proposed surgery
	• Reports of all recent imaging studies and applicable diagnostic tests, including:
	  ○ Mammography
	  ○ Hormone testing (e.g., beta-human chorionic gonadotropin, estradiol, follicle-stimulating hormone, luteinizing hormone, prolactin, testosterone)
	  ○ Liver enzymes
	  ○ Serum creatinine
	  ○ Thyroid function studies

*For code description, refer to the Applicable Codes section.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Benign Gynecomastia: The development of abnormally large breasts in males. It is related to the excess growth of breast tissue (glandular), rather than excess fat tissue. (In most cases, breast enlargement and/or Benign Gynecomastia spontaneously resolves by age 18 making treatment unnecessary. Gynecomastia during puberty is not uncommon and in 90% of cases regresses within 3 years of onset.)

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

Cosmetic Procedures: Procedures or services that change or improve appearance without significantly improving physiological function.

Functional or Physical Impairment: A functional or physical or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

Reconstructive Procedures: Reconstructive Procedures when the primary purpose of the procedure is either of the following:
- Treatment of a medical condition
- Improvement or restoration of physiologic function

Reconstructive Procedures include surgery or other procedures which are related to an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that you may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a reconstructive procedure.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Note: Coding for suction lipectomy is addressed in the Medical Policy titled Panniculectomy and Body Contouring Procedures.

CPT Code	Description
19300	Mastectomy for gynecomastia

Description of Services

Gynecomastia is a benign proliferation of glandular breast tissue in men. Physiologic gynecomastia is common in newborns, adolescents, and older men. Treatment is directed at minimizing emotional distress and physical discomfort. Nonphysiologic gynecomastia may be caused by chronic conditions including but not limited to cirrhosis, hypogonadism, and renal insufficiency; use of medications, supplements, or illicit drugs; and, rarely, tumors. Discontinuing use of contributing medications and treating underlying disease is the standard of practice. Medications, such as estrogen receptor modulators, and surgery have a role in treating gynecomastia in select patients. Mastectomy refers to the surgical removal of glandular breast tissue though an open incision or more recently, through minimally endoscopic techniques. Cases that are considered severe may requires larger incisions.

Benefit Considerations

UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to the following:
- Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure
- Treatment of Benign Gynecomastia when specifically excluded in the member specific benefit plan document

Clinical Evidence

Zavlin D et al. (2017) performed a retrospective analysis from the databases of the American College of Surgeons National Surgical Quality Improvement Program for adults and pediatrics to produce two cohorts that underwent surgical repair of gynecomastia. The goal of the study was to assess patient demographics, surgical outcomes and complications. A total of 1787 individuals were identified, 204 pediatric and 1583 adult males. Mean ages were 15.8 and 39.6 respectively. The results demonstrated low surgical (3.9 and 1.9%) and medical (0.0 and 0.3%) complications within the standardized 30-day postoperative period. Children and adolescents, however, required double mean operative times compared to adults (111.3 vs 56.7 min). The authors concluded that operative gynecomastia treatment remains a safe modality across all age groups.

Hayes (2010) published a health technology assessment for Mastectomy for gynecomastia. This assessment was based on 7 retrospective studies that included more than 50 individuals and 1 small prospective case series with 36 individuals. In the largest retrospective study by Petty et al. (2010) the efficacy and safety of 4 surgical procedures were compared involving 227 individuals. The participants were divided into 4 groups. Each group underwent a different surgical procedure. Mean follow-up was 6 months. Despite positive findings, weaknesses of this study include its retrospective design, loss to follow-up, and lack of blind assessment of the results. Evaluation of the other retrospective studies and small prospective case series resulted in similar conclusions. However, the evidence suggests that surgery for gynecomastia is an appropriate option for carefully selected patients with symptomatic persistent disease who have not responded to medical therapy, when surgery is performed by a surgeon with experience in the selected technique, and when tissue is submitted for histopathological examination.

In a prospective randomized clinical trial Saariniemi et al. (2007) investigated the effectiveness of reduction mammaplasty for treatment of symptomatic breast hypertrophy. 82 individuals participated in the study. 40 individuals were part of the operative group, and 42 individuals to the nonoperative group. Both groups were examined at 0 and 6 months using short form-36 qualify of life questionnaire, 15D qualify of life questionnaire, the Finnish Pain Questionnaire and analysis of covariance was applied for instrumental data comparison. 29 participants in the operative group and 35 participants in the nonoperative group completed the study. The mean age was 46 years. Although the study resulted in the recommendation that reduction mammaplasty results in significant improvement of quality of life and decrease in pain and breast-associated symptoms it also noted that future studies should be focused on patient on participant selection and justification of the treatment by comparing with other approved treatments.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries for the treatment of gynecomastia are procedures and therefore not regulated by the FDA. Refer to the following website for additional information: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed January 25, 2022)

References

Ali O, Donohue PA. Gynecomastia. In: Kliegman RM, Stanton BF, Geme JW, Schor NF, Behrman RE, eds. Nelson Textbook of Pediatrics. 19th ed. Philadelphia, Pa: Saunders Elsevier; 2011:chap 579.

Ansstas, G, Ansstas, M, Griffing, G, Gynecomastia. Medscape. Updated March 21, 2017.

Dickson, Gretchen, Gynecomastia, University of Kansas School of Medicine, April 1, 2012, Volume 85, Number 7.

Gynecomastia and hormones. Sansone A et al. Endocrine. 2017.

Gynecomastia in Infants, Children, and Adolescents. Leung AKC et al. Recent Pat Endocr Metab Immune Drug Discov. 2017.

Hayes, Health Technology Assessment, Mastectomy for Gynecomastia, Jul 12, 2012. Archived Aug 5, 2013.

Mayo Clinic: Diseases and Conditions. Gynecomastia (enlarged breasts in men). January 22, 2014.

Narula HS, Carlson HE. Gynecomastia. Endocrinol Metab Clin North Am. 2007/36:497-519. NIH Medline Plus. Updated December 19, 2014.

Saaariniemi KM, Keranen UH, Salminen-Peltola PK et al. Reduction mammaplasty is effective treatment according to two quality of life instruments. A prospective randomised clinical trial. Journal of Plastic, Reconstructive & Aesthetic Surgery, 2008-12-01, Volume 61, Issue 12.

Zavlin D, Jubbal KT, Friedman JD, et al. Complications and Outcomes After Gynecomastia Surgery: Analysis of 204 Pediatric and 1583 Adult Cases from a National Multi-center Database. Aesthetic Plast Surg. 2017 Aug;41(4):761-767.

Policy History/Revision Information

Date	Summary of Changes

11/01/2022	**Title Change**
	• Previously titled *Gynecomastia Treatment*
	Template Update
	• Changed policy type classification from "Coverage Determination Guideline" to "Medical Policy"
	Coverage Rationale
	• Replaced language indicating:
	  ○ "Mastectomy *or suction lipectomy* for treatment of Benign Gynecomastia for a male member under age 18 [is reconstructive and medically necessary] when all of the [listed] criteria are met" with "a mastectomy for treatment of Benign Gynecomastia for a male member under age 18 is *considered* reconstructive and medically necessary when all the [listed] criteria are met"
	  ○ "Mastectomy *or suction lipectomy* for treatment of Benign Gynecomastia for a male member age 18 and *up* [is reconstructive and medically necessary] when all of the [listed] criteria are met" with "Mastectomy for treatment of Benign Gynecomastia for a male member age 18 and *over* is *considered* reconstructive and medically necessary when all the [listed] criteria are met"
	• Removed content addressing coverage limitations and exclusions
	Documentation Requirements
	• Updated list of *Required Clinical Information* to reflect/include:
	  ○ History of the medical condition
	  ○ Relevant history of prescribed medication
	  ○ Screening for non-prescription and/or recreational drugs or substances (examples include but are not limited to testosterone, marijuana, asthma drugs, phenothiazines, anabolic steroids, cimetidine, and calcium channel blockers)
	  ○ Severity of pain and details of functional or physiological impairment(s)
	  ○ Treatment plan for proposed surgery
	  ○ Reports of all recent imaging studies and applicable diagnostic tests, including:
	  ▪ Mammography
	  ▪ Hormone testing (e.g., beta-human chorionic gonadotropin, estradiol, follicle-stimulating hormone, luteinizing hormone, prolactin, testosterone)
	  ▪ Liver enzymes
	  ▪ Serum creatinine
	  ▪ Thyroid function studies
	Definitions
	• Removed definition of:
	  ○ Cosmetic Procedures (California only)
	  ○ Reconstructive Procedures (California only)
	Supporting Information
	• Added *Description of Services*, *Benefit Considerations*, *Clinical Evidence*, and *FDA* sections
	• Updated *References* section to reflect the most current information
	• Archived previous policy version CDG.012.12

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.