02-12000-14

Original Effective Date: 05/15/01

Reviewed: 03/28/24

Revised: 04/15/24

Next Review: No Longer Scheduled for Routine Review (NLR)

Subject: Mastectomy for Gynecomastia

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

DESCRIPTION:

Gynecomastia is a benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. Gynecomastia may be an incidental finding on routine examination, may present as an acute unilateral or bilateral painful tender mass beneath the areolar region, or as a progressive painless enlargement of the breast. Mastectomy for gynecomastia is a surgical procedure performed to remove breast glandular tissue from a male with enlarged breast.

Bilateral gynecomastia may be associated with any of the following:

- An underlying hormonal disorder (i.e., conditions causing either estrogen excess or testosterone deficiency such as liver disease or an endocrine disorder)
- An adverse effect of certain drugs (e.g., hormone therapy, anabolic steroids, cimetidine)
- Obesity
- Related to specific age groups, for example:
    - 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.

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. 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 either surgical excision or liposuction, may be

considered if the above conservative therapies are not effective or possible and the gynecomastia does not resolve spontaneously or with aging.

Summary and Analysis of Evidence: In an UpToDate article "Gynecomastia: A systematic review" (Braunstein) "Gynecomastia, a benign proliferation of the glandular tissue of the male breast, is caused by an increase in the ratio of estrogen to androgen activity. It is categorized as physiologic (occurring normally during infancy, puberty, and older age) or pathologic (due to drugs or disorders such as androgen deficiency, testicular tumors, hyperthyroidism, and chronic kidney disease). The management of gynecomastia depends upon its etiology, duration, severity, and the presence or absence of tenderness. Surgical therapy should be considered in men whose gynecomastia does not regress spontaneously, is causing considerable discomfort or psychological distress, or is longstanding (greater than 12 months) and the fibrotic stage has been reached. For adolescents, surgery is generally not recommended until adult testicular size is attained, as there may be regrowth of the breast tissue if the surgery is performed before puberty is completed.The extent of surgery depends upon the severity of the breast enlargement and whether there is also excess adipose tissue present. Many patients are treated with a combination of direct surgical excision of the glandular tissue and liposuction of any coexisting adipose tissue through a periareolar incision."

POSITION STATEMENT:

All requests for mastectomy for gynecomastia are reviewed to rule out cosmetic verses medical necessity. Photos should be maintained as part of the medical record, refer to section entitled **REIMBURSEMENT INFORMATION**.

Mastectomy for gynecomastia **meets the definition of medical necessity** when **ALL** of the following exist:

- Gynecomastia in post adolescent male;
- Male is over age 18 years of age;
- Tissue removed is glandular breast tissue and not fatty tissue; **AND**
- Enlargement of the breast (glandular breast tissue) is not the result of obesity, adolescence, medications and or drugs (e.g., steroids, marijuana), reversible drug treatment, or endocrine disorder.

Note**:** Liposuction performed as an adjunct procedure to a surgical mastectomy may be considered an appropriate treatment option.

Mastectomy for gynecomastia is considered cosmetic in nature and is generally a contract exclusion for the following indications:

- When performed for cosmetic purposes
- Breast enlargement resulting from obesity
- Removal of fatty tissue alone.

Liposuction as the sole procedure for reduction mammaplasty or breast reduction is considered **experimental or investigational** as there is insufficient clinical evidence to support the use of liposuction as the sole procedure for all indications. There is limited published clinical data evaluating the effectiveness and long-term results of liposuction and few case studies regarding the effect of breast reduction by liposuction on individual outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

19300	Mastectomy for gynecomastia

ICD-10 Diagnosis Codes That Support Medical Necessity:

N62	Hypertrophy of the breast

REIMBURSEMENT INFORMATION:

Required Documentation

The primary treating physician **MUST** submit the following information:

- Symptomatology and duration (e.g., pain symptoms and discomfort [distention and tightness to the breast], signs of deformity, mastitis)
- Endocrine work-up (endocrine causes ruled out e.g., hyperthyroidism)
- Post surgical pathology report.

Note: Photos are not required with the initial review. Photos should be maintained as part of the medical record. BCBSF may request photos as part of the review process.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for mastectomy for gynecomastia.

Documentation Table	LOINC Codes	LOINC Time Frame Modifier Code	LOINC Time Frame Modifier Codes Narrative
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

The following National Coverage Determinations (NCDs) was reviewed on the last guideline reviewed date: Cosmetic and Reonstructive Surgery, (L38914) located at cms.gov.

Medicare Advantage products: No National Coverage Determination (NCD) was found at the time of the last guideline review.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request.

DEFINITIONS:

No guideline related definitions apply.

RELATED GUIDELINES:

Reconstructive Cosmetic Surgery, 02-12000-01

OTHER:

None applicable.

REFERENCES:

1. American Society of Plastic Surgeons (ASPS) Recommended Insurance Coverage Criteria for Third-Party Payers: Gynecomastia, March 2002; Reaffirmed in June 2015.
2. Blue Cross Blue Shield Association Evidence Positioning System®. 7.01.13 Surgical Treatment of Bilateral Gynecomastia, 03/24.
3. Braunstein GD, Anawalt BD. Management of gynecomastia. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on January 24, 2024.)
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5. Fagerlund A, Lewin R, Rufolo G, et al. Gynecomastia: A systematic review. J Plast Surg Hand Surg. 2015;49(6):311-8. [Abstract]
6. Góes JC, Landecker A. Ultrasound-assisted lipoplasty (UAL) in breast surgery. Aesthetic Plast Surg. 2002 Jan-Feb;26(1):1-9. [Abstract]
7. Kanakis GA, Nordkap L, Bang AK, et al.EAA clinical practice guidelines-gynecomastia evaluation and management. Andrology. 2019 Nov;7(6):778-793.
8. Liu C, Tong Y, Sun F, et al. Endoscope-Assisted Minimally Invasive Surgery for the Treatment of Glandular Gynecomastia. Aesthetic Plast Surg. 2022 Dec;46(6):2655-2664. [Abstract]
9. Nuzzi LC, Firriolo JM, Pike CM, et al. The Effect of Surgical Treatment for Gynecomastia on Quality of Life in Adolescents. J Adolesc Health. 2018 Dec;63(6):759-765. [Abstract]

10. Prasetyono TOH, Budhipramono AG, Andromeda I. Liposuction Assisted Gynecomastia Surgery With Minimal Periareolar Incision: a Systematic Review. Aesthetic Plast Surg. 2022 Feb;46(1):123-131. [Abstract]
11. Soliman AT, De Sanctis V, Yassin M. Management of Adolescent Gynecomastia: An Update. Acta Biomed. 2017 Aug 23;88(2):204-213.
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14. Yang H, Liang F, Feng Y, et al. Single Axillary Incision Reverse Sequence Endoscopic Nipple-Sparing Mastectomy in the Management of Gynecomastia: Short-Term Cosmetic Outcomes, Surgical Safety, and Learning Curve of the Preliminary 156 Consecutive Procedures from a Prospective Cohort Study. Aesthetic Plast Surg. 2023 Nov 13. [Abstract]

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 03/28/24.

GUIDELINE UPDATE INFORMATION:

05/15/01	Medical Coverage Guideline reformatted.
06/15/03	Annual review. Added coverage and non-covered statement for liposuction.
06/15/05	Scheduled review. No change in coverage statement. Revised description section to include information regarding bilateral gynecomastia. Updated references.
06/15/06	Deleted the requirement of photographs for documentation.
07/15/06	Added note regarding maintaining photos as part of the medical record.
01/01/07	HCPCS update. Deleted 19140. Added 19300.
06/15/07	Annual review; maintained current coverage and limitations; reformatted guideline; Medicare Advantage section updated; references updated.
04/15/09	Deleted program exception statement for Medicare Advantage product.
06/15/09	Annual review; maintain position statements. Updated references.
02/15/11	Revision; related ICD-10 code added.
10/01/11	Revision; formatting changes.
05/11/14	Revision: Program Exceptions section updated.
07/15/15	Revision: Program Exceptions section updated.
11/01/15	Revision: ICD-9 Codes deleted.
07/15/18	Review; no change in position statement. Updated description and references.
05/15/20	Review; no change in position statement. Updated references.
06/15/22	Review; no change in position statement. Updated description and references.
05/23/23	Update to Program Exceptions section.
01/01/24	Position Statement maintained.
04/15/24	Review; no change in position statement. Updated references.