



Kansas City

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Surgical Treatment of Bilateral Gynecomastia

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Last Review: 4/2014

Origination: 4/2006

Next Review: 4/2015

Policy

Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for surgical treatment of bilateral gynecomastia when it is determined to be medically necessary because the criteria shown below are met.

When Policy Topic is covered

See Considerations below, for discussion of potential coverage eligibility based on reconstructive services.

When Policy Topic is not covered

Surgical removal of breast tissue, such as mastectomy or liposuction, as a treatment of gynecomastia is considered **cosmetic** due to the lack of a functional impairment. See Considerations below, for discussion of potential coverage eligibility based on reconstructive services.

Considerations

Concepts of medical necessity are based on the presence of a functional impairment.

Gynecomastia occurs in up to 75 per cent of boys to some degree, usually during the first stages of puberty. Gynecomastia may be unilateral or bilateral and occurs most frequently in mid to later stages of puberty. Gynecomastia lasts generally at least 2 years. In few instances the breast tissue is compatible to that in Tanner stage 3 or 4 female breast development. It is in such instances that spontaneous regression is less likely and surgical intervention may be appropriate, particularly when the breast is pendulous and hypertrophy is a significant somatic problem.

A work up of gynecomastia secondary to pathologic conditions should be done first to exclude testicular tumors, inadvertent chronic estrogen ingestion, fibromas or lipomas, drugs affecting androgen or estrogen production, anorchia or acquired testicular failure, Klinefelter syndrome, etc.

In routine transient pubertal gynecomastia, reassurance and psychosocial support, weight loss, and physical activity are appropriate measures. In severe or prolonged cases with no apparent regression for more than 2 years and when pubertal development is nearly completed, surgical intervention may be considered.

Therefore, surgical treatment of gynecomastia in adolescent males (21 years of age and under) may be considered when all of the following are met:

- Symptoms must be present for two or more years after obtaining Tanner Stage 3 sex maturity rating; and
- A work up to rule out gynecomastia secondary to pathologic conditions must be completed; and
- Breast tissue is compatible to that in Tanner stage 3 or 4 female breast development.

Description of Procedure or Service

Bilateral gynecomastia refers to the benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. Surgical removal of the breast tissue, using either surgical excision or liposuction may be considered if conservative therapies are not effective or possible.

Bilateral gynecomastia refers to the benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. 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)
- A side effect of certain drugs
- Associated with obesity
- Related to specific age groups, i.e.,
 - 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 and adolescent gynecomastia may resolve with aging.

Prolonged gynecomastia causes periductal fibrosis and stromal hyalinization, which prevents 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.

Rationale

This policy was originally created in 1995 and was updated with searches of the MEDLINE database. The most recent literature search was performed for the period of September 2012 through August 2013. The following is a summary of the key findings to date.

As noted above, coverage eligibility for treatment of bilateral gynecomastia is largely a contract/benefits issue, related to the distinction between cosmetic and reconstructive services. The surgical procedure may involve surgical excision (i.e., mastectomy) or more recently, liposuction has been used. (1, 2) In some instances, adolescent gynecomastia may be reported as tender or painful, and the presence of these symptoms may be presented as a rationale for the medical necessity of surgical treatment. However, the pain associated with adolescent gynecomastia is typically self-limiting or responds to analgesic therapy.

In order to demonstrate improvement in health outcomes, controlled trials are needed that report clinically important outcomes such as improvement in functional status. No such trials were identified on literature search.

Ongoing Clinical Trials

No clinical trials were identified that addressed surgery for gynecomastia in a search of online site ClinicalTrials.gov on September 9, 2013.

Summary

Bilateral gynecomastia refers to the benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. Surgical removal of the

breast tissue, using either surgical excision or liposuction may be considered if conservative therapies are not effective or possible.

There are no randomized controlled trials on surgical treatment of bilateral gynecomastia that address functional impairment. Since conservative therapy should adequately address any physical pain or discomfort and gynecomastia does not typically cause functional impairment, surgical treatment of bilateral gynecomastia is considered not medically necessary.

Practice Guidelines and Position Statements

The American Society of Plastic Surgeons (ASPS) issued practice criteria for third-party payers. (3) In this document, the ASPS classified gynecomastia with 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 the ASPS, in adolescents, surgical treatment for unilateral or bilateral grade II or grade III gynecomastia may be appropriate if the gynecomastia persists for more than 1 year after pathological causation is ruled out (or 6 months if grade IV) and continues after 6 months if medical treatment is unsuccessful. In adults, surgical treatment for unilateral or bilateral grade III or grade IV gynecomastia may be appropriate if the gynecomastia persists for more than 3-4 months after pathological causation is ruled out and continues after 3-4 months of medical treatment that is unsuccessful. The ASPS also indicates surgical treatment of gynecomastia may be appropriate when distention and tightness cause pain and discomfort.

Medicare National Coverage

No national coverage determination.

References

1. Rohrich RJ, Ha RY, Kenkel JM et al. Classification and management of gynecomastia: defining the role of ultrasound-assisted liposuction. *Plast Reconstr Surg* 2003; 111(2):909-23; discussion 24-5.
2. Goes JC, Landecker A. Ultrasound-assisted lipoplasty (UAL) in breast surgery. *Aesthetic Plast Surg* 2002; 26(1):1-9.
3. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. 2002. Available online at: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Gynecomastia-Insurance-Coverage.pdf>

Billing Coding/Physician Documentation Information

19300 Mastectomy for gynecomastia

Additional Policy Key Words

N/A

Policy Implementation/Update Information

4/1/06	New policy.
4/1/07	No policy statement changes. Coding updates.
4/1/08	No policy statement changes.
4/1/09	No policy statement changes.
4/1/10	No policy statement changes.

4/1/11 No policy statement changes.
4/1/12 Liposuction added to the policy statement which remains cosmetic.
4/1/13 No policy statement changes.
4/1/14 No policy statement changes.

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