Medical Policy

BlueCross BlueShield of Kansas
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Title: Surgical Treatment of Gynecomastia

Professional
Original Effective Date: January 17, 2007
Revision Date(s): February 26, 2013; December 31, 2013
Current Effective Date: March 15, 2012

Institutional
Original Effective Date: January 17, 2007
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DESCRIPTION

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.

The causes of gynecomastia in the adult include the following in decreasing order of frequency:

1. Persistent pubertal gynecomastia
2. Drugs
3. No detectable abnormality
4. Cirrhosis or malnutrition
5. Hypogonadism
6. Testicular, adrenal or pituitary tumors
7. Hyperthyroidism
8. Chronic renal insufficiency

Pseudogynecomastia refers to excessive fat tissue without glandular proliferation or to prominent pectoralis muscles

Drugs associated with gynecomastia include:

1. Antiandrogens/inhibitors of androgen synthesis
    a. Cyproterone acetate
    b. Flutamide, bicalutamide, nilutamide
    c. Finasteride, dutasteride
    d. Spironolactone
    e. PC-SPECS (OTC herbal)

2. Antibiotics
    a. Ethionamide
    b. Isoniazid
    c. Ketoconazole
    d. Metronidazole

3. Antiulcer drugs
    a. Cimetidine
    b. Ranitidine
    c. Omeprazole

4. Cancer chemotherapeutic drugs
    a. Alkylating agents
    b. Methotrexate
    c. Vinca alkaloids
    d. Combination chemotherapy
    e. Imatinib

5. Cardiovascular drugs
    a. ACE inhibitors: captopril, enalapril
    b. Amiodarone
    c. Calcium channel blockers; diltiazem, nifedipine
    d. Digitoxin
    e. Methyldopa
    f. Reserpine

6. Drugs of abuse
    a. Alcohol
    b. Amphetamines
    c. Heroin
    d. Marijuana
    e. Methadone

7. Hormones
    a. Androgens
    b. Anabolic steroids
    c. Chorionic gonadotropin
    d. Estrogens
    e. Growth hormone

8. Psychoactive drugs
    a. Diazepam
    b. Haloperidol
    c. Phenothiazines
    d. Tricyclic antidepressants

9. Other
    a. Auranofin
    b. Diethylpropion
    c. Domperidone
    d. Etretinate
    e. HAART therapy
    f. Metoclopramide
    g. Phenytoin
    h. Penicillamine
    i. Sulindac
    j. Theophylline

Evaluation of gynecomastia should include the following:

1. A detailed history (including a list of drugs) and physical examination (including a testicular examination)
2. Liver, kidney and thyroid function tests
3. Serum HCG, prolactin, LH, testosterone and estradiol

Treatment should be directed at underlying causes. Education and reassurance of the transient and benign nature of the condition should be given.

Pain is usually not severe and is self limited as fibrotic and fatty changes replace ductal hyperplasia (with capsule stretching) and periductal inflammation. The transient pain that may occur may be managed with simple analgesics or tamoxifen.

POLICY

1. Surgical removal of breast tissue such as mastectomy or liposuction, as a treatment of gynecomastia is considered contractually **noncovered.**

2. Surgical treatment of gynecomastia for **pain** is considered **not medically necessary.**

3. An incisional biopsy is considered **medically necessary** for male breast masses that have features atypical for gynecomastia when malignancy is a valid concern.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Guidelines

- Reconstructive surgery for gynecomastia with no functional impairment is contractually noncovered.
- Pain associated with gynecomastia is typically mild, transient and medically treatable.

RATIONALE

Coverage eligibility for treatment of gynecomastia is largely a contract / benefits issue related to reconstructive services. The presence of symptoms may be presented as a rationale for the medical necessity of surgical treatment. However, the pain associated with gynecomastia is typically self-limiting or responds to medical therapy.

Summary

There are no randomized controlled trials on surgical treatment of bilateral gynecomastia that address functional impairment. Conservative therapy should adequately address any physical pain or discomfort and gynecomastia does not typically cause functional impairment.

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

CPT/HCPCS

19101	Biopsy of breast; open, incisional
19300	Mastectomy for gynecomastia

DIAGNOSIS

611.1	Hypertrophy of breast
611.71	Mastodynia
611.72	Lump or mass in breast
175.0	Malignant neoplasm of male breast
175.9	Malignant neoplasm of male breast; other and unspecified sites of male breast

ICD-10 Diagnosis *(Effective October 1, 2014)*

C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast

C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
N62	Hypertrophy of breast
N64.4	Mastodynia
N63	Unspecified lump in breast

REVISIONS

03-15-2012	Policy added to the bcbsks.com web site.
02-26-2013	Description section updated.
	Reference section updated.
12-31-2013	Policy reviewed.
	In Coding section: ▪ Added ICD-10 Diagnosis *(Effective October 1, 2014)*

REFERENCE

1. UpToDate. Accessed January 2013
2. Medical Policy Reference Manual. 7.01.13: Surgical Treatment of Bilateral Gynecomastia

Other References

1. Blue Cross and Blue Shield of Kansas Surgery Liaison Committee, August 2010.