

Mastectomy for Gynecomastia

Policy Number: PG0221
Last Review: 11/01/2023

HMO AND PPO
ELITE (MEDICARE ADVANTAGE)
MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional
☒ Facility

DESCRIPTION:

Gynecomastia is a benign enlargement of the male breast that is caused by an imbalance in the ratio of circulating male hormone (testosterone) to female hormone (estrogen). Gynecomastia occurs with normal hormonal changes during puberty or aging but is also associated with other conditions or drugs that alter the hormonal ratio. Gynecomastia is characterized by the growth of glandular tissue within the breast, the growth of glandular tissue and fatty tissue deposits, or by an accumulation of fatty tissue alone. The condition is often associated with pain or tenderness that warrants medical intervention, and patients also seek treatment due to social concerns and embarrassment. Certain drugs may alleviate gynecomastia but when these are not effective, surgery might be needed.

Pathological gynecomastia is caused by diseases, conditions, medications, or illicit drugs or alcohol that decrease the production or activity of testosterone, or that increase the production or activity of estrogen. In some cases, the cause is unknown. Some specific conditions that are associated with gynecomastia include.

- Decreased testosterone production/activity (hypogonadism): Klinefelter's syndrome, congenital anorchia, testicular torsion, viral orchitis, pituitary tumors, malignancies that increase serum human chorionic gonadotropin, renal failure, hyperthyroidism, malnutrition, androgen insensitivity syndrome, and 5-alpha-reductase deficiency syndrome.
- Increased estrogen production/activity: Ectopic hormone production by certain cancers and extragonadal germ cell tumors, chronic liver disease, malnutrition, hyperthyroidism, adrenal tumors, and familial gynecomastia.
- Drugs: Estrogens or drugs with estrogen-like activity, drugs that inhibit testosterone synthesis or action and drugs that act by unknown mechanisms.

The American Society of Plastic Surgeons (ASPS) has adopted the following classification system for gynecomastia:

- 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

Treatment of gynecomastia involves consideration of the underlying cause:

- Conservative treatment includes at least three consecutive months of medical management, under the direction of a health care professional within the past 12 months, and both of the following:
 - Abstinence from anabolic steroids, alcohol abuse or illegal drugs; AND
 - Compliance with medically prescribed topical or oral medication
- Surgical removal of the breast tissue may be considered if conservative therapies are not effective or possible and the gynecomastia does not resolve spontaneously or with aging.

POLICY:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

- **Mastectomy for Gynecomastia (19300) requires prior authorization for all product lines.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

Paramount Commercial Insurance Plans, Medicare Advantage Plans and Paramount Advantage Medicaid Coverage for the surgical treatment of gynecomastia is dependent on benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit, and may be governed by state mandates. Under many benefit plans, the surgical treatment of gynecomastia is not covered when performed solely for the purpose of altering appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. In addition, gynecomastia surgery is specifically excluded under some benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and terms, conditions, and limitations of coverage.

Members may be eligible for gynecomastia surgery when ALL the following criteria are met:

- Grade IV gynecomastia; and
- Gynecomastia not due to the use of anabolic steroids, alcohol abuse or illegal drugs; and
- Individual is 18 years of age or older, or growth is complete; and
- Presence of a functional impairment that has failed to respond to conservative treatment and is adversely affecting activities of daily living, including both of the following:
 - Chronic skin irritation not relieved or controlled by dermatological therapy and other prescribed medical treatment; and
 - Persistent severe pain despite the use of medically supervised analgesics or nonsteroidal anti-inflammatory drugs (NSAIDs); and
- Tissue to be removed is glandular breast tissue and not the result of obesity or puberty; and
- ANY of the following indications:
 - Gynecomastia persisting greater than 12 months despite treatment for a known underlying causative medical condition (e.g., androgen deficiency, endocrine disorders, increased estrogen secretion, Klinefelter syndrome); OR
 - Idiopathic gynecomastia persisting beyond 24 months when underlying hormonal or medical causes have been excluded by appropriate laboratory testing (e.g., beta subunit human chorionic gonadotropin [HCG], estradiol, prolactin, testosterone, thyroid function studies); OR
 - Medication-induced (e.g., bicalutamide, cimetidine, human growth hormone, ketoconazole, nifedipine, spironolactone) gynecomastia that does not resolve after six months of cessation of the drug therapy

Mastectomy for gynecomastia is considered medically necessary, regardless of age, when there is legitimate concern that a breast mass may represent breast carcinoma.

Mastectomy or reduction mammoplasty for the surgical treatment of gynecomastia for EITHER of the following indications is considered cosmetic in nature and not medically necessary:

- When performed solely to improve appearance of the male breast or to alter contours of the chest wall
- When performed solely to treat psychological or psychosocial complaints

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES

19300	Mastectomy for gynecomastia
-------	-----------------------------

REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 02/01/2011

Date	Explanation & Changes
09/10/2013	<ul style="list-style-type: none">ICD-10 Codes added from ICD-9 conversion. Policy reviewed and updated to reflect most current clinical evidenceApproved by Medical Policy Steering Committee as revised
11/23/2016	<ul style="list-style-type: none">Gender verbiage changes completed per Meaningful Access Section 1557 of the Affordable Care Act
02/13/2018	<ul style="list-style-type: none">Removed ICD-9 & ICD-10 PCS codesPolicy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee
12/16/2020	<ul style="list-style-type: none">Medical policy placed on the new Paramount Medical Policy Format
02/14/2023	<ul style="list-style-type: none">Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
11/01/2023	<ul style="list-style-type: none">Medical Policy reviewed and updated to reflect the most current clinical evidenceAdded American Society of Plastic Surgeons (ASPS) classification system for gynecomastia
03/05/2024	<ul style="list-style-type: none">Medical Policy placed on the new Paramount Medical Policy format

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services <https://www.cms.gov/Regulations-and-Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>
Industry Standard Review

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review