

## Gynecomastia Surgery

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## DEFINITIONS

**Gynecomastia** is defined as the presence of an abnormal proliferation of breast tissue in males.

- **True gynecomastia:** Breast enlargement is due to glandular breast tissue.
- **Pseudogynecomastia:** Breast enlargement is secondary to fat accumulation.
- **Mixed gynecomastia:** Presence of both glandular and fat tissue.
- **Physiologic gynecomastia** occurs most frequently during times of male hormonal changes, resulting from the effect of an altered estrogen/androgen balance on breast tissue or from the increased sensitivity of breast tissue to normal estrogen levels.
- **Pubertal gynecomastia** is a common condition with an overall incidence of 38 percent in males 10 to 16 years of age, increasing to 65 percent at age 14 and dropping to 14 percent in 16-year-old boys. During adolescence, 75 percent of the cases occur bilaterally; however, the breasts are often affected to different degrees. Pubertal gynecomastia often regresses spontaneously within 6 months of onset, 75 percent within 2 years of onset, and 90 percent within 3 years of onset.  
In adults, gynecomastia is associated with increasing age due to progressive testicular hypofunction, increase in body fat and increase in the estrogen-androgen ratio.
- **Pathological gynecomastia** is associated with both androgen deficiency and estrogen excess; both causes may be correlated to medications, diseases related to endocrinologic abnormalities, tumors, chronic disease, chromosomal abnormalities, familial disorders and miscellaneous other conditions.
- **Cosmetic surgery** is performed to reshape *normal* structures of the body in order to improve the patient's appearance and self-esteem. The Plan does **not** cover cosmetic surgery.

**Reconstructive surgery** is performed on *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

Obesity also plays a role in the development of gynecomastia. According to the published literature, "Idiopathic gynecomastia is closely correlated with generalized obesity, reduced LH and testosterone levels which may be the result of increased conversion of testosterone to oestradiol in increased adipose tissue mass."<sup>1</sup> Weight loss may improve this condition to some extent; therefore, the Plan shall not provide coverage for obesity-based gynecomastia.

## GUIDELINE

See also [Cosmetic Surgery Procedures](#).

The Plan regards gynecomastia surgery to be a cosmetic procedure unless **all** of the following criteria are documented as met. For Plan consideration, preoperative photos must be provided.

1. Members must be  $\geq 18$  years of age and completed pubertal development.
2. Pseudogynecomastia has been ruled out.<sup>2</sup>
3. Presence of unilateral or bilateral grade III or IV gynecomastia (Table 1).
  - Persists for  $> 3$  to 4 months after pathological causes ruled out (e.g., mass, primary gonadal failure, hyperthyroidism, androgen insensitivity syndromes; list not all inclusive).
  - 3 to 4 months of unsuccessful drug therapy for pathological gynecomastia with no resolution of symptoms post discontinuation of therapy.
3.  $\geq 6$  months of pain and discomfort, directly attributable to breast hypertrophy that is unresolved by analgesics or nonsteroidal anti-inflammatory drugs and significantly impacts activities of daily living (defined as basic self care activities, e.g., feeding, dressing, bathing, grooming, toileting and functional mobility).
4. Evaluation for medical causes is required and should include diagnostic endocrinology testing, including but not limited to testing for a decreased ratio of testosterone to estradiol, liver and thyroid function tests and a CT scan of the pituitary gland based on abnormal laboratory tests.

Note: Breast mass biopsy is indicated for a clinically suspicious mass or when there is a family history of breast cancer (1<sup>st</sup> degree relatives, male or female,  $< 40$  years of age). Mastectomy is considered reasonable and necessary (regardless of age) in cases where there is pathological evidence of a breast malignancy.

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<sup>1</sup> Ersoz H, et al. *Int J Androl*. 2002;25:312-316.

<sup>2</sup> "Gynecomastia may be distinguished from pseudogynecomastia by having the patient lie on his back with his hands behind his head. The examiner then places his or her thumb and forefinger on each side of the breast and slowly brings them together. In true gynecomastia, a ridge of glandular tissue will be felt that is reasonably symmetrical to the nipple areolar complex. In pseudogynecomastia, the fingers will not meet any resistance until they reach the nipple. Gynecomastia can usually be detected when the size of the glandular tissue exceeds 0.5 cm in diameter.

**Table 1—Gynecomastia Scale<sup>3</sup>**

<b>Grade II</b>	Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
<b>Grade III</b>	Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.
<b>Grade IV</b>	Marked breast enlargement with skin redundancy and feminization of the breast.

## LIMITATIONS/EXCLUSIONS

- Gynecomastia surgery is not considered medically necessary in the following situations:
  - Age < 18 years (unless pathology is present).
  - Breast enlargement secondary to medication or substance abuse (e.g., marijuana, anabolic steroids, etc.).
  - Breast enlargement secondary to obesity (BMI ≥ 30).
  - Psychological or psychosocial rationale for surgical request.
- Breast liposuction is not considered medically necessary, as it is deemed cosmetic.

## APPLICABLE PROCEDURE CODE

<b>19300</b>	Mastectomy for gynecomastia
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<sup>3</sup> Modified McKinney and Simon, Hoffman and Kohn scale utilized by the American Society of Plastic Surgeons.