

## Gynecomastia Surgery for Males

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These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

### Administrative Process

Requires prior approval.

### Coverage

For all requests, documentation must include all of the following:

1. Type and grade of gynecomastia; and
2. Length of time present; and
3. Causes tested for and ruled out; and
4. Treatments tried; and
5. Results of treatment

### Indications that are covered

1. Malignancy is suspected
2. Non-malignancy, according to these criteria for adolescents and adults:
  - a. Adolescent coverage (i and ii must be met):
    - i. Unilateral or bilateral Grade III or Grade IV gynecomastia present with:
      1. persistence for more than two years after pathological causes are ruled out; OR
      2. persistence after 6 months of unsuccessful medical treatment for pathological gynecomastia
    - ii. Pain due to distention and tightness from the hypertrophied breast.
  - b. Adult coverage (i and ii must be met):
    - i. Unilateral or bilateral Grade III or Grade IV gynecomastia present with:
      1. persistence for more than 6 months after pathological causes ruled out; OR
      2. persistence after 6 months of unsuccessful medical treatment for pathological gynecomastia
    - ii. Pain due to distention and tightness from the hypertrophied breast.

### Indications that are not covered

1. Breast enlargement that occurs as a result of a developmental condition expected to resolve with time (i.e. adolescence)
2. Removal of excess adipose (fat) tissue (pseudogynecomastia)
3. Surgery for cosmetic reasons (Grade II gynecomastia)

### Definitions

**Gynecomastia** is the presence of an abnormal development of glandular breast tissue in males. Gynecomastia in adolescents is very common, estimated to affect up to 40% of 12 to 16 year old boys. In most cases, breast development is minimal and spontaneously regresses two to three years later. Breast development may be bilateral or unilateral.

**Pathological gynecomastia** refers to breast enlargement due to a pathological process. Pathological gynecomastia in adolescent boys may be due to a variety of causes, including Klinefelter's syndrome, congenital hypogonadism,

hermaphroditism, testicular trauma, a breast tumor, ingestion of any of a variety of prescription medications, contact with family members who use estrogen creams, abuse of anabolic steroids, abuse of heroin, malnutrition, liver disease, or treatment with chemotherapy. Treatment of pathological gynecomastia depends on the cause.

**Pseudogynecomastia:** In true gynecomastia, the breast enlargement is due to glandular breast tissue growth. It is associated with both androgen deficiency and estrogen excess. In pseudogynecomastia, the breast enlargement is due to the accumulation of fat. Pseudogynecomastia often affects obese boys and men. It can be treated by weight loss or liposuction.

**Grade II Gynecomastia:** Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest

**Grade III gynecomastia:** Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.

**Grade IV Gynecomastia:** Marked breast enlargement with skin redundancy and feminization of the breast.

## Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.

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