

Gynecomastia Surgery for Males

Administrative Process

Requires prior approval.

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.

Coverage

Gynecomastia surgery is generally not covered except for the indications listed below.

Indications that are covered

Adolescent coverage:

1. Unilateral or bilateral Grade III or Grade IV gynecomastia present AND:
 - A. persists more than two years after pathological causes are ruled out OR
 - B. persists after 6 months of unsuccessful medical treatment for pathological gynecomastia; OR
2. Pain due to distention and tightness from the hypertrophied breast.

Adult Coverage;

1. Breast biopsy is indicated when malignancy is suspected; OR
2. Unilateral or bilateral Grade III or IV gynecomastia present AND:
 - A. persists more than 6 months after pathological causes ruled out OR
 - B. persists after 6 months of unsuccessful medical treatment for pathological gynecomastia; AND
3. Pain due to distention and tightness from the hypertrophied breast.

Documentation needs to include 1) the type and grade of gynecomastia; 2) length of time present; 3) causes tested for and ruled out; 4) treatments tried and 5) results of treatment.

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).

Products

Consult your plan documents (Membership Contract, Summary Plan Description [SPD], Evidence of coverage [EOC] or similar plan document) to determine governing contractual provisions, including exclusions and limitations relating to your specific plan. These guidelines apply to most, but not all, plans offered by HealthPartners. We strive to ensure that the contents of this site are correct and complete, but to verify your benefits, please check your contract or SPD, or contact Member Services. In the event of a conflict between your specific plan documents and this general information, the plan documents will govern. 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 800-233-9645.

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