

Gynecomastia Surgery for Males

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

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.

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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. This information is not the same for Medicare. If you have questions or would like help, please call Member Services at 952-883-7979 or 1-800-233-9645.

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