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Northwest Region Utilization Review

UR 20.4 Gynecomastia Surgery Medical Necessity Criteria

Department: Surgery
Section: Plastic Surgery
Applies to: KPNW Region
Review Responsibility: UROC
Subject Matter Experts: Patricia Sandholm, MD;
H. Jonathan Chong, MD (Plastic Surgery)
Catherine Lum, MD (Peds Endocrinology)

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MEDICAL NECESSITY CRITERIA FOR GYNECOMASTIA SURGERY

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

DEFINITIONS

See the Evidence of Coverage (EOC) as definitions of *Cosmetic Services* may vary within the Exclusions section of the EOC documents.

POLICY AND CRITERIA

Coverage guidance: Gynecomastia surgery may be excluded from coverage. Check for exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	LCD L37020 "Plastic Surgery"
Local Coverage Article	A57222 Billing and Coding: Plastic Surgery
Kaiser Permanente Medical Policy for Medicare members	UR 20.4 does not apply. For Medicare lines of business, apply the criteria in the LCD.
For Medicaid Members	
OR Medicaid	UR 20.4 does not apply. Check Linefinder
WA Medicaid	UR 20.4 does not apply
Commercial and Self-Funded Members	
OR Commercial	UR 20.4 applies
WA Commercial	UR 20.4 applies
Self-funded Plans	UR 20.4 applies

To be considered for consultation and/or surgical intervention for treatment of gynecomastia, all of the following must be met:

1. Presence of moderate or marked true gynecomastia*, diagnosed by clinical examination:
    a. In adolescent patients (15-18 y/o), moderate palpable glandular breast tissue exceeding areolar boundaries, with or without skin redundancy, present for >12 months. [1]
    b. In adult patients (>18 y/o), moderate palpable glandular breast tissue exceeding areolar boundaries, with or without skin redundancy, present for >6 months. [1]

    * In true gynecomastia, breast enlargement is due to proliferation of glandular breast tissue; on physical examination, there is a discrete palpable glandular mass. In pseudogynecomastia (i.e., lipomastia), breast enlargement is secondary to fat accumulation; on physical examination, there is no palpable glandular mass and the fingers will not meet any resistance. [1]
2. Endocrine assessment completed by primary care, with consultation by endocrinology or pediatric endocrinology if appropriate.
3. Physical exam completed including breast and testicular exam within the last 12 months.
4. Documentation indicating no offending medications, including anabolic steroids and/or illicit substances such as marijuana are contributing to the gynecomastia within the last 12 months. [14, 19]
5. Documentation indicating no other medical conditions such as renal failure, cirrhosis, endocrine problems, testicular or other HCG (human chorionic gonadotropin) secreting cancer, or malnutrition and refeeding are contributing to the gynecomastia. [3, 19]
6. Failed conventional medical treatments including stopping offending medications/substances, treating reversible medical conditions, using pain medications or consideration of 6 to 12-week trial of tamoxifen in appropriate candidates. [3, 16]
7. Minimum age 15 or completed or nearly completed puberty. [3, 14]
8. BMI less than or equal to 34. [7, 17, 20]
9. Members with a history of tobacco products* use must have:
    a. a documented "quit" date ≥6 months prior to referral for consultation, **or**
    b. a negative urine anabasine test (level below 3 ng/dl) within the last 30 days if quit ≤6 months prior to referral for consultation.

*tobacco products: cigarettes, cigars, pipe tobacco, e-cigarettes, smokeless tobacco (chewing tobacco and snuff).

CONTRAINDICATIONS (TO BE DETERMINED BY THE SURGEON)

1. Nicotine use, including tobacco products* and nicotine replacement therapy (NRT) products** within the 30 days prior to surgery.

*tobacco products: cigarettes, cigars, pipe tobacco, e-cigarettes, smokeless tobacco (chewing tobacco and snuff).
**NRT products: nicotine gum, lozenges, sublingual tablets, transdermal patch, nasal spray, inhaler.

2. Uncontrolled diabetes as indicated by a HbA1c of 8.0 or higher.

3. Obesity (BMI >34).
4. Any other surgical contraindications will be determined by the surgeon.

RATIONALE

GENERAL CLINICAL INFORMATION AND EVIDENCE BASIS

1. Gynecomastia (enlargement of the male breast) is usually benign. [3]
2. Most cases of gynecomastia result from an imbalance between estrogenic (stimulatory) and androgenic (inhibitory) effects on the breast. [3]
3. Gynecomastia frequently occurs in a bimodal pattern during puberty (pubertal gynecomastia) and in men 50-80 years old (senescent gynecomastia). [3]
4. Pseudogynecomastia (adipose tissue without glandular proliferation) is common in obese men and needs to be differentiated from true gynecomastia. In true gynecomastia there may be a button of firm subareolar glandular tissue, or there may be a more diffuse collection of fibroglandular tissue. [3]
5. Absolute estrogen excess which contributes to gynecomastia: Leydig cell tumors, estrogen-producing adrenal tumors, tumors producing chorionic gonadotropin. [3]
6. Relative estrogen excess which contributes to gynecomastia: primary hypogonadism, Klinefelter syndrome, secondary hypogonadism, puberty, refeeding syndrome, renal failure and dialysis, cirrhosis of the liver, hyperthyroidism [3]
7. Drugs which contribute to gynecomastia include, but are not limited to: histamine H_2-receptor blockers, phenytoin, digoxin, spironolactone, nifedipine, reserpine and other cardiovascular drugs, diethylstilbestrol, testosterone antagonists, flutamide, leuprolide, finasteride, diazepam, tricyclic anti-depressants, phenothiazine, risperidone, haloperidol, alcohol, amphetamines, marijuana, heroin, methadone, anti-tuberculosis drugs, cytotoxic agents. [4, 14, 19]
8. Herbal products that can cause gynecomastia include lavender oil or tea tree oil. [4]
9. Lab screening should include: thyroid function, liver enzymes, serum creatinine and serum total testosterone, and *may* also include serum beta-hCG, estradiol, LH, FSH and prolactin, and serum DHEA-S or urine 17-keto-steroids as directed by endocrinology or per practice resource algorithm. [3]
10. Glandular tissue of more than 4 cm in diameter is unlikely to regress spontaneously. [19]
11. Gynecomastia may cause considerable psychological distress, especially in adolescents who are struggling with issues relative to sexual identity and self-image. If neither reassurance *nor* medical treatment is successful, surgery should be considered. [19]
12. Tamoxifen at 10 mg bid for 6 to 12 weeks has been shown to be helpful in several small studies in adolescents and adults. It is usually more effective early in the course of gynecomastia and is less likely to be helpful in long established gynecomastia. Although this is not an FDA approved indication, it is suggested as an option for adolescents and adults in UpToDate and other references if symptoms are significant and persistent. Testosterone is the appropriate treatment in hypogonadal men with gynecomastia. Tamoxifen should not be used in these patients. [4, 8, 14,16, 18, 21]

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