Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

MEDICAL COVERAGE POLICY

SERVICE: Gynecomastia Surgery

Policy Number:	**040**
Effective Date:	**07/01/2018**
Last Review:	**04/25/2019**
Next Review Date:	**04/25/2020**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Gynecomastia Surgery

PRIOR AUTHORIZATION: Required.

POLICY: SWHP covers medically necessary corrective surgery for male members 16 years of age or older who have been diagnosed (on physical examination) with gynecomastia.

- There must be evidence that associated signs and symptoms have persisted for at least 24-months despite treatment or correction of any underlying causes, and have been followed by a physician over at least a 12-month period; **AND**
- Member must have BMI ≤ 30; **AND**
- The tissue to be removed is glandular breast tissue and not the result of obesity; **AND**
- No prior history of use of non-prescription and/or recreational drugs or substances that have a known side-effect of gynecomastia. (examples include but are not limited to the following, testosterone, marijuana, anabolic steroids)

Requests for coverage of surgery for gynecomastia must include:

- Medical record documentation of the presence, extent and duration of gynecomastia; **AND**
- Relevant medical history (e.g., pharmacy records, chromosome analysis, laboratory drug screen); **AND**
- Documentation of appropriate specialist consultation (i.e., surgeon and/or endocrinologist) to identify and treat or correct any underlying causes.

OVERVIEW: This document describes the evidence-based criteria used to facilitate fair, impartial, and consistent coverage decisions regarding surgery for gynecomastia. Gynecomastia is defined as abnormal breast development on males and not related to obesity, nor does it refer to normal male adolescent gynecomastia which is developmental and self-resolving within 2-3 years.

SUPPORTING DATA:

Body Fat Percentage Categories		
Classification	**Women (% fat)**	**Men (% fat)**
Essential Fat	10-12%	2-4%

Athletes	14-20%	6-13%
Fitness	21-24%	14-17%
Acceptable	25-31%	18-25%
Obese	32%+	25%+

MANDATES: There are no mandated benefits or regulatory requirements for SWHP to provide coverage for these services.

CODES:

Important note:
CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	19318, 19300, 15839
ICD10 Codes:	N62

CMS: No NCD has been issued

POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	8/30/2012:	Reviewed.
Reviewed	4/25/2013	Minor updates. ICD10 added
Reviewed	3/27/2014	No significant changes
Reviewed	4/9/2015	No changes
Reviewed	4/14/2016	Added medication/drug criterion
Reviewed	3/28/2017	Added *"The tissue to be removed …"* criterion
Reviewed	2/20/2018	No changes

REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding gynecomastia surgery and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. No author listed. Gynecomastia. GP Notebook. Cambridge, UK: Oxbridge Solutions, Ltd.; 2003. Available at: http://www.gpnotebook.co.uk/simplepage.cfm?ID=-_1858797563&linkID=13174&cook=yes.
2. Autorino R, Perdona S, D'Armiento M, et al. Gynecomastia in patients with prostate cancer: Update on treatment options. Prostate Cancer Prostatic Dis. 2006;9(2):109-114.
3. Henley DV, Lipson N, Korach KS, Bloch CA. Prepubertal gynecomastia linked to lavender and tea tree oils. N Engl J Med. 2007;356(5):479-485.
4. Narula HS, Carlson HE. Gynecomastia. Endocrinol Metab Clin North Am. 2007;36(2):497-519.
5. Handschin AE, Bietry D, Hüsler R, et al. Surgical management of gynecomastia--a 10- year analysis. World J Surg. 2008;32(1):38-44.
6. Leclère FM, Spies M, Gohritz A, Vogt PM. Gynecomastia, its etiologies and its surgical management: A difference between the bilateral and unilateral cases? Ann Chir Plast Esthet. 2008;53(3):255-261.