

CLINICAL POLICY	
DEPARTMENT: Medical Management	DOCUMENT NAME: Reduction Mammoplasty for Pubertal Gynecomastia
PAGE: 1 of 3	REPLACES DOCUMENT:
APPROVED DATE: 7/16	RETIRED:
EFFECTIVE DATE: 7/16	REVIEWED/REVISED: 8/18
PRODUCT TYPE: ALL	REFERENCE NUMBER: IN.CP.MP.52

SCOPE:

MHS Medical Management Department

PURPOSE:

To provide guidelines for prior authorization and medical necessity determination for Mastectomy for Pubertal Gynecomastia.

DESCRIPTION:

Gynecomastia is a benign condition in males, characterized by proliferation of glandular elements resulting in concentric enlargement of one or both breasts. During puberty, there may be a transient relative imbalance between estrogen and testosterone, leading to gynecomastia. This condition usually resolves by age 18 years when normal adult androgen/estrogen ratios are achieved. Surgical removal of the breast glandular tissue should be considered in males who have had persistent pubertal gynecomastia and have completed or nearly completed puberty and for whom the condition poses medical or mental health risks.

Common triggers for gynecomastia are medications such as certain antipsychotics, anti-retrovirals, and prostate cancer therapies, as well as non-prescription drugs such as performance-enhancing supplements, anabolic steroids and the excessive use of marijuana. Common medical conditions that can cause gynecomastia include Klinefelter syndrome, adrenal tumors, brain tumors, chronic liver disease, androgen deficiency, endocrine disorders, and testicular tumors.

POLICY/CRITERIA:

It is the policy of MHS that mastectomy for pubertal gynecomastia is considered medically necessary for members meeting the following criteria:

- Males who are 20 years of age and younger.
- The gynecomastia classification (grade II, III, or IV) as defined by the American Society of Plastic Surgeons classification.
- Evidence that puberty is near completion, as indicated by both of the following:
 - 95 percent of adult height achieved, based on bone age
 - Tanner stage V has been achieved

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- Evidence that the member has been off gynecomastia-related drugs or other substances for a minimum of one year when this has been identified as the cause of the gynecomastia and yet the gynecomastia has persisted.
- Evidence that the member had a work-up for hormonal causes of gynecomastia, including hyperthyroidism, hypogonadism, and prolactinomas.
- Evidence that, if a hormonal cause of the gynecomastia was discovered, the member had appropriate treatment for one year and yet the gynecomastia has persisted.
- Evidence of a psychiatric or psychological assessment performed by a psychiatrist or psychologist which documents a significant negative psychosocial impact on the member as a result of the gynecomastia.
- Member's history and treatment plan including planned surgical procedure and timelines.
- Identification of which breast or breasts require mastectomy.

References:
1. CP.MP.51
2. Journal of Pediatric Endocrinology Metabolism May;15 (5):553-60.

Revision Log

Revision Log	Date
Policy Created.	7/2016
Annual Review no changes to content; updated policy approvers	8/2018

Coding Implications

The following codes are for informational purposes only. They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
19300	Mastectomy for Pubertal Gynecomastia

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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Chief Medical Director: _____ Date: _____

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