

MEDICAL POLICY STATEMENT INDIANA MEDICAID

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Policy Name		Policy Number	Date Effective		
Mastectomy for Gynecomastia		MM-0836	01/01/2021-08/31/2021		
Policy Type					
MEDICAL	Administrative	Pharmacy	Reimbursement		

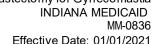
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According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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Mastectomy for Gynecomastia

B. Background

Gynecomastia is the benign proliferation, either unilateral or bilateral, of glandular tissue of the breast in males. This develops most often in the setting of altered estrogen/androgen balance or increased sensitivity of breast tissue to estrogen.

Causes may include androgen deficiency (e.g. treatments for prostate carcinoma), congenital disorders (e.g. Klinefelter's Syndrome (47XXY)), medications including herbal products (estrogen replacement therapy, calcium channel blockers, cimetidine, phenothiazines, spironolactone, theophylline, HAART for HIV/AIDS), chronic medical conditions (e.g. cirrhosis, chronic kidney disease), tumors (e.g. adrenal or testicular) or endocrine disorders (e.g., hyperthyroidism).

As a result of this hormonal imbalance medical therapy may be offered in the treatment of gynecomastia (i.e. anti-estrogens, androgens, or aromatase inhibitors).

C. Definitions

- Persistent pubertal gynecomastia The persistence of breast enlargement following the end of puberty and occasionally lasting into adulthood.
- Pseudo-gynecomastia Enlargement of the breast due to fat deposition (without glandular involvement), typically occurring in the setting of obesity.
- Pubertal gynecomastia A benign process occurring most commonly between the ages of 10 to 14 typically followed by regression in most cases.
- Pubertal male Onset of secondary sexual characteristics that is measured using the Tanner stages; puberty includes stages II, III, and IV
- Precocious puberty in males Onset of secondary sexual characteristics before the age of nine
- Postpubertal male Male who completes milestones for stage V in the Tanner
- **Tanner stages** Sexual maturity rating of secondary sexual characteristics

D. Policy

- I. Prior authorization is required.
- II. Mastectomy for gynecomastia is indicated for a postpubertal male who is 18 years of age or older (or 18 months after the end of puberty) and meets all of the following criteria:
 - A. Documentation supports a review of laboratory tests for conditions related to hormones, liver, kidney, and thyroid function;
 - B. Documentation supports that a breast malignancy was ruled out;
 - C. Gynecomastia persists without improvement after discontinuing the use of contributing medications (prescription, recreational, or performance enhancing) or medications were unable to be discontinued.



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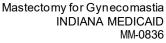
- III. Mastectomy for Gynecomastia is considered not medically necessary under the following circumstances:
 - 1. If the above listed criteria are not met; or
 - 2. Breast enlargement resulting from obesity.
- IV. The use of liposuction to perform breast reduction is considered investigational and is noncovered.
- E. Conditions of Coverage
- F. Related Polices/Rules
- G. Review/Revision History

	DATE	ACTION
Date Issued	06/1/2009	
Date Revised	06/01/2009 07/01/2011 11/01/2011 02/01/2015 02/11/2016 01/01/2020 08/26/2020	Number of policy changed – was MM-0002 Removed MCG criteria; added new criteria Annual review – added 18 months after the end of puberty, added liposuction as noncovered. Removed criteria from D. II. Removed
		statement on reconstructive surgery.
Date Effective	01/01/2021	
Date Archived	08/31/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

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- 9. Taylor, S. (2020, April 1). Gynecomastia in children and adolescents. Retrieved August 7, 2020 from www.uptodate.com
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The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

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OMPP Approved 10/27/2020

