

Excision Of Gynecomastia
Policy Number: SU0185

Definition:

Gynecomastia is an abnormal enlargement of the mammary glands (breasts) in the male. They may at times secrete milk.

Coverage:

Benefits are available for removal of breast tissue in the male for gynecomastia when all of the following conditions have been met:

1. Male is over 18 years of age (male gynecomastia is not uncommon in adolescent males, and generally resolves without treatment), or male is over 17 years of age with significant breast tissue for over two years.
2. Excess breast tissue is glandular and not fatty tissue. (This is confirmed by clinical exam, mammogram, and/or tissue pathology.)
3. Other causes of gynecomastia have been ruled out, including obesity, adolescence, or reversible drug treatments (when drugs can be discontinued.)
4. Excessive breast development is not due to uncovered therapies or illicit drugs, e.g., anabolic steroids or marijuana.
5. The patient has documented and significant medical symptoms not resolved by more conservative treatments.

Approval Procedures:

1. Prior approval is required.
2. A letter of medical necessity signed and dated by the surgeon must be submitted to the Medical Review section prior to rendering the surgery.
3. Documentation must include:
Member identification number
 - a. Patient's mailing address
 - b. Patient's height, weight, and date of birth
 - c. Date of onset (when condition first appeared)
 - d. Pre-operative photographs are helpful, but not required
4. To ensure both the provider and the member know whether the service will be covered, the Medical Review section will respond to the request by letter.

Limitations and Exclusions:

Benefits are not applicable when the above criteria under "coverage" have not been met.

Authority:

- G.S. 135-40.6(5)a
- G.S. 135-40.6(6)b
- G.S. 135-40.6A(b) (7)g
- G.S. 135-40.7(14)
- G.S. 135-40.7(16)

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