

MVP/Preferred Care BENEFIT INTERPRETATION MANUAL
Breast Surgery in Males for Gynecomastia

Type Policy

Surgical Care

Codes

ICD-9 Procedure codes: 85.11, 85.41, 85.42, 85.43, 85.44, 85.45

ICD-9 code: 611.1

CPT- 4 codes: 19100, 19101, 19180, 19140-19142, 19200-19240

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials

Description

Surgical procedure performed on the male breasts for gynecomastia. Gynecomastia is a proliferation of the glandular component of the male breast causing firm breast tissue to form. Cause of gynecomastia may include:

- altered estrogen-androgen levels;
- puberty (pubertal gynecomastia is normally a physiological state of duration and regresses without medical or surgical intervention);
- chronic disease;
- tumors; or
- obesity causing an increase in fatty tissue on their chest making it look like they have breasts. This is a condition called pseudogynecomastia or false gynecomastia.

Breast surgery for a suspected cancer diagnosis, including a biopsy and mastectomy, would be considered medically necessary.

Indications/Criteria

Mastectomy/breast reduction for gynecomastia in a male adolescent or male adult is considered cosmetic in nature and ***not medically necessary.***

Exclusions/Limitations

- Surgical treatment for psychological reasons.
- Surgery performed to remove large pendulous breasts primarily for cosmetic purposes.
- Surgery performed for obesity.
- Surgery performed without a diagnosis or confirmation of a disease process.

Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative Policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the easylink for Providers at www.preferredcare.org.

References

American Association of Clinical Guidelines. Medical guidelines for clinical practice for the evaluation and treatment of hypogonadism in adult male patients – 2002 update. [Electronic version]. *Endocrine Pract.* 2002; 8:439-456. Retrieved January 13, 2006 from <http://www.aace.com/pub/>.

Weiss JR, Moysich KB, Swede H. (2005, January 14) Epidemiology of male breast cancer. [Electronic version] *Cancer Epidemiol Biomarkers Prev.* 14(1):20-26. Retrieved January 13, 2005 from <http://cebp.aacrjournals.org/cgi/content/full/14/1/20>.

Approval(s) & Review/Revision(s)

Medical:

Review:

Surgical Advisory Team: 1/12/06

Approval:

Clinical Quality Team: 2/13/06

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