



## Medica Central Utilization Management Policy

**Title:** Male Gynecomastia Surgery MP9581 (III-SUR.31)

**Effective Date:** January 01, 2026

*This policy was developed with input from specialists in plastic surgery, general surgery, and endocrinology and endorsed by the Medical Policy Committee.*

### IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

### PURPOSE

To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

### BACKGROUND

#### I. Definitions

- A. **Cosmetic Breast Surgery** is a procedure aimed at electively improving upon the anatomical appearance of the breast in the absence of an underlying medical presentation.
- B. **Gynecomastia** is the presence of an abnormal development of glandular breast tissue in males. Gynecomastia in adolescents is very common, estimated to affect up to 40% of 12 to 16 year old boys. In most cases, breast development is minimal and spontaneously regresses two to three years later. Breast development may be bilateral or unilateral. Gynecomastia may be due to a variety of causes, including Klinefelter's syndrome, congenital hypogonadism, hermaphroditism, testicular trauma, a breast tumor, ingestion of any of a variety of prescription medications, contact with family members who use

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estrogen creams, abuse of anabolic steroids, abuse of heroin, malnutrition, liver disease, or treatment with chemotherapy. Treatment of gynecomastia depends on the cause.

- C. **Pseudogynecomastia** refers to breast enlargement due to the accumulation of fat. Pseudogynecomastia often affects obese boys and men. It can be treated by weight loss or liposuction.

II. Comments

- A. Member demand exists for gynecomastia surgery in the absence of functional signs and symptoms, solely to improve the member's perception of their appearance.
- B. The factors that distinguish appearance-related requests from medically necessary requests are symptoms and physical findings caused by excess breast tissue mass.

### BENEFIT CONSIDERATIONS

1. Prior authorization **is required** for gynecomastia surgery. Please see the prior authorization list for product specific prior authorization requirements.
2. Coverage may vary according to the terms of the member's plan document.
3. Cosmetic surgery is generally an exclusion in the member's plan document. Surgery performed solely to improve appearance of the male breast, to alter contours of the breast wall, or to treat psychological or psychosocial complaints are cosmetic and therefore, *not covered*.
4. Surgery for the treatment of pseudogynecomastia is cosmetic and therefore *not covered*.
5. The use of liposuction to perform gynecomastia surgery is cosmetic and therefore *not covered*.
6. If the Medical Necessity Criteria and Benefit Considerations are met, The Health Plan will authorize benefits within the limits in the member's plan document.
7. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual's case will be reviewed by the medical director or an external reviewer. Practitioners are advised of the appeals process in their Provider Administrative Manual.
8. Refer to the Utilization Management Policies:
  - a. *Female Breast Reduction Surgery – Reduction Mammoplasty*, for coverage of surgery for macromastia in women.
  - b. *Gender Affirmation Procedures*, for coverage of breast reduction and/or mastectomy for gender affirming procedures

### MEDICAL NECESSITY CRITERIA

- I. Male gynecomastia surgery is considered medically necessary when documentation in the medical record indicates that **one of the following** criteria are met:
  - A. Pubertal (adolescent) onset gynecomastia when **all of the following** are met:
    1. The condition has been present for at least two years
    2. Functional impairment documented in the medical record (e.g., chronic skin irritation, pain)
    3. Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography
    4. The gynecomastia is classified as Grade II, III or IV per the American Society of Plastic Surgeons classification (*See Appendix 1*)
    5. The condition is associated with persistent breast pain, despite the use of analgesics

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6. The use of potential gynecomastia-inducing drugs and substances has been identified and discontinued for at least one year, when medically appropriate. See 7, below
  7. Hormonal causes, including hyperthyroidism, estrogen excess, prolactinomas and hypogonadism have been excluded by appropriate laboratory testing (e.g., with levels of thyroid stimulating hormone [TSH], estradiol, prolactin, testosterone and/or luteinizing hormone [LH]) and, if present, have been treated for at least one year before surgery has been considered
  8. Other medical causes have been ruled out, as indicated by normal laboratory results (e.g., liver and kidney function studies/enzymes level analyses)
  9. Photographs are required.
- B. Post pubertal-onset gynecomastia when **all of the following** are met:
1. The condition has been present for at least one year
  2. Evidence of breast cancer is not documented
  3. Functional impairment documented in the medical record (eg, chronic skin irritation, pain)
  4. Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography
  5. The gynecomastia is classified as Grade III or IV per the American Society of Plastic Surgeons classification (*See Appendix 1*)
  6. The condition is associated with persistent breast pain, despite the use of analgesics
  7. **One of the following** criteria have been met:
    - a. Gynecomastia did not regress after discontinuation of medications (eg, calcium channel blockers, cimetidine, phenothiazines, spironolactone, theophylline) known to cause condition, medications cannot be discontinued, or no medications that induce gynecomastia are being used.
    - b. The use of potential gynecomastia-inducing drugs and substances has been identified and discontinued for at least one year, when medically appropriate
  8. Hormonal causes, including hyperthyroidism, estrogen excess, prolactinomas and hypogonadism have been excluded by appropriate laboratory testing (e.g., with levels of thyroid stimulating hormone [TSH], estradiol, prolactin, testosterone and/or luteinizing hormone [LH]) and, if present, have been treated for at least one year before surgery has been considered
  9. Other medical causes have been ruled out, as indicated by normal laboratory results (e.g., liver and kidney function studies/enzymes)
  10. Photographs are required.

### CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

- For Medicare members, refer to the following, as applicable at:  
<https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>



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### References

#### Pre-6/2015 Medical Policy Committee (MPC):

1. Ansstas G. Gynecomastia. eMedicine Specialities: Endocrinology [website]. <http://emedicine.medscape.com/article/120858-print>. Last updated March 2013. Accessed April 16, 2014.
2. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Gynecomastia. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Gynecomastia-Insurance-Coverage.pdf>. March 2002. Accessed April 16, 2014.
3. American Society of Plastic Surgeons. Practice Parameters: Gynecomastia [website]. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Gynecomastia-PP.pdf>. February 2004. Accessed April 21, 2014.
4. Braunstein GD. Clinical practice: gynecomastia. *N Eng J Med*. September 2007;357(12):1229-1237.
5. Carlson HE. Approach to the patient with gynecomastia. *J Clin Endocrinol Metab*. January 2011;96(1):15-21. doi:10.1210/jc.2010-1720.
6. Dickson G. Gynecomastia. *Am Fam Physician*. April 2012;85(7):716-722.
7. Di Lorenzo G, Autorino R, Perdonà S, De Placido S. Management of gynaecomastia in patients with prostate cancer: a systematic review. *Lancet Oncol*. December 2005;6(12): 972-979.
8. Hayes, Inc. *Hayes Brief: Mastectomy for Gynecomastia*. July 2010. Annual Update July 2012. [Archived August 2013] Lansdale, PA.
9. Hayes, Inc. *Hayes Search & Summary: Mastectomy for Male Gynecomastia*. December 2008. [Archived]. Lansdale, PA.
10. Johnson RE, Hassan M. Gynecomastia: pathophysiology, evaluation, and management. *Mayo Clin Proc*. November 2009;84(11):1010-1015. Doi: 10.1016/S0025-6196(11)60671-X.
11. Narula HS, Carlson HE. Gynecomastia. *Endocrinol Metab Clin N Am*. June 2007;36(2):497-519.

#### 06/2015 MPC:

12. American Society of Plastic Surgeons. Gynecomastia Surgery: *Male Breast Reduction Surgery*. <http://www.plasticsurgery.org/cosmetic-procedures/gynecomastia-surgery.html>. 2015. Accessed April 21, 2015.
13. Ansstas G. Gynecomastia. eMedicine Specialities: Endocrinology [website]. <http://emedicine.medscape.com/article/120858-overview>. April 2014. Accessed April 21, 2015.
14. ECRI Institute. *ECRI Hotline: Liposuction for Breast Reduction Surgery*. May 2014. Plymouth Meeting, PA.
15. Fischer S, Hirsch T, Hirche C, et al. Surgical treatment of primary gynecomastia in children and adolescents. *Pediatr Surg Int*. June 2014;30(6):641-647. doi: 10.1007/s00383-014-3508-8.

#### 06/2016 MPC:

16. Brown RH, Chang DK, Siy R, Friedman J. Trends in the surgical correction of gynecomastia. *Semin Plast Surg*. May 2015;29(2):122-130. doi: 10.1055/s-0035-1549053.
17. El-Sabbagh AH. Combined approach for gynecomastia. *GMS Interdiscip Plast Reconstr Surg DGPW*. February 23, 2016;5:Doc10. doi: 10.3205/iprs000089.
18. Rew L, Young C, Harrison T, Caridi R. A systematic review of literature on psychosocial aspects of gynecomastia in adolescents and young men. *J Adolesc*. August 2015;43:206-212. doi: 10.1016/j.adolescence.2015.06.007.

## Medica Central Utilization Management Policy

### 06/2017 MPC:

No new references.

### 06/2018 MPC:

19. Soliman AT, De Sanctis V, Yassin M. Management of adolescent gynecomastia: an update. *Acta Biomed*. August 23, 2017;88(2):204-213. doi: 10.23750/abm.v88i2.6665.
20. Mieritz MG, et al. Gynaecomastia in 786 adult men: clinical and biochemical findings. *Eur J Endocrinol*. May 2017;176(5):555-66. doi: 10.1530/eje-16-0643.

### 06/2019 MPC:

No new references.

### 06/2020 MPC:

No new references.

### 06/2021 MPC:

21. Rasko YM, Rosen C, Ngaage LM, AlFadil S, Elegbede A, Ihenatu C, Nam AJ, Slezak S. Surgical Management of Gynecomastia: A Review of the Current Insurance Coverage Criteria. *Plast Reconstr Surg*. 2019 May;143(5):1361-1368. PMID: 31033818.

### 06/2022 MPC:

No new references.

### 06/2023 MPC:

22. Prasetyono TOH, Budhipramono AG, Andromeda I, et al. Liposuction assisted gynecomastia surgery with minimal periareolar incision: A systematic review. *Aesthetic Plast Surg*. 2022;46(1):123-131.
23. Hoyos AE, Perez ME, Dominguez-Millan R, et al. Gynecomastia Treatment through Open Resection and Pectoral High-Definition Liposculpture. *Plast Reconstr Surg*. 2021;147(5):1072-1083.
24. Safran T, Abi-Rafeh J, Alabdulkarim A, et al. Radiotherapy for prevention or management of gynecomastia recurrence: Future role for general gynecomastia patients in plastic surgery given current role in management of high-risk prostate cancer patients on anti-androgenic therapy. *J Plast Reconstr Aesthet Surg*. 2021;74(11):3128-3140.
25. Wen T-C, Lai H-W, Mok C-W, et al. Surgical management of complicated gynecomastia (associated with foreign body injection) with single-port 3-dimensional videoscope-assisted endoscopic subcutaneous mastectomy and concurrent liposuction: A case report. *Medicine (Baltimore)*. 2021;100(22):e25962.
26. Singamsetty R, Rout SK, Giri SK, et al. Aesthetic outcome of gynecomastia management with conventional liposuction and cross-chest liposuction: A prospective comparative study. *Aesthetic Plast Surg*. 2022;46(3):1063-1070.
27. Varlet F, Esposito C, Scalabre A, Lepore B, Vermersch S, Escolino M. Pediatric endoscopic subcutaneous mastectomy (pesma) with liposuction in adolescents with gynecomastia. *Surg*

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Endosc. 2023 Jan;37(1):766-773. doi: 10.1007/s00464-022-09550-x. Epub 2022 Sep 1. PMID: 36050608; PMCID: PMC9839820.

28. Qu S, Zhang W, Li S, et al. The vacuum-assisted breast biopsy system is an effective strategy for the treatment of gynecomastia. *Aesthetic Plast Surg.* 2021;45(2):404-410.

### **06/2024 MPC:**

No new references.

### **08/2025 MPC:**

29. Gucalp A, Traina TA, Eisner JR, et al. Male breast cancer: a disease distinct from female breast cancer. *Breast Cancer Res Treat.* 2019 Jan;173(1):37-48.
30. Ibrahim M, Yadav S, Ogunleye F, Zakalik D. Male BRCA mutation carriers: clinical characteristics and cancer spectrum. *BMC Cancer.* 2018 Feb 13;18(1):179.

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### APPENDIX 1

The American Society of Plastic Surgeons (ASPS) recommends using a scale adapted from the McKinney and Simon, Hoffman and Khan scales to characterize the severity of gynecomastia:

<b>Grade I</b>	Unilateral breast nodular enlargement, minor but visible breast enlargement without skin redundancy.
<b>Grade II</b>	Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
<b>Grade III</b>	Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.
<b>Grade IV</b>	Marked breast enlargement with skin redundancy and feminization of the breast.