

**Mountain State Blue Cross Blue Shield
(Otherwise referred to as the Plan)**

CORPORATE POLICY AND PROCEDURES

TITLE: SURGERY FOR GYNECOMASTIA

No: MP 18

Supersedes No.: N/A

Original Effective Date:6/18/03

Standards:

Date of Last Review: 8/06/04

Related Policies:

Date of Last Revision: 8/06/04

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DRAFT ()

INTERIM ()

FINAL (X)

Lines of Business:

Applies To: FEP (X) PPO (X) POS (X) INDEMNITY (X)

Variation for: (N/A)

Intended Distribution: Standard List (X) Secondary Review List () Secondary Distribution List:()

DESCRIPTION

Gynecomastia is the enlargement of glandular breast tissue in males. Causes of pathological gynecomastia may include: testicular or pituitary tumors, some syndromes of male hypogonadism, genetic disorders/congenital endocrine conditions and cirrhosis of the liver. Gynecomastia is the side effect of many drugs, such as: anabolic steroids, cannabinoids, psychotropics, antihypertensives and estrogens for prostatic/testicular carcinoma. Pubertal gynecomastia occurring in teenaged boys (usually between 13-15 years of age) usually spontaneously resolves in more than 90% of patients within two years. Pubertal gynecomastia persisting beyond two years is severe and usually associated with pain in the breast from fibrous tissue stroma and distention.

POLICY

Surgery for gynecomastia may be considered when clinical suspicion of breast cancer is high.

Surgery for gynecomastia may be considered when all of the following are met:

- Patient is over eighteen (18) years of age with persistent breast tissue for over two years;

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- A functional deficit exists, such as pain, unresolved by pharmacological intervention.

 - Prescription drug induced gynecomastia that does not resolve after 6 months of drug therapy cessation. Some drugs that are associated with the occurrence of gynecomastia include, but are not limited to Estrogens, androgens, spironolactone, digitalis preparations, flutamide, ketoconazole, cimetidine, and some psychiatric drugs. Drugs of abuse that can be associated with gynecomastia include illicit use of steroids, alcohol and marijuana.

 - An endocrine disorder has been ruled out OR if endocrine disorder exists, a 12-month period of conservative therapy must be followed prior to surgical intervention.

 - Patient is within 12% of ideal body weight, according to the most recently published Metropolitan Life Insurance Company charts or meets the equivalent BMI value.

CODES:

Code	Number	Description
CPT	19140	Mastectomy for Gynecomastia

REFERENCES

1. Blue Cross and Blue Shield of New York, Number 7.01.56
2. Blue Cross and Blue Shield of North Carolina, SUR 6100
3. Highmark Medical Policy Bulletin, Number S-28
4. BCBSA Medical Policy Reference Manual, 7.01.13; 4/15/02
5. Anthem Medical Policy (Policy #SURG.00023)

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This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Medical policies are designed to supplement the terms of a member's contract. The member's contract defines the benefits available; therefore, medical policies should not be construed as overriding specific contract language. In the event of conflict, the contract shall govern.

Medical policies do not constitute medical advice, nor the practice of medicine. Rather, such policies are intended only to establish general guidelines for coverage and reimbursement under Mountain State Blue Cross Blue Shield plans. Application of a medical policy to determine coverage in an individual instance is not intended and shall not be construed to supercede the professional judgment of a treating provider. In all situations, the treating provider must use his/her professional judgment to provide care he/she believes to be in the best interest of the patient, and the provider and patient remain responsible for all treatment decisions.

Mountain State Blue Cross Blue Shield (MSBCBS) retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of MSBCBS. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

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SIGNATURE PAGE

Approval: _____

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