



FEP Medical Policy Manual

FEP 7.01.13 Surgical Treatment of Bilateral Gynecomastia

Effective Policy Date: July 1, 2023

Original Policy Date: September 2012

Related Policies:

None

Surgical Treatment of Bilateral Gynecomastia

Description

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Bilateral gynecomastia is a benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all 3. Surgical removal of the breast tissue, using either surgical excision or liposuction, may be considered if conservative therapies are not effective or possible.

OBJECTIVE

The objective of this evidence review is to evaluate whether the surgical treatment of bilateral gynecomastia improves net health outcomes.

POLICY STATEMENT

Surgical removal of breast tissue, such as mastectomy or liposuction, as a treatment of gynecomastia, is considered **not medically necessary** due to the lack of functional impairment.

POLICY GUIDELINES

None

BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

FDA REGULATORY STATUS

Removal of the breast tissue is a surgical procedure and, as such, is not subject to regulation by the U.S. Food and Drug Administration.

RATIONALE

Summary of Evidence

For individuals with bilateral gynecomastia who receive surgical treatment, the evidence includes nonrandomized studies. Relevant outcomes are symptoms, functional outcomes, health status measures, quality of life, and treatment-related morbidity. Because there are no randomized controlled trials (RCTs) on functional outcomes after surgical treatment of bilateral gynecomastia, it is not possible to determine with a high level of confidence whether surgical treatment improves symptoms or functional impairment. Conservative therapy should adequately address any physical pain or discomfort, and gynecomastia does not typically cause functional impairment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

SUPPLEMENTAL INFORMATION

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Society of Plastic Surgeons

In 2002, affirmed 2015, the American Society of Plastic Surgeons (ASPS) issued practice criteria for third-party payers.⁷ The ASPS classified gynecomastia using the following scale, which was "adapted from the McKinney and Simon, Hoffman and Kohn scales":

- "Grade I: Small breast enlargement with localized button of tissue that is concentrated around the areola.
- Grade II: Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
- Grade III: Moderate breast enlargement exceeding areola boundaries with edges that are distinct from the chest with skin redundancy present.
- Grade IV: Marked breast enlargement with skin redundancy and feminization of the breast."

According to the ASPS, in adolescents, surgical treatment for "[u]nilateral or bilateral grade II or III gynecomastia" may be appropriate if the gynecomastia "persists for more than 1 year after pathological causation is ruled out" (or 6 months if grade IV) and continues "after 6 months of unsuccessful medical treatment for pathological gynecomastia." In adults, surgical treatment for "[u]nilateral or bilateral grade III or IV gynecomastia" may be appropriate if the gynecomastia "persists for more than 3 or 4 months after pathological causes ruled out [and continues] after 3 or 4 months of unsuccessful medical treatment for pathological gynecomastia." The ASPS also indicated that surgical treatment of gynecomastia may be appropriate when distention and tightness cause "pain and discomfort."

American Society of Andrology

In 2019, the American Society of Andrology, in collaboration with the European Academy of Andrology, released clinical practice guidelines on gynecomastia evaluation and management.⁸ Their recommendation related to surgical intervention is as follows:

- "We suggest surgical treatment only for patients with long-lasting GM [gynecomastia], which does not regress spontaneously or following medical therapy. The extent and type of surgery depend on the size of breast enlargement, and the amount of adipose tissue [weak recommendation, low quality of evidence]."

U.S. Preventive Services Task Force Recommendations

Not applicable.

Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

REFERENCES

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3. Fagerlund A, Lewin R, Rufolo G, et al. Gynecomastia: A systematic review. *J Plast Surg Hand Surg*. 2015; 49(6): 311-8. PMID 26051284
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POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

Date	Action	Description
September 2012	New policy	Surgical treatment of bilateral gynecomastia is considered not medically necessary. .
December 2013	Replace policy	Policy updated with literature review through August 2013; no new references added. Policy statement unchanged.
March 2015	Replace policy	Policy updated with literature review; Policy statement unchanged.
March 2017	Replace policy	Policy updated with literature review; reference 3 added. Policy statement unchanged.
June 2018	Replace policy	Policy updated with literature review through December 11, 2017; reference 4 updated. Policy statement unchanged
June 2019	Replace policy	Policy updated with literature review through December 6, 2018; references 5-6 added. Policy statement unchanged
June 2020	Replace policy	Policy updated with literature review through December 9, 2019; no references added. Policy statement unchanged.
June 2021	Replace policy	Policy updated with literature review through November 17, 2020; no references added. Policy statement unchanged.
June 2022	Replace policy	Policy updated with literature review through December 17, 2021; reference added. Policy statement unchanged.
June 2023	Replace policy	Policy updated with literature review through December 20, 2022; references added. Minor editorial refinements to policy statements; intent unchanged.

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