

Coverage of Mastectomy in Gynecomastia

Adjudication Guideline

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Medical

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1. Abstract

1.1 For Members

Gynecomastia is an enlargement of breast(s) tissue in males, some of the common causes are hormonal imbalance, obesity, and as a side effect of certain medications.

1.2 For Medical Professionals

Gynecomastia can be categorised into three types:

- A. **True Gynecomastia** is the benign enlargement of the male breast with firm/glandular tissue extending concentrically beyond the nipple (sub areolar). Clinically, it presents as a soft mobile tender sub areolar mass.
- B. **Pseudo-Gynecomastia** which is due to adipose tissue which leads to breast enlargement in male (usually bilateral).
- C. **Physiological Gynecomastia**, it has tri-modal peaks at infancy, pubescent adolescence and older/elderly men which is common.

2. Scope

The scope of this adjudication rule highlights the coverage criteria of Mastectomy for Gynecomastia, for all health insurance plans administered by Daman subject to policy terms and conditions.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

The Questionnaire has to be filled or submit the required documents mentioned in the questionnaire while submitting for preauthorization request for Mastectomy for Gynecomastia.

- **Requirements for pre-approval for mastectomy in gynecomastia patients:**
 - Age being 18-years at least or completion of puberty (Tanner 5).
 - Body mass index (BMI) of less than 30 kg/m², BMI >30 with documented failed conservative measure which includes weight loss program and exercise program for 6 months.
 - Is Gynecomastia associated with Klinefelter's syndrome.
 - Mammogram or Ultrasound or Histopathology Biopsy (FNAC/ VACNB / Core biopsy).

- Oestradiol level or testicular ultra-sonogram (if the serum Oestradiol level is elevated).
- Persistent pain and/or physical discomfort from the breast despite clear documentation of the use of analgesics for at least six (6) months.
- Medically refractory skin breakdown or intertrigo resistant.
- If applicable, the use of any Gynecomastia causing drugs or Over the Counter (OTC) products under the direction of a licensed clinician to treat a medical condition have been discontinued for at least 6 months with persistent symptoms, or it is well-documented that the medication cannot be safely discontinued.
- Gynecomastia is documented as Grade III or IV based on the American Society of Plastic Surgeons (ASPS) Gynecomastia Scale (as specified in the Definitions section).
- Medical record clearly excludes substance abuse, supplements, herbal products, and recreational hormones (including steroids) from contributing to the Gynecomastia.

- **Eligible clinician specialties to bill mastectomy for gynecomastia**

Eligible clinician
General surgery
Plastic surgery

3.2 Requirements for Coverage

- ICD and CPT codes must be coded to the highest level of specificity.
- Failure to submit, upon request or when requesting a clinical history, indication the need for testing will result in rejection of claim.
- Will be covered only for medical necessity.

3.3 Non-Coverage

- Mastectomy for Gynecomastia will not be covered for visitors plan as per policy terms and conditions.
- Will be considered cosmetic if the eligible criteria are not met.
- Gynecomastia that is expected to resolve (i.e., a result of a developmental condition expected to resolve with time – i.e., adolescence) is not covered.
- Gynecomastia caused by substance abuse, result of supplements, herbal products, or hormones (including steroids) that are not prescribed by a licensed clinician to treat a medical condition is not covered.
- When the primary reason for wanted Gynecomastia surgery is to treat psychological distress related to the condition is not covered.

3.4 Payment and Coding Rules

Please apply regulators payment rules and regulations and relevant coding manuals for ICD, CPT.

4. Denial Codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered
PRCE-002	Payment is included in allowance for another service

5. Appendices

5.1 References

- <https://bestpractice.bmj.com/topics/en-gb/869>
- <https://emedicine.medscape.com/article/120858-treatment#d1>
- <https://bestpractice.bmj.com/topics/en-gb/869>
- <https://www.cancer.org/cancer/breast-cancer/about/what-is-breast-cancer.html>
- <http://www.radiologyassistant.nl/en/p49a3cce262026/pathology-of-the-male-breast.html>
- <https://bestpractice.bmj.com/topics/en-us/716/investigations>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3265148/>
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- <https://emedicine.medscape.com/article/1273437-workup#showall>
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- <https://bestpractice.bmj.com/topics/en-gb/869/treatment-algorithm>
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- <http://www.aamj.eg.net/journals/pdf/2204.pdf>
- <https://bestpractice.bmj.com/topics/en-us/869/differentials>
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5.2 Revision History

Date	Change(s)
26/09/2018	Release of V1.0
31/12/2024	Release of V2.0 <ul style="list-style-type: none"> • General content update • Template update

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