



Kaiser Foundation Health Plan of Washington

**Clinical Review Criteria
Gynecomastia**

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Criteria

For Medicare Members

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	Plastic Surgery (L37020)

For Non-Medicare Members

Kaiser Permanente has elected to use the Mastectomy for Gynecomastia (KP-0273) MCG* for medical necessity determinations.

If requesting this service, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from primary care provider

***MCG manuals are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Gynecomastia is a unilateral or bilateral enlargement of the male breast due to benign proliferation of glandular elements. Pubertal gynecomastia resolves without intervention in the majority of cases. Gynecomastia in postpubertal males may be due to persistent pubertal gynecomastia, medications, liver disease, kidney disease, testicular tumors, or endocrine disorders. The cause remains undetermined in about 25% of cases. Male breast cancer is uncommon and usually presents as a discrete breast mass.

Date Created	Date Reviewed	Date Last Revised
01/05/2016	01/05/2016 ^{MPC} , 11/01/2016 ^{MPC} , 09/05/2017 ^{MPC} , 08/07/2018 ^{MPC}	01/05/2016

^{MPC} Medical Policy Committee

Revision History	Description
12/19/2017	Added Plastic Surgery LCD L37020

Codes

CPT: 19300