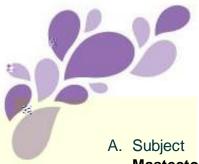
OHIO MEDICAID

Policy Name		Policy Number	Date Effective		
Mastectomy for Gynecomastia		MM-0002	01/01/2021-08/31/2021		
Policy Type					
MEDICAL	Administrative	Pharmacy	Reimbursement		

Medical Policy Statement prepared by Care Source and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer pro WO 0 1 104.93 5(oTJETQ1(e)56(d))/F15,38.15 Tm0 G[)]TJETQ73.7 390 46

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Mastectomy for Gynecomastia

B. Background

Gynecomastia is the benign proliferation, either unilateral or bilateral, of glandular tissue of the breast in males. This develops most often in the setting of altered estrogen/androgen balance or increased sensitivity of breast tissue to estrogen.

Causes may include androgen deficiency (e.g. treatments for prostate carcinoma), FRQJHQLWDO GLVRUGHUV HJ.OLQHIHOWHU¶V6\QGURPH products (estrogen replacement therapy, calcium channel blockers, cimetidine, phenothiazines, spironolactone, theophylline, HAART for HIV/AIDS), chronic medical conditions (e.g. cirrhosis, chronic kidney disease), tumors (e.g. adrenal or testicular) or endocrine disorders (e.g., hyperthyroidism).

As a result of this hormonal imbalance medical therapy may be offered in the treatment of gynecomastia (i.e. anti-estrogens, androgens, or aromatase inhibitors).

C.







