ForwardHealth
Wisconsin serving you

Update
October 2011

No. 2011-65

**Affected Programs:** BadgerCare Plus, Medicaid
**To:** Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, HMOs and Other Managed Care Organizations

# New Prior Authorization Criteria for Gynecomastia Surgery

This *ForwardHealth Update* introduces new prior authorization (PA) approval criteria for gynecomastia surgery effective for PA requests received on and after October 15, 2011.

This *ForwardHealth Update* describes new prior authorization (PA) approval criteria for gynecomastia surgery effective for PA requests received on and after October 15, 2011.

## Prior Authorization Policy

Prior authorization requests for gynecomastia surgery may be approved under DHS 107.06(2)(c), Wis. Admin. Code, which states PA is required for the following:

> Surgical or medical procedures of questionable medical necessity but deemed advisable in order to correct conditions that may reasonably be assumed to significantly interfere with a recipient's personal or social adjustment or employability, an example of which is cosmetic surgery.

*Note:* Surgical removal of excess male breast tissue is rarely indicated and is usually for cosmetic reasons as there is no functional impairment associated with this disorder.

## Prior Authorization Approval Criteria

Prior authorization requests for gynecomastia surgery must meet *one* of the following criteria:

- Klinefelter's syndrome is diagnosed.
- Post pubertal-onset gynecomastia has persisted for one year with *all* of the following criteria:
  - ✓ Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography.
  - ✓ Gynecomastia is classified as a Grade II, III, or IV per the American Society of Plastic Surgeons classification.[1]
  - ✓ The condition is associated with persistent breast pain, despite the use of analgesics.
  - ✓ The use of potential gynecomastia-inducing drugs and substances has been identified and discontinued for at least one year when medically appropriate.
  - ✓ The gynecomastia persists despite correction of any underlying causes.
  - ✓ Hormonal causes, including hyperthyroidism, estrogen excess, prolactinomas, and hypgonadism, have been excluded by appropriate laboratory testing (thyroid-stimulating hormone, estradiol, prolactin, testosterone, and/or luteinizing hormone).

The approval criteria for PA requests for gynecomastia surgery are also included in the Attachment of this *Update*.

## Covered Services

Providers should use *Current Procedural Terminology* procedure code 19300 (Mastectomy for gynecomastia) when submitting claims for gynecomastia surgery. Allowable *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis codes include the following:

- 611.1 (Hypertrophy of breast).
- 611.71 (Mastodynia).
- 758.7 (Klinefelter's syndrome).

All gynecomastia procedures require PA. A gynecomastia procedure that does not meet the PA approval criteria is considered noncovered. Any charges related to the noncovered gynecomastia procedure will not be reimbursed.

## How to Submit Prior Authorization Requests

All of the following must be included as part of a PA request for gynecomastia surgery:

- A completed Prior Authorization Request Form (PA/RF), F-11018 (10/08).
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (10/08).
- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*.

Providers may submit PA requests via the ForwardHealth Portal, including the capability to upload electronically completed PA attachments and additional required documentation. Providers may refer to the Portal User Guide available on the ForwardHealth Portal for instructions on submitting PA attachments.

Providers may submit paper PA requests by fax to ForwardHealth at (608) 221-8616 or by mail to:

ForwardHealth
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

For complete PA information, refer to the Physician service area of the Online Handbook.

## Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. For managed care policy, contact the appropriate managed care organization. Managed care organizations are required to provide at least the same benefits as those provided under fee-for-service arrangements.

---

[1] American Society of Plastic Surgeons' scale adapted from the McKinney and Simon, Hoffman, and Khan scales:

- 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 indistinct from the chest with skin redundancy present.
- Grade IV: Marked breast enlargement with skin redundancy and feminization of the breast.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *www.forwardhealth.wi.gov/*.

P-1250

This *Update* was issued on October 10, 2011, and information contained in this *Update* was incorporated into the Online Handbook on October 20, 2011.

# ATTACHMENT
# Prior Authorization Approval Criteria

Prior authorization requests for gynecomastia surgery must meet *one* of the following criteria:

- Klinefelter's syndrome is diagnosed.
- Post pubertal-onset gynecomastia has persisted for one year with *all* of the following criteria:
  - ✓ Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography.
  - ✓ Gynecomastia is classified as a Grade II, III, or IV per the American Society of Plastic Surgeons classification.
  - ✓ The condition is associated with persistent breast pain, despite the use of analgesics.
  - ✓ The use of potential gynecomastia-inducing drugs and substances has been identified and discontinued for at least one year when medically appropriate.
  - ✓ The gynecomastia persists despite correction of any underlying causes.
  - ✓ Hormonal causes, including hyperthyroidism, estrogen excess, prolactinomas, and hypgonadism, have been excluded by appropriate laboratory testing (thyroid-stimulating hormone, estradiol, prolactin, testosterone, and/or luteinizing hormone).