

Affected Programs: BadgerCare Plus, Medicaid

To: Ambulatory Surgery Centers, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, HMOs and Other Managed Care Programs

Prior Authorization Criteria and Coverage Policy for Gynecomastia Surgery

Effective for dates of service on and after April 1, 2016, prior authorization (PA) requirements for gynecomastia procedures will be revised. This *ForwardHealth Update* outlines the PA requirements and coverage policy for allowable gynecomastia procedures.

Coverage of Gynecomastia Procedures

ForwardHealth covers mastectomy for gynecomastia when medically necessary per Wis. Admin. Code § DHS 101.03(96m); however, prior authorization (PA) is required for coverage of mastectomy for gynecomastia surgery. Prior authorization requests for gynecomastia surgery may be approved when required criteria (outlined in the Prior Authorization Approval Criteria section of this *ForwardHealth Update*) are met.

Prior Authorization Approval Criteria

Effective for dates of service on and after April 1, 2016, PA requests for gynecomastia surgery must include **one** of the following:

- Documentation that the member has a diagnosis of Klinefelter's syndrome
- Documentation that the member is 18 years of age or older, has completed puberty, and meets **all** of the following criteria:
 - ✓ Gynecomastia has persisted for at least one year after puberty and is documented in the physician progress notes.

- ✓ The member has persistent breast pain and tenderness.
- ✓ Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography.
- ✓ The member has been evaluated and other hormonal causes of gynecomastia have been excluded by appropriate laboratory testing (TSH, estradiol, prolactin, testosterone, and/or luteinizing hormone).
- ✓ The symptoms have not resolved after discontinuing for at least one year any drugs that may result in gynecomastia.
- ✓ The gynecomastia persists despite treatment of other conditions that may result in gynecomastia.
- ✓ Gynecomastia is classified as Grade II, III, or IV per the American Society of Plastic Surgeons' classification.*

- * 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 distinct from the chest with skin redundancy present)
 - Grade IV (Marked breast enlargement with skin redundancy and feminization of the breast)

Gynecomastia surgery that does not meet the PA approval criteria is considered noncovered. Any claims submitted for noncovered gynecomastia surgery will not be reimbursed.

Prior Authorization Request Submission

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 (05/13)
- A completed Prior Authorization/Physician Attachment (PA/PA), F-11016 (07/12)
- Documentation supporting the criteria in the Prior Authorization Approval Criteria section of this *Update*

Prior Authorization Submission Methods

Prior authorization requests may be submitted using any of the following methods:

- **ForwardHealth Portal** — Prior authorization requests may be submitted on the Portal at www.forwardhealth.wi.gov/.
- **Fax** — Prior authorization requests may be faxed to 608-221-8616. If a PA request is sent to another fax number, the request may not be processed.
- **Mail** — Prior authorization requests may be mailed to the following address:

ForwardHealth
Prior Authorization
Ste 88
313 Blettner Blvd
Madison WI 53784

- **278 Health Care Services Review — Request for Review and Response (278) transaction** — The 278 transaction is the standard electronic format for health care service PA requests.

Allowable Procedure Code

When submitting a PA request or claim for gynecomastia surgery, providers are required to include allowable *Current Procedural Terminology* procedure code 19300 (Mastectomy for gynecomastia).

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.

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 AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at 800-947-9627 or visit our website at www.forwardhealth.wi.gov/.

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This *Update* was issued on 03/03/2016 and information contained in this *Update* was incorporated into the Online Handbook on 04/01/2016.