

#### Surgical treatment for male gynecomastia

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: \*19300

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See below for the questions you'll encounter in the e-referral system.

Q Is the procedure being performed SOLELY for cosmetic purposes?

A

Possible answers:  Initial  Extension  N/A

Q Does the patient have gynecomastia due to obesity?

A

Possible answers:  Yes  No  N/A

Q Does the patient have gynecomastia because of nonprescribed drugs?

A

Possible answers:  Yes  No  N/A



**Blue Care  
Network**  
of Michigan

A nonprofit corporation and independent licensee  
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## Preview questionnaire

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For Blue Care Network commercial and BCN Advantage<sup>SM</sup>

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**Q** Does the patient have **GLANDULAR** breast tissue of **AT LEAST 2** centimeters noted on physical exam or imaging?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have gynecomastia due to pubertal or adolescent gynecomastia that has been present for **AT LEAST 2** years **AND** the patient has reached full puberty?

**A**

Possible answers:  Yes  No  N/A

**Q** Does the patient have nonadolescent gynecomastia due to irreversible causes?

**A**

Possible answers:  Yes  No  N/A

**Q** Please include in the free text section provided the irreversible condition the patient has and what treatment was tried but did not improve the condition.

**A**