

Policy and Procedure

Title: Gynecomastia Surgery	(a
Approval Date: 8/19/2017	
Effective Date: 8/9/2017	
Review Date: 11/5/2020	
Retired Date:	

PLEASE REFER TO INTERQUAL – GYNECOMASTIA SURGERY

REVISION LOG:

REVISIONS	DATE
Creation date	7/20/2017
Annual review	11/29/2019
Annual Review	11/5/2020

Approved:

Glendon Henry, MD Date: \$\frac{1}{5}/2020\$

Clinical Medical Director

Approved:

2.3.2021

Sanjiv Shah, MD Da Chief Medical Officer

Date: