

Medical and Behavioral Health Policy Manual

Section: Surgery

Policy Number: IV-71

Effective Date: 08/30/2011

GYNECOMASTIA

Description: Gynecomastia is a common condition consisting of benign enlargement of the male breast due to proliferation of the glandular tissue particularly during puberty. It may present unilaterally or bilaterally as a painful tender mass beneath the areolar region or as a painless, progressive enlargement of the breast. Most often the condition resolves spontaneously; however, medical therapy (i.e., hormonal) and surgical removal (mastectomy with or without suction-assisted lipectomy) are available.

Policy: Mastectomy for gynecomastia may be considered **MEDICALLY NECESSARY** when the following criteria are met:

- Male breast development has occurred to the point of being pathological with enlargement sufficient to resemble a female breast, and
- Breast development is not the result of obesity, adolescence, or reversible effects of drug treatment which can be discontinued

Liposuction is considered **INVESTIGATIVE** as a primary (i.e., stand-alone) surgical procedure for the treatment of gynecomastia.

Liposuction performed in conjunction with gynecomastia surgery is considered an integral part of the gynecomastia surgery (**INCIDENTAL**) and separate reimbursement is not allowed.

Coverage: **Pre-Certification/Pre-Authorization: No.**

However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of coverage may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:
19300 Mastectomy for gynecomastia

ICD-9 Diagnosis:
611.1 Hypertrophy of breast

ICD-9 Procedure:
85.32 Bilateral reduction mammoplasty

Deleted Codes: 19140

**Policy
History:**

Medical and Behavioral Health

Policy Committee Review:
Revised August 13, 2008
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Reviewed August 10, 2011
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Medical Policy Committee Review:

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Reviewed April 13, 1993
Revised December 10, 1997
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Reviewed October 13, 2004
Reviewed September 14, 2005
Reviewed October 11, 2006
Reviewed November 14, 2007

Medical Policy Subcommittee Review:

Reviewed August 11, 1999
Reviewed December 13, 2000
Reviewed November 14, 2001
Reviewed November 12, 2003

**Cross
Reference:** Reduction Mammoplasty, IV-32
Mastopexy, IV-33
Liposuction, IV-82

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