Gynecomastia surgery

These services may or may not be covered by your HealthPartners plan. Please see your plan documents for your specific coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

Administrative Process

Prior authorization is required for gynecomastia surgery.

Coverage

Gynecomastia surgery is generally covered subject to the indications listed below and per your plan documents.

Indications that are covered

For all requests, documentation must include all of the following: Grade of gynecomastia, length of time present, underlying conditions tested for and results of testing, treatments attempted and results of treatments.

1. Malignancy is suspected; or
2. When all of the following criteria are met:
   A. The condition has been present for:
      i. At least two years for pubertal (adolescent) onset gynecomastia, or
      ii. At least one year for post-pubertal onset gynecomastia, and
   B. Clinical documentation indicates the presence of glandular breast tissue on physical exam, and
   C. The degree of gynecomastia is classified as Grade III or IV per the American Society of Plastic Surgeons classification system listed below, and
   D. There is persistent breast pain directly related to gynecomastia, and
   E. The use of potentially gynecomastia inducing drugs or substances has been identified and discontinued (if applicable or medically appropriate) for at least 6 months without spontaneous regression of the condition, and
   F. The presence of an underlying, treatable pathological condition has either been ruled out via appropriate laboratory testing or has been identified and treated without regression of gynecomastia for at least one year before surgery is considered. Laboratory tests may include, but are not limited to, creatinine, liver enzymes, thyroid stimulating hormone [TSH], estradiol, prolactin, testosterone, beta-human chorionic gonadotropin, follicle-stimulating hormone, and/or luteinizing hormone [LH].

Indications that are not covered

1. Gynecomastia surgery to improve the appearance of the male breast or to alter the contours of the chest wall is considered cosmetic.
2. Surgery to remove excess adipose (fat) tissue (pseudogynecomastia) is considered cosmetic.

Definitions

Classification system for gynecomastia per the American Society of Plastic Surgeons

- **Grade I**: Small breast enlargement with localized button of tissue around the areola
- **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 is the presence of an abnormal development of glandular breast tissue in males. Breast development may be bilateral or unilateral.

Pathological gynecomastia refers to breast enlargement caused by disease, conditions, medications, or illicit drugs or alcohol that decrease the production or activity of testosterone, or that increase the production or activity of estrogen. In some cases, the cause is unknown. Examples of specific conditions that are associated with gynecomastia include but are not limited to:
Pseudogynecomastia: In true gynecomastia, the breast enlargement is due to glandular breast tissue growth. In pseudogynecomastia, the breast enlargement is due to the accumulation of fat. Pseudogynecomastia often affects obese boys and men. It can be treated by weight loss or liposuction.

Codes

If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

The services associated with these codes require prior authorization:

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<tr>
<th>Codes</th>
<th>Description</th>
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<td>19300</td>
<td>Mastectomy for gynecomastia</td>
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Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria may not apply to Medicare Products if Medicare requires different coverage. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7979 or 1-800-233-9645.


References