**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: type and grade of gynecomastia, length of time present, causes tested for and ruled out, treatments tried, and results of treatments.

1. Malignancy is suspected; OR
2. Non-malignancy, according to these criteria for adolescents and adults:
   A. Adolescent coverage (i and ii must be met):
      i. Unilateral or bilateral Grade III or Grade IV gynecomastia present with:
         a. persistence for more than two years after pathological causes are ruled out; OR
         b. persistence after 6 months of unsuccessful medical treatment for pathological gynecomastia
      ii. Pain due to distention and tightness from the hypertrophied breast.
   B. Adult coverage (i and ii must be met):
      i. Unilateral or bilateral Grade III or Grade IV gynecomastia present with:
         a. persistence for more than 6 months after pathological causes ruled out; OR
         b. persistence after 6 months of unsuccessful medical treatment for pathological gynecomastia
      ii. Pain due to distention and tightness from the hypertrophied breast.

**Indications that are not covered**

1. Breast enlargement that occurs as a result of a developmental condition expected to resolve with time (i.e. adolescence)
2. Removal of excess adipose (fat) tissue (pseudogynecomastia)
3. Surgery for cosmetic reasons (Grade I or II gynecomastia)

**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:
- Decreased testosterone production/activity (hypogonadism): Klinefelter’s syndrome, congenital hypogonadism, hermaphroditism, testicular trauma, renal failure, hyperthyroidism, and malnutrition.
Increased estrogen production/activity: hormone production by certain cancers or tumors, chronic liver disease, malnutrition, hyperthyroidism, adrenal tumors, and familial gynecomastia.

Drugs: ingestion of any of a variety of prescription or non-prescription drugs such as exogenous estrogens, anti-androgens 5 alpha-reductase inhibitors, spironolactone, ketoconazole, cimetidine, ranitidine, several chemotherapy drugs, tricyclic antidepressants, antipsychotics, natural products containing phytoestrogens, anabolic steroids, heroin, alcohol and marijuana. Medical treatment of pathological gynecomastia depends upon the cause.

**Pseudogynecomastia:** In true gynecomastia, the breast enlargement is due to glandular breast tissue growth. It is associated with both androgen deficiency and estrogen excess. 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.*

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<thead>
<tr>
<th>Codes</th>
<th>Description</th>
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<tr>
<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.

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**References**