Regence

Medical Policy Manual Surgery, Policy No. 12.06

Mastectomy as a Treatment of Gynecomastia

Effective: September 1, 2026

Next Review: May 2027
Last Review: July 2026

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Gynecomastia is a benign enlargement of the glandular tissue of the male breast.

MEDICAL POLICY CRITERIA

Notes:

- Member contracts for covered services vary. Member contract language takes precedence over medical policy.
- Clinical documentation to support criteria is required (See Required Documentation)

Medically Necessary

I. Mastectomy for the treatment of gynecomastia may be considered **medically necessary** when all of the following (A. – E.) criteria are met:

A. The individual has gynecomastia with excess breast tissue that is predominantly glandular and/or fibrotic, not primarily adipose or fatty tissue (i.e., not pseudogynecomastia, see Policy Guidelines); and

B. The individual meets the criteria for Gynecomastia Scale Grade II or higher by physical exam, mammography and/or ultrasound (see Policy Guidelines); and

C. Reversible causes of gynecomastia (see Policy Guidelines) have been evaluated and managed, as documented by all of the following (1. - 3.):

1. Current and recent medications have been reviewed for agents known to cause gynecomastia, with discontinuation or substitution when medically feasible; and
2. Underlying medical conditions that may cause gynecomastia have been clinically assessed and treated when identified; and
3. Gynecomastia persists following evaluation and management of reversible causes, or no reversible causes were identified; and

D. The individual is experiencing breast pain and/or tenderness; and

E. One of the following is met:

1. For adolescents aged 16 - 18 years old both of the following (a. and b.) are met
    a. Gynecomastia has persisted for greater than or equal to 24 months beyond initial onset, confirming that spontaneous pubertal regression has not occurred; and
    b. The individual is at least at a Tanner Stage IV (i.e., puberty is substantially complete); or
2. For adults aged 19 years or older, gynecomastia has persisted for greater than or equal to 12 months.

Cosmetic

II. Mastectomy for gynecomastia that does not meet Criterion I. is considered **cosmetic.**

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

POLICY GUIDELINES

GYNOCOMASTIA SCALE:

Gynecomastia Scale adapted from the McKinney and Simon, Hoffman and Kohn scales[1]

- Grade I: Small breast enlargement with localized button of tissue that is concentrated 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.

Pathological causes of gynecomastia include (but are not limited to): hypogonadism, endocrine disorders, metabolic disorders, renal insufficiency, and breast cancer.

Pharmacological causes of gynecomastia include (but are not limited to): cimetidine, digitalis, methadone, marijuana, clomiphene, chemotherapeutic agents, anti-retroviral agents, herbal remedies, chlorpromazine, and anabolic steroids).

Gynecomastia is due to proliferation or enlargement of glandular breast tissue which is palpable on physical exam. Pseudogynecomastia (i.e., lipomastia) is primarily enlargement due to adipose or fatty tissue.

REQUIRED DOCUMENTATION

It is critical that the list of information below is submitted for review to determine whether the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

- History and Physical examination confirming gynecomastia with a severity that meets grade II or higher on the gynecomastia scale (see Policy Guidelines).
- Duration of gynecomastia.
- Documentation of evaluation for reversible causes of gynecomastia, including:
    - Medication history review with documentation of causative medications discontinued/substituted or rationale if continuation is necessary.
    - Clinical assessment for underlying medical conditions (endocrine, hepatic, renal disorders) with treatment of identified underlying conditions (if applicable).
    - Confirmation that gynecomastia persists despite addressing reversible causes, or that no reversible causes were identified
- Documentation that the tissue to be removed is glandular breast tissue identified on physical examination, mammography and/or ultrasound.
- For adolescents aged 16 – 18 years, documentation of the pubertal development stage (Tanner stage IV or V).

CROSS REFERENCES

1. Cosmetic and Reconstructive Surgery, Surgery, Policy No. 12

BACKGROUND

Gynecomastia is the most common benign condition of the male breast, affecting 32%–65% of all men.[1]

Gynecomastia is due to proliferation or enlargement of glandular breast tissue which is palpable on physical exam. Pseudogynecomastia (i.e., lipomastia) is primarly enlargement due to adipose or fatty tissue.

Bilateral gynecomastia may be associated with any of the following:

- An underlying hormonal disorder (i.e., conditions causing either estrogen excess or testosterone deficiency such as liver disease or an endocrine disorder);
- An adverse effect of certain drugs;
- Obesity;
- Related to specific age groups, i.e.,

- Neonatal gynecomastia, related to action of maternal or placental estrogens.
- Adolescent gynecomastia, which consists of transient, bilateral breast enlargement, which may be tender.
- Gynecomastia of aging, related to the decreasing levels of testosterone and relative estrogen excess.

Treatment

Treatment of gynecomastia involves consideration of the underlying cause. For example, treatment of the underlying hormonal disorder, cessation of drug therapy, or weight loss may all be effective therapies. Gynecomastia may also resolve spontaneously, and adolescent gynecomastia may resolve with aging.

Prolonged gynecomastia causes periductal fibrosis and stromal hyalinization, which prevents the regression of the breast tissue. Surgical removal of the breast tissue, using surgical excision or liposuction, may be considered if the conservative therapies are not effective or possible and gynecomastia does not resolve spontaneously or with aging.

In some instances, adolescent gynecomastia may be reported as tender or painful; however, this pain is normally self-limiting or responds to analgesic therapy.

REFERENCES

1. Holzmer SW, Lewis PG, Landau MJ, et al. Surgical Management of Gynecomastia: A Comprehensive Review of the Literature. *Plast Reconstr Surg Glob Open.* 2020;8(10):e3161. PMID: 33173677

CODES

Codes	Number	Description
CPT	19300	Mastectomy for gynecomastia
HCPCS	None	

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