

# Regence

Medical Policy Manual

Surgery, Policy No. 12.06

## *Mastectomy as a Treatment of Gynecomastia*

**Effective:** August 1, 2024

**Next Review:** May 2025

**Last Review:** June 2024

### 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 refers to the benign enlargement of the male breast, either due to increased adipose tissue, fibrous tissue, glandular tissue, or a combination of all three.

### MEDICAL POLICY CRITERIA

Mastectomy as a treatment of gynecomastia is considered **cosmetic**.

### CROSS REFERENCES

1. [Cosmetic and Reconstructive Surgery](#), Surgery, Policy No. 12

### BACKGROUND

In some instances, adolescent gynecomastia may be reported as tender or painful; however, this pain is normally self-limiting or responds to analgesic therapy. Typically, no functional impairment is associated with gynecomastia.

### REFERENCES

None

## CODES

<b>Codes</b>	<b>Number</b>	<b>Description</b>
CPT	19300	Mastectomy for gynecomastia
HCPCS	None	

*Date of Origin: December 2018*