

**MVP/Preferred Care BENEFIT INTERPRETATION**  
Breast Surgery in Males for Gynecomastia

**Type Policy**

Surgical Care

**Codes**

**CPT- 4 Codes:** 19300

**ICD-9 Procedure codes:** 85.11, 85.41, 85.42, 85.43, 85.44, 85.45

**ICD-9 code:** 611.1

**Evidence Basis for Policy**

**Standard of Care.** The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials

Deleted: CPT- 4 codes: 19100, 19101, 19180, 19140-19142, 19200-19240¶  
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**Description**

Surgical procedure performed on the male breasts for gynecomastia. Gynecomastia is a proliferation of the glandular component of the male breast causing firm breast tissue to form. Cause of gynecomastia may include:<sup>[1][2]</sup>

- altered estrogen-androgen levels;
- puberty (pubertal gynecomastia is normally a physiological state of duration and regresses without medical or surgical intervention);
- chronic disease;
- tumors; or
- obesity causing an increase in fatty tissue on their chest making it look like they have breasts. This is a condition called pseudogynecomastia or false gynecomastia.

**Indications/Criteria**

***Breast surgery for a suspected cancer diagnosis, including a biopsy and mastectomy, would be considered medically necessary.***

**Exclusions/Limitations**

- Mastectomy/breast reduction for gynecomastia in a male adolescent or male adult is considered cosmetic in nature and **not medically necessary**.
- Surgical treatment for psychological reasons.
- Surgery performed to remove large pendulous breasts primarily for cosmetic purposes.
- Surgery performed for obesity.
- Surgery performed without a diagnosis or confirmation of a disease process.

## **References**

1. American Association of Clinical Guidelines. Medical guidelines for clinical practice for the evaluation and treatment of hypogonadism in adult male patients – 2002 update. [ Electronic version]. *Endocrine Pract.* 2002; 8:439-456. Retrieved January 13, 2006 from <http://www.aace.com/pub/>.
2. Weiss J.R., Moysich K.B., Swede H. (2005, January 14) Epidemiology of male breast cancer. [ Electronic version] *Cancer Epidemiol Biomarkers Prev.* 14(1):20-26. Retrieved January 13, 2005 from <http://cebp.aacrjournals.org/cgi/content/full/14/1/20>.

## **Approval(s) & Review/Revision(s)**

Medical:

Review:

Surgical Advisory Team: 12/18/07

Approval:

Quality Improvement Committee: 3/10/08

Prior Approval Date: 2/13/06

Origination Date: 11/99

Last Revision Date: 11/29/07

Effective Date: 6/1/08

**Note:** For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior authorization.. Both policies are available on the easylink for Providers at [www.preferredcare.org](http://www.preferredcare.org).