



Gynecomastia Surgery

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Definitions

Gynecomastia is defined as the presence of an abnormal proliferation of breast tissue in males.

- **True gynecomastia:** Breast enlargement is due to glandular breast tissue.
- **Pseudogynecomastia:** Breast enlargement is secondary to fat accumulation.
- **Mixed gynecomastia:** Presence of both glandular and fat tissue.
- **Physiologic gynecomastia** occurs most frequently during times of male hormonal changes, resulting from the effect of an altered estrogen/androgen balance on breast tissue or from the increased sensitivity of breast tissue to normal estrogen levels.
- **Pubertal gynecomastia** is a common condition with an overall incidence of 38 % in males 10–16 years of age, increasing to 65 % at age 14 and dropping to 14 % in 16-year-old boys. During adolescence, 75 % of the cases occur bilaterally; however, the breasts are often affected to different degrees. Pubertal gynecomastia often regresses spontaneously within 6 months of onset, 75 % within 2 years of onset, and 90 % within 3 years of onset.

In adults, gynecomastia is associated with increasing age due to progressive testicular hypofunction, increase in body fat and increase in the estrogen-androgen ratio.

- **Pathological gynecomastia** is associated with both androgen deficiency and estrogen excess; both causes may be correlated to medications, diseases related to endocrinologic abnormalities, tumors, chronic disease, chromosomal abnormalities, familial disorders and miscellaneous other conditions.

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. The Plan does not cover cosmetic surgery.

Reconstructive surgery is performed on *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

Obesity also plays a role in the development of gynecomastia. According to the published literature, "Idiopathic gynecomastia is closely correlated with generalized obesity, reduced LH and testosterone levels which may be the result of increased conversion of testosterone to oestradiol in increased adipose tissue mass."¹ Weight loss may improve this condition to some extent; therefore, the Plan shall not provide coverage for obesity-based gynecomastia.

Related Medical Guideline

[Cosmetic Surgery Procedures](#)

Guideline

EmblemHealth regards gynecomastia surgery to be a cosmetic procedure unless **all** of the following criteria are documented as met. For Plan consideration, preoperative photos must be provided.

1. Members must be ≥ 18 years of age and completed pubertal development
2. Pseudogynecomastia ruled out²
3. Presence of unilateral or bilateral grade III or IV gynecomastia ([Table 1](#))
 - Persists for > 3 to 4 months after pathological causes ruled out (e.g., mass, primary gonadal failure, hyperthyroidism, androgen insensitivity syndromes; list not all inclusive)
 - 3 to 4 months of unsuccessful drug therapy for pathological gynecomastia with no resolution of symptoms post discontinuation of therapy
4. ≥ 6 months of pain and discomfort, directly attributable to breast hypertrophy, that is unresolved by analgesics or nonsteroidal anti-inflammatory drugs or specific therapy directed at a known medical cause that significantly impacts activities of daily living (defined as basic self-care activities; e.g., feeding, dressing, bathing, grooming, toileting and functional mobility)
5. Evaluation for medical causes is required and should include diagnostic endocrinology testing, including but not limited to testing for a decreased ratio of testosterone to estradiol, liver and thyroid function tests and diagnostic imaging of the pituitary gland based on abnormal laboratory tests

Note: Breast mass biopsy is indicated for a clinically suspicious mass or when there is a family history of breast cancer (1st degree relatives, male or female, < 40 years of age). Mastectomy is considered reasonable and necessary (regardless of age) in cases where there is pathological evidence of a breast malignancy.

¹ Ersoz H, et al. *Int J Androl.* 2002;25:312-316.

² "Gynecomastia may be distinguished from pseudogynecomastia by having the patient lie on his back with his hands behind his head. The examiner then places his or her thumb and forefinger on each side of the breast and slowly brings them together. In true gynecomastia, a ridge of glandular tissue will be felt that is reasonably symmetrical to the nipple areolar complex. In pseudogynecomastia, the fingers will not meet any resistance until they reach the nipple. Gynecomastia can usually be detected when the size of the glandular tissue exceeds 0.5 cm in diameter.

Table 1—Gynecomastia Scale³

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.

Limitations/Exclusions

- Gynecomastia surgery is not considered medically necessary in the following situations:
 - < 18 years of age (unless pathology is present)
 - Breast enlargement secondary to medication or substance abuse (e.g., marijuana, anabolic steroids, etc.)
 - Breast enlargement secondary to obesity (BMI ≥ 30)
 - Psychological or psychosocial rationale for surgical request
- Breast liposuction is not considered medically necessary, as it is deemed cosmetic

Applicable Procedure Code

19300	Mastectomy for gynecomastia
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Applicable ICD-10 Diagnosis Codes

N62	Hypertrophy of breast
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³ Modified McKinney and Simon, Hoffman and Kohn scale utilized by the American Society of Plastic Surgeons.

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