

MEDICAL POLICY – 7.01.521

Mastectomy for Gynecomastia


BCBSA Ref. Policy: 7.01.13

Effective Date: May 1, 2025
Last Revised: Apr. 7, 2025
Replaces: 7.01.13

RELATED MEDICAL POLICIES:
10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

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Introduction

Gynecomastia is swelling of breast tissue in boys or men. It can happen in one or both breasts. This enlargement may be caused by fat deposits, glands that start growing, or the thickening or increased density of breast tissue. Aging, obesity, or use of certain prescribed and nonprescribed drugs can stimulate the growth of this tissue. Other health problems like an overactive thyroid gland, kidney disease, or cancer can also create other bodily changes that spur breast enlargement. If the enlargement is due to male breast cancer, surgery to remove the breast can be approved without trying other treatments. If the enlargement is due to reasons other than cancer, other treatments must be tried before surgery may be approved.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Indication	Medical Necessity
Malignant (cancer) indications for mastectomy	Mastectomy surgery for gynecomastia may be considered medically necessary for diagnosed malignancy (cancer) of the breast(s) regardless of age.
Non-malignant (not cancer) indications for mastectomy in adults and adolescents	<p>Mastectomy surgery for gynecomastia may be considered medically necessary for non-malignant (not cancer) indications for adults and adolescents when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Glandular (not fatty/adipose tissue) breast tissue is causing a physical functional impairment • Unilateral or bilateral Grade III or Grade IV gynecomastia is present (per American Society of Plastic Surgeons Gynecomastia Scale-see Practice Guidelines and Position Statements) • Persists 2 years after pathological causes (e.g., hormonal, endocrine, or liver disease) are ruled out or treated • Persists after 6-month discontinuation of medications, nutritional supplements, or substances that could be the underlying cause, when medically appropriate and applicable (e.g., testosterone, marijuana, anabolic steroids, topical lavender oil/tea tree oil, anti-androgens, tricyclic antidepressants, cimetidine, digoxin, and calcium channel blockers) • Pain and discomfort due to the distention and tightness from the hypertrophied breast(s) has not responded to medical management (e.g., analgesics or anti-inflammatories) <p>Mastectomy for gynecomastia is considered not medically necessary when the above criteria are not met.</p> <p>Mastectomy for gynecomastia in the absence of a functional impairment to preserve or improve an individual’s appearance in order to improve the individual’s self-esteem or emotional or psychological wellbeing is considered cosmetic.</p>



Indication	Investigational
Liposuction	Liposuction as a treatment of gynecomastia is considered investigational.

Documentation Requirements

The medical records submitted for review should document that medical necessity criteria are met. The record should include clinical documentation of ALL of the following:

- The tissue to be removed is glandular breast tissue and it interferes with normal physical functioning
- Severity of breast enlargement is considered moderate to marked according to the American Society of Plastic Surgeons (grade III or IV) and
- Persists for 2 years after no other possible medical causes were found
- Persists after 6-month discontinuation of medications, nutritional supplements, or substances that could be the underlying cause, when medically appropriate and applicable
- The pain and discomfort directly related to the breast tissue enlargement has not responded to medical management

Coding

Code	Description
CPT	
19300	Mastectomy for gynecomastia
15877	Suction assisted lipectomy; trunk

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Definition of Terms

When specific definitions are not present in a member’s plan, the following definition of terms will be applied:



Cosmetic: Cosmetic services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the individual's appearance or self-esteem.

Physical Functional Impairment: This means a limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional, and psychological impairments or potential impairments.

Reconstructive Surgery: This refers to surgeries 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.

Benefit Application

One of the bases for medical necessity is the presence of a functional impairment. For treatment of bilateral gynecomastia, the presence of a functional impairment is a primary consideration. Typically, no functional impairment is associated with gynecomastia. Therefore, the determination of coverage eligibility for the surgical treatment of gynecomastia may require consideration of whether such surgery would be considered either essentially cosmetic in nature or reconstructive. (See [Related Policies](#) for further discussion of functional impairment, and general concepts of reconstructive and cosmetic services).

Contractual definitions of the scope of reconstructive services that may be eligible for coverage vary. Categories of conditions, which may be included as part of the contractual definition of reconstructive services, include one or more of the following:

- Accidental trauma or injury
- Anatomic variants
- Congenital anomalies
- Diseases
- Post-chemotherapy
- Post-surgery



For example, adolescent gynecomastia may be considered an anatomic variant, while gynecomastia related to liver disease would be considered secondary to a disease process.

Determinations of whether a proposed therapy would be considered reconstructive or cosmetic should always be interpreted in the context of the specific benefits language. State or federal mandates may also dictate coverage decisions.

Evidence Review

Description

Gynecomastia is a benign enlargement of the male breast, either due to increased adipose tissue, glandular tissue, fibrous tissue, or a combination of all three. Surgical removal of the breast tissue, using either surgical excision or liposuction, may be considered if conservative therapies are not effective or possible.

Background

Gynecomastia can be bilateral or unilateral. Clinically defined, “true gynecomastia” is the presence of an abnormal development of glandular tissue that may appear as a palpable rubbery or firm mass extending concentrically from the nipples. The condition known as pseudo-gynecomastia, or lipomastia, is characterized by fat deposition (adipose tissue) without glandular proliferation.¹ Pathological gynecomastia is breast enlargement due to a pathological process. The following are examples and are not all inclusive:

- 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 (i.e., hormone therapy for prostate cancer, anabolic steroids, cimetidine, etc.)
- Obesity
- Related to specific age groups, for example:
 - Neonatal gynecomastia, related to the 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 noted above are not effective or possible and the gynecomastia does not resolve spontaneously or with aging.

Summary of Evidence

Men who are receiving hormone therapy for prostate cancer may have gynecomastia as a side effect that will potentially reverse after treatment stops. Prophylactic radiotherapy has been shown to decrease the incidence of hormone induced gynecomastia by more than 50%. An alternative course of action, which may be more convenient for the individual, is the prophylactic use of tamoxifen. Tamoxifen may also mitigate or resolve gynecomastia during its early or proliferative phase. In severe long-standing gynecomastia, surgery is warranted since medical therapies are less likely to succeed.²

Henley (2007) noted that most cases of male prepubertal gynecomastia are classified as idiopathic. However, he investigated possible causes of gynecomastia in three prepubertal boys who were otherwise healthy and had normal serum concentrations of endogenous steroids. In all three boys, gynecomastia coincided with the topical application of products that contained lavender and tea tree oils. Gynecomastia resolved in each individual shortly after the use of products containing these oils was discontinued. Furthermore, studies in human cell lines indicated that the two oils had estrogenic and antiandrogenic activities. He concluded that repeated topical exposure to lavender and tea tree oils probably caused prepubertal gynecomastia in these boys.³



Rosen et al (2010). looked at obesity as a root cause of gynecomastia and the role of obesity in persistent gynecomastia on psychological distress in adolescent males. This retrospective study reviewed demographics and surgical outcomes of adolescents with gynecomastia comparing obese/overweight to normal weighted individuals. Between 1997-2008, 69 individuals were identified with male "breasts" from database screening. By using BMI criteria, 51% were obese, 16% overweight and 33% normal-weighted. Major complications occurred in 4 individuals (5.8%); minor complications in 19 (27.5%). Potential causes other than obesity were found in 27%. Obese individuals required more extensive operations ($P = 0.009$). Obese adolescents suffer greater psychological impact preoperatively ($P = 0.02$) and have no difference in satisfaction ($P = 0.47$) or complication rates ($P = 0.33$) than normal-weighted individuals. The authors concluded that obesity should not be used as an absolute contraindication to gynecomastia surgery.⁴

Koshy and colleagues (2011) questioned the routine pathologic examination of breast tissue that is excised for adolescent gynecomastia, given the benign nature of the condition. They conducted a retrospective chart review to examine the incidence of pathologic abnormalities in individuals 21 years or younger who had undergone subcutaneous mastectomy for gynecomastia. A literature review was also performed to determine the historical prevalence of cases of atypia or malignancy in cases of adolescent gynecomastia. Finally, an informal survey was performed of major children's hospitals regarding their practice of pathologic examination for adolescent gynecomastia. The chart review demonstrated that over the past 10 years, 81 individuals with gynecomastia underwent subcutaneous mastectomy. All cases were negative for malignancy, with only one case of cellular atypia. They found that the literature has historically reported six cases of carcinoma and five cases of atypia. Of 22 survey respondents, all either routinely performed or required pathologic examination of breast tissue excised for gynecomastia. The out-of-pocket cost for self-pay individuals to perform pathologic examinations has been quoted at \$1268 for bilateral cases. They concluded that the incidence of malignancy or abnormal pathology associated with gynecomastia tissue in the adolescent male is extremely low, and given the associated costs, the pathologic examination of breast tissue excised for gynecomastia in individuals 21 years of age or younger should be neither routinely performed nor required but should be performed only when desired by either the individual, the individual's family, or the managing physician.⁵

Several surgical approaches have been described in the literature for removing glandular breast tissue. Procedures to treat gynecomastia include direct excision (mastectomy), liposuction, ultrasound-assisted liposuction, or a combination of these.

Lanitis and colleagues studied gynecomastia surgical outcomes at a single institution from 1998 through 2007. A total of 748 males were referred to the center for breast symptoms. From that



total, 65 males (102 breasts) with a median age of 26 years old had surgery for gynecomastia. A total of 82 breasts were treated with mastectomies and 22 with skin reduction. The procedures carried out were subcutaneous mastectomy or breast disk excision, with or without skin reduction. Major post-surgical complications consisted of hematomas requiring evacuation, wound infection; partial nipple necrosis, dehiscence, and wound break down occurred in 12 breasts. The authors concluded that after excluding malignancy, most males with gynecomastia can be managed conservatively. Conservative treatments could include counseling for reassurance, weight reduction and medications.⁶

Li and colleagues (2008) analyzed the surgical approaches to the treatment of gynecomastia and outcomes over a 10-year period. Retrospective data was collected from individuals undergoing surgical correction of gynecomastia at one hospital in Taiwan from 2000-2010. The data were analyzed for etiology, stage of gynecomastia, surgical technique, complications, risk factors, and revision rate. The surgical result was evaluated with self-assessment questionnaires. A total of 41 individuals with 75 operations were included. Techniques included subcutaneous mastectomy alone or with additional ultrasound-assisted liposuction (UAL) and isolated UAL. The surgical revision rate for all individuals was 4.8%. The skin-sparing procedure gave good surgical results in grade IIb and grade III gynecomastia with low revision and complication rates. The self-assessment report revealed a good level of overall satisfaction and improvement in self-confidence (average scores 9.4 and 9.2, respectively, on a 10-point scale). The authors concluded that the treatment of gynecomastia requires an individualized approach, with their proposal that subcutaneous mastectomy combined with UAL could be used as the first choice for surgical treatment of grade II and III gynecomastia.⁷

Rohrich et al. (2003) suggest that ultrasound-assisted suction lipectomy as a treatment for gynecomastia reduces scarring and improves removal of fibrous male breast tissue.¹¹ There is a lack of evidence in peer-reviewed scientific literature that suction lipectomy (liposuction) whether ultrasound-assisted or not does more than remove adipose tissue. Surgical intervention by mastectomy is the more definitive treatment to remove the glandular breast tissue in males with symptomatic gynecomastia.

A systematic review published in 2015 included 14 studies on the treatment of gynecomastia.¹³ None of the studies were randomized, all were judged to be at high risk of bias, and the body of evidence was determined to be of very low quality by GRADE (Grading of Recommendations, Assessment, Development and Evaluations) evaluation. The authors concluded that surgical excision of glandular tissue combined with liposuction provides consistent results with a low rate of complications and that pubertal gynecomastia can safely be managed by pharmacological and anti-estrogen treatment.



For individuals with gynecomastia who receive surgical treatment, the evidence includes nonrandomized studies. Relevant outcomes are symptoms, functional outcomes, health status measures, quality of life, and treatment-related morbidity. Because there are no randomized controlled trials on surgical treatment of bilateral gynecomastia, it is not possible to determine with a high level of confidence whether surgical treatment improves symptoms or functional impairment. Conservative therapy should adequately address any physical pain or discomfort, and gynecomastia does not typically cause functional impairment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Ongoing Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in December 2024 did not identify any ongoing or unpublished trials that would likely influence this policy.

Practice Guidelines and Position Statements

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the policy conclusions.

Guidelines or position statements will be considered for inclusion if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Society of Plastic Surgeons

In 2002, and affirmed in 2015, the American Society of Plastic Surgeons (ASPS) issued practice criteria for third-party payers.¹⁷ The ASPS classified gynecomastia using the following scale, which was “adapted from the McKinney and Simon, Hoffman and Kohn scales” (See [Table 1](#)).

Table 1. The ASPS Gynecomastia Scale

Grade I	Small breast enlargement with localized button of tissue that is concentrated around the areola.
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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

According to the ASPS, in adolescents, surgical treatment for “unilateral or bilateral grade II or grade III gynecomastia” may be appropriate if the gynecomastia “persists for more than 1 year after pathological causation is ruled out” (or 6 months if grade IV) and continues “after 6 months of unsuccessful medical treatment for pathological gynecomastia”. In adults, surgical treatment for “unilateral or bilateral grade III or grade IV gynecomastia” may be appropriate if the gynecomastia “persists for more than 3-4 months after pathological causes are ruled out and continues after 3 or 4 months of unsuccessful medical treatment for pathological gynecomastia”. The ASPS also indicated that surgical treatment of gynecomastia may be appropriate when distention and tightness cause “pain and discomfort”.

American Society of Andrology/European Academy of Andrology

In 2019, the American Society of Andrology, in collaboration with the European Academy of Andrology, released clinical practice guidelines on gynecomastia evaluation and management.¹⁸ Their recommendation related to surgical intervention is as follows:

“We suggest surgical treatment only for patients with long-lasting GM [gynecomastia], which does not regress spontaneously or following medical therapy. The extent and type of surgery depend on the size of breast enlargement, and the amount of adipose tissue [weak recommendation, low quality of evidence].”

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

Removal of breast tissue is a surgical procedure and, as such, is not subject to regulation by the US Food and Drug Administration.



References

1. Carlson H. Approach to the Patient with Gynecomastia. *J Clin Endocrinol Metab*, January 2011, 96(1):15–21.
2. Dobs A, Darkes MJ. Incidence and management of gynecomastia in men treated for prostate cancer. *J Urol* 2005;174(5):1737-42.
3. Henley DV, Lipson N, Korach KS et al. Prepubertal gynecomastia linked to lavender and tea tree oils. *N Engl J Med*. 2007; 356(5):479-85. Available at: <http://www.nejm.org/doi/full/10.1056/NEJMoa064725>. Accessed March 11, 2025.
4. Rosen H, Webb ML, DiVasta AD, et al. Adolescent gynecomastia: not only an obesity issue. *Ann Plast Surg*. 2010 May; 64(5):688-90.
5. Koshy JC, Goldberg JS, Wolfswinkel EM et al. Breast cancer incidence in adolescent males undergoing subcutaneous mastectomy for gynecomastia: is pathologic examination justified? A retrospective and literature review. *Plast Reconstr Surg*. 2011; 127(1):1-7.
6. Lanitis S, Starren E, Read J et al. Surgical management of Gynaecomastia: outcomes from our experience. *Breast*. 2008; 17(6):596-603.
7. Li CC, Fu JP, Chang SC, Chen TM, Chen SG. Surgical Treatment of Gynecomastia: Complications and Outcomes. *Ann Plast Surg*. 2012 Nov; 69(5):510-5.
8. American Society of Plastic Surgeons (ASPS); Evidence-based guidelines/Practice parameters: Gynecomastia. 2004. Arlington Heights IL. Available at: <https://www.plasticsurgery.org/for-medical-professionals/quality-and-registries/evidence-based-guidelines-and-practice-parameters> (now archived, accessible only for members). Accessed March 11, 2025.
9. Waltho D, Hatchell A, Thoma A. Gynecomastia classification for surgical management: A systematic review and novel classification system. *Plastic Reconstr Surg*. 2017; 139 (3): 638-648. PMID: 28234829.
10. Braunstein GD, Anawalt BD, Management of gynecomastia. In: UpToDate, Matsumoto AM (Ed). UpToDate. Waltham, MA. Literature review current through: Feb 2024. Topic last updated: May 10, 2021.
11. Rohrich RJ, Ha RY, Kenkel JM, et al. Classification and management of gynecomastia: defining the role of ultrasound-assisted liposuction. *Plast Reconstr Surg*. Feb 2003; 111(2): 909-23; discussion 924-5. PMID 12560721
12. Góes JC, Landecker A. Ultrasound-assisted lipoplasty (UAL) in breast surgery. *Aesthetic Plast Surg*. 2002; 26(1): 1-9. PMID 11891589
13. Fagerlund A, Lewin R, Rufolo G, et al. Gynecomastia: A systematic review. *J Plast Surg Hand Surg*. 2015; 49(6): 311-8. PMID 26051284
14. Prasetyono TOH, Budhipramono AG, Andromeda I. Liposuction Assisted Gynecomastia Surgery With Minimal Periareolar Incision: a Systematic Review. *Aesthetic Plast Surg*. Feb 2022; 46(1): 123-131. PMID 34379157
15. Nuzzi LC, Firriolo JM, Pike CM, et al. The Effect of Surgical Treatment for Gynecomastia on Quality of Life in Adolescents. *J Adolesc Health*. Dec 2018; 63(6): 759-765. PMID 30279103
16. Liu C, Tong Y, Sun F, et al. Endoscope-Assisted Minimally Invasive Surgery for the Treatment of Glandular Gynecomastia. *Aesthetic Plast Surg*. Dec 2022; 46(6): 2655-2664. PMID 35237883
17. American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Gynecomastia. 2002 (affirmed 2015); https://www.plasticsurgery.org/Documents/Health-Policy/Positions/Gynecomastia_ICC.pdf. Accessed March 11, 2025.



18. Kanakis GA, Nordkap L, Bang AK, et al. EAA clinical practice guidelines-gynecomastia evaluation and management. *Andrology*. Nov 2019; 7(6): 778-793. PMID 31099174

History

Date	Comments
11/05/97	Add to Surgery Section - New Policy
11/12/02	Replace Policy - Policy reviewed without literature review; new review date only.
02/10/04	Replace Policy - Policy status changed from AR.7.01.13 to PR.7.01.121. Remains medically necessary.
09/01/04	Replace Policy - Policy renumbered from PR.7.01.121. No changes to dates.
06/14/05	Replace Policy - Policy reviewed without literature review; new review date only. Status changed to AR.
06/09/06	Disclaimer and Scope update - No other changes.
02/26/07	Update Codes - No other changes.
06/12/07	Replace Policy - Policy statement expanded to indicate removal of glandular tissue as cosmetic in the absence of a physical functional impairment; definitions of physical functional impairment, cosmetic and reconstructive surgery added to Benefit Application section. Policy status changed from AR to PR.
04/08/08	Replace Policy - Policy reviewed with literature search; no change to the policy statement. Requirement of histologic exam of tissue was deleted from Policy Guidelines. Reference added.
02/10/09	Replace Policy - Policy reviewed with literature search. Policy statement updated to remove the cosmetic statement and include "not medically necessary" for all indications relating to Mastectomy for gynecomastia.
02/09/10	Replace Policy - Policy updated with literature search. No change to policy statement.
03/08/11	Replace Policy - Policy updated with literature search. No change to policy statement.
09/23/11	Related Policies updated; 10.01.514 added.
01/06/12	Replace Policy - Policy updated with literature search. No change in policy statement.
03/11/13	Replace Policy. Policy split into malignant and non-malignant sections. Policy section has ASPS grades III-IV added for criteria to be met for unilateral or bilateral gynecomastia, added duration of symptoms is 2 years and pain is unresponsive to medical management. Liposuction added as investigational. Definitions moved to Policy Guidelines section. Added the condition can be bilateral or unilateral to the Description section. Benefit application section revised. Description and Rationale



Date	Comments
	sections updated based on a literature review through December 2012; and clinical vetting with 2 pediatricians. Policy statement changed as noted.
05/02/14	Annual review. Not Medically Necessary policy statement is changed to cosmetic to align with medical policy 10.01.514 Cosmetic and Reconstructive Services. A literature search through March 2014 did not prompt any changes to the rationale section. No new references added. Policy statement changed as noted. ICD-9 and ICD-10 procedure and diagnosis codes removed per MPI instruction; these are not utilized in adjudication of the policy.
05/27/15	Annual Review. Policy updated with literature search. No change to policy statement.
05/01/16	Annual Review, changes approved April 12, 2016. Policy updated with literature review through February 2016; reference 12 added. Policy statement unchanged.
03/01/17	Annual Review, changes approved February 14, 2017. Policy reviewed with literature search. No new references added. Cosmetic policy statement changed to not medically necessary. Policy moved into new format.
05/01/17	Interim review, changes approved April 11, 2017. Policy reviewed with literature search. No change to the policy statement.
05/01/18	Annual Review, approved April 3, 2018. Policy updated with literature review through December 2017; reference 4 updated. Policy statement unchanged.
05/01/19	Annual Review, approved April 9, 2019. Policy updated with literature review through December 2018; references 5-6 added. Added criteria statement for medically necessary non-malignant indications for mastectomy for gynecomastia.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
07/02/20	Delete policy.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020. Policy updated with literature review through December 2019; no references added. Policy statement unchanged.
05/01/21	Annual Review, approved April 1, 2021. Policy updated with literature review through March 17, 2021; references added. Policy statements unchanged.
05/01/22	Annual Review, approved April 11, 2022. Policy updated with literature review through December 17, 2021; reference added. Policy statement unchanged.
05/01/23	Annual Review, approved April 10, 2023. Policy updated with literature review through December 20, 2022; references added. Added policy statement "mastectomy for gynecomastia in the absence of a functional impairment to preserve or improve an individual's appearance in order to improve the individual's self-esteem or emotional or psychological well-being is considered cosmetic. Changed the wording from "patient" to "individual" throughout the policy for standardization.



Date	Comments
05/01/24	Annual Review, approved April 8, 2024. Policy updated with literature review through January 9, 2024; no references added. Policy statement unchanged.
05/01/25	Annual Review, approved April 7, 2025. Policy updated with literature review through December 17, 2024; no references added. Policy statement unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2025 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

