



Subject: Mastectomy for Gynecomastia*

Effective Date: October 1, 1998

Department: Utilization Management

Policy: Mastectomy for gynecomastia is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to exclude coverage for a specific cosmetic procedure.

Procedure:

1. Requests for surgical excision and/or liposuction of breast tissue in the management of gynecomastia will be denied on the basis that this is considered cosmetic and not medically necessary.
2. If malignancy is suspected or discrete mass is detected, then a diagnosis other than gynecomastia may be present and this policy will not apply. It is the provider's responsibility to submit accurate ICD-9/10 codes.
3. **ICD-9 611.1; ICD-10 N62** (hypertrophy of breast), while non-specific, is the correct code for gynecomastia.
4. **CPT 19300** (mastectomy for gynecomastia) is the correct code for this procedure. In addition, **CPT 15877** (suction assisted lipectomy, trunk) may be submitted and should be denied when performed for gynecomastia.

Reference

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Reviewed w/o Revision By/Date: M. McNeil, MD 03/07/18

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.