Gynecomastia Surgery (for North Carolina Only)

Policy Number: CSNC.MP.012.03
Effective Date: July 1, 2023

Instructions for Use

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Related Policies

- Cosmetic and Reconstructive Procedures (for North Carolina Only)
- Panniculectomy and Body Contouring Procedures (for North Carolina Only)

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the North Carolina Medicaid Clinical Coverage Policy No: 1A-12, Breast Surgeries.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Note: Coding for suction lipectomy is addressed in the Medical Policy titled Panniculectomy and Body Contouring Procedures (for North Carolina Only).

CPT Code	Description
19300	Mastectomy for gynecomastia

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U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Surgeries for the treatment of gynecomastia are procedures and therefore not regulated by the FDA. Refer to the following website for additional information: http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. (Accessed February 8, 2023)

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physician Clinical Coverage Policies, 1A-12, Breast Surgeries. https://medicaid.ncdhhs.gov/media/8331/open. Accessed April 11, 2023.

Policy History/Revision Information

Date	Summary of Changes
07/01/2023	• Routine review; no change to coverage guidelines • Archived previous policy version CSNC.MP.012.02

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.