



Guidelines for Medical Necessity Determination for Mastectomy for Gynecomastia

This edition of Guidelines for Medical Necessity Determination (Guidelines) identifies the clinical information that MassHealth requires to determine medical necessity for mastectomy for gynecomastia. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 415.000: Acute Inpatient Hospital Services](#), [130 CMR 433.000: Physician Services](#), [130 CMR 410.000: Outpatient Hospital Services](#), and [130 CMR 450.000: Administrative and Billing Regulations](#); [Subchapter 6 of the Physician Manual](#); and [Subchapter 6 of the Acute Outpatient Hospital Manual](#) for information about coverage, limitations, service conditions, and other prior-authorization (PA) requirements applicable to this service.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care Organization, Senior Care Options (SCO) plan, or a Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, One Care organization's, SCO's, or PACE's medical policies, respectively, for covered services.

MassHealth reviews requests for PA for mastectomy for gynecomastia on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

SECTION I. GENERAL INFORMATION

1

Gynecomastia is an enlargement in the glandular tissue of the breast in males. It can occur physiologically (normally) in newborns, adolescents, and older men. Increase in fatty tissue due to obesity in the male breast is called pseudogynecomastia, not gynecomastia. Occasionally gynecomastia is associated with pain or tenderness. Gynecomastia may occur in both breasts or only on one side. In newborns, gynecomastia usually resolves within four weeks without any interventions. In adolescent boys, gynecomastia occurs around puberty but generally goes away within six months to two years. Approximately 20 percent of gynecomastia in adolescents can continue into adulthood. In men over the age of 50, decreasing free-testosterone levels can lead to gynecomastia.

Pathologic (caused by diseases) causes of gynecomastia include certain health conditions, such as chronic liver disease, chronic kidney disease, low hormone levels (which occur in hypogonadism), hyperthyroidism, testicular tumors, or malnutrition. In addition, certain medications and treatments can also lead to gynecomastia. These include cancer treatments like chemotherapy, prostate cancer therapies, and testicular irradiation; hormone treatments; anabolic steroids; and medications for diseases, such as heartburn, anxiety, depression, human immunodeficiency virus, and fungal infections. Substance use including alcohol, amphetamines, marijuana, and heroin or methadone may cause gynecomastia, as can the use of herbal substances like lavender, tea tree oil, and dong quai.

In these cases, the treatment of the underlying disease and/or discontinuing the use of medications and substances contributing to gynecomastia often results in regression of the breast tissue. However, no robust data currently exists to indicate a dose-dependent correlation with substance use and gynecomastia. Therefore, it is not clear how factors such as the amount used, length of time used, or length of abstinent period would affect development or regression of breast tissue.

Male breast cancer is rare (less than 0.2 percent in excised breast specimens with a diagnosis of gynecomastia), but it is important to rule out by conducting a thorough history, a physical, and diagnostic testing if indicated by exam. In approximately 25 percent of cases, nonphysiologic gynecomastia is idiopathic, meaning that there are no identifiable causes found after a complete history, a physical, and complete diagnostic testing have been performed.

MassHealth considers approval for coverage of mastectomy for gynecomastia on an individual, case-by-case basis, in accordance with 130 CMR 450.204, 130 CMR 433.000, 130 CMR 415.000, and 130 CMR 410.000.

2

SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

MassHealth bases its determination of medical necessity for mastectomy for gynecomastia on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure, including postoperative recovery. The procedure is medically necessary when all of the following criteria are met.

ADOLESCENTS

1. Completion of puberty and adult testicular size has been achieved (Tanner stage 5); AND
2. The presence of Grade II or higher gynecomastia has been established on physical examination per the adapted gynecomastia scale from McKinney and Simon, Hoffman and Kohn Scales (Appendix A); AND
3. A physical examination, mammogram, or biopsy has confirmed that enlargement of the breast is due to glandular tissue, as confirmed by physical examination, mammogram, or biopsy; AND
4. Physiologic or idiopathic gynecomastia has persisted for two years after onset, or pathologic gynecomastia has persisted for one year after reversible causes are completely corrected or removed; AND
5. The presence of symptoms including, but not limited to, breast pain or tenderness has been documented.

ADULTS

1. The presence of Grade III or higher gynecomastia has been established on physical examination per the adapted gynecomastia scale from McKinney and Simon, Hoffman and Kohn Scales (Appendix A); AND
2. A physical examination, mammogram, or biopsy has confirmed that enlargement of the breast is due to glandular tissue, as confirmed by physical examination, or mammogram, or biopsy; AND

3. Physiologic or idiopathic gynecomastia has persisted for two years after onset, or pathologic gynecomastia has persisted for one year after reversible causes are completely corrected; AND
4. The presence of symptoms including, but not limited to, breast pain or tenderness has been documented.

B. NONCOVERAGE

MassHealth does not consider mastectomy to be medically necessary under certain conditions. Examples of such conditions include, but are not limited to, the following.

1. For the treatment of pseudogynecomastia, including enlargement of the breast due to excess adipose tissue; or
2. For purposes of improving the appearance of the body, when the medical necessity guidelines are not met.

3

SECTION III: SUBMITTING CLINICAL DOCUMENTATION

A. DOCUMENTATION SUPPORTING MEDICAL NECESSITY MUST INCLUDE ALL OF THE FOLLOWING.

1. A current (within the last six months) comprehensive medical history including
 - i. all concurrent diagnoses;
 - ii. date of onset of gynecomastia and associated symptoms;
 - iii. current and past medications used (for one year), whether prescribed or over the counter;
 - iv. current and past herbal and recreational drugs used (for one year); and
 - v. surgical history;
2. A current comprehensive physical exam, including
 - i. height;
 - ii. weight;
 - iii. breast exam;
 - iv. testicular exam; and
 - v. Tanner stage of development (for adolescents);
3. Current (within the last six months) diagnostic testing, including
 - i. serum testosterone levels;
 - ii. estradiol levels;
 - iii. luteinizing hormone levels;
 - iv. follicle-stimulating hormone levels;
 - v. prolactin levels;

- vi. beta human chorionic gonadotropin levels;
- vii. thyroid-stimulating hormone levels; and
- viii. a comprehensive metabolic panel;
- 4. Photo documentation of gynecomastia (front and lateral, shoulder to waist, taken within the last six months);
- 5. A surgical treatment plan; and
- 6. Additional pertinent clinical information that MassHealth may request..

B. CLINICAL INFORMATION MUST BE SUBMITTED BY THE TREATING SURGEON.

Providers must electronically submit PA requests and all supporting documentation using the Provider Online Service Center (POSC), unless the provider has a currently approved electronic claims waiver (hereinafter, “waiver”). Please see [All Provider Bulletin 369](#) for further waiver information. If you have questions about POSC access, please contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711.

For PA requests that are not submitted using the POSC, providers with currently approved waivers must include the MassHealth Prior Authorization Request (PA-1 Form) and all supporting documentation. The PA-1 Form can be found at mass.gov/prior-authorization-for-masshealth-providers.

References

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These guidelines are based on review of the medical literature and current practice in mastectomy for gynecomastia. MassHealth reserves the right to review and update the contents of these guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, such readers should contact their health care provider for guidance or explanation.

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Approved by:



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Appendix A

GYNECOMASTIA SCALE ADAPTED FROM THE MCKINNEY AND SIMON, HOFFMAN AND KOHN SCALES

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