

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 2.8
TITLE: GYNECOMASTIA

AUTHORITY: 38 CFR 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4

I. EFFECTIVE DATE

May 18, 1994

II. PROCEDURE CODE(S)

15877, 19140, 19182, and 19318

III. DESCRIPTION

A. Pathological gynecomastia (ICD-9-CM 611.1) is an abnormal enlargement of the male mammary glands. Causes of pathological gynecomastia are testicular or pituitary tumors, some syndromes of male hypogonadism, cirrhosis of the liver, administration of estrogens for prostatic carcinoma, and therapy with steroidal compounds.

B. Physiological (pubertal) gynecomastia occurs in teenage boys, usually between the ages of 13-15 years. In more than 90% of these boys, the condition resolves within a year. Gynecomastia persisting beyond one (1) year is severe and is usually associated with pain in the breast from distension (ICD-9-CM 611.71) and fibrous tissue stroma.

IV. POLICY

Benefits may be extended for medically necessary medical, diagnostic, and surgical treatment to include, but not limited to:

1. endocrine therapy;
2. drugs;
3. ultrasound, CT scan, or MRI;

4. biopsy; and
5. mastectomy or reduction mammoplasty.

V. POLICY CONSIDERATIONS

Coverage may be extended for the following conditions, but not limited to:

1. severe gynecomastia (enlargement has not resolved after one year);
2. fibrous tissue stroma; and
3. breast pain.

VI. EXCLUSION

|| Surgical treatment performed specifically for psychological reasons. [38 CFR
17.272(a)(78)] ||

END OF POLICY