



# OHIO MEDICAID

Policy Name	Policy Number	Date Effective
Mastectomy for Gynecomastia	MM-0002	01/01/2021-08/31/2021
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

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A. Subject

**Mastectomy for Gynecomastia**

B. Background

Gynecomastia is the benign proliferation, either unilateral or bilateral, of glandular tissue of the breast in males. This develops most often in the setting of altered estrogen/androgen balance or increased sensitivity of breast tissue to estrogen.

Causes may include androgen deficiency (e.g. treatments for prostate carcinoma),  
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products (estrogen replacement therapy, calcium channel blockers, cimetidine,  
phenothiazines, spironolactone, theophylline, HAART for HIV/AIDS), chronic medical  
conditions (e.g. cirrhosis, chronic kidney disease), tumors (e.g. adrenal or testicular) or  
endocrine disorders (e.g., hyperthyroidism).

As a result of this hormonal imbalance medical therapy may be offered in the treatment of gynecomastia (i.e. anti-estrogens, androgens, or aromatase inhibitors).

C.





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