



## **11.16 PLASTIC SURGERY REFERRAL GUIDELINES**

### **Contracted Group: Nevada Plastics**

#### **For Appointments:**

**Centralized Appointment Number: (702) 476-3011**

#### **Locations:**

##### **Nevada Plastics at Reynolds Plastic Surgery**

###### **Brandon Reynolds, MD**

5550 Painted Mirage Rd., #217

Las Vegas, NV 89149

Phone: (702) 476-3011

Fax (702) 476-5022

##### **Nevada Plastics at Couture Dermatology and Plastic Surgery**

###### **Marvin Spann, MD**

9950 W. Flamingo Rd., #105

Las Vegas, NV 89147

Phone: (702) 476-3011

Fax (702) 476-5022

Plastic Surgery phone consultations are available at the above phone numbers.

The physicians at Nevada Plastics will keep the PCP fully informed of their patients' progress with notes, letters, and phone consultations as needed. All recommendations of treatment will be coordinated with the PCP, so their continuing care of the patient will progress as smoothly and effectively as possible. The PCP is encouraged to call the consultant about any questions they have regarding the recommendations of the specialist for their patient.

#### **Plastic Surgery Services Do Not Require Prior Authorization**

##### **Inappropriate referrals include:**

- Scar revisions where the scar does not pose a limitation of function
- Treatment of keloid scars, cysts, skin tags, lipomas, and verrucous lesions. If the cyst or lipomas has become infected, is increasing in size rapidly in the last few months or causing pain not controlled with OTC medications, the mass can then be removed by the plastic surgeon. (Supporting documentation and office notes will be required for review by the plastic surgeon.)
- Emergency treatment of lacerations
- Treatment of burns, acute or chronic
- Treatment of facial fractures
- Treatment of excess skin obstructing visual fields
- Treatment of excess skin resulting from massive weight loss surgery unless it causes panniculitis resistant to conservative medical management

- Treatment of complications related to previous cosmetic breast augmentation. **If the patient has had silicone implants and an MRI confirms evidence of silicone extravasation outside of the capsule, the carrier will permit the plastic surgeon to remove the implant material only.**
- Treatment of pigmented lesions with no malignancy
- Treatment of acne scars
- Lesions of the genitalia
- Treatment of gynecomastia
- Treatment of torn ear lobes
- Complications from cosmetic enhancements to the body and or face. (i.e., tattoos and body piercing.)

**Referral guidelines for the following diagnoses are:**

**Reconstruction of the breast after mastectomy**

- Initial exam includes evaluation and referral to general surgeon for biopsy. If patient is deemed appropriate candidate for reconstruction by the general surgeon it can be referred to a plastic surgeon for evaluation.
- Reconstruction, whether immediate or delayed, is to be determined between the plastic surgeon and the general surgeon.
- For the purposes of this section, **“reconstructive surgery”** means *a surgical procedure performed following a mastectomy on one breast or both breasts to reestablish symmetry between the two breasts. The term includes, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. The surgical procedure on the non-involved side to achieve symmetry to be determined by the plastic surgeon after the involved side is reconstructed and in consultation with the patient.*

**Breast Reduction**

Reduction mammoplasty for symptomatic macromastia as medically necessary when ALL of the following criteria have been met:

- The patient is at least 18 years of age or breast growth is complete. If under 18 years of age, must have parent consent.
- The patient must be nicotine free for 6 weeks prior to scheduling a consultation
- The patient must have a documented BMI below 35 prior to scheduling a consultation

Macromastia is causing at least ONE of the following conditions/symptoms with documented failure of at least one continuous three-month trial of appropriate medical management:

- shoulder, upper back/ neck pain, and/or ulnar nerve palsy for which no other etiology has been found on appropriate evaluation,
- intertrigo, dermatitis, eczema, or
- hidradenitis at the inframammary fold

Pre-operative photographs confirm the presence of BOTH of the following:

- significant breast hypertrophy and shoulder grooving from bra straps and/or
- intertrigo if stated to be present

Average weight of tissue planned to be removed in each breast, is above the 22<sup>nd</sup> percentile on the Schnur Sliding Scale based on the patient's body surface area (BSA)

This Schnur chart may be used to assess whether the amount of tissue (per breast) that will be removed is reasonable for the body habitus, and whether the procedure is cosmetic or reconstructive in nature.

- If the amount plots above the 22<sup>nd</sup> percentile and the member has a Functional Impairment, the procedure is reconstructive.
- If the amount plots below the 5<sup>th</sup> percentile, the procedure is cosmetic.
- If the amount plots between the 5<sup>th</sup> and 22<sup>nd</sup> percentiles, the procedure may be either reconstructive or cosmetic based on review of information.

### **Gynecomastia**

PCP: Patients should be examined and referred for evaluation for a potential malignancy of the breast. If lesion is suspicious then excision is warranted. Excision to be referred to a general surgeon. If no suspicion of malignancy, then the condition is considered cosmetic in nature and not a covered benefit.

### **Mastectomy for benign disease**

Mastectomies for benign disease are to be performed by general surgery and if indicated, then referred to plastic surgery for evaluation for reconstruction.

### **Hidradenitis**

PCP to evaluate the patient and treat conservatively with antibiotics, oral or IV and local wound care if required. If symptoms are recurrent with episodes requiring more than 3 courses of treatments with antibiotics and local wound care in one year, then referral to dermatology for treatment with Humira. If Humira therapy fails after 1 year, then referral to Plastic Surgery for possible excision is appropriate.

### **Excess skin after massive weight loss**

On the occurrence of excess skin developing after massive weight loss, if there is a scenario of transdermal wound ulceration that is not responsive to conservative wound care, then removal of the offending pannus can be referred to a plastic surgeon for the removal of the offending skin and only the offending skin. Any other procedure will be considered cosmetic in nature and not a covered benefit.

- The patient must be nicotine free for 6 weeks prior to scheduling a consultation.
- The patient must have a documented BMI below 35 prior to scheduling a consultation.