



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

12.12 PLASTIC SURGERY REFERRAL GUIDELINES

Contracted Group: Julio L Garcia MD, Ltd.

For Appointments:

Centralized Appointment Number: (702) 870-0058

All Referrals Faxed to: 702-870-0068

Locations:

6020 S Rainbow Blvd
Las Vegas, NV 89118
Phone: (702) 870-0058
Fax: (702) 870-0068

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

The physician, Julio L Garcia MD, Ltd 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
- 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
- Treatment of pigmented lesions with no malignancy
- Treatment of acne scars
- Lesions of the genitalia
- Treatment of gynecomastia
- Treatment of torn ear lobes when cosmetic in nature

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

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 22nd percentile on the Schnur Sliding Scale based on the patient’s body surface area (BSA)

Grams of tissue to be removed per breast

1.40 – 1.50	218 – 260
1.51 – 1.60	261 - 310
1.61 – 1.70	311 - 370
1.71 – 1.80	371 - 441
1.81 – 1.90	442 - 527
1.91 – 2.00	528 - 628
2.01 – 2.10	629 - 750
2.11 – 2.20	751 - 895
2.21 – 2.30	896 - 1068
2.31 – 2.40	1069 - 1275

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 plastic surgery for excision is indicated.

Excess skin after massive weight loss

On the occurrence of excess skin developing after massive weight loss, if there is a scenario of panniculitis 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