
New Documentation Requirements for Plastic Surgery Procedures

Neighborhood News – July 2024

Effective **July 1, 2024**, Neighborhood Health Plan of Rhode Island (Neighborhood) is implementing new documentation requirements for preapproval of [panniculectomies](#) and breast reduction procedures. Providers will be required to submit supporting documentation indicating the procedures are a medical necessity and meet all required criteria. **Please note that these requirements apply to all Neighborhood lines of business.**

Panniculectomies

For members seeking a panniculectomy, providers will be required to submit the following documentation supporting the procedure:

- Office notes on chronic and persistent skin conditions, including prescribed treatments and outcomes from the provider(s) treating the condition;
- Documentation describing the panniculus in relation to the symphysis pubis and the grade of panniculus.

Breast Reductions for Breast Hypertrophy in Females

For female members seeking a breast reduction, office notes will be required from the provider(s) treating the condition. To exclude other etiologies (causes) of symptoms, the notes should detail previous treatment and outcomes including:

- Chronic skin conditions treatment;
- Physical therapy;
- Use of support garments/braces;
- Conservative analgesia.

In addition, providers should include documentation regarding:

- Significant arthritic changes in the cervical or upper thoracic spine;
- Signs and symptoms of ulnar paresthesia documented by nerve conduction studies.

Lastly, documentation of the anticipated amount of breast tissue to be removed based on body surface area should be included.

Breast Reductions for Gynecomastia in Males

For male members seeking a breast reduction, the following documentation will be required:

- Grading of gynecomastia;
- Office notes from evaluations to treat or rule out contributory conditions;
- Documentation of medications being taken by the member assessed as noncontributory;
- Evaluation for breast cancer with appropriate imaging if suspected.

Criteria for Medical Necessity

Neighborhood adheres to guidelines from the following state and federal regulatory agencies when authorizing plastic surgery procedures:

- [Centers for Medicare and Medicaid Services \(CMS\)](#)
 - INTEGRITY (MMP) line of business
- [Executive Office of Health and Human Services](#)
 - Medicaid and INTEGRITY lines of business (when no CMS criteria exists)
 - Please refer to the Panniculectomy/Abdominoplasty and Reduction Mammoplasty sections
- InterQual
 - All lines of business
 - Please visit Neighborhood's [Policies and Guidelines page](#) and click on InterQual Transparency Tool

The updated requirements underscore Neighborhood's commitment to ensuring these procedures are medically necessary, thereby enhancing patient outcomes and maintaining compliance with state and federal guidelines. We encourage all providers to familiarize themselves with these changes.

If you have questions or need assistance with the new requirements, please contact our Provider Services team at 1-800-963-1001.

Thank you for your continued partnership and commitment to providing quality care to our members.

Note: This notice was originally distributed on [May 1, 2024](#).