



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

11.4 DERMATOLOGY REFERRAL GUIDELINES

Contracted Group: See below

Group Name/Telephone Numbers	Addresses	
Couture Dermatology and Plastic Surgery (702) 998-9001	2615 Box Canyon Dr. Las Vegas, NV 89128	
J Woodson Dermatology & Associates (702) 485-5300	2843 St. Rose Pkwy., #110 Henderson, NV 89052	9280 W Sunset Rd., #422 Las Vegas, NV 89148
Linda Woodson Dermatology (702) 202-2700	2800 N. Tenaya Way, #203 Las Vegas, NV 89128	305 N. Pecos Rd., #F Henderson, NV 89074
Summerlin Dermatology (702) 243-4501	8310 W. Sahara Ave Las Vegas, NV 89117	
Thomas Dermatology (702) 430-5333	866 Seven Hills Dr., #201 Henderson, NV 89052	9080 W. Post Rd., #100 Las Vegas, NV 89148
	9097 W. Post Rd., #100 Las Vegas, NV 89148	
Vivida (702) 255-6647	6460 Medical Center St., #350 Las Vegas, NV 89148	1736 W. Horizon Ridge Pkwy Henderson, NV 89012

The specialists 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.

In cases of melanoma or other more aggressive malignancies requiring referral to other specialists (ie. surgeon, oncologist, radiation oncologist), HPN will provide a case manager to coordinate and facilitate care in order to assure expeditious patient care and follow up.

Dermatology Services Do Not Require Prior Authorization

Suggested PCP Guidelines are general suggestions only and may be modified based on physician judgment in individual cases.

Inappropriate referrals include:

- Referred for general skin exam of non-specific nature.
- Removal of benign lesions such as skin tags, benign moles, seborrheic keratosis, cysts and lipomas.

2020 HPN Provider Summary Guide

- Patients who have “seen the dermatologist before”, and request a referral, either by phone or in person, to have a skin check without prior evaluation by PCP to evaluate necessity.
- Referrals in which patient is told the dermatologist will “check all your skin problems and treat them”, without prior evaluation of conditions by the PCP. PCPs should never discuss what the dermatologist/dermatology physician assistant will treat. Referrals are for evaluation and consideration of any possible necessary treatment. PCPs should never state that a specific lesion should or will be removed by dermatology.
- Referral of any skin tumors over 2 cm. in size. Lesions over 2 cm. are referred to general or plastic surgery.

Referral guidelines for the following diagnoses are:

Routine exam of skin in patients without skin cancer risks

PCP: Initial exam includes evaluation of shape, size, and color of skin lesions and decision if any abnormality exists. Documentation of a suspicious lesion should be noted in chart.

Referral warranted: Patient should be referred if abnormal lesions are noted. The referral form must include location and suspected diagnosis of suspicious lesion.

Referral not warranted: Removal of benign moles, lipomas, skin tags, epidermal cysts, pilar cysts or seborrheic keratosis. If the patient desires removal of these lesions, then the PCP should advise the patient that this is not covered under his/her insurance. Since this is not a covered benefit, the PCP may choose to remove these lesions themselves. Patient needs to be informed that removal of these lesions by dermatology are at the patient’s expense to be paid at the time of service.

Evaluation of patients with precancerous and cancerous lesions and past history of non-melanoma skin cancer

PCP: As a general rule, PCP should screen patients with a complete skin exam every six months or annual exams if patient has been free of new lesions for two years. The PCP may modify these recommendations on frequency of their skin checks as they deem appropriate in individual cases. The PCP should educate patient about sun protection, self-examination of the skin, and the importance of regular skin examinations. Therapy of minor actinic lesions may be treated by PCP with a variety of recognized methods as deemed appropriate.

Referral warranted: Patients with lesions that are suspicious for non-melanoma skin cancer should be referred to dermatology for evaluation prior to having a biopsy by the PCP. The referral form must note the location and suspected diagnosis of the lesion. If a biopsy has been done, patient must bring the pathology report with his referral. If a melanoma is highly suspected, referral to dermatology is indicated.

Routine exam of patients with history of melanoma or a family history of melanoma

PCP: Patient should be examined every three months for the first year after melanoma diagnosis, and every six months afterward for five years, and then annual exams are recommended.

The exam includes:

- Checking the melanoma surgery site
- General examination of the skin for new or changing lesions
- Palpation of regional lymph nodes
- Follow-up by an oncologist may be needed if melanoma is advanced or greater than 0.75 mm. Breslow depth.

Referral warranted: Any lesions suspicious for melanoma should be referred to dermatology for biopsy. The location of the lesion must be noted on the referral note.

Psoriasis

PCP: Perform the initial history and physical and in mild and moderate cases, the PCP may institute therapy which may include appropriate topical monotherapy or combination topical therapy.

- CBC & Chemistry profile performed prior to referral to dermatology

Referral warranted: Dermatology referral is indicated for patients who do not respond to three months of therapy or patients with severe disease or erythroderma. The referral form should detail past treatment attempts, and patient must bring lab work with them.

Common warts

PCP: Initiate therapy with a variety of topical or physical modality options based on the comfort level of the PCP.

Referral warranted: Dermatology referral is appropriate if patient has failed three months of conservative therapy or up to three episodes of cryosurgery. Referral note must include delineation of failed therapy.

Acne vulgaris

PCP: Treat Grade I-III for three months with a variety of topical therapeutic options and oral antibiotics if warranted.

Referral warranted: Dermatology referral is indicated if patient has inadequate response to combination treatment after three months of therapy. Therapy must be documented on referral form. Grade IV (Severe cystic acne) – PCP will evaluate patient, and initiate referral to dermatology.

Eczema, Itching skin and Urticaria

PCP: Evaluate the patient with a complete history and physical. In mild to moderate cases, appropriate therapy may be initiated by the PCP.

Referral Warranted: For patients who do not respond to one month of therapy or patients with severe disease or erythroderma. The referral form must detail previous treatment attempts, and patient must bring any performed lab work with them.