



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

**11.9 GENERAL SURGERY REFERRAL GUIDELINES**  
**Contracted Groups: See below**

Group Name/Phone Number	Addresses		
<b>Desert West Surgery</b> <b>(702) 383-4040</b>	1111 Shadow Ln. Las Vegas, NV 89102	5375 S. Fort Apache Rd. Las Vegas, NV 89148	7200 Cathedral Rock Dr., #250 Las Vegas, NV 89128
<b>Las Vegas Medical Group</b> <b>(702) 853-3300</b>	5380 S. Rainbow Blvd, #210 Las Vegas, NV 89118		
<b>Las Vegas Surgical Associates, LLP</b> <b>(702) 258-7788</b>	10105 Banbury Cross Dr., #130 Las Vegas, NV 89144	2637 W Horizon Ridge Pkwy., #110 Henderson, NV 89502	
	8930 W. Sunset Rd., #300 Las Vegas, NV 89148	1250 S Eastern Ave. Las Vegas, NV 89104	
<b>Southern Nevada Surgery Specialist</b> <b>(702) 914-2420</b>	8285 W. Arby Ave., #225 Las Vegas, NV 89113	10001 S. Eastern Ave., #200 Henderson, NV 89052	999 Adams Blvd., #104 Boulder City, NV 89005

**The following information based on diagnosis should be forwarded with a completed Universal Prior Authorization/Referral form:**

<b>Diagnosis</b>	<b>Information Necessary/Testing Requirements</b>
Adrenal Glands	Pertinent office records, endocrine work up, CT scan
Breast	Mammogram, Ultrasound, spot view mammogram if indicated, is mass palpable? <b>OR</b> A referral from the Breast Care Program.
Colons	Colonoscopy, Barium Enema (optional), Biopsy with tattoo, precise location, measurement (this is to include rectal masses as well), pertinent office records, Flex Sigmoid. (No flex sigmoid without Barium Enema)
Cyst and Abscess	Size, location and duration, previous treatment. Size must be greater than 3 cm. Pertinent office records
Diverticulitis	CT, Colonoscopy, Barium Enema, labs, and pertinent office records.

<b>Diagnosis</b>	<b>Information Necessary/Testing Requirements</b>
Fissure	Physical exam, pain or bleeding, Colonoscopy, pertinent office records.
Fistulas	Location and pertinent office records.
Gallbladder	Ultrasound or hidascan and labs, LFT's, pertinent office records. CT scan acceptable if it shows gallstones.
Gynecomastia	<p><b>Up to 18 years of age.</b> Clinically significant functional impairment (ex. Chronic skin irritation, pain, related psychological disorder requiring therapy)</p> <p><b>Patients older than 18 years of age:</b> <b>1.</b> Gynecomastia does not recess after cessation of medications known to cause the condition. <b>2.</b> Results of labs (serum creatinine, liver enzymes, thyroid function test, hormone evaluation). <b>3.</b> Mammography or needle biopsy have ruled out breast cancer.</p>
Hemorrhoids	Examination is required to confirm presence of hemorrhoids. If thrombosed no work up necessary. Colonoscopy is required if patient is over 40 years of age or if rectal bleeding is present. Please include pertinent office records and any previous treatment.
Hernia	Appropriate clinical exam necessary including co-morbidities. Pertinent office records.
Hiatal Hernia/Gerd	EGD, Esophageal manometry, 24 hr/48 hr Bravo PH study, full GI work up, pertinent office records.
Incisional Hernia	Operative report from initial surgery if it has been within the last five (5) years, possible CT scan, pertinent office records.
Lipoma	Accurate size and location, has it increased in size? Must be greater than 3 cm in size and <u>accurately</u> measured. Pertinent office records.
Livers	Pertinent office records, ultrasound of liver, labs, triple contrast CT scan, biopsy of liver with tumor markers
Pancreas	Pertinent office records, ultrasound of abdomen, labs, CT scan, GI test with tumor markers, pancreatic protocol (+/- endoscopic ultrasound)
Pilonidal Cyst	Appropriate clinical exam and pertinent office records.

<b><u>Diagnosis</u></b>	<b><u>Information Necessary/Testing Requirements</u></b>
Rectal Cancer	Full GI work up with tattoo and measurements, colonoscopy and biopsy results, CT scan, pertinent office records.
Spleen	CT scans, labs, hematology/oncology evaluation, possible BMA, pertinent office records.
Thyroid	Thyroid scan and ultrasound of neck, possible CT scan, Endocrine work up required, FNA thyroid nodules, pertinent office records.

**Please also include:**

**Summary of previous treatments and consultations.**

**List of current and past medications.**

**All pertinent co-morbidities should be thoroughly documented.**

**Full History and Physical.**

**Indications for surgery.**