Health Plan of Nevada
A UnitedHealthcare Company

11.4 DERMATOLOGY REFERRAL GUIDELINES

Contracted Groups: See below

Group Name/Telephone Numbers	Addresses	
Couture Dermatology and Plastic Surgery **(702) 998-9001**	9950 W. Flamingo Rd., #105 Las Vegas, NV 89147	
Linda Woodson Dermatology **(702) 202-2700**	2410 Fire Mesa St., #180 Las Vegas, NV 89128	305 N. Pecos Rd., #B Henderson, NV 89074
Summerlin Dermatology **(702) 243-4501**	8310 W. Sahara Ave Las Vegas, NV 89117	
Thomas Dermatology **(702) 430-5333**	2871 St. Rose Pkwy., #130 Henderson, NV 89052	9080 W. Post Rd., #100 Las Vegas, NV 89148
	9097 W. Post Rd., #100 Las Vegas, NV 89148	6170 N. Durango Dr., #140 Las Vegas, NV 89149
	351 N Buffalo Dr., #B Las Vegas, NV 89145	
Vivida **(702) 255-6647**	6460 Medical Center St., #350 Las Vegas, NV 89148	1736 W. Horizon Ridge Pkwy Henderson, NV 89012
	2110 E Flamingo Rd., #213 Las Vegas, NV 89119	

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 <u>Not</u> 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.

- 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 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: The referral form must note the location and suspected diagnosis of the lesion. If a biopsy has been done by the PCP, 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 personal history of melanoma or a family history of melanoma

Referral warranted: Any new lesions suspicious for melanoma should be referred to

dermatology for biopsy. The location of the lesion must be noted on the referral note. Melanoma follow up exams should be done by a dermatologist. NCCN guidelines* are recommended for ongoing screening, as follows:

Clinical stage (no evidence of disease)		Follow-up tests
All stages	→	• Complete skin exam at least once a year for life • Regular self-exam of skin and lymph nodes • Imaging tests as needed for specific signs and symptoms • Possible regional lymph node ultrasound • Genetic counseling/testing if 3 or more invasive melanomas, or personal or family history of melanoma and certain cancers
Stage IA to IIA	→	• Tests listed above for all stages • Medical history and physical exam with focus on skin and lymph nodes ◦ Every 6 to 12 months for 5 years, then ◦ Every year as needed
Stage IIB to IIC	→	• Tests listed above for all stages • Medical history and physical exam with focus on skin and lymph nodes ◦ Every 3 to 6 months for 2 years, then ◦ Every 3 to 12 months for 3 years, then ◦ Every year as needed • Possible imaging tests every 3 to 12 months to screen for recurrence or metastases

*NCCN guidelines for patients

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.

Psoriasis, 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 initial course of therapy, refer to dermatology. The referral form must detail previous treatment attempts, and patient must bring any performed lab work with them.