



**11.20 UROLOGY REFERRAL GUIDELINES - Pediatric Contracted Groups:**

**For Appointments:**

| <b>Group Name</b>   | <b>Addresses/Phone Numbers</b>   |   |
|---|--|---|
| <b>Children’s Urology Associates</b><br><br>Dr. George Ganesan<br>Dr. James Plaire<br>Dr. Jessica Casey | 2637 W Horizon Ridge Way, #140<br>Henderson, NV 89052<br>(702) 369-4999    | 3061 S. Maryland Pkwy., #104<br>Las Vegas, NV 89109<br>(702) 369-4999 |
|   | 6670 S. Tenaya Way, #180<br>Las Vegas, NV 89113<br>(702) 369-4999          |   |
| <b>Clare Close MD</b>   | 2653 W. Horizon Ridge Pkwy., #100<br>Henderson, NV 89052<br>(702) 220-4006 | 3150 N. Tenaya Way, #530<br>Las Vegas, NV 89128<br>(702) 220-4006     |
| <b>Las Vegas Pediatric Urology</b><br><br>Dr. Andrew Hwang  | 653 N. Town Center Dr., #407<br>Las Vegas, NV 89144<br>(702) 728-5686      |   |
| <b>Pediatric Urology of Las Vegas</b><br><br>Dr. Waldo Feng   | 3131 LaCanada St., #205<br>Las Vegas, NV 89169<br>(702) 916-1996           |   |

**Labs and Tests that need to be done prior to patient’s appointment are listed below by Diagnosis. All imaging studies, where requested, are good if done within 12 months of the referral.**

| <b>Diagnosis</b>                      | <b>Labs-Test Required PRIOR to Appointment for Peds.</b> |
|---------------------------------------|--|
| Ambiguous Gentilia (Undetermined Sex) | Karyotype, Prior Studies, and Records                    |
| Dysuria (Burning w/ Urination)        | UA reflex to culture                                     |
| Enuresis (Bed Wetting)                | UA reflex to culture                                     |
| Flank Pain                            | UA, reflex to culture, Renal Bladder U/S, KUB            |

2024 HPN Provider Summary Guide

| <b>Diagnosis</b>   | <b>Labs-Test Required PRIOR to Appointment for Peds.</b>                                     |
|--|--|
| Gross Hematuria  | Renal Bladder U/S, UA, with reflex to culture  |
| Microscopic Hematuria  | Renal bladder U/S, UA, reflex to culture, urine calcium creantine ratio                      |
| Hydrocele  | Referral Only  |
| Hydronephrosis   | Renal Bladder U/S  |
| Incontinence   | Renal Bladder U/S, UA, reflex to culture   |
| Meatal Stenosis  | Referral Only  |
| Nuerogenic Bladder   | Renal Bladder U/S, VCUG, Chem Profile  |
| Pelvic Pressure  | UA, reflex to culture, Renal Bladder U/S, KUB  |
| Posterior Urthelial Valves                                   | Renal Bladder U/S, VCUG, Chem Profile, CBC   |
| Prenatal Hydronephrosis                                      | Renal Bladder U/S  |
| Renal Mass/Bladder Mass                                      | All X-ray reports, UA, UCX, Urine Cytology, All old records                                  |
| Retention MALE   | Renal Bladder U/S, Chem Profile  |
| Retention FEMALE   | Renal Bladder U/S, Chem Profile  |
| Stones   | CT/KUB or Renal U/S, UA, reflex to culture, Random Urine Creantine and Calcium, Chem Profile |
| Testicular Mass  | Scrotal US w/ Doppler  |
| Testicular Pain, Swelling                                    | Testicular US, UA, reflex to culture   |
| Ureterocele<br>Ureteral Duplication,<br>Ureteric Obstruction | ALL Prior Records, Renal Bladder U/S   |
| UTI/ Pyelonephritis  | UA, reflex to culture, Renal US  |
| Varicocele   | Scrotal US   |
| Vesicoureteral Reflux  | Renal Bladder U/S, VCUG, ALL old records, UA, UCX  |