



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

11.19 UROLOGY REFERRAL GUIDELINES - Adult
Contracted Group: Urology Specialists of Nevada

For Appointments:

Telephone Number: (702) 877-0814

Fax: (702) 877-3238

Locations:

58 N. Pecos Road
Las Vegas, NV 89074

2010 Wellness Way, Suite 200
Las Vegas, NV 89106

3150 N Tenaya Way, Suite 165
Las Vegas, NV 89128

6190 S. Fort Apache, Suite 200
Las Vegas, NV 89148

Note: All patients require standard referral form along with results of all required testing before a consult appointment will be made. For all diagnoses or chief complaints which require a Urine C&S, an appointment date will be made even though the culture result may still be pending, provided that the **Quest Lab Accession Number** on the culture is written on the consult request form.

Diagnosis/ Chief Complaint	Required Testing	Diagnosis/ Chief Complaint	Required Testing
Balanitis/Balanoposthitis	Urinalysis w/ reflex C&S.	Congenital Abnormalities of Urachus	CT Pelvis, CT Urogram Cystogram
Bladder Cancer	Pathology report, Urinalysis w/ reflex C&S, Urine Cytology.	Cystitis	Urinalysis w/ C&S Prior UCX
Bladder Infection / Cystitis	Urinalysis with C&S. Prior Urine Culture	Cystocele	Renal US UA w/C&S
Bladder Mass / Lesion	CT-Urogram, Urinalysis w/ reflex C&S, Urine Cytology.	Delayed Ejaculation	None
Bladder Outlet Obstruction	PSA, urinalysis w/ reflex C&S.	Dysparuenia (pain w/ intercourse)	Urinalysis w/ reflex C&S
Bladder Spasms/Over-active	Urinalysis w/ reflex C&S.	Dysuria- Burning w/ urination	Urinalysis w/ C&S.
Blood in semen	PSA, Urinalysis with C&S.	Enuresis (Bedwetting)	Urinalysis w/ reflex C&S
BPH	PSA, urinalysis w/ reflex C&S.	Epididymitis	Urinalysis w/ C&S, Testicular/Scrotal Ultrasound.

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Diagnosis/ Chief Complaint	Required Testing	Diagnosis/ Chief Complaint	Required Testing
Concealed Penis	None	Epididymal Cyst	Testicular/Scrotal Ultrasound.
Condyloma (Genital-warts)	None	Erythema Penis Glands	Urinalysis w/Reflex, UCX, Scrotal Ultrasound
Fused Kidney	CT Abd-Pelvis with and without Contract/Creatinine	Kidney Cyst	Renal Ultrasound, Urinalysis w/ reflex C&S.
Genital Warts	None	Kidney Mass	CT Abd-Pelvis w/o contrast, Urinalysis w/ reflex C&S, Renal Panel.
Groin Pain	Refer to General Surgery	Nephrolithiasis (Kidney Stones)	CT-KUB (NC Spiral CT abd-pelvis+KUB), Urinalysis w/ reflex C&S.
Hematospermia	PSA, Urinalysis with C&S.	Neurogenic Bladder	Renal Ultrasound, Urinalysis w/ Reflex C&S, Renal Panel
Gross Hematuria	CT-Urogram, Urinalysis w/reflex C&S, Cytology	Nocturia	Urinalysis w/ Reflex C&S, (Plus PSA if Male)
Horseshoe Kidney	Urinalysis w/Reflex, CT Abd-Pelvis	Nocturnal Enuresis (Bedwetting)	Urinalysis w/ Reflex C&S.
Hydrocele	Testicular/Scrotal Ultrasound.	Oligospermia (low sperm Count)	Quant. Semen analysis, LH, FSH, Free and Total Testosterone
Hydronephrosis	CT-Urogram or IVP, Urinalysis w/ reflex C&S, Renal Panel	Orchitis	Testicular/Scrotal Ultrasound, Urinalysis w/ C&S
Hypogonadism (low Testosterone)	Endocrinology consult	Penile Adhesions	None
Hypospadias	None	Penile Mass	Referral Only
Impotence (ED-Erectile Dysfunction)	Free and Total Testosterone, Prolactin, LH, and PSA level.	Peyronies Disease	None
Incontinence	Urinalysis w/ reflex C&S.	Premature Ejaculation	None
Infertility	Quant. Semen analysis, Free and Total Testosterone, LH,FSH.	Prolapsed Bladder	Renal US UA C&S

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Interstitial Cystitis	Urinalysis w/ C&S.	Prostate Cancer	PSA, Urinalysis w/ Reflex C&S, Chem-20 panel
Prostate Enlargement (BPH)	PSA, Serum creatinine, Urinalysis W/ Reflex C&S	Undescended Testis	Inguinal/Scrotal Ultrasound.
Prostate Nodule	PSA, Urinalysis w/ C&S	Urethral Caruncle or Prolapse	Urinalysis w/ Reflex C&S.
Prostatitis (acute or chronic)	PSA, Urinalysis w/ Reflex C&S	Urethral Mass	Urinalysis w/ Reflex C&S, MRI Pelvis
PSA Elevation	PSA, Urinalysis w/ Reflex C&S	Urethral Stricture	Urinalysis w/ Reflex C&S.
Renal Cyst	Renal Ultrasound, Urinalysis w/ Reflex C&S, Renal Panel.	Urethritis	Urinalysis w/ C&S, Chlamydial and GC Urine Antigen, HIV, RPR.
Renal Failure/Insufficiency	Renal Ultrasound, Urinalysis w/ Reflex C&S, Renal Panel.	Urinary Frequency/OAB (Female)	Urinalysis w/ reflex C&S.
Renal Mass/Neoplasm/RCCA	CT Abd-Pelvis with contrast, Chem-20, Urinalysis w/Reflex C&S. CT Urogram	Urinary Frequency/OAB (Male)	Urinalysis w/ reflex C&S, PSA.
Scrotal Mass or Cyst	Scrotal/Testicular Ultrasound.	Urinary Retention (Male)	Urinalysis w/ Reflex C&S, PSA, Renal Panel, Renal Ultrasound.
Spermatocele	Scrotal/Testicular Ultrasound.	Urinary Retention (Female)	Urinalysis w/ Reflex C&S, Renal Ultrasound, Renal Panel.
Testicular Mass	Scrotal/Testicular Ultrasound, AFP, B-HCG.	UTI	Urinalysis w/ C&S, CT Urogram, Renal Panel.
Testicular Torsion	Surgical Emergency Refer to Emergency Room.	Varicocele	Doppler Scrotal Ultrasound, Urinalysis w/ Reflex C&S.
Vasectomy	None	Vesico-ureteral Reflux	Voiding Cystourethrogram, Renal Ultrasound, Serum Creatinine, Urinalysis w/ Reflex C&S.

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ABBREVIATION	DEFINITIONS
CT-KUB	Non-contrast CT Scan of the Abd-Pelvis + Flat plate KUB xray
CT-Urogram	CT Scan Abd-Pelvis w/wo IV contrast and Post-scan KUB (equivalent to a limited post-scan IVP)
VCUG	Voiding Cystourethrogram
IVP	Intravenous Pyelogram
Quant. Semen analysis	Quantitative Semen analysis for infertility evaluation (as opposed to a qualitative semen analysis post vasectomy check)
AFP	Alpha Feto-Protein Tumor Marker
B-HCG	Beta-Human Chorionic Gonadotropin Tumor Marker
PSA	Prostate Specific Antigen
LH	Leutinizing Hormone
FSH	Follicle Stimulating Hormone
Renal Panel (Chem-7)	Serum Na, k, Cl, CO ₂ , BUN, creatinine, glucose, and Ca levels
Chem 20	Complete Chemistry Panel

CONSULT NOTES: General Guidelines regarding PSA, ED, MH, and BPH referrals.
1. PSA Screening should be performed judiciously in asymptomatic male patients. PSA's should not be obtained routinely in men over age 75 with no history of prostate cancer. A patient found to have an elevated PSA should receive some initial counseling from the PCP that a Urology referral will most likely result in a recommendation for Prostate Needle Biopsy.
2. The definition of clinically significant microhematuria is > 3RBC's/HPF on formal urinalysis. Dipstick positive hematuria does not constitute enough evidence for clinically significant microhematuria.
3. Patients with the diagnosis of Erectile Dysfunction should have been tried on and essentially failed medical therapy with 5-phosphodiesterase inhibitors (Viagra, Levitra, or Cialis) if there are no medical contra-indications to this therapy before referral to Urology.
4. Patients with the diagnosis of BPH should ideally have been tried on alpha blocker therapy (if no medical contra-indication) and failing prior to referral.

Note: Simple UTI's are to be treated and followed by the Primary Care Physician. Appropriate Urology referrals are for patients with chronic problems, chronic complex UTI's with previous bladder or prostate surgery, stone, infected stone, obstructions, BPH or congenital abnormalities.