



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

**11.3 CARDIOVASCULAR/THORACIC SURGERY REFERRAL GUIDELINES**  
**Contracted Group: Cardiovascular Surgery of Southern Nevada**

**For Appointments:**

Location	Numbers
5320 S Rainbow Blvd, #282 Las Vegas, NV 89118	Phone: (702) 737-3808 Fax: (702) 737-7364

All referrals and patient medical records (pertaining to the specified condition) are to be faxed or attached to online referral. Physician notes are required for any diagnosis indicated on the referral.

Patients are to bring required films and other diagnostic test reporting (if applicable) to their appointments.

The following diagnostics are needed prior to cardiovascular consultations:

**Abdominal Aortic Aneurysm:**

- CT Angiogram of the abdomen/pelvis (report & films required) showing aneurysm 5 cm or larger.

**CAD/Valve Disease:**

\*\*\* Must be referred by Cardiology.

- Cardiac Cath (report & CD required)
- Echocardiogram/Stress Test (report required)
- PFT Screening (report required) if done
- Carotid Ultrasound (report required) if done

**Carotid Stenosis:**

- CT Angiogram of neck (report & CD required)  
OR
- Carotid Angiogram (report & CD required)

\*If ultrasound shows stenosis >70% obtain angiogram; if stenosis is <70% refer to Neurology.  
Asymptomatic: If ultrasound shows stenosis >70% obtain angiogram; if stenosis is <70% ultrasound every year.

**Chronic Venous Insufficiency:**

Must have documentation of failure of conservative therapy (i.e., compression stockings, elevation, diuretics) or actual beginning of ulceration formation.

- Venous reflux ultrasound

**Esophageal Cancer/Stricture:**

\*\*\*Must be referred by GI

- Endoscopy (EGD) (report required)

- CT Scan of the chest/abdomen/ (report & CD required)
- Esophageal ultrasound is suggested
- Pathology report (report required)
- PET scan (report & CD required) if done

**Heller Myopathy:**

\*\*\*Must be referred by GI

- CT scan chest/abdomen/pelvis (report & CD required)
- Pathology report from EGD (pathology report required)

**Hyperhidrosis:**

- Chest x-ray (report & CD required)

**Lung Cancer/Mass/Nodule:**

- CT scan of the chest (report & CD required)
- Pathology report if needle biopsy (FNA) or bronchoscopy has been done (report required)
- PFT/DLCO full set with room air ABG's (reports required)
- PET Scan (report & CD required) if done

**Peripheral Vascular Disease:**

- Arterial ultrasound (report & CD required) & ABI's

**Renal Artery Stenosis:**

\*\*\*Must be referred by Nephrologist

- Aortogram with bilateral renal angiogram (report & CD required)

**Thoracic Aortic Aneurysm:**

Ascending Thoracic Aortic Aneurysm:

- Echocardiogram and CTA chest which must measure > 5cm (CD required) size could be less if referred by Cardiologist

Descending Thoracic Aortic Aneurysm:

- CTA chest, abdomen, and pelvis which must measure > 5.5cm (CD required) size could be less if referred by Cardiologist

**Varicose Veins:**

- Venous reflux ultrasound (required prior to scheduling consult) must be done standing.