


<b>UCLA MEDICAL GROUP / UCLA Santa Monica Bay Physicians – Managed Care Operations</b>		
<b>DEPARTMENT:</b>	Utilization Management	<b>POLICY NUMBER: TBD</b>
<b>SECTION:</b>	UCLA Medical Group Guideline	Page 1 of 2
<b>TITLE:</b>	<b>DERMATOLOGY</b>	ISSUE:03/2019 EFFECTIVE: 03/2019
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### Primary Care Physician Responsibility:

For the following diagnoses, in the majority of cases, the Primary Care Physician should perform the history and physical and initiate treatment. **Only** if the diagnosis is unclear or if patient does not respond to treatment as expected, should a referral be submitted for an initial consultation with the Dermatologist. After the Dermatologist has evaluated and diagnosed the patient, he/she will determine the need to continue treatment under his/her care or refer the patient back to the PCP to continue the recommended treatment plan.

Photo Dynamic Therapy may be used for treatment of: Actinic Keratosis' that are too extensive for, inappropriate for, and/or have failed cryotherapy or topical treatment with creams such as fluorouracil and imiquimod.

This list covers the more common conditions, but there may be other dermatologic conditions that PCPs can and should treat.

- Acne Rosacea (L71.9)
- Acne Vulgaris (L70.0)
- Actinic Keratosis (L57.0) (consider referral if there is a suspicion of malignancy)
- Alopecia Areata (L63.9) (Note: PCP or Dermatologist may perform intralesional injections if covered benefit.)
- Alopecia, unspecified (L65.9)
- Cellulitis & Erysipelas (L03.90, A46)
- Dermatitis, Contact (L25.9)
- Dermatitis, Atopic Eczematous (L30.9)
- Dermatitis, Perioral (L71.0)
- Dermatitis, Seborrheic (L21.9)
- Dermatophytosis (B35.9)
- Erysipelas (A46)
- Herpes Simplex (Type I & II), Mucocutaneous (B00.9, B37.2)
- Herpes Zoster (B02.9)
- Impetigo (L01.00, L01)
- Keloid scar (L91.01)
- Melasma (L81.1)
- Molluscum Contagiosum (B08.1)
- Onychomycosis (B35.1)
- Pediculosis (B85.2)

- Psoriasis (L40.9) (consider referral if resistant or pustular)
- Pityriasis Rosea (L42)
- Scabies (B86)
- Cysts, Sebaceous & Epidermal (L72.3, L72.0) (no treatment needed unless irritating or recurrently infected)
- Seborrheic Keratosis (L82.1) (consider referral if there is a suspicion for melanoma.)
- Skin Tags, Non-Cosmetic (L91.8)
- Tinea (B35.9)
- Tinea Versicolor (B36.0)
- Verucca Vulgaris (B07.9)
- Warts (B07.9)

**Cosmetic/Non-covered Conditions:**

Patients commonly request removal of skin lesions that are presumed by the physician to be benign. Patients referred for removal of such benign lesions, which do not meet established pre-authorization criteria, need to understand that they will be financially responsible for removal of these lesions on a cosmetic / non-covered and/or medically unnecessary basis. Both the primary care physician and the dermatologist share the responsibility of informing the patient in this regard and documenting the discussion in the patient's chart.