



***** High Priority *****

Service Alert Notification

Subject: Guidelines for Adult Dermatology Referrals/Pre-Authorization Services

Date: June 25, 2010

First Coast Advantage has changed the referral/pre-authorization process for Adult Dermatology services. Currently, FCA **does not** have an Adult Dermatologist provider in the network. Effective July 1, 2010, a pre-authorization is now required for Adult Dermatologist services, including services to Gainesville. Due to the new criteria for adult dermatology services, FCA has created an Adult Dermatology Consultation Form that will now be required for referrals and/or pre-authorization (see attached form). Below is an outline for Adult Dermatology Referrals and/or Pre-authorizations.

Dermatology Referrals/Pre-authorization Process:

1. Primary Care Physician (PCP) Services

- PCP needs to try and treat the patient. If the PCP is not able to treat then...
- PCP needs to assess whether patient can be serviced by an Allergist.
- If a patient can be serviced by Allergist no authorization is required, referral only.
- PCP refers patient with the following:
 - PCP notes
 - Any results of tests

Treatable Diagnosis by PCP

Treatable Diagnosis by Primary Care Physician (PCP) – No Referral Required

- Acne
- Warts
- Itchy Skin and Rashes (**PCP should attempt to treat and then refer to Allergist**)

2. Allergist Services

- Allergist will review all documentation from PCP and determine if able to treat.
- If patient is serviced by an allergist and decides that they need to be seen by a Dermatologist then...
- **The Allergist or the PCP can obtain a pre-authorization for Dermatology Services with the following:**
 - PCP notes
 - Specialist notes
 - Any results of tests or biopsy
 - Adult Dermatology Consultation Form

Treatable Diagnosis by an Allergist

- Itchy Skin
- Rashes

3. Adult Dermatologist Services

- FCA Pre-Authorization request is received by Dermatologist.
- A Participating Dermatologist can review pre-authorization status in FCA Web Portal within 8 days of receipt of request.
- A Non-Participating Dermatologist will receive approval of pre-authorization request within 5 days of receipt of request.

Dermatologic Disorders/Diagnosis for Dermatologist

- Bacteria Skin Infection
- Benign Tumors
- Bullous Diseases
- Cutaneous T-Cell Lymphoma (Mycosis Fungoides)
- Dermatofibroma
- Epidermal Cyst
- Keratosis
- Keloids
- Leprosy
- Linear IgA Dermatitis
- Malignancy (any type)
- Nail Disorders
- Parasitic Skin Infections
- Pemphigus
- Psoriasis
- Sarcoidosis
- Scabies
- Sebaceous Cyst
- Skin Cancer
- Vascular Lesions
-and more

FCA will respond to the Adult Dermatology Pre-authorization request within 5 business days of review. The pre-authorization will show in the FCA Web Portal as **pending**, **approved** or **denied** within three (3) business days after the five (5) business days for review. For questions, please contact FCA Medical Management Department at 244-3539 or at pre.authorizations@jax.ufl.edu.

ADULT DERMATOLOGY CONSULTATION FORM

FAX FORM TO: (904) 244-9744

OR E-MAIL TO: pre.authorizations@jax.ufl.edu

Today's Date: ___ / ___ / ____

PROVIDER:

Requesting Provider Name (First): _____ Last Name: _____

Clinic Name: _____

Clinic Address: _____ City: _____ State: ___ Zip Code: _____

Phone Numbers: Home: (____) _____ Work #: (____) _____ Fax#: (____) _____

MEMBER:

Member Name (First): _____ Last Name: _____ Middle Initial: _____

Address: _____ City: _____ State: ___ Zip Code: _____

Phone Numbers: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Date of Birth: ___ / ___ / ____ Medicaid ID #: _____ Primary diagnosis Code: _____

Diagnosis Description: _____

TYPE OF SERVICE:

REFERRAL: Allergist: Y N Date of Appt: ___ / ___ / ____

PRE-AUTHORIZATION: Dermatologist Y N Date of Appt: ___ / ___ / ____

DOCUMENTATION INCLUDED:

PCP Notes: Specialist Notes: Biopsy: Test Results: Other: Explain: _____

INTERNAL USE ONLY

Date Received: _____ Date Reviewed: _____

Last Name: _____ First Name: _____