

Varicose vein treatment

Services must meet medical necessity criteria. Submit prior authorization requests through the e-referral system. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and the plan cannot authorize it, the plan will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable varicose vein treatment codes: *36468, *36469, *36470, *36471, *36475, *36476, *36478, *36479, *37718, *37722, *37765, *37766, *37780, *37785 and S2202

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See below for the questions you'll encounter for varicose vein treatment procedures in the e-referral system.

You must answer each question by choosing either Yes, No or another appropriate option.

Questionnaire

Varicose Vein Treatment

Answering the question(s) below will provide additional information needed to process your request.

Q Does the patient have itching or discomfort or heaviness in legs and varicosity by physical exam with symptoms that interfere with activities of daily living which continue after activity modification for at least 6 weeks? (Includes weight loss, light to moderate physical activity, leg elevation when at rest and avoidance of factors that make symptoms worse.)

A Possible answers: Yes No NA

Q Does the patient have an initial episode of superficial thrombophlebitis and ONE of the following: Nonsteroidal anti-inflammatory medications or acetaminophen for at least 3 weeks, low molecular weight heparin for at least 6 weeks or Fondaparinux for at least 6 weeks? (Symptoms may include warmth, tenderness, redness, swelling, itching, tingling and tenderness or pain in the affected area.)

A Possible answers: Yes No NA

See below for the questions you'll encounter for varicose vein treatment procedures in the e-referral system. (continued)

You must answer each question by choosing either Yes, No or another appropriate option.

Q Does the patient have recurrent episode of superficial thrombophlebitis? (Symptoms may include warmth, tenderness, redness, swelling, itching, tingling and tenderness or pain in the affected area.)

A Possible answers: Yes No NA

Q Does the patient have a significant hemorrhage (defined as substantial blood loss requiring blood transfusion) or recurrent bleeding from a superficial varicosity?

A Possible answers: Yes No NA

Q Does the patient have active venous ulcer with findings that continue after BOTH: Wound care with dressing for at least 6 weeks and compression hose for at least 6 weeks?

A Possible answers: Yes No NA

Q Does the patient have a healed venous ulcer?

A Possible answers: Yes No NA

Q Does the patient have lipodermatosclerosis (indurated skin that may have brown-red pigmentation) with saphenous vein reflux of at least 500 milliseconds by duplex ultrasound and continued findings after at least 6 weeks of compression hose use?

A Possible answers: Yes No NA

See below for the questions you'll encounter for varicose vein treatment procedures in the e-referral system. (continued)

You must answer each question by choosing either Yes, No or another appropriate option.

<p>Q Does the patient have lipodermatosclerosis (indurated skin that may have brown-red pigmentation) with milliseconds by duplex ultrasound and planned saphenous reflux procedure?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q Does the patient have leg or ankle edema (swelling); or pigmentation or eczema of the skin with findings that continue after ALL of the following: Compression hose for at least 6 weeks, physical therapy or home exercise for at least 6 weeks or leg elevation for at least 6 weeks?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q Does the patient have superficial venous reflux of at least 500 milliseconds by duplex ultrasound?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q Does the patient have a superficial or perforator venous reflux of at least 500 milliseconds by duplex ultrasound AFTER a previous varicose vein surgery?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>
<p>Q Does the patient have a prior saphenous vein procedure and varicose tributary (branch vein of a main vein usually either the great saphenous vein or small saphenous vein)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA</p>