



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Preview questionnaire

Endovenous ablation for treatment of varicose veins

For Medicare Plus BlueSM, Blue Care Network commercial and BCN AdvantageSM

Effective July 25, 2022

Endovenous ablation for treatment of varicose veins

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit 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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *36473, *36474, *36482, *36483

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See below for the questions you'll encounter in the e-referral system.

Q Does the patient have symptomatic varicose veins/venous insufficiency in a great or small saphenous vein with demonstrated saphenous reflux and CEAP [Clinical, Etiology, Anatomy, Pathophysiology] class C2 or greater AND one or more of the following (A-D)? A. Ulceration secondary to venous stasis. B. Recurrent superficial thrombophlebitis. C. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity. D. Persistent pain, swelling, itching, burning, or other symptoms associated with saphenous reflux, AND the symptoms significantly interfere with activities of daily living, AND conservative management including compression therapy for at least a 3 month trial within a clinically reasonable time frame, has not improved the symptoms.

A Possible answers: Yes No N/A

Q Does the patient have incompetence of the accessory saphenous vein that is isolated, OR the great or small saphenous veins have been previously eliminated (at least 3 months), demonstrated accessory saphenous reflux; AND one or more of the following indications: A. Ulceration secondary to venous stasis. B. Recurrent superficial thrombophlebitis. C. Hemorrhage or recurrent bleeding episodes from a ruptured superficial varicosity. D. Persistent pain, swelling, itching, burning, or other symptoms are associated with saphenous reflux, AND the symptoms significantly interfere with activities of daily living, AND conservative management including compression therapy for at least a 3 month trial within a clinically reasonable time frame, has not improved the symptoms.

A

Possible answers: Yes No N/A

Q Is the request for endovenous ablation of varicose veins by mechanochemical (ClariVein®)?

A

Possible answers: Yes No

Q Is the request for endovenous ablation of varicose veins by chemical adhesive (Cyanoacrylate, VenaSeal™)?

A

Possible answers: Yes No