

## Treatment of Varicose Veins Prior Authorization Request Form

This form is to be used to request authorization for treatment of symptomatic varicose veins of the lower extremities. Please complete and fax to Care Management Services at 508-756-1382.

If you have any questions about this process, please contact Care Management Services at 866-325-1550.

**ONLY COMPLETED FORMS CAN BE PROCESSED**  
Health Plans, Inc. reserves the right to request additional clinical information.

<b>Member name:</b>	<b>DOB:</b>	<b>Member ID #:</b>
<b>Requesting provider name and phone #:</b>	<b>Requesting provider TIN #:</b>	<b>Planned date of service:</b>
<b>Facility name/location:</b>	<b>Facility TIN #:</b>	<b>Requested setting:</b> SDC      Office Other (describe):

*Only non-experimental procedures that are medically necessary for the treatment of symptomatic refluxing varicose veins of the lower extremity are covered. Cosmetic services or surgery including treatment of spider veins, broken blood vessels, reticular veins, or telangiectasias are not covered procedures.*

History	Duplex Ultrasound Findings (Performed while patient is standing)
Symptomatic Varicose Vein(s) with: Persistent pain Persistent swelling Dependent heaviness and throbbing Symptoms interfering with ADL Poor response to conservative treatment RLE           LLE Venous ulcer: Open Healed Recurrent RLE           LLE Lipodermatosclerosis related to venous insufficiency RLE           LLE History of ruptured varicosity with hemorrhage 2 or more episodes of hemorrhage Varix in trauma-prone area (e.g. pretibial area) Post-hemorrhage transfusion required RLE           LLE Recurrent symptomatic thrombophlebitis RLE           LLE Symptomatic thrombophlebitis unresponsive to conservative therapy RLE           LLE	<b>GSV, SSV, AAGSV with reflux &gt;1 second and venous diameter ≥ 3 mm</b> <b>Connected to symptomatic varicose veins, leg ulcer, or area of lipodermatosclerosis</b> <b>Nonaxial varicose vein diameter ≥ 3mm (by physical exam or ultrasound)</b> <b>Documented axial competency</b> <b>Successful ablation/removal of axial varicosities</b> <b>Perforator vein associated with venous ulcer</b> <b>Venous diameter ≥ 3.5 mm at the fascia</b> <b>Post thrombotic deep system competence</b> <b>History of successful ablation or removal of superficial vein</b> <b>Other (please describe):</b>

