

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.

Member name:	DOB:	Member ID #:
Requesting provider name and phone #:	Requesting provider TIN #:	Planned date of service:
Facility name/location:	Facility TIN #:	Requested setting: 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.

Persistent pain diameter ≥ 3 mm Persistent swelling Dependent heaviness and throbbing Symptoms interfering with ADL Nonaxial varicose vein diameter ≥ Poor response to conservative treatment Nonaxial varicose vein diameter ≥ RLE LLE Venous ulcer: Open Open Belaed Recurrent RLE RLE LLE Lipodermatosclerosis related to venous insufficiency Simmat the fere 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 RLE LLE Recurrent symptomatic thrombophlebitis RLE RLE LLE Recurrent symptomatic thrombophlebitis RLE RLE LLE Symptomatic thrombophlebitis RLE RLE LLE Symptomatic thrombophlebitis RLE RLE LLE Symptomatic thrombophlebitis RLE	History	Duplex Ultrasound Findings (Performed while patient is standing)
RLE LLE	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	Connected to symptomatic varicose veins, leg ulcer, or area of lipodermatosclerosis Nonaxial varicose vein diameter ≥ 3mm (by physical exam or ultrasound) Documented axial competency Successful ablation/removal of axial varicosities Perforator vein associated with venous ulcer Venous diameter ≥ 3.5 mm at the fascia Post thrombotic deep system competence History of successful ablation or removal of superficial vein

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Requested Procedure	Vein
Ambulatory Phlebectomy (Stab or Hook Phlebectomy) RLE LLE	AAGSV with reflux >1 second and venous diameter ≥ 3 mm Symptomatic Secondary Varicosities in same vein field Main axial superficial vein ablation/removal within the pasi year Nonaxial Varicose Vein with diameter ≥ 3 mm
Endovenous Laser Ablation (EVLA) RLE LLE	GSV, SSV, or AAGSV with reflux >1 second and venous diameter ≥ 3 mm
Endovenous Radiofrequency Ablation (RFA) RLE LLE	Perforator Vein directly associated with venous ulcer
Ligation and Stripping RLE LLE	GSV, SSV, or AAGSV with reflux >1 second and venous diameter ≥ 3 mm Perforator Vein directly associated with venous ulcer
Sclerotherapy associated with other vein procedures RLE LLE	Symptomatic Secondary Varicosities in same vein field Main axial superficial vein ablation/removal within the pas year Remaining veins ≥ 3 mm and ≤ 6 mm diameter Perforator Vein directly associated with venous ulcer
Subfascial Endoscopic Perforator Surgery (SEPS) RLE LLE	Perforator Vein directly associated with venous ulcer
Transilluminated Powered Phlebectomy (TIPP) RLE LLE	AAGSV with reflux >1 second and venous diameter ≥ 3 mm Symptomatic Secondary Varicosities in same vein field Main axial superficial vein ablation/removal within the pas year Remaining veins ≥ 3 mm diameter Nonaxial Varicose Vein with diameter ≥ 3 mm
Other procedure (please specify):	Please describe:
Additional clinical information:	
Completed by (please print):	
Name:	Fax:

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