

Varicose Vein Management

Varicose Vein Management Medical Policy – SUR707.016

Please complete all appropriate questions fully.

Suggested medical record documentation:

- Current History & Physical
- Progress notes
- Duplex Doppler color flow ultrasound study report

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

Note: For Predetermination, please fully complete and submit the [Predetermination Request Form](#).

PATIENT INFORMATION

Name:	Member ID	Group ID
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PROCEDURE INFORMATION

Procedure/Code(s): _____
To be performed on: _____ vein(s)

Is the patient symptomatic: Yes ____ No ____

If yes, please explain: _____

Has the patient followed a program of conservative treatment: Yes ____ No ____

If yes, please provide treatments/duration: _____

If no, please provide CEAP classification using the CEAP Clinical Findings table: _____

CEAP Clinical Findings (Clinical, Etiologic, Anatomic and Pathophysiologic) Classification of Chronic Venous Disease of the Lower Extremities: Definition
No visible or palpable signs of venous disease.
Telangiectases or reticular veins.
Varicose veins.
Edema.
Skin changes ascribed to venous disease (for example, pigmentation, venous eczema, lipodermatosclerosis).
Skin changes (as defined above) in conjunction with healed ulceration.
Skin changes (as defined above) in conjunction with active ulceration varicose veins.

Was a duplex Doppler color flow ultrasound study performed: Yes ____ No ____

If yes, results: _____

Does the patient have a history of ERFA or ELA: Yes ____ No ____

If yes, please provide date(s) procedure was performed: _____