

## JE PRIOR AUTHORIZATION CHECKLIST- VEIN ABLATION

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

### Policy Reference

- [LCD Policy \(L34209\) - Treatment of Varicose Veins of the Lower Extremities](#)
- [Billing and Coding Article \(A57706\) - Treatment of Varicose Veins of the Lower Extremities](#)

### Documentation Reference

- [Part B Prior Authorization for Vein Ablation](#)
- [Part B Prior ASC Authorization Request Coversheet](#)

### General Documentation Requirements

- ☐ Documentation of intent to perform procedure or qualified provider's order for procedure
- ☐ Documented incompetence of the venous vessels consistent with the patient's symptoms and findings
- ☐ History and physical examination supporting diagnosis of symptomatic varicose veins; not covered for spider veins or any other cosmetic procedure
- ☐ Documented failure of three months conservative methods; AND
- ☐ Patient is symptomatic and has one or more of the following:
  - Pain or burning severe enough to limit mobility
  - Recurrent episodes of superficial phlebitis
  - Non-healing skin ulceration
  - Bleeding from a varicosity
  - Stasis dermatitis
  - Refractory dependent edema

### Indication for Endoluminal Radiofrequency (ERFA) or Laser Ablation

- ☐ Maximum vein diameter of 12mm for ERFA and 20mm for laser ablation
- ☐ Absence of significant peripheral arterial diseases
- ☐ Documentation stating the presence or absence of DVT, aneurysm and/or Tortuosity
- ☐ Supporting photographs, if applicable
- ☐ Doppler Ultrasound - Medicare will cover one ultrasound or duplex scan prior to the procedure to determine extent/configuration of varicosities