

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 A Prior Authorization for Vein Ablation](#)
- [Part A Prior 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