

## ***JF 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**

- [Treatment of Varicose Veins of the Lower Extremities LCD Policy \(L34010\)](#)
- [Policy Article \(A57707\)](#)

### **Documentation Reference**

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

### **Medical Documentation**

#### Indications for Sclerotherapy

Documented of three months failed 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

#### Indications for ERFA or Laser Ablation

- Absence of aneurysm in the targeted segment
- Maximum vein diameter of 12mm for ERFA and 20mm for laser ablation
- Absence of thrombosis or vein tortuosity, which would impair catheter advancement
- Absence of significant peripheral arterial diseases
- Not covered for spider veins

Place of Service only applicable in 11, 19, 22, 24, 50

Documentation of intent to perform procedure or qualified provider's order for procedure

Doppler Ultrasound - Medicare will cover one ultrasound or duplex scan prior to the procedure to determine extent/configuration of varicosities

Documentation stating the presence or absence of DVT, aneurysm and/or Tortuosity

Documented incompetence of the valves of the Saphenous, Perforator or deep venous consistent with the patient's symptoms and findings

Supporting photographs

History and physical examination supporting diagnosis of symptomatic varicose Veins and failure of an adequate trial of conservative management period of at least three months before the initial procedure

Documentation stating the presence or absence of DVT, aneurysm and/or Tortuosity, and significant peripheral arterial disease