

## 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: \_\_\_\_\_

Revised 08/2010