

Ablative and Surgical Treatment for Venous Insufficiency Authorization

Purpose of this form.

You can use this form to initiate your precertification request. The form will also help you know what supporting documentation is needed for GEHA to review your request.

How to complete the form.

We recommend reviewing GEHA's coverage policy before completing this form. You can find our coverage policies at geha.com/faqs-and-resources/for-providers/coverage-policies.

For us to review your request properly and to avoid delay, you must complete all sections of the form and provide the necessary supporting documentation. If you have questions about the form or need assistance, you can speak with a surgical specialist at 800.821.6136. At prompt, select option 4.

After you have completed the form.

You will fax this completed form along with supporting documentation to GEHA's Medical Management department at 816.257.3255.

Our reviews are completed within 15 days from the time that we receive complete information. Please allow for this time when scheduling the procedure.

Ablative and Surgical Treatment for Venous Insufficiency Authorization

Today's date: _____ Anticipated service date: _____

Member information

Member's name: _____ Member's phone: _____

Member ID: _____ Member date of birth: _____

Member address: _____

Provider information

Provider name: _____ Tax ID number: _____

Address: _____

Contact name: _____

Phone: _____ Ext: _____ Fax: _____

Clinical information

ICD-10 codes: _____

Proposed CPT/procedure codes: _____

Has the member experienced incompetence (i.e., reflux) at the saphenofemoral junction (SFJ) or saphenopopliteal junction (SPJ) documented by Doppler or duplex ultrasound scanning?

Left leg: SFJ SPJ NA Right leg: SFJ SPJ NA

Measurement of the vein size (in mm) immediately below the saphenofemoral junction (if applicable)?

R L _____ mm

Measurement of the vein size (in mm) immediately below the saphenopopliteal junction (if applicable)?

R L _____ mm

Has the member experienced recurrent superficial thrombophlebitis?

Yes No

Has the member experienced intractable ulceration secondary to venous stasis?

Yes* No *If yes, what was the location? _____

Has the member had more than one episode of minor hemorrhage from a ruptured superficial varicosity?

Yes No

Has the member had a single significant hemorrhage from a ruptured superficial varicosity?

- Yes No

Has the member had any of the following procedures in the same anatomical location on the same leg?
(Check all that apply; indicate date(s) of each treatment.)

- Great saphenous vein or small saphenous vein ligation/division/stripping
 Left leg date(s) _____ Right leg date(s) _____
- Radiofrequency endovenous occlusion (VNUS procedure)
 Left leg date(s) _____ Right leg date(s) _____
- Endovenous laser ablation of the saphenous vein (ELAS) – also known as endovenous laser treatment (EVLT)
 Left leg date(s) _____ Right leg date(s) _____
- Sclerotherapy (liquid or foam)
 Left leg date(s) _____ Right leg date(s) _____
- Ambulatory phlebectomy or transilluminated powered phlebectomy (TriVex System)
 Left leg date(s) _____ Right leg date(s) _____
- Other (please specify procedure): _____
 Left leg date(s) _____ Right leg date(s) _____

Has the member utilized any of the following for conservative management? (check all that apply)

- Analgesic medications(s)
Medication: _____ Dates of use: _____ Outcome: _____
Medication: _____ Dates of use: _____ Outcome: _____
Medication: _____ Dates of use: _____ Outcome: _____
- Prescription gradient support stockings (minimum of 20-30 mm Hg) worn for a minimum of 3 months
Dates of use: _____ Outcome: _____

Note: The conservative treatment requirement may be waived if the member has already undergone venous surgery or ablation and is presenting with recurrent disease.

Clinical information

Left leg				Vessel	Right leg			
Procedure details		Reflux duration in milliseconds (ms)	Vessel size in millimeters (mm)		Vessel size in millimeters (mm)	Reflux duration in milliseconds (ms)	Procedure details	
Units	Codes(s)						Units	Code(s)
				Saphenofemoral Junction				
				Greater Saphenous Vein (proximal/mid/distal)				
				Perforator				
				Tributary				
				Accessory Vein				
				Saphenopopliteal Junction				
				Small Saphenous Vein				
				Perforator				
				Tributary				
				Accessory Vein				

Provide the following documentation with your request:

- ✓ Current history and physical
- ✓ All supporting medical records documenting clinical findings, including the following:
 - Signs and symptoms, including member’s complaint; and, duration of severity of varicose vein condition
 - Physical findings
 - X-ray and imaging study reports
- ✓ Doppler and duplex scanning report with clear results completed pre-treatment showing valve incompetence with reflux and diameter of veins (submit actual reports and document results on this form)
- ✓ Clinical records documenting the following:
 - Activities the member must modify or cannot perform due to the varicose vein condition, conservative management, including duration and outcome.
 - Plan of care for treatment of the varicose veins(s)