UniCare

Vein Therapy

Precertification-Clinical Worksheet
Phone: 800-442-9300 / Fax: 800-848-3623

Patient name: _____ DOB: _____ Member ID: _____

Place of service (facility): _____

Facility address: _____

Facility phone: _____ Facility fax: _____ Facility NPI #: _____

Requesting physician: _____

Physician address: _____

Physician phone: _____ Physician fax: _____ Physician NPI #: _____

Date of service: _____

CPT code: _____ Primary procedure: _____

If related to an accident, please indicate date, type, and location: _____

Notification #: _____

Diagnosis/possible indications (check all that apply):

___ Hereditary hemorrhagic telangiectasia
___ Phlebitis and thrombophlebitis of vessels of lower extremities
___ Venous embolism and thrombosis of superficial vessels of lower extremity
___ Varicose veins of lower extremities (with complications)
___ Postphlebitic syndrome (with complications)
___ Venous (peripheral) insufficiency, unspecified
___ Other specified disorders of circulatory system (phlebosclerosis)
___ Ulcer of lower limbs, except decubitus
___ Pain in limb
___ Swelling of limb
___ Other anomalies of peripheral vascular system, lower limb vessel anomaly
___ Edema
___ Gangrene
___ Personal history of venous thrombosis and embolism
___ Personal history of thrombophlebitis
___ Other (specify) _____ Code: _____

Symptoms/objectives:

Is the saphenofemoral or saphenopopliteal junction incompetence (i.e., reflux) as demonstrated by Doppler or duplex ultrasound scanning? ___Yes ___No

Are symptoms of venous insufficiency or recurrent thrombophlebitis? (check all that apply):

___ Aching ___ Itching ___ Cramping ___ Swelling during activity or after prolonged sitting ___ Burning

Do these symptoms cause any of the following? (check all that apply):

___ Interfere with activities of daily living
___ Persist despite appropriate non-surgical management
___ Persist despite a trial of properly fitted gradient compression stockings for at least six weeks
___ There is ulceration secondary to stasis dermatitis
___ There is hemorrhage from a superficial varicosity

Is sclerotherapy or echosclerotherapy of varicose tributary or extension [e.g., anterolateral thigh vein, anterior accessory saphenous vein, or Giacomini veins] or perforator veins being performed? If yes:

- Is this procedure being performed at the same time as an endoluminal radiofrequency ablation procedure or endoluminal laser ablation procedure? ___Yes ___No
- Was there a previous procedure performed? If so, check the appropriate procedure:

  ___ Surgical ligation and stripping

  ___ Endoluminal radiofrequency ablation, or

  ___ Endoluminal laser ablation of the greater or lesser saphenous veins

If one of the above procedures was performed, does the patient have symptoms of venous insufficiency or recurrent thrombophlebitis? (check all that apply):

___ Aching ___ Itching ___ Cramping ___ Swelling during activity or after prolonged sitting ___ Burning

Do these symptoms cause any of the following? (check all that apply):

___ Interfere with activities of daily living

___ Persist despite appropriate non-surgical management

___ Persist despite a trial of properly fitted gradient compression stockings for at least six weeks

___ There is ulceration secondary to stasis dermatitis

___ There is hemorrhage from a superficial varicosity

Is endoluminal radiofrequency ablation or endoluminal laser ablation being proposed? If yes:

- Is this a treatment of saphenous vein tributaries or extensions (e.g., anterolateral thigh, anterior accessory saphenous, and Giacomini veins)? ___Yes ___No
- Is this an alternative to adjunctive sclerotherapy or echosclerotherapy of symptomatic varicose tributaries? ___Yes ___No
- Will endoluminal cryoablation be performed? ___Yes ___No

Is sclerotherapy proposed? If yes:

- Is this the sole* treatment of symptomatic varicose tributary or extension or perforator veins in the presence of valvular incompetence of the greater or lesser saphenous veins (by Doppler or duplex ultrasound scanning)? ___Yes ___No
- As the sole* treatment of symptomatic varicose tributary or perforator veins in the absence of saphenous vein reflux or major saphenous vein tributary reflux? ___Yes ___No
- For the treatment of secondary varicose veins resulting from deep-vein thrombosis or arteriovenous fistulae when used to treat valvular incompetence (i.e., reflux) of the greater or lesser saphenous veins with or without associated ligation of the saphenofemoral junction? ___Yes ___No
- When performed as part of other protocols for sclerotherapy, including, but not limited to the COMPASS protocol, for the treatment of valvular incompetence (i.e., reflux) of the greater or lesser saphenous veins? ___Yes ___No
  Note: COMPASS is an acronym for Comprehensive Objective Mapping, Precise Image-guided Injection, Antireflux Positioning and Sequential Sclerotherapy.
- Used to treat the telangiectatic dermal veins (e.g., reticular, capillary, venule), which may be described as "spider veins" or "broken blood vessels"? ___Yes ___No

Additional comments: _____

_____

Signature:_____ **Date**:_____

Print name:_____ **Phone**: _____

After completing this form and obtaining the necessary clinical information, please fax to 800-848-3623.

* Sole refers to sclerotherapy without concomitant or prior ligation (with or without vein stripping), or endoluminal radiofrequency ablation, or endoluminal laser ablation for valvular incompetence of the greater or lesser saphenous veins.