PRIOR AUTHORIZATION FORM

PATIENT: ____ DOB: __________________

INS. NAME: ______________________ID #:____________________GRP #:______

INS. PHONE # __________________________ INS. FAX # _____________________

Patient is symptomatic with Varicosities/Chronic Venous Hypertension causing the following: (check all that apply):

☐ Has persistent leg aching, cramping, burning, pain, affecting mobility
☐ Refractory Leg Edema
☐ Significant, recurrent superficial phlebitis
☐ Hemorrhage from a ruptured varix
☐ Non-healing skin ulceration of the leg (CEAP Class 6)
☐ Healed skin ulceration of the leg (CEAP Class 5)
☐ Stasis Dermatitis, Lipodermatosclerosis (CEAP Class 4)
☐ Other Complications Associated. ____
X Other causes of patient's leg(s) symptoms have been ruled out
X **Medical necessity** - this condition requires medical treatment to allow patient to return to a normal quality of life.

The following conservative therapy was attempted with no relief:

☐ Attempted Weight Loss
☐ Leg Exercise
☐ Compression Stockings for 90 days
☐ Leg Elevation
☐ OTC Analgesics
☐ Diosmin- Hesperidin
☐ Diuretics

Venous Reflux Ultrasound Study (Date:)

Revealed no deep or superficial vein thrombosis. There is significant reflux involving:
☐ Bilateral/Left/Right greater saphenous (GSV)
☐ Bilateral/Left/Right small saphenous veins (SSV)
☐ Bilateral/Left/Right Accessory Saphenous Veins (AccSV)

The maximum diameter and duration of reflux is as follows:

	Maximum Diameter (mm)	Reflux Duration (ms)
RGSV		
RLSV		
RAccSV Thigh		
RAccSV Calf		
LGSV		
LLSV		

LAccSV Thigh		
LAccSV Calf		

Following Procedures are advised:

☐	Endovenous ablation- RFA of Great Saphenous Vein (36475)	☐ Right	☐ Left
☐	Endovenous ablation- RFA of Acces GSV (36475)	☐ Right	☐ Left
☐	Varithena Sclerotherapy of Great Saphenous Vein (36465)	☐ Right	☐ Left
☐	Varithena Sclerotherapy of Acces Saphenous Vein (36465)	☐ Right	☐ Left
☐	Ultrasound Guided Sclerotherapy (>1 vein) (36471)	☐ Right	☐ Left
☐	Stab Phlebectomy (>20 incisions) (37766)	☐ Right	☐ Left
☐	Venaseal Closure of Great Saphenous Vein (36482)	☐ Right	☐ Left
☐	Venaseal Closure of Acces Saphenous Vein (36482)	☐ Right	☐ Left

DATE AUTHORIZATION CALLED-IN: ____________CALL REF #: ______________________
CASE # (if applicable) _______________ DATE CLINICALS E-FAXED:
NAME OF INS. REP: _________________________

Houston Heart Health
Dedicated to excellence in cardiovascular care
Advanced Vein & Vascular Center

DR. ANIL KUMAR, MD, MRCP, FACC, FSVM, RPVI, RPhS

Medical Director Vein Center

Diplomate American Board of Vascular Medicine

Diplomate American Board of Venous & Lymphatic Medicine

Registered Physician in Vascular Interpretation

Registered Phlebology Sonographer

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PROVIDER'S NPI#: 1366691552

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ATTACHMENTS:

1. Latest History and Physical Examination.
2. Latest Ultrasound Report.

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