

Vein Procedure Request Form

From _____	Phone _____
Reference # _____	Fax _____
Pages (including cover) _____	Comments _____

Please see the information form below. This information is required in order to review the requested procedure against the medical policy. The information will assist us in providing a timely determination of coverage for your patient's request.

Important: An accurate decision cannot be made without this information. Please complete document or ensure clinical includes information noted below and upload to the New York City Employees PPO (NYCE PPO) plan portal at nyceppo.com.

UnitedHealthcare policies can be viewed in detail at [UnitedHealthcare Commercial Medical & Drug Policies](#).

Vein details	GSV/SSV/ accessory/ perforator	Side R/L	Diameter @ proximal in mm	Reflux in ms	ADL limited (Yes/No)	Technique EVLT/ Ligation/ Sclerotherapy/ Varithena	Prior GSV/LSV ablation on requested side? (Yes/No)	Comments
Vein 1								
Vein 2								
Vein 3								
Vein 4								
Vein 5								
Vein 6								
Vein 7								

Important notes

Diameter for the GSV must be measured at the proximal thigh below the SFJ. The diameter of the SSV or accessory veins must be measured below the appropriate junction.

Does the member have one of the following functional impairments?

- | | | |
|-----|----|--|
| Yes | No | Skin ulceration |
| Yes | No | Documented episode(s) of frank bleeding of the varicose vein due to erosion of/or trauma to the skin |
| Yes | No | Documented superficial thrombophlebitis or documented venous stasis dermatitis |
| Yes | No | Moderate to severe pain* causing functional/physical impairment
<small>*Please submit measurable documentation supporting a change in normal activity/lifestyle due to moderate/severe pain</small> |
| Yes | No | Residual functional deficit following previous ablation of GSV or LSV |
| Yes | No | Performed same day as other vein procedure |
| Yes | No | Pregnant |
| Yes | No | Current anticoagulant therapy |
| Yes | No | If Sclerotherapy of vessels, are they larger than 5 mm in diameter |

Please submit office notes to support functional impairment if present, or if any additional information is needed for this request.