Sclerotherapy Prior Authorization Form

Quality and Utilization Improvement Dept.	Telephone # (888)-467-0774
Procedures – Medical Policy	Fax # (952)853-8713

Member Name:	Date of Birth: / /	Member #:
Completed by:	Phone #: ( )	Fax #: ( )

Physician: _____ TAX ID #_____

Clinic / Facility: _____

Fax # for reply: (_____) _____

Proposed date of procedure: _____/_____/_____

Diagnosis(es) _____

ICD 9 or ICD 10 code(s):_____

Procedure (CPT) Code (s): _____

Sclerotherapy requires prior authorization; Endovenous Laser Ablation (EVLA) does not.

Clinical documentation submitted must include # 1- # 4 below:

1. Ultrasonography report

2. Symptoms of varicosities (i.e. pain, ulceration, superficial thrombophlebitis)
   When pain is the only symptom, documentation of the pain must include:
   • Presence of edema.
   • Effects on activities of daily living.
   • Trial of medications for pain relief

3. Conservative treatments tried, length of trial, and outcome.
4. Other procedures performed or that are planned.