Authorization Request Form - Part 2
Ligation & Stripping

Complete and fax the clinical worksheet immediately following the authorization request fax form, including any substantiating clinical documentation. Your responses enable faster processing of authorization requests and reduces the likelihood we may require you to submit additional clinical documentation to complete our review.

Please fill in each question option completely ⬭ → ⬬

Patient Information

First name	Last name
Member ID	Date of birth (MM/DD/YYYY)

Fill out the following section if submitting for any of the following: **Peripheral Venous Disease**

Question 1

Which of the following did the patient present with at the last encounter?

- ☐ Heaviness
- ☐ Itching
- ☐ Swelling or edema
- ☐ Pain, aching, or throbbing
- ☐ Skin Family history of peripheral venous disease (e.g., lower extremity vein disease, deep vein thrombosis, superficial thrombophlebitis, lower extremity varicose veins)
- ☐ The patient is on hormone therapy (e.g., oral contraceptive therapy, HRT)
- ☐ The patient frequently sits or stands for long periods
- ☐ History of deep vein thrombosis
- ☐ History of malignancy (e.g., solid tumors)
- ☐ None of the above

Question 2

Which of the following physical exam findings were documented at the last encounter?

- ☐ Skin discoloration
- ☐ Hair loss
- ☐ Dry skin
- ☐ Varicose veins
- ☐ Superficial thrombophlebitis
- ☐ None of the above

Question 3

If the patient had previous duplex reflux testing, what were the findings?

- ☐ Non-diagnostic or incomplete findings
- ☐ Venous valve closure time is within the normal range (i.e., less than 500 -1000 ms)
- ☐ Venous valve closure time is outside of the normal range (i.e., reflux)
- ☐ Venous reflux testing was not completed
- ☐ None of the above

Question 4

Has the patient received conservative care (e.g., medical compression stocking therapy, leg elevation, pharmacotherapy) for greater than 6 weeks?

- ☐ Yes, the patient shows significant clinical improvement with conservative care
- ☐ No, the patient does not show significant clinical improvement with conservative care
- ☐ No, the patient did not attempt conservative care

Question 5

Is the patient a candidate for a catheter-based or chemical venous ablation (e.g., laser ablation, radiofrequency ablation, or chemical ablation)?

- ◯ Yes
- ◯ No

Question 6

Does the patient have any of the following risk factors?

- ☐ Life expectancy due to age or co-morbid conditions
- ☐ Life expectancy due to age or co-morbid conditions
- ☐ Absolute contraindications to intervention (e.g., cardiopulmonary risk factors, bleeding diathesis)
- ☐ Evidence of venous occlusion without accompanying clinical symptoms
- ☐ An acute venous condition (i.e., superficial or deep thrombophlebitis)
- ☐ The patient is pregnant
- ☐ None of the above

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