**DOCUMENTATION REQUIRED TO FILE FOR INSURANCE AND HOW TO HANDLE DENIALS**

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**DOCUMENTATION REQUIREMENTS**

- Can be quite variable
  - Insurance specific
  - Region specific
  - Time dependent
  - Often changing

**DOCUMENTATION REQUIREMENTS (CONT.)**

- Carriers may have different criteria
- Policies can contradict themselves
- Tedious to cater all your findings specific to each carrier
- Base exam and report on most common demands with frequent carriers
- We need comprehensive, honest, accurate and consistent reports

**DOCUMENTATION REQUIREMENTS (CONT.)**

- We reviewed and summarized the largest carriers in our practice mostly as of Sept-Oct. 2015—describe any major differences and stress consistencies:
  - Blue Cross Blue Shield, Emblem health (GHI and HIP), United Healthcare/Oxford, Aetna, Cigna
  - Medicare—describe any important differences
**DOCUMENTATION REQUIREMENTS (CONT.)**

- RFA, EVLT-Approved and considered medically necessary WHEN following criteria met:
  - 1) **Functional** incompetence
    - Reflux \( \geq 0.5 \text{ secs.} \)
  - **AND**

**QUALIFICATIONS OF CRITERIA**

- Some carriers (BCBS) require only \( \geq 6 \) weeks non surgical management
- Some carriers- (United Health Care) also include NSAIDS 3 mos.
- Some carriers - (United Health) reflux and phlebitis alone approved
- Some carriers –reflux and edema alone approved (>2 cm. difference to other limb—or to the “circumference obtained after elevation”)
- Most carriers –any bleed or hemorrhage approved
- minority of carriers small bleed must have multiple episodes

**QUALIFICATIONS OF CRITERIA (CONT.)**

- Some carriers (Emblem Health) require 6 mos. symptoms
- Some carriers –require labeled color photos
  - DATED \( \leq 1 \) mo.
- Several insurers recently do not state minimum size for GSV , SSV
- Aetna – \( \geq 4.5 \text{ mm immediately below junction} \)
- Cigna – \( \geq 3 \text{ mm} \)
- United Health Care /Oxford \( \rightarrow 5 \text{ mm.} \)
- Many insurers give max. size – RFA—12 mm; EVLT—20 mm

**DOCUMENTATION REQUIREMENTS (CONT.)**

- Secondary code RF or EVLT
  - Anterior Accessory,Anterolateral Thigh , Post. Accessory , Giacomini
- Most carriers only approve if GSV or SSV already eliminated (minimum 3 mos.)—note > some will make exceptions
  - **AND** at least \( \geq 1 \) of following (with failed med. management)
    - a) Ulcer
    - b) Recurrent phlebitis
    - c) Hemorrhage or bleed
    - d) Pain, swelling,burning etc.—symptoms interfere with daily life and failed conservative tx \( \geq 3 \) mos.

**QUALIFICATIONS OF CRITERIA (CONT.)**

- Perforators— confusing ---- some carriers state RF, EVLT cannot replace ligation
  - those who approve;
    - several state only if GSV or SSV treated already
    - some state they will not approve if GSV or SSV junctions competent
  - Size diameter – not clear ;
    - some \( >2.5 \text{ mm} \), some \( >3.5 \text{ mm} \)
  - Must deal with on patient to patient and insurance to insurance basis
• Sclerotherapy, Foam Sclerotherapy, and US guided Foam Sclerotherapy –
  • most insurance approves when done at same time as RF or EVLT
• Not same time –RF , EVLT must have been done and pt. with similar criteria for previous RF and EVLT (there are exceptions)
• (Size diameter – Medicare -veins must be < 4mm
• BCBS –must be > 3mm
• Emblem Health –must be > 4mm and after 3 mos. ablation)
• Many carriers will not cover in absence of Saph. or a major trib. reflux

**MEDICARE GUIDELINES**

• Hemorrhage from ruptured varix or non-healing ulceration cannot be treated without 3-month trial of conservative therapy (most commercial insurance will approve)
• Sclerotherapy considered medically necessary only when veins < 4mm (most commercial insurance has to be > 3-4 mm and considered “cosmetic” less than this size)
• Must have “absence of thrombosis or vein tortuosity, which would impair catheter advancement” (not an issue for IR)
**HANDLING DENIALS**

• Physician should always have initial discussion with pt. about possibility of only partial or no coverage---pts. are much more comfortable knowing what they are getting into and are more willing to accept it vs. surprises

**HANDLING DENIALS (CONT.)**

• Common denial is procedure does not satisfy their criteria, frequent correctable examples-
  - Compression therapy time and/or documentation-
    1. If "intolerant" of stockings---must have documentation
  - Accessory Saphenous——
    1. recently non-approvals: justify why this is necessary
    2. MD director himself told me to call it "access SSV"——(he himself told me he needs to be covered)
  - GSV——
    1. only 4 mms——
    2. must document that this is still significant in this pt. and causing pain,e.g severe reflux, stasis etc.
  - **NOTE:** Does 5 ft. woman have same shoe size as 6 ft. 3 in. man? (this worked many times)

**HANDLING DENIALS (CONT.)**

• Focus on exact reason for denial in response letter, phone call, E mail, etc.
  - Establish line of communication
  - Resubmit same or additional info. requested
  - Set up peer to peer review (some policies do not have)
  - Appeal Med Director decision

**HANDLING DENIALS**

• Pre tx
  - 21 g. needle laser and flouro sclerots
  - 6 + 8 wks later for addl. flouro sclerots

• Post tx 6 mos.
85 year old WF excruciating pain – skin imminent breakdown (compression stocking intolerable)

• Pre tx
• Mult. Perfs (2-2.5mm)

1470 laser thru 21g. needle prior to tumescence causes immediate perf. thrombosis > therefore one week later:
• 5% iodinated poli. then 5% CO2 poli. foam

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Handling Denials (cont.)

• American Access Care examples (cont.)
• MD director often not even aware of entity
  • i.e May–Thurner - must educate and explain – even send literature
• Embo code for pt. with Pelvic Congestion Syndrome or “venopath”—i.e pt. hx. 7 strip. and ligs., 3 Evlts and numerous sclerotxs – venous malformation from inf. pelvis, pudendal, vaginal, and/or deep thigh;— dx. completely missed or ignored

32 yo wf -- GSV prox. thigh – stagnation, no reflux on color or doppler

53 yo wm with swelling and pain, was told by referring MD no reflux and could not treat — HOWEVER our exam obvious severe reflux only seen on grey scale

(same patient)---- GSV distal thigh-severe reflux > 5 secs- only on grey scale
<table>
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<tr>
<th>SUMMARY (AND SUGGESTIONS)</th>
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<td>• Medical necessity criteria can be variable amongst carriers, often changing and sometimes inconsistent</td>
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<td>• Be aware of your insurance carriers current criteria</td>
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<td>• MD must obtain thorough history, perform comprehensive phy. exam, photos, and accurate complete doppler/duplex ultrasound. (consider grey scale video if needed)</td>
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<td>• Justify and document reasons why you are treating patient outside their accepted guidelines; examples—pt. intolerant to stocking, GSV only 3mm but severe reflux and symptoms, severe rupture— urgent tx.</td>
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<td>• Establish line of communication with carrier, peer to peer review, remember option for appeal</td>
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