



MAINE HEART
SURGICAL
ASSOCIATES

ADULT & PEDIATRIC
CARDIOVASCULAR
AND THORACIC SURGERY

LETTER OF MEDICAL NECESSITY

Patient Name: _____

RE: Pre-Determination Of Medical Necessity For Chronic Venous Insufficiency Requiring Endovascular Radiofrequency Occlusion Of Incompetent Veins Followed By Phlebectomy.

Dear Sir/Madam,

The purpose of this letter is to certify that the above-named patient suffers from chronic venous insufficiency (ICD-9 code 459.81), with associated venous leg pain (ICD-9 code 729.5), swelling in the limb (ICD-9 code 729.81) and symptomatic varicose leg veins (ICD-9 code 454.1) as a direct result of venous incompetence. This condition requires medical attention and treatment.

The required treatment is as follows: endovascular radiofrequency occlusion of the greater saphenous vein using radiofrequency energy (also know as the Closure® procedure), followed by avulsion of any remaining varicosities. Class 1 (30-40 mmHg) thigh high/pantyhose compression stockings are also required for a short period after treatment, during postoperative care. The CPT codes for the above mentioned procedures are: CPT code 36475, CPT 36476, CPT 37204, CPT code 75894, CPT code 37785, CPT code 36011, CPT code A4649, CPT code 37765.

This case requires medically indicated and necessary treatment for this patient's chronic venous disease. Left untreated, the patient's symptomatology will never be alleviated, normal venous function will not be re-established and the possibilities of eventual complications are increased.

If additional information is required, please contact this office.