Finesse
Surgical Solutions

GENERAL • VASCULAR • COSMETIC
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Notice To Our Valued Varicose Vein Patients:

1. Most insurance companies will pay for the treatment of "medically necessary" varicose veins (unless your employer has excluded these benefits from your policy).

2. Varicose veins may be considered medically necessary when your medical records document **all** of the following:

    a. One or more of the following symptoms are present:
    - Persistent aching, cramping, burning, itching, swelling, or other symptoms significantly interfering with activities of daily living;
    - Significant attacks of superficial phlebitis;
    - Hemorrhage from ruptured varix;
    - Ulceration from venous stasis where incompetent varices are a contributing factor.

    b. Incompetence (reflux) of the vein(s) to be treated is demonstrated on ultrasound.

    c. Medical record documentation of at lease six (6) months of non-operative conservative management that has failed to improve symptoms (Medicare requires 90-180 days). Conservative non-operative management includes all of the following measures:
    - Walking;
    - Weight loss (if needed)
    - Frequent elevation of affected leg(s);
    - Avoidance of prolonged standing;
    - Consistent use of prescription therapeutic class II-IV compression stockings;
        1. Class II → up to 30 mmHg
        2. Class III → up to 40 mmHg
        3. Class IV → 60 mmHg

3. After a patient has been evaluated and the above recommendations have been met we can contact your insurance company for authorization and schedule your procedures if their approved.

4. If a patient has not met the above criteria we advise you to continue the conservative treatments and/or offer to do the surgery on a cash basis.

5. If a patient chooses to do the conservative therapies we will schedule a reevaluation appointment in 3 – 6 months (depending on your insurance requirements).