



American Venous Forum

Promoting venous and lymphatic health

Guidance for Ultrasound Reports and Notes to Reduce Denials

Provided by the American Venous Forum Health Policy Committee

Ultrasound reports should include:

1. Actual reflux times (or valve closure times) in seconds or milliseconds. Do not simply state “significant reflux” or other non-quantitative descriptions.
2. Reflux measurements at the saphenofemoral and saphenopopliteal junctions, in addition to proximal thigh, mid-thigh, above knee, below knee, proximal calf, distal calf.
3. Similar measurements and documentation of the AAGSV and PAGSV.
4. Diameter measurements of the veins in those locations as well.
5. Reflux measurements in the femoral and popliteal veins.
6. Documentation of perforators: location, diameter, and reflux time, if present.
7. Documentation of the absence of venous aneurysm(s), tortuosity, and thrombus in the saphenous veins.
8. Documentation of the position of the patient and method of eliciting reflux.

Notes should include:

1. Documentation of symptoms, aggravating factors, and alleviating factors.
2. Documentation of the use of analgesics or the reasons their long-term use is unfeasible (eg, allergies, gastritis, GERD, renal impairment, excessive menstrual bleeding).
3. Documentation of interference with ADLs (eg, work, standing, cooking, shopping, sleeping, playing with children, etc).
4. Documentation of weight loss and exercise or the reasons they are not necessary.
5. A documented history of elastic compression stocking use or reasons their use is not feasible (eg, arthritis, back pain, skin irritation).
6. Documentation of the size, location, and number of varicosities, changes in the skin, and ulcers.
7. The CEAP classification and VCSS scores.
8. Pictures if your EMR permits their inclusion.
9. If applicable, documentation of planned order of treatment and reasons concomitant procedures are not advisable (eg, patient does not tolerate a higher dose of local anesthetics, anxiety, pain tolerance).
10. In cases of varicose veins’ bleeding, explanation of why waiting for life-threatening bleeding and blood transfusions is not an appropriate course of action (eg, patient is an elderly individual living alone, patient has CAD, etc).