

INSURANCE INFORMATION REGARDING RFA (RADIOFREQUENCY ABLATION)



If you do not have insurance, or if you have questions regarding estimated, please contact our Patient Account Services for information regarding payment of services at: 507-831-0615.

Windom Area health is responsible for obtaining prior authorization if needed. A prior authorization is a pre-approval from your insurance company prior to your surgery, but is not a guarantee of payment. We recommend that you call your insurance company to inquire about coverage of the procedure, because again this does not mean a guarantee of payment. This includes Medicare patients.

If you have other medical insurance that covers our charges, then there is a certain information that we recommend you obtain from your insurance company prior to your surgery. You, not Windom Area Health employees, are responsible for obtaining your insurance information regarding coverage. We are responsible for the prior authorization if needed. We are providing this understanding of coverage. Simply follow the steps below:

1. Telephone your medical insurance company. The telephone number is typically on the back of the insurance card. Make sure to get the name of whom you are speaking with.
Name: _____
2. Ask if your policy has benefits for same day surgery. On the separate sheet are anticipated codes that will be submitted to your insurance company should you proceed with this procedure.
3. If the answer is yes, ask:
 - a. How much is my deductible? \$ _____
 - b. How much of my deductible have I met for the year \$ _____
 - c. What percentage of the total is my responsibility? \$ _____
 - d. How much is my out of pocket maximum? \$ _____
 - e. Does my policy require that I have a referral from my primary care physician?
Yes _____ No _____

If you have questions about the estimate/cost of surgery submitted to your insurance company you can contact our Patient Account Services Department.

Please note, when our prior authorization department submits information to the insurance company, there is a 10 day business day window they must review the request (this is an approximate time frame) this does not include weekends or holidays. These procedures are not considered life threatening and do not require a high priority or urgent request.

Thank you for obtaining this information. If you have any problems obtaining this information, we will be happy to help as much as we can.

Here is a list of the codes that your insurance company may ask you to provide when you call them to check on prior authorization for your upcoming procedure:

- Venous Incompetency Studies (ultrasound)
 - Bilateral legs 93970
 - Unilateral leg 93971
- ABI's (ankle brachial index-blood flow study)
 - 93922
- Introduction of the needle or intracatheter into the vein
 - 36000
- RFA (radio frequency ablation)
 - First vein treated 36475
 - Subsequent veins 36476
- Vein access cutdown
 - 36425
- Perforator Ligation
 - 37760
- Stab phlebectomy
 - 37799 (<10)
 - 37765 (10-20)
 - 37766(>20)
- Ligation SSV at SPJ
 - 37780
- Sclerotherapy
 - 36482
 - 36483
 - 36470
 - 36471
 - 36468

COMPRESSION STOCKINGS



These are a few options and pricing for compression stockings listed below. Styles and pricing may vary.

15-20 mmgh
• Knee- \$48
• Thigh- \$115
• Panty hose- \$158

20-30 mmgh
• Knee- \$80
• Thigh- \$160
• Panty hose- \$158

Custom fitted compression stockings will be different than just the standard compression stockings and the price range can vary quite a bit. The home medical store of your choice may have more options and will be able to provide accurate pricing.

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