Coverage Summary

Transvenous (Catheter) for Pulmonary Embolectomy

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 07/17/2018
Related Medicare Advantage Policy Guideline: Transvenous (Catheter) Pulmonary Embolectomy (NCD 240.6)

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The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I.  COVERAGE

Coverage Statement: Transvenous (catheter) pulmonary embolectomy is not a covered benefit. Medicare considers the procedure experimental and therefore, not covered.

Guidelines/Notes:
1. Transvenous (catheter) pulmonary embolectomy is a procedure for removing pulmonary emboli by passing a catheter through the femoral vein.

Transvenous (catheter) pulmonary embolectomy is not a covered benefit because it is still experimental. See the NCD the Transvenous (Catheter) for Pulmonary Embolectomy (240.6). (Accessed July 2, 2018)

II.  DEFINITIONS

Transvenous (catheter) pulmonary embolectomy: is a procedure for removing pulmonary emboli by passing a catheter through the femoral vein. NCD the Transvenous (Catheter) for Pulmonary Embolectomy (240.6) (Accessed July 2, 2018)
III. REFERENCES

See above

IV. REVISION HISTORY

04/01/2019  Updated policy introduction; added language to clarify:

- There are instances where [the Coverage Summary] may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG)
- In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5)

07/17/2018  Annual review; no updates.

07/17/2017  Annual review; no updates.

07/26/2016  Annual review; no updates.

10/20/2015  Annual review; no updates.

08/19/2014  Annual review; definition of Transvenous (catheter) pulmonary embolectomy updated; added the reference link to the Medicare NCD the Transvenous (Catheter) for Pulmonary Embolectomy (240.6).

08/20/2013  Annual review; no updates.

08/20/2012  Annual review; no updates.

08/29/2011  Annual review; no updates.