

Transvenous (Catheter) for Pulmonary Embolectomy

Policy Number: MCS097.02
Approval Date: July 20, 2021

[Instructions for Use](#)

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| Related Medicare Advantage Policy Guideline |
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| <ul style="list-style-type: none"> Transvenous (Catheter) Pulmonary Embolectomy (NCD 240.6) |

Coverage Guidelines

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

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. Refer to the [National Coverage Determination \(NCD\) the Transvenous \(Catheter\) for Pulmonary Embolectomy \(240.6\)](#). (Accessed July 6, 2021)

Definitions

Transvenous (Catheter) Pulmonary Embolectomy: 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 6, 2021)

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 07/20/2021 | <ul style="list-style-type: none"> Routine review; no change to coverage guidelines Archived previous policy version MCS097.01 |

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This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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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