IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured’s benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other healthcare providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

“Transvenous (catheter) pulmonary embolectomy is a procedure for removing pulmonary emboli by passing a catheter through the femoral vein.” (NCD 240.6)

The AngioJet Thrombectomy System is a thrombectomy device with active aspiration designed to treat the thrombosed vessels to restore blood flow.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not address endovascular mechanical embolectomy for the treatment of acute ischemic stroke.

<table>
<thead>
<tr>
<th>CMS Coverage Manuals*</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Coverage Determinations (NCDs)*</td>
<td>For <strong>pulmonary embolectomy</strong> (<strong>CPT code 37799</strong>):</td>
</tr>
</tbody>
</table>


**Pulmonary Embolectomy and Angiojet System Thrombectomy**

Published: 11/01/2017

Next Review: 10/2018

Last Review: 10/2017  Medicare Link(s) Revised: 08/01/2018
Transvenous (Catheter) Pulmonary Embolectomy (240.6)

Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*

For **Angiojet thrombectomy of any artery or vein (This is considered a “Group 2,” not separately billable service. Therefore, while the thrombectomy procedure itself may be medically necessary, requests for additional reimbursement over the usual and customary allowance for the use of the angiojet device will not be allowed):**

- Non-Covered Services (L35008)

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.**

**CROSS REFERENCES**

Endovascular Angioplasty and/or Stenting for Intracranial Arterial Disease (Atherosclerosis and Aneurysms), Surgery, Policy No. M-141

**REFERENCES**

None

**CODING**

**NOTE:** Not all policies have a coding note, but for those that do, the applicable coding note would be placed here.

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CPT</td>
<td>37799</td>
<td>Unlisted procedure, vascular surgery</td>
</tr>
<tr>
<td>HCPCS</td>
<td>C1757</td>
<td>Catheter, thrombectomy/embolectomy</td>
</tr>
</tbody>
</table>

*IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan’s web control as these sites are not maintained by the health plan.*