

August 30, 2021

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Chiquita Brooks-LaSure  
CMS Administrator  
Centers for Medicare and Medicaid Services  
Attention C4-26-05  
7500 Security Blvd.  
Baltimore, MD 21244-8016

Re: Proposed Decision Memo For Transvenous (Catheter) Pulmonary Embolectomy  
(CAG-00457R)

Dear Ms. Brooks-LaSure:

*Trustees*

**Mirvat Alasnag, MD, FSCAI**  
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**Ramesh Daggubati, MD, FSCAI**  
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**Binita Shah, MD, FSCAI**

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Chief Executive Officer

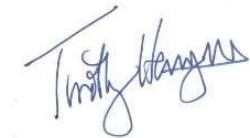
SCAI is a non-profit professional association with over 4,500 members representing the majority of practicing interventional cardiologists and cardiac catheterization teams in the United States. This includes interventional cardiologists with expertise in treating peripheral cardiovascular conditions such as deep vein thrombosis and pulmonary embolism that are commonly treated by catheter-based thrombectomy. SCAI promotes excellence in invasive and interventional cardiovascular medicine through education, advocacy, and the advancement of quality standards to enhance patient care. For that reason, we have a strong interest in ensuring that Medicare coverage policy aligns with the current state of technology for cardiovascular medicine.

SCAI commends CMS for proposing to retire the outdated policy for Transvenous (Catheter) Pulmonary Embolectomy (240.6) which has been causing confusion among physicians, hospitals, and patients. Transvenous pulmonary embolectomy (TPE) is safe, reasonable, and medically necessary. There are numerous peer reviewed studies to support TPE as a first-line therapy and numerous societies have submitted these studies in previous comment letters. We approve your proposed language, Appendix B, for the Medicare National Coverage Determinations Manual and suggest that you to state **240.6 Effective October 1, 2021, Transvenous (Catheter) Pulmonary Embolectomy has been removed from the NCD manual.**

SCAI would also like to restate our original comments for the records: While “transvenous (catheter) pulmonary embolectomy” may have been considered “experimental” in 1983, it is now the standard of care and there are highly effective, life saving devices that have received formal FDA approval specifically for this purpose. Numerous national and international standards and guidelines currently support the routine therapeutic use of catheter-based pulmonary thrombectomy (embolectomy) for pulmonary embolism. (Note: Often the terms thrombectomy and embolectomy are used interchangeably.) One such example, is the American Heart Association (AHA), Management of Massive and Submassive Pulmonary Embolism, Iliofemoral Deep Vein Thrombosis, and Chronic Thromboembolic Pulmonary Hypertension. A Scientific Statement from the AHA available online at <https://www.ahajournals.org/doi/10.1161/cir.0b013e318214914f>.

SCAI encourages the Medicare Administrative Contractors (MACs) to follow the professions guidance regarding future questions related to coverage. Let us know if you have any questions, or comments on our recommendation. Feel free to contact Debra Mariani @ [dmariani@scai.org](mailto:dmariani@scai.org) or 202-327-5451. Thank you for your time and consideration.

Sincerely,

A handwritten signature in blue ink that reads "Timothy Henry". The signature is written in a cursive style with a horizontal line above the first name.

Timothy D. Henry, MD, MSCAI  
President  
Society for Cardiovascular Angiography & Interventions