



American Venous Forum

Promoting venous and lymphatic health

2020-2021

October 5, 2020

President

Harold Welch, MD
Burlington, MA

Comments to Centers for Medicare and Medicaid Services
On Proposed CY2021 Physician Fee Schedule Rule
CMS-1734-P

President-Elect

Antonios Gasparis, MD
Stony Brook, NY

Submitted By: American Venous Forum

Via: <http://www.regulations.gov>

Vice President

William Marston, MD
Chapel Hill, NC

In response to a solicitation for comments on the Proposed CY2021 Physician Fee Schedule Rule the American Venous Forum (AVF) is writing to request that NCD 240.6 Transvenous (catheter) pulmonary embolectomy be added to the list of outdated/obsolete NCDs that are being considered for removal in Section J pages 523-533 of the Proposed Rule.

Secretary

Ruth Bush, MD
Houston, TX

The AVF is a national society with a mission to advance science, education and advocacy in venous and lymphatic disease. Our membership includes over 700 members, mostly physicians who evaluate and treat patients with venous thromboembolism.

Treasurer

Glenn Jacobowitz, MD
New York, NY

NCD 240.6, dating back to 1983, is a perfect example of an "obsolete broad non-coverage NCD that, if removed, would eliminate a barrier to innovation and would reduce burden for stakeholders and CMS." As physicians who treat Medicare patients suffering from Pulmonary Embolisms (PE), the procedure described in NCD 240.6 has not been considered experimental for quite some time. Numerous national and international standards and guidelines now support the routine use of catheter based pulmonary embolectomy (thrombectomy) for pulmonary embolism.

Past President

Brajesh Lal, MD
Baltimore, MD

AVFF President

Elna Masuda, MD
Honolulu, HI

Based on data published by Gayout et al (**Nationwide Trends in use of Catheter-Directed Therapy for Treatment of Pulmonary Embolism in Medicare Beneficiaries from 2004-2016. J Vasc Interv Radiol. 2019 Jun;30(6):801-806**), the rate of pulmonary embolectomies was 1.103 per 100,000 Medicare beneficiaries (approximately 700 procedures were performed in 2016; we estimate there are likely upwards of several thousand pulmonary embolectomies being performed now on an annual basis.) Since 2006 there has been an established procedure code for percutaneous pulmonary embolectomy, billed under CPT® 37184.

Executive Director

John Forbes, MBA
Chicago, IL

Withdrawal of this NCD should be prioritized because of the COVID-19 pandemic. There is rapidly mounting evidence in the peer-reviewed clinical literature about the link between COVID-19 and thrombotic complications, including a high incidence of acute PE and venous thromboembolism (VTE).

Our physician members on the front lines of the pandemic need to ensure that treatment of these critically ill patients is not compromised by outdated, non-applicable coverage policies that limit access to proven, medically necessary services. We therefore respectfully request that CMS remove NCD 240.6 as quickly as possible, preferably in this rule making cycle. The policy is outdated and is not aligned with the current standard of care for PE treatment.

Thank you for your consideration. Should you have any questions or need additional information, please contact Dr. Mark Iafrati (miafrati@tuftsmedicalcenter.org)

Sincerely,

Mark Iafrati, MD
Chair, Health Care Policy Committee