



July 05, 2022

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Submitted via email to medicalpolicy@noridian.com

RE: Billing and Coding: Pulmonary Thromboembolism A59099 & A59048

Dear Dr. Lawrence and Dr. Moynihan:

On behalf of our physician members of the Society of Interventional Radiology (SIR), we would like to respectfully request a review of the criteria identified within the Future Local Coverage Articles (LCA) A59099 & A59048^{1,2} titled Billing and Coding: Pulmonary Thromboembolism, which provides billing and coding guidance for percutaneous mechanical thrombectomy in the pulmonary arteries.

The Society of Interventional Radiology (SIR) is a nonprofit, professional medical society representing approximately 8,000 practicing interventional radiology physicians, trainees, students, scientists, and clinical associates, dedicated to improving patient care through the limitless potential of image-guided therapies. This includes patients suffering from venous thromboembolism (VTE), the third most common vascular diagnosis in the United States after myocardial infarction and stroke.

SIR respectfully disagrees with Noridian's statement that pulmonary thromboembolism procedures using procedure codes 37184, 37185, and 37186 are being billed incorrectly. Catheter-based pulmonary thrombectomy (embolectomy) procedures are performed using a transvenous approach and are considered an arterial procedure because the service is performed in the pulmonary artery(ies). According to the American Medical Association's 2022 CPT® Codebook, "*primary mechanical thrombectomy is reported per vascular family using 37184 for the initial vessel treated and 37185 for the second or all subsequent vessel(s) with the same vascular family*".^{3,4} In assigning CPT to the origin of thrombus rather than vessel treated, the CPT will not accurately reflect the physician's work component, including time, skill, training, and intensity of the pulmonary embolectomy procedure. Furthermore, the expertise and devices required to retrieve an embolus from the pulmonary artery differ from retrieving a clot from a peripheral vein.

Ensuring the accuracy and quality of coding and billing for procedures and services is essential. The 2022 CPT Codebook instructs that verification of appropriate code assignments should be made using related guidelines, coding resources, and publications from medical specialty societies. Multiple society position statements, currently published coding resources, and peer-reviewed clinical publications agree that CPT codes 37184 and +37185 apply to pulmonary artery thrombectomy.^{5,6,7,8,9,10}

Further, SIR respectfully disagrees with limiting the medically necessary diagnoses to those pulmonary embolisms with acute cor pulmonale as this guidance does not align with current medical practice. Pulmonary embolism is one of the top three diagnoses for the arterial thrombectomy code (CPT® code 37184) according to the 2020 Medicare Fee-for-Service claims¹¹. Such coding guidance restricts access to this life-saving procedure for Medicare beneficiaries. We are unaware of any national or local coverage policy limiting access to this treatment when it is medically necessary for a patient, as determined by their health care provider. In addition, there are no safety or efficacy limitations for using thrombectomy systems to remove pulmonary embolus, as provided in the FDA-approved indications.

In summary, SIR believes the LCA does not align with current medical practice or established coding practices and guidelines. It does so without consultation of the physicians who perform pulmonary embolectomy, the coding community, or the public. The application of CPT codes should not vary by payer and should also not be used to establish medical necessity to determine beneficiary coverage. We ask that Noridian remove this future LCA immediately, given the direct effect it will have on coverage of this life-saving procedure.

SIR appreciates the opportunity to provide feedback on this policy. If any additional information is required, please contact Keith M. Hume, SIR Executive Director, at khume@sirweb.org.

Sincerely,



Parag J. Patel, MD, FSIR
President, Society of Interventional Radiology

Cc. Keith M. Hume
Executive Director, Society of Interventional Radiology

Bibliography

¹ <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59099>

² <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=59048>

³ *CPT Professional 2022 Codebook*, Instructions for Use of the CPT Codebook

⁴ Optum Revenue Cycle PRO, www.revenuecyclepro.com

⁵ <https://www.sirweb.org/globalassets/aasociety-of-interventional-radiology-home-page/practice-resources/commentletters/2020-comment-letters/sir-ncd-comment-letter-pulmonary-embolctomy.11.20.19-corrected.pdf>

⁶ [https://www.jvir.org/article/S1051-0443\(19\)30291-X/fulltext](https://www.jvir.org/article/S1051-0443(19)30291-X/fulltext)

⁷ <https://scai.org/scai-continues-press-cms-remove-negative-coverage-policy-thwarting-access-catheter-based-therapies>

⁸ *CPT Professional 2022 Codebook*, Instructions for Use of the CPT Codebook

⁹ *CPT Professional 2022 Codebook*, Surgery/Cardiovascular System Section Guidelines, Transcatheter Procedures, *Arterial Mechanical Thrombectomy*

¹⁰ *CPT Professional 2022 Codebook*, Surgery/Cardiovascular System Section Guidelines, Transcatheter Procedures, *Venous Mechanical Thrombectomy*

¹¹ Medicare fee-for-service <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/FFS-Data>