



MEDICAL COVERAGE POLICY

**SERVICE: External
Counterpulsation/EECP**

Policy Number: 221

Effective Date: 08/01/2020

Last Review: 06/25/2020

Next Review Date: 06/25/2021

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: EECP (Enhanced External Counterpulsation)/ ECP (External Counterpulsation)

PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

ECP or EECP may be considered medically necessary in the treatment of patients with stable and severe angina (New York Heart Association Class III or Class IV) who have failed maximal medical therapy and are not readily amenable to surgical intervention such as percutaneous transluminal coronary angioplasty (PTCA) or cardiac bypass due to any of the following:

- a) Their condition is inoperable; or
- b) They are at high-risk of operative complications or post-operative failure; or
- c) Their coronary anatomy is not readily amenable to such procedures; or
- d) They have co-morbid states that create excessive risk.

A course of therapy consisting of up to 35 treatments, one hour in length, once or twice daily, up to 5 days per week, may be medically necessary.

ECP or EECP can be repeated for a select group of patients with chronic stable and severe angina if all of the following criteria are met:

- a) Member meets medical necessity criteria for EECP as mentioned above; and
- b) Prior ECP has resulted in a sustained improvement in symptoms, with a significant (greater than 25 %) reduction in frequency of anginal symptoms; or b) Improvement by 1 or more anginal classes; and
- c) Three or more months has elapsed from the prior EECP treatment.

Inability to complete the initial course of ECP due to intolerance, worsening of cardiac symptoms or any



MEDICAL COVERAGE POLICY

**SERVICE: External
Counterpulsation/EECP**

Policy Number:	221
Effective Date:	08/01/2020
Last Review:	06/25/2020
Next Review Date:	06/25/2021

forms of non-compliance disqualifies a patient from coverage of subsequent courses of therapy.

ECP is considered experimental and investigational for the following:

- unstable angina pectoris
- Class II angina (New York Heart Association)
- acute MI
- heart failure
- cardiogenic shock
- arrhythmia
- aortic insufficiency
- peripheral vascular disease or phlebitis
- elevated blood pressure > 180/110 mm Hg
- bleeding diathesis
- in pregnant patients
- hydraulic versions of these devices

OVERVIEW: EECP involves the use of a series of treatments with compressive garments applied to the lower extremities with a goal of reducing the frequency and severity of anginal episodes in patients with severe, stable angina pectoris. Coverage is limited to ECP use in patients with stable angina pectoris since only that use has developed sufficient evidence to demonstrate its medical effectiveness.

Functional Classifications Class	New York Heart Association Functional Classification	Canadian Cardiovascular Society Functional Classification
I	Patients with cardiac disease but without resulting limitations of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.	Ordinary physical activity does not cause angina, such as walking and climbing stairs. Angina occurs with strenuous or rapid or prolonged exertion at work or recreation.
II	Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.	Slight limitation of ordinary activity. Walking or climbing stairs rapidly, walking uphill, walking or stair climbing after meals, in cold, in wind, or under emotional stress, or only during the few hours after awakening. Walking more than two blocks on the level and climbing more than one flight of ordinary stairs at a normal pace and in normal conditions.
III	Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary physical activity causes fatigue, palpitation, dyspnea, or anginal pain	Marked limitation of ordinary physical activity. Walking one to two blocks on the level and climbing one flight in normal conditions and at a normal pace.
IV	Patient with cardiac disease resulting in	Inability to carry on any physical activity



MEDICAL COVERAGE POLICY

**SERVICE: External
Counterpulsation/EECP**

Policy Number:	221
Effective Date:	08/01/2020
Last Review:	06/25/2020
Next Review Date:	06/25/2021

	inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.	without discomfort, anginal syndrome may be present at rest.
--	--	--

MANDATES: There are no mandated benefits or regulatory requirements for SWHP to provide coverage for these services.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	92971 Cardio-assist method of circulatory assist; external
HCPCS	G0166 External counterpulsation, per treatment session
ICD10 Codes:	I20.0 – I20.9 Angina pectoris

CMS: NCD 20.20 ECP is approved for coverage in the treatment of patients with stable and severe angina (Class III or Class IV, Canadian Cardiovascular Society Classification or equivalent classification) who are not candidates for surgical intervention. Although ECP devices have been approved by the FDA for use in treating a variety of conditions, including unstable angina pectoris, acute MI, heart failure, and cardiogenic shock, Medicare coverage is limited to ECP use in patients with stable angina pectoris since only that use has developed sufficient evidence to demonstrate its medical effectiveness. Other uses of ECP and similar devices remain noncovered. In addition, the noncoverage of hydraulic versions of these types of devices remains in force. A full course of therapy usually consists of 35 treatments, 1 hour in length, which may be offered once or twice daily, usually 5 days per week (CMS, 2008).

POLICY HISTORY:

Status	Date	Action
New	07/07/2016	New policy
Revised	09/08/2016	Changed criteria to cover repeat procedures
Reviewed	06/27/2017	No changes
Reviewed	05/08/2018	Updated coverage language
Reviewed	07/25/2019	No changes
Reviewed	06/25/2020	Added language for use across all LOBs

REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence surrounding gynecomastia surgery and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement



MEDICAL COVERAGE POLICY

**SERVICE: External
Counterpulsation/EECP**

Policy Number: 221

Effective Date: 08/01/2020

Last Review: 06/25/2020

Next Review Date: 06/25/2021

1. Centers for Medicare & Medicaid Services (CMS 2008)
2. American College of Cardiology (ACC) Position Statement 2005 Update.
3. Two-year clinical outcomes after enhanced external counterpulsation (EECP) therapy in patients with refractory angina pectoris and left ventricular dysfunction (report from The International EECP Patient Registry). [Am J Cardiol.](#) 2006 Jan 1;97(1):17-20. Epub 2005 Nov 2.
4. Fihn SD, Blankenship JC, Alexander KP, et al. 2014 ACC/AHA/AATS/PCNA/SCAI/STS focused update of the guideline for the diagnosis and management of patients with stable ischemic heart disease: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, and the American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons. *J Am Coll Cardiol.* Nov 4 2014; 64(18):1929-1949. PMID 25077860
5. Sardina PD, Martin JS, Avery JC, et al. Enhanced external counterpulsation (EECP) improves biomarkers of glycemic control in patients with non-insulin-dependent type II diabetes mellitus for up to 3 months following treatment. *Acta Diabetol.* May 14 2016. PMID 27179825