

Policy: MP024

Section: Medical Benefit Policy

Subject: External Counterpulsation

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: External Counterpulsation

II. Purpose/Objective:

To provide a policy of coverage regarding External Counterpulsation

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:

External Counterpulsation (ECP), commonly referred to as Enhanced External Counterpulsation (EECP), is a noninvasive treatment that uses timed, sequential inflation of pressure cuffs on the legs to augment diastolic pressure, decrease left ventricular after load, and increase venous return. Coverage will be limited to its use in insured individuals with stable angina pectoris, because there has been sufficient evidence to demonstrate medical effectiveness in this clinical setting. Other uses will not be covered.

INDICATIONS:

- Disabling stable angina pectoris

Coverage is provided for members who have been diagnosed with disabling stable angina (Class III or above, [Canadian Cardiovascular Society Functional Classification (CCSC) or New York Heart Association (NYHA), see table 1] who, in the opinion of a cardiologist or cardiothoracic surgeon, are not candidates for surgical intervention, such as Percutaneous Transluminal Coronary Angioplasty (PTCA) or Coronary Artery Bypass Graft (CABG) because of the following:

- (1). The member’s condition is inoperable or presents excessive risk of operative complications or post-operative failure.
- (2). The member’s coronary anatomy does not lend itself to surgical intervention; or
- (3). Co-morbid conditions introduce increased risk precluding surgical intervention

Table 1. Angina Classification

Classification	NYHA	CCSC
0	Not Applicable	Asymptomatic
I	Patients with no limitation of activities; they suffer no symptoms from ordinary activities	Angina with strenuous exercise
II	Patients with slight, mild limitation of activity; they are comfortable with rest or with mild exertion	Angina with mild exertion
III	Patients with marked limitation of activity; they are comfortable only at rest	Angina with mild exertion. Walking 1-2 level blocks at normal pace. Climbing 1 flight of stairs at normal pace
IV	Patients who should be at complete rest, confined to bed or chair; any physical activity brings on discomfort and symptoms occur at rest	Angina at any level of physical exertion

American Heart Assn. Classes of Heart Failure. http://www.heart.org/HEARTORG/Conditions/HeartFailure/AboutHeartFailure/Classes-of-Heart-Failure_UCM_306328_Article.jsp#.V36T9E32bcs

Campeau Lucien. Grading of angina pectoris. Circulation 1976;54:5223

PROCESS:

The member must be evaluated by a cardiologist prior to initiation of therapy.

The requesting provider should submit documentation indicating:

- functional level (Table 1)
- failure of other therapies including nitrates, beta blockers, or calcium channel blockers; and
- cardiac catheterization data documenting the degree of disease; and
- indications that the disease is not amenable to intravascular or open revascularization,
- ventricular function and
- absence of arterial insufficiency of the lower extremities or large symptomatic varicosities.

A full course of therapy usually consists of 35 one-hour treatments, which may be offered once or twice daily, usually 5 days per week.

EXCLUSIONS:

The Plan does **NOT** provide coverage for **ANY** of the following because they are considered **experimental, investigational or unproven** (List may not be all-inclusive)

- Any diagnosis other than angina pectoris
- Hydraulic versions of this device
- Congestive heart failure in the absence of angina

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment.**

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis

CODING ASSOCIATED WITH: External Counterpulsation

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

G0166 External counterpulsation, per treatment session
92971 Cardioassist-method of circulatory assist; external

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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Agency for Health Care Policy and Research, Evidence Report/Technology Assessment, "An Evaluation of Beta-Blockers, Calcium Antagonists, Nitrates and Alternative Therapies for Stable Angina.

Geisinger Clinic Technology Assessment Committee, Dr. Thomas Modesto, Geisinger Medical Center Cardiology, 7/11/2001.

Hayes Inc. Online, Hayes Alert. Benefit of ECP Questionable in Angina Pts with Impaired LV Function. Vol.IV, No. 1. Jan. 2003.

Hayes Inc. Online. External Counterpulsation. EXTE1201.24 Nov. 2002. Updated 7/17/03. Updated 8/4/04

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Anderson JL, Adams CD, Antman EM, Bridges CR, Califf RM, Casey DE Jr, et al. American College of Cardiology; American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 2002 Guidelines for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction); American College of Emergency Physicians; Society for Cardiovascular Angiography and Interventions; Society of Thoracic Surgeons; American Association of Cardiovascular and Pulmonary Rehabilitation; Society for Academic Emergency Medicine. ACC/AHA 2007 guidelines for the management of patients with unstable angina/non-ST-Elevation myocardial infarction: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines (Writing Committee to Revise the 2002 Guidelines for the Management of Patients With Unstable Angina/Non-ST-Elevation Myocardial Infarction) developed in collaboration with the American College of Emergency Physicians, the Society for Cardiovascular Angiography and Interventions, and the Society of Thoracic Surgeons endorsed by the American Association of Cardiovascular and Pulmonary Rehabilitation and the Society for Academic Emergency Medicine. *J Am Coll Cardiol*. 2007 Aug 14;50(7):e1-e157. No abstract available. Erratum in: *J Am Coll Cardiol*. 2008 Mar 4;51(9):974.

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This policy will be revised as necessary and reviewed no less than annually.

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CMS UM Oversight Committee Approval: 12/23, 11/8/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.