

Medical Coverage Policy | External Counterpulsation (ECP)-PREAUTH



EFFECTIVE DATE: 09|01|2010
POLICY LAST UPDATED: 09|03|2013

OVERVIEW

This policy documents coverage guidelines for BlueCHiP for Medicare and Commercial Products for these services.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare.

POLICY STATEMENT

BlueCHiP for Medicare

ECP is considered medically necessary for BlueCHiP for Medicare members with preauthorization for the specific conditions listed in the criteria.

Commercial products

Enhanced external counterpulsation is not medically necessary for all indications, including but not limited to, treatment of chronic stable angina pectoris, heart failure, erectile dysfunction, or ischemic stroke as there is insufficient peer-reviewed scientific literature to demonstrate that the procedure is effective.

MEDICAL CRITERIA

BlueCHiP for Medicare

ECP is medically necessary for members who have been diagnosed with disabling angina (Class III or Class IV, Canadian Cardiovascular Society Classification or equivalent classification) who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention, such as percutaneous transluminal coronary angioplasty (PTCA) or cardiac bypass, and

1. Their condition is inoperable, or at high risk of operative complications or post-operative failure;
2. Their coronary anatomy is not readily amenable to such procedures; or
3. They have co-morbid states which create excessive risk.

Note: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers...

BACKGROUND

Enhanced external counterpulsation (ECP) is a noninvasive outpatient therapy used for the treatment of coronary artery disease refractory to standard medical and/or surgical therapy. ECP uses a set of three compressive air cuffs on each leg (upper thigh, lower thigh, and calf). The cuffs inflate and deflate simultaneously with compressed, air according to the patient's cardiac cycle. As the blood vessels in the leg

are compressed blood is forced back into the heart. This cycle lowers the pressure the heart pumps against, increases the rate of blood returned to the heart, and increases blood pressure while the heart is resting. A full course of therapy typically consists of 35 one-hour treatments, which may be offered once or twice daily, usually 5 days per week.

Although ECP devices are cleared by the Food and Drug Administration (FDA) for use in treating a variety of cardiac conditions, including stable or unstable angina pectoris, acute myocardial infarction and cardiogenic shock, the use of this device to treat cardiac conditions other than stable angina pectoris is not covered, since only that use has developed sufficient evidence to demonstrate its medical effectiveness. Non-coverage of hydraulic versions of these types of devices remains in force.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable "Services Not Medically Necessary" benefits/coverage.

CODING

The following code is medically necessary for BlueCHiP for Medicare with preauthorization and not medically necessary for Commercial products.

G0166	External counterpulsation, per treatment session
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RELATED POLICIES

Not applicable

PUBLISHED

Provider Update	Nov 2013
Provider Update	Jun 2012
Provider Update	Feb 2011
Provider Update	Jun 2010
Provider Update	Nov 2008
Policy Update	Jan 2007
Policy Update	Nov 2005
Policy Update	Nov 2002
Policy Update	Oct 1999

REFERENCES

Blue Cross and Blue Shield Association Medical Policy Reference Manual 2.02.06 Enhanced External Counterpulsation (ECP) for Chronic Stable Angina or Congestive Heart Failure

Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). External Counterpulsation for Treatment of Chronic Stable Angina Pectoris and Chronic Heart Failure. TEC Assessments 2005; Volume 20, Tab 13.

Center for Medicare and Medicaid Services (CMS). National Coverage Determination for external counterpulsation (ECP) therapy for severe angina (20.20). Updated March 2006. Available online at: <http://www.cms.gov/transmittals/downloads/R50NCD.pdf> .

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