



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

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WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

External Counterpulsation

Policy Number: HS-035

Original Effective Date: 8/7/2008

Revised Date(s): 8/13/2009; 8/2/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Description of Procedure

The member is placed on a treatment table where their lower trunk and lower extremities are placed in a series of three compressive air cuffs which inflate and deflate in synchronization with the patient's cardiac cycle.

During diastole the three sets of air cuffs are inflated sequentially (distal to proximal) compressing the vascular beds within the muscles of the calves, lower thighs and upper thighs. This action results in an increase in diastolic pressure, generation of retrograde arterial blood flow and an increase in venous return. The cuffs are deflated simultaneously just prior to systole, which produces a rapid drop in vascular impedance, a decrease in ventricular workload and an increase in cardiac output.

The augmented diastolic pressure and retrograde aortic flow appear to improve myocardial perfusion, while systolic unloading appears to reduce cardiac workload and oxygen requirements. The increased venous return coupled with enhanced systolic flow appears to increase cardiac output. As a result of this treatment, most patients experience increased time until onset of ischemia, increased exercise tolerance, and a reduction in the number and severity of anginal episodes. Evidence was presented that this effect lasted well beyond the immediate post-treatment phase, with patients symptom-free for several months to two years. This procedure must be done under direct supervision of a physician (CMS, 2006).

Classification System

The Canadian Cardiovascular Society Angina Grading Scale is commonly used for the classification of severity of angina:

- Class I – Angina only during strenuous or prolonged physical activity
- Class II – Slight limitation, with angina only during vigorous physical activity
- Class III – Symptoms with everyday living activities, i.e., moderate limitation
- Class IV – Inability to perform any activity without angina or angina at rest, i.e., severe limitation

POSITION STATEMENT

External counterpulsation for disabling angina **is considered medically necessary** when the following indications are met:

- The member exhibits Class III or Class IV angina as classified using the Canadian Cardiovascular Society Classification or equivalent;

AND any one of the following:

- Their condition is inoperable; **OR**,
- Are at high risk for operative complications or post-operative failure; **OR**,
- The member's coronary anatomy is not readily amenable to procedures such as PTCA or cardiac bypass or the member has co-morbid states which create excessive risk.

A full course of therapy usually consists of a) 35 one-hour treatments offered once or twice daily, and b) is offered 5 days per week.

CODING

Covered CPT® Codes

92971 Cardioassist-method of circulatory assist; external

Covered ICD-9 Procedure Code

93.58 Application of PressureTrousers

Covered HCPCS Codes

G0166 External counterpulsation, per treatment session

Covered ICD-9-CM Diagnosis Codes

413.0 – 413.9 Angina pectoris [disabling, refractory to maximum medical therapy and not readily amenable to surgical intervention]

*Current Procedural Terminology (CPT®) ©2009 American Medical Association: Chicago, IL.

REFERENCES

Peer Reviewed

1. Hayes Directory. External Counterpulsation. November 7, 2002. ARCHIVED.

Government Agencies, Professional and Medical Organizations

1. American College of Physicians. Primary Care Management of Chronic Stable Angina and Asymptomatic Suspected or Known Coronary Artery Disease: A Clinical Practice Guideline. October, 2004.
2. Canadian Cardiovascular Society. Angina Classification Classes.
3. Centers for Medicare and Medicaid Services. National Coverage Determination for External Counterpulsation (ECP) for Severe Angina (20.20).

Other

1. BlueCross BlueShield Association, Technology Assessment. External Counterpulsation for Treatment of Chronic Stable Angina Pectoris and Chronic Heart Failure. January, 2006.
2. Empire Medicare Services. External Counterpulsation (ECP). July, 2000.

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
8/2/2011	<ul style="list-style-type: none">• Approved by MPC. No changes.