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.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

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.¹ ³

Clinical Coverage Guideline

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.\textsuperscript{1,3}

The Canadian Cardiovascular Society Angina Grading Scale\textsuperscript{2} is commonly used for the classification 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

**Applicable To:**
- Medicaid – All Markets
- Medicare – All Markets

**Exclusions**

External counterpulsation for disabling angina is considered experimental / investigational and not a covered benefit for the following:

- Members with severe chronic stable angina who are considered suitable candidates for angioplasty or revascularization. (Rating based on evidence that ECP therapy may provide similar outcomes in these patients as well as those who are not candidates for angioplasty or revascularization, but that relief of angina may be superior following coronary intervention).
- Other cardiac conditions, such as congestive heart failure without angina, acute myocardial infarction, unstable angina, or cardiogenic shock.
- Specific contraindications for this therapy, including cardiac catheterization 2 weeks before or after procedure; arrhythmia, severe congestive heart failure with ejection fraction < 30%, aortic insufficiency, peripheral vascular disease or phlebitis, severe hypertension (> 180/110 mm Hg), bleeding diathesis, and pregnancy.

**Coverage**

External counterpulsation for disabling angina is considered medically necessary when the following indications are met:\textsuperscript{1,4}

- 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.

In addition, external counterpulsation is considered medical necessary for severe chronic stable angina in members who are not considered suitable candidates for angioplasty or revascularization or who have continuing angina despite surgical intervention.
CODING

CPT® Code
92971  Cardioassist-method of circulatory assist, external

Covered HCPCS Code
G0166  External counterpulsation, per treatment session

ICD-10-PCS Codes – No applicable codes.

Covered ICD-10-CM Diagnosis Codes
I20.1  Angina pectoris with documented spasm
I20.8  Other forms of angina pectoris
I20.9  Angina pectoris, unspecified
I25.111  Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.118  Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119  Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.701  Atherosclerosis of coronary artery bypass graft(s), unspecified, w/ angina pectoris w/ documented spasm
I25.708  Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.709  Atherosclerosis of coronary artery bypass graft(s), unspecified, with unspecified angina pectoris
I25.711  Atherosclerosis of autologous vein coronary artery bypass graft(s), w/ angina pectoris w/ documented spasm
I25.718  Atherosclerosis of autologous vein coronary artery bypass graft(s), with other forms of angina pectoris
I25.719  Atherosclerosis of autologous vein coronary artery bypass graft(s), with unspecified angina pectoris
I25.721  Atherosclerosis of autologous artery coronary artery bypass graft(s), with angina pectoris with documented spasm
I25.728  Atherosclerosis of autologous artery coronary artery bypass graft(s), with other forms of angina pectoris
I25.729  Atherosclerosis of autologous artery coronary artery bypass graft(s), with unspecified angina pectoris
I25.731  Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.738  Atherosclerosis of nonautologous biological coronary artery bypass graft(s) w/ other forms of angina pectoris
I25.739  Atherosclerosis of nonautologous biological coronary artery bypass graft(s) w/ unspecified angina pectoris
I25.751  Atherosclerosis of native coronary artery of transplanted heart w/ angina pectoris w/ documented spasm
I25.758  Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759  Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.761  Atherosclerosis of bypass graft of transplanted heart with angina pectoris with documented spasm
I25.768  Atherosclerosis of bypass graft of transplanted heart with other forms of angina pectoris
I25.769  Atherosclerosis of bypass graft of transplanted heart with unspecified angina pectoris
I25.791  Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.798  Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799  Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris

Non-Covered ICD-10-CM Diagnosis Codes
I20.0  Unstable angina
I21.01 – I21.4  ST Elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I22.0 – I22.9  Subsequent ST elevation (STEMI) and on-ST elevation (NSTEMI) myocardial infarction
I25.110  Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.700  Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.710  Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.720  Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.730  Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.750  Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.760  Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.790  Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I50.20 – I50.23  Systolic (congestive) heart failure
I50.30 – I50.33 Diastolic (congestive) heart failure
I50.40 – I50.43 Combined systolic (congestive) and diastolic (congestive) heart failure
I50.9 Heart failure, unspecified
R57.0 Cardiogenic shock

Non-Covered ICD-10-CM Additional diagnostic contraindications:
D69.9 Hemorrhagic condition, unspecified (Bleeding diathesis – familial)
I10 Severe Hypertension ( > 180/110 mm Hg)
I49.9 Cardiac arrhythmia, unspecified
I35.0 – I35.9 Nonrheumatic aortic valve disorders
I50.20 – I50.23 Systolic (congestive) heart failure, with ejection fraction < 30%
I50.30 – I50.33 Diastolic (congestive) heart failure, with ejection fraction < 30%
I50.40 – I50.43 Combined systolic (congestive) and diastolic (congestive) heart failure, w/ ejection fraction < 30%
I50.9 Heart failure, unspecified, with ejection fraction < 30%
I73.9 Peripheral vascular disease, unspecified
I80.00 – I80.9 Phlebitis and thrombophlebitis
O99.411 - O99.43 Diseases of the circulatory system complicating pregnancy, childbirth, and the puerperium
Z33.1 Pregnant state, incidental
Z98.89 Other specified postprocedural status; Status post cardiac catheterization

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<td>7/6/2017</td>
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<tr>
<td>2/4/2016</td>
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<td>2/5/2015</td>
<td>Approved by MPC. Addition of CPT 92971.</td>
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<td>8/7/2014, 8/1/2013, 8/2/2012</td>
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