



Cardio Policy:

Enhanced External Counter-Pulsation (EECP)

POLICY NUMBER UM CARDIO_1117	SUBJECT Enhanced External Counter-Pulsation (EECP)	DEPT/PROGRAM UM Dept	PAGE 1 OF 3
DATES COMMITTEE REVIEWED 07/22/11, 12/12/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 03/08/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 08/11/21, 01/12/22	APPROVAL DATE January 12, 2022	EFFECTIVE DATE January 28, 2022	COMMITTEE APPROVAL DATES 07/22/11, 12/12/12, 08/22/13, 06/28/14, 08/12/15, 11/28/16, 12/21/16, 10/31/17, 02/13/19, 03/08/19, 05/08/19, 12/11/19, 02/12/20, 01/13/21, 08/11/21, 01/12/22
PRIMARY BUSINESS OWNER: UM		COMMITTEE/BOARD APPROVAL Utilization Management Committee	
URAC STANDARDS HUM v8: UM 1-2; UM 2-1	NCQA STANDARDS UM 2		ADDITIONAL AREAS OF IMPACT
CMS REQUIREMENTS	STATE/FEDERAL REQUIREMENTS		APPLICABLE LINES OF BUSINESS Commercial, Exchange, Medicaid

I. PURPOSE

Indications for determining medical necessity for Enhanced External Counter Pulsation (EECP).

II. DEFINITIONS

Enhanced External Counter pulsation is a nonsurgical treatment of angina pectoris and CAD refractory to medical and/or surgical therapy. This therapy increases blood flow to the heart by compressing blood vessels in the lower extremities.

An appropriate diagnostic or therapeutic procedure is one in which the expected clinical benefit exceeds the risks or negative consequences of the procedure by a sufficiently wide margin such that the procedure is generally considered acceptable or reasonable care. The ultimate objective of AUC is to improve patient care and health outcomes in a cost-effective manner but is not intended to ignore ambiguity and nuance intrinsic to clinical decision making.

Appropriate Care - Median Score 7-9

May be Appropriate Care - Median Score 4-6

Rarely Appropriate Care - Median Score 1-3

III. POLICY

Indications for approving a request for medical necessity are:

- A. Patient with Class III or IV angina on maximal guideline directed anti-angina therapy and has coronary anatomy that is not amenable for revascularization either percutaneously or surgically with no prior EECPP done within the last 12 months. **(AUC Score 5)^{1,2,3}**

Limitations:

- A. Decompensated heart failure
- B. Severe Aortic Regurgitation
- C. Severe Peripheral Artery Disease
- D. Requests for services that are part of a surveillance protocol for patients who are involved in a clinical trial are considered out of scope (OOS) for New Century Health and cannot be reviewed.

IV. PROCEDURE

- A. In order to review a request for medical necessity, the following items must be submitted for review
 1. Progress note that prompted request (including list of current medications)
 2. Records from last ECP treatment (if applicable)
 3. Most recent Echocardiogram, Stress test
 4. Most recent cardiac catheterization report
- B. Primary codes appropriate for this service: G0166. 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.

V. APPROVAL AUTHORITY

- A. Review – Utilization Management Department
- B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

- A. None

VII. REFERENCES

1. Centers for Medicare and Medicaid Services. National Coverage Determinations (NCD) (20.20). External Counterpulsation (ECP) Therapy for Severe Angina. Retrieved from <https://www.cms.gov> April 24th, 2019.
2. Fihn SD, 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. Journal of the American College of Cardiology. Nov 2014, Volume 64, Issue 18, Pages 1929-1949.
3. Robert C. Hendel MD, FACC, FAHA, et al. Appropriate use of cardiovascular technology: 2013 ACCF appropriate use criteria methodology update: a report of the American College of

Cardiology Foundation appropriate use criteria task force. Journal of the American College of Cardiology. March 2013, Volume 61, Issue 12, Pages 1305-1317.

4. NCQA UM 2022 Standards and Elements.