Overview
The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for external counterpulsation for AllWays Health Partners members.

Coverage Guidelines
External counterpulsation may be considered medically necessary in members with clinically documentation of chronic stable angina intractable or refractory to standard medical and/or surgical therapy. AllWays Health Partners will consider coverage of external counterpulsation in members who meet ALL of the following:

1. The member has chronic stable angina (New York Heart Association Class III or Class IV angina); AND
2. The member’s condition is inoperable and/or at high risk of complications or post-operative failure; AND
3. The member has co-morbid states that create excessive risk

Duration of Services
- Five hours of treatment per week, delivered in one-to two-hour sessions for seven weeks, for a single course total of 35 hours of treatment

Documentation Requirements
All member requests require an explicit order from the authorized treating provider including diagnosis and clinical indications.

Exclusions
- External counterpulsation is not medically necessary for all other conditions including, but not limited to, the following:
  - Arrhythmia
  - Aortic insufficiency
  - Congestive heart failure
  - Erectile dysfunction
  - Fatigue/malaise
  - Hepatorenal syndrome
  - Peripheral vascular disease or phlebitis
  - Restless leg syndrome
  - Retinal artery occlusion
Definitions
Enhanced External Counterpulsation: EECP uses a set of compressive air cuffs on the legs (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.

CPT/HCPCS Codes

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>G0166</td>
<td>External counterpulsion, per treatment session</td>
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Effective
March 2019: Annual review.
November 2018: Effective date.

References

