



**Medical Policy  
External Counterpulsation**

**Document Number:** 054

	Commercial and Qualified Health Plans	MassHealth
Authorization required	X	X
No Prior Authorization		

**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

Chest Physiotherapy (Physical Therapy): 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/HCPC Codes

Authorized CPT/HCPCS Codes	Code Description
G1066	External counterpulsation (ECP) services

## Effective

November 2018: Effective date.

## References

Arora RR, Chou TM, Jain D, et al. The multicenter study of enhanced external counterpulsation (MUST-EECP): effect of EECP on exercise-induced myocardial ischemia and anginal episodes. *Journal of the American College of Cardiology* 1999;33(7):1833–40.

Braith RW, Conti CR, Nichols WW, et al. Enhanced External Counterpulsation Improves Peripheral Artery Flow Mediated Dilation in Patients with Chronic Angina: A Randomized Sham-Controlled Study. *Circulation* 2010 October 19; 122(16): 1612–1620.

Center for Medicare and Medicaid Services (CMS). External counterpulsation therapy. Medicare Coverage Issues Manual Section 35-74, Issue #CAG-00003. Baltimore, MD: CMS; February 5, 1999.

Fihn S, Blankenship J, Alexander K 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. *Circulation* 2014;130(19):1749-1767. doi:10.1161/cir.0000000000000095