 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	External Counterpulsation
	PRODUCT LINE:	All
	POLICY NUMBER:	032
	ORIGINAL POLICY EFFECTIVE DATE:	07/06/11
	LAST REVISED DATE:	4/25/2017
	LAST REVIEWED DATE:	4/28/2022

**SCOPE:** To ensure Group Health Cooperative of Eau Claire handles requests for authorization of external counterpulsation (ECP) in a manner consistent with member’s policy specifications as well as evidence-based medicine.

**POLICY:** It is the policy of Group Health Cooperative of Eau Claire to review requests for external counterpulsation for prior authorization according to benefit policy and evidence-based medical criteria.

**PROCEDURE: Prior Authorization Required: Yes**

**Coverage Criteria:**

External counterpulsation (ECP) is a noninvasive outpatient treatment for coronary artery disease with angina refractory to medical and/or surgical therapy and is a **covered benefit when criteria are met for medical necessity**. ECP involves the sequential inflation of three sets of lower extremity cuffs during diastole, leading to increased venous return and cardiac output, systolic unloading, and augmentation of the coronary artery perfusion pressure. Clinical benefits of treatment include improved endothelial function, reduced aortic impedance, enhanced coronary artery collateral blood flow, and improved hemodynamics.

A full course of ECP typically involves 5 hours of treatment per week, delivered in 1 to 2 hour sessions for 7 weeks, for a total of 35 hours of treatment.

A course of up to 35 sessions of external counterpulsation (ECP) is considered medically necessary when the following criteria are met:


- Diagnosis of disabling chronic stable angina (New York Heart Association Class III or IV), **and**
- Refractory to medical therapy and not amenable to surgical intervention such as percutaneous transluminal coronary angioplasty (PTCA) or cardiac bypass due to any of the following:
  - Condition is inoperable; or
  - High risk of operative complications or post-operative failure; or
  - Coronary anatomy is not readily amenable to such procedures; or
  - There are co-morbid states that create excessive risk

***There is no proven benefit to extending a course of ECP beyond 35 sessions.***

Repeat courses of ECP are appropriate if all of the following are met:

- Meets medical necessity criteria listed above, **and**
- Prior ECP has resulted in sustained improvement in symptoms with:
  - A significant (greater than 25%) reduction in frequency of angina symptoms; or
  - Improvement by one or more angina classes; **and**
- 3 or more months have elapsed from the prior ECP treatment

ECP is considered ***experimental and investigational*** for all other conditions including but not limited to:

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- Acute myocardial infarction
- Cardiogenic shock
- Erectile dysfunction
- Heart failure
- Hepatorenal syndrome
- Restless leg syndrome
- Retinal artery occlusion
- Rotational vertebra-basilar insufficiency
- Stable or unstable angina pectoris
- Stroke
- Sudden deafness

**Associated codes:** G0166 External counterpulsation

Reference source, if applicable: N/A

APPROVED: *Michele Bauer MD.* DATE: 4/28/2022

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
2/25/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
2/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
1/23/2015	Betsy Kelly, RN	Removed Core Plan references, added HCPCS coding, reformatted.
1/14/2016	Betsy Kelly, RN	Reviewed with no changes.
4/25/2017	Michele Bauer, MD, CMO	Reviewed with only formatting changes.
2/20/2019	Michele Bauer, MD, CMO	Reviewed, no changes
4/28/2020	Michele Bauer, MD, CMO	Reviewed. No changes.
4/28/2021	Michele Bauer, MD, CMO	Reviewed. No changes.