Medica Coverage Policy

MEDICA®

Policy Name:	**External Counterpulsation (ECP)**
Current Policy Effective Date:	1/1/2008

Product Application

The policy applies to all fully insured Medica Health Plans, Medica Insurance Company, and Medica Health Plans of Wisconsin products, unless a specific limitation or exception exists. For self-insured plans, consult individual plan sponsor benefit documents. If there is a discrepancy between a coverage policy and a self-insured benefit plan, the provisions of the benefit plan will govern. With respect to Medicare and Medicaid members, this policy will apply unless Medicare or Medicaid policies require different coverage.

Important Information - Please Read Before Using This Policy

Medica updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to Medica members. Medica also reserves the right to amend these policies without notice to contracted health care providers unless the amendment materially alters the policy. If the amendment materially alters the policy, Medica will disclose the change to contracted health care providers not less than 45 days prior to implementation of the policy. Medica's Coverage Policies contain general information only and do not guarantee coverage. Receipt of benefits is subject to all terms and conditions of the member's coverage document. Members should consult their Certificates of Coverage or Plan Documents/Summary Plan Descriptions, to review the provisions relating to a specific coverage determination. If there is a conflict between a Coverage Policy and the applicable coverage document, the coverage document will govern. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Medica's Provider Service Center toll free at 1-800-458-5512.

Medica's Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

External counterpulsation (ECP) is COVERED for patients with Class III or Class IV angina (Canadian Cardiovascular Society Classification or equivalent classification) on maximal medical therapy who are not readily amenable to surgical interventions (including but not limited to angioplasty or revascularization), i.e.
a. their condition is inoperable, or there is high risk of operative complications or post-operative failure; or
b their coronary anatomy is not readily amenable to such procedures; or
c. they have co-morbid states which create excessive risk.

All other indications are investigative and therefore NOT COVERED including the use of external counterpulsation for heart failure.

Description

External counterpulsation (ECP), also referred to as enhanced external counterpulsation (EECP), is a medical procedure using a system of inflatable pneumatic-compressive cuffs, valves, and compressors that are synchronized with an electrocardiograph (ECG). These devices inflate and deflate a series of pneumatic-compressive cuffs enclosing the patient's calves, lower thighs, and upper thighs, including the buttocks. Regulation and synchronization of timing is controlled by receipt of ECG signals. While the heart is at rest (diastole), cuff inflation in rapid sequence from the calves upward creates a pressure wave that increases diastolic pressure (to 1.0-1.5 times that of systolic pressure), coronary artery perfusion pressure, and blood flow to the heart muscle. This compression also increases the volume of blood returned to the right side of the heart via the venous system. Instantaneous deflation of all cuffs at the onset of the heart's contraction (systole) lowers the resistance against which the heart must pump, thereby decreasing the heart's workload.

The exact mechanism by which ECP exerts its effects over time is unknown. The intended purpose of ECP is to increase the heart's oxygen supply while decreasing its oxygen demand. ECP is not generally considered a first-line therapy, but is usually reserved for patients who are not amenable to optimal medical and/or surgical treatment. Patients receive this noninvasive outpatient therapy for one or two 60-minute treatment sessions each day (usually 5 days per week for 7 weeks) for a total of 35 hours.

FDA Approval
Vasomedical Inc., manufacturers the ECP device that was FDA approved in March 1995. The CardiAssist device is manufactured by Cardiomedics and was FDA approved in September 1987. These 510(k), Class III devices were approved by the FDA for the treatment of stable and unstable angina, acute myocardial infarction, and cardiogenic shock. The AECP-A, manufactured by the External Counterpulsation lab in Israel was approved by the FDA in October 2001 for treatment of stable or unstable angina pectoris, acute myocardial infarction and cardiogenic shock.

In June, 2002, congestive heart failure was added to the indications for use of Vasomedical's Therapy System Model TS3 with Pulse Oximetry device. In January 2003, congestive heart failure was added to indications for use of Cardiomedic's CardioAssist Counterpulsation System Mark 3000.

In March 2004, the FDA removed congenital heart disease, pacemakers, bundle branch block, and significant pulmonary disease from the list of contraindications for EECP therapy. Pregnancy and presence of a documented abdominal aneurysm have been added as contraindications to EECP therapy.

In August, 2005 ECP Health System received 510(k) approval for ECP Health System Model 2005 for treatment of patients with stable or unstable angina pectoris, acute myocardial infarction, cardiogenic shock and congestive heart failure.

Prior Authorization

Prior authorization is not required.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).

Decision Date:	10/17/2007
Re-Review Date(s):	10/17/2007
	02/13/2001
	10/22/2002
	03/24/2005

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