

Policy Name:	Medical Policy: External Counterpulsation for Angina Pectoris	Policy #:	MP-150
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Policy Information

Owner Department:	Medical UM & Systems Department
Owner:	Assigned Medical Director
Electronic Signature/Date:	Krystal Revai (03/01/2023), Lori Slaughter (02/27/2023)

If there is a discrepancy between a medical policy and a patient's policy or plan document/summary plan description, the policy or plan document/summary plan descriptions provisions and limitations will govern the determination of benefits.

Purpose of the Policy

To make utilization decisions, Health Alliance uses written criteria based on sound clinical evidence for appropriately applying the criteria.

Statement of the Policy

External Counterpulsation for Angina Pectoris involves the sequential compression of cuffs wrapped around the patient's calves and thighs, which increases the diastolic aortic pressure and coronary perfusion pressure. The treatment is administered one to two hours daily, 4-5 days per week for an average total of 35 sessions.

NOTE: Please refer to plan documents for prior authorization necessity/status.

Interpretations

This policy applies to select self-funded plans only.

External Counterpulsation for Angina Pectoris is a covered benefit when all of the following conditions are met:

- 1.1 The member has disabling angina pectoris in which less than ordinary physical activity causes anginal pain (New York Heart Association, Functional Class III or IV); and,
- 1.2 The member is receiving maximal medical management; and,
- 1.3 In the opinion of a cardiologist, the patient's condition is not amenable to surgical intervention such as angioplasty or revascularization or at high risk for operative complications and post-operative failure.
- 1.4 Treatment beyond 35 sessions is not covered.

Click [here](#) for Cardiovascular Disability Functional Classifications.

For specific criteria and coverage information, please refer to the appropriate Medicare NCD ([Section 20.20](#))

Codes

*Codes listed are for informational purposes only and do not necessarily indicate prior authorization is or is not required or coverage is guaranteed.

G0166	External counterpulsation, per treatment session
92971	Cardio-assist method of circulatory assist, external

Providers are required to indicate the diagnosis and procedure codes when requesting review of coverage.

References

1. Simons, Michael, Lanham, Roger, "New therapies for angina pectoris". In: *UpToDate*, Post TW (Ed), UpToDate, Waltham, MA. (Accessed April 25, 2017.).
2. "External Counterpulsation" Hayes Medical Technology Directory, June 24, 2008, Updated June 29, 2011.
3. Lawson, William E, MD, et al. "Analysis of Baseline factors associated with reduction in chest pain in patients with angina pectoris treated by enhanced external counterpulsation The American Journal of Cardiology Vol. 92 August 15, 2003.

History

Created Date:	02/22/2023		
Effective Date:	10/13/10		
Next Review Date:	03/01/2024		
Revision Date:	11/09/11 – MDC	10/09/12 – MDC	08/26/13 – MDC
	07/07/14	06/26/15	07/01/16
	06/21/17 – MDC-Revision to add 1.4, treatment beyond 35 sessions is not covered.		
	05/09/18 – MDC-Annual review, no changes.		
	08/20/19 – MDC-Annual review, no changes		
	06/24/20 – MDC-Annual review, no changes.		
	03/16/21 – MDC-Annual review, no changes.		
	03/15/22 – MDC-Annual review, CPT descriptions added, minor language addition in 1.3. In the opinion of a cardiologist, the patient's condition is not amenable to surgical intervention such as angioplasty or revascularization or at high risk for operative complications and post-operative failure.		
	02/21/23 – MDC-Annual review, PA statement added to statement of policy, otherwise no changes.		