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## *External Counterpulsation (ECP) Therapy*

### Key Words

MM4350, CR4350, R50NCD, R898CP, ECP, NCD, Therapy, CCSC, Angina, Heart, NYHA, Policy, Cardiac, Counterpulsation

### Provider Types Affected

Providers, physicians, and suppliers who bill Medicare contractors (Fiscal Intermediaries (FIs) and Carriers) for external counterpulsation (ECP) therapy services

### Key Points

- The effective date of the instruction is March 20, 2006.
- The implementation date is April 3, 2006.
- The Centers for Medicare & Medicaid Services (CMS) initiated a reconsideration of the National Coverage Determination (NCD) for ECP therapy in response to a request to reconsider that policy and expand coverage to certain additional cardiac conditions.
- Effective March 20, 2006, CMS decided to continue current coverage for ECP therapy, and not to expand coverage to additional cardiac indications.
- The CMS determined that the evidence is not adequate to conclude that ECP therapy is reasonable and necessary for:
  - Canadian Cardiovascular Society Classification (CCSC) II angina;
  - Heart failure (New York Heart Association (NYHA) Class II/III stable heart failure symptoms with an ejection fraction of  $\leq 35\%$ , NYHA Class II/III stable heart failure symptoms with an ejection fraction of  $\leq 40\%$ , NYHA Class IV heart failure, and acute heart failure);
  - Cardiogenic shock; or
  - Acute myocardial infarction.
- Continuing with current policy, effective for services performed on or after July 1, 1999, ECP therapy is considered reasonable and necessary relative to cardiac conditions only when the conditions for

coverage identified in Publication 100-3, Section 20.20 of the *Medicare National Coverage Determinations Manual* (NCD Manual) are met.

- All other cardiac conditions that are not otherwise specified as nationally covered for the use of ECP remain nationally non-covered.

## Background

- Prior to July 1999, ECP therapy was non-covered for all indications.
- The coverage policy was amended, effective July 1, 1999, to allow coverage for ECP therapy under certain circumstances.
- Coverage for ECP was provided only for patients who were diagnosed with disabling angina (Class III or Class IV, CCSC or equivalent classification) and who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention.
- Under this policy decision, the therapy was identified as Enhanced External Counterpulsation.
- Subsequent reconsiderations of the NCD in February 2000 and October 2001:
  - Changed the description of the service back to ECP;
  - Removed the requirement limiting coverage to specific ECP systems; and
  - Clarified that the policy only pertains to ECP devices intended for the treatment of cardiac conditions.

## Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4350.pdf>

The transmittal conveying the NCD is available at

<http://www.cms.hhs.gov/Transmittals/downloads/R50NCD.pdf> on the CMS website.

The transmittal which revises the *Medicare Claims Processing Manual* is at

<http://www.cms.hhs.gov/Transmittals/downloads/R898CP.pdf> on the CMS website