
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 898

Date: MARCH 31, 2006

CHANGE REQUEST 4350

SUBJECT: External Counterpulsation (ECP) Therapy

I. SUMMARY OF CHANGES: After a reconsideration of the NCD on external counterpulsation therapy, the decision was made to continue current coverage and not to expand coverage to additional cardiac indications. Current coverage remains in effect. Publication 100-04, chapter 32, of The Medicare Claims Processing Manual, is also being updated to include the existing billing and payment requirements for ECP therapy that were never transferred from the old Medicare Carriers Manual. No new material is being added.

MANUALIZATION/CLARIFICATION – EFFECTIVE/IMPLEMENTATION DATES: Not Applicable.

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	32/Table of Contents
N	32/130/External Counterpulsation (ECP) Therapy
N	32/130.1/Billing and Payment Requirements
N	32/130.2/Special Intermediary Billing and Payment Requirements

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirement
	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment - Business Requirements

Pub. 100-04	Transmittal:898	Date: March 31, 2006	Change Request 4350
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SUBJECT: External Counterpulsation Therapy (ECP)

I. GENERAL INFORMATION

A. Background: Prior to July 1999, external counterpulsation (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 only provided for patients who have been diagnosed with disabling angina (Class III or Class IV, Canadian Cardiovascular Society Classification [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 (EECP). Subsequent reconsiderations of the national coverage determination (NCD) in 02/2000 and 10/2001 changed the description of the service back to external counterpulsation therapy, removed the requirement limiting coverage to specific ECP systems, and clarified that the policy only pertains to ECP for treatment of cardiac conditions.

On June 20, 2005 a request to reconsider the coverage policy for ECP and expand coverage to certain additional cardiac conditions initiated a reconsideration and national coverage analysis. This CR communicates the findings and NCD of that reconsideration.

B. Policy: Effective March 20, 2006, CMS determines that the evidence is not adequate to conclude that ECP therapy is reasonable and necessary for the treatment of 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. Therefore, the current coverage, as described in Section 20.20 of the NCD Manual, will remain in effect, unchanged. In addition, the Medicare Claims Processing Manual (Publication 100-04, Chapter 32, Section 130) has been updated with existing billing requirements for ECP.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		F	R	C	D	Shared System Maintainers				Other
		I	H	a	M	F	M	V	C	
			H	r	E	I	C	M	W	
			I	r	R	S	S	S	F	
			e	i	C					
			r	e						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4350.1	Contractors shall consider ECP reasonable and necessary relative to cardiac conditions only when the conditions for coverage identified in Section 20.20 of the NCD Manual are met.	X		X					
4350.2	Contractors and maintainers shall be in compliance with the addition of billing instructions for External Counterpulsation (ECP) Therapy in Publication 100-04, chapter 32, section. 130, Claims processing Manual.	X		X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4350.3	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program	X		X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	correctly.									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: March 20, 2006 (for coverage policy only) Implementation Date: April 3, 2006 (for coverage policy only)</p> <p>Pre-Implementation Contact(s): Deirdre O’Connor, (Coverage) Deirdre.oconnor@cms.hhs.gov (410) 786-3263; Yvette Cousar, (Part B Claims Processing) (410) 786-2160 yvette.cousar@cms.hhs.gov; Yvonne Young (410)</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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786-1886 (Part A Claims Processing) yvonne.young@cms.hhs.gov	
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Post-Implementation Contact(s): Appropriate RO	
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***Unless otherwise specified, the effective date is the date of service.**

Medicare Claims Processing Manual

Chapter 32 – Billing Requirements for Special Services

Table of Contents *(Rev. 898, 03-31-06)*

130 - External Counterpulsation (ECP) Therapy

130.1 - Billing and Payment Requirements

130.2 - Special Intermediary Billing and Payment Requirements

130 - EXTERNAL COUNTERPULSATION THERAPY (ECP)
(Rev. 898, Issued: 03-31-06; Effective/Implementation Dates: 03-31-06)

Commonly referred to as enhanced external counterpulsation, is a non-invasive outpatient treatment for coronary artery disease refractory medical and/or surgical therapy. Effective for dates of service July 1, 1999, and after, Medicare will cover ECP when its use is in patients with stable angina (Class III or Class IV, Canadian Cardiovascular Society Classification or equivalent classification) who, in the opinion of a cardiologist or cardiothoracic surgeon, are not readily amenable to surgical intervention, such as PTCA or cardiac bypass, because:

- Their condition is inoperable, or at high risk of operative complications or post-operative failure;
- Their coronary anatomy is not readily amenable to such procedures; or
- They have co-morbid states that create excessive risk.

(Refer to Publication 100-03, section 20.20 for further coverage criteria.)

130.1 - Billing and Payment Requirements
(Rev. 898, Issued: 03-31-06; Effective/Implementation Dates: 03-31-06)

Effective for dates of service on or after January 1, 2000, use HCPCS code G0166 (External counterpulsation, per session) to report ECP services. The codes for external cardiac assist (92971), ECG rhythm strip and report (93040 or 93041), pulse oximetry (94760 or 94761) and plethysmography (93922 or 93923) or other monitoring tests for examining the effects of this treatment are not clinically necessary with this service and should not be paid on the same day, unless they occur in a clinical setting not connected with the delivery of the ECP. Daily evaluation and management service, e.g., 99201-99205, 99211-99215, 99217-99220, 99241-99245, cannot be billed with the ECP treatments. Any evaluation and management service must be justified with adequate documentation of the medical necessity of the visit. Deductible and coinsurance apply.

130.2 - Special Intermediary Billing and Payment Requirements
(Rev. 898, Issued: 03-31-06; Effective/Implementation Dates: 03-31-06)

Payment is made to hospitals for the facility costs it incurs under Part B on a reasonable cost basis. Payment is also made to PPS-exempt hospitals for the facility costs it incurs on a reasonable cost basis. Deductible and coinsurance apply.

Applicable bill types are 12X, 13X, 83X or 85X.