

## Enhanced External Counterpulsation (EECP)

Also known as	<ul style="list-style-type: none"><li>ECP</li></ul>				
Description	Enhanced External Counterpulsation (EECP) is a non-invasive procedure used to reduce the symptoms of angina (chest pain) by increasing blood flow to the heart. The procedure consists of inflatable cuffs that are wrapped around the patient’s lower extremities. Inflation and deflation of the cuffs are regulated and synchronized with the heartbeat by an electrocardiogram monitor.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none"><li><a href="#">Commercial</a></li><li><a href="#">Government Programs</a></li><li><a href="#">Individual and Family Business (IFB)</a></li></ul>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.10.24</td><td>BIC re-review.</td></tr></table>	Date	Description	8.10.24	BIC re-review.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Enhanced External Counterpulsation (EECP) (MP9620)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li></ul>				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li></ul>				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li></ul>				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC),  Minnesota Senior Care Plus (MSC+)	<p><a href="#">Medicaid only groups</a>:</p> <ul style="list-style-type: none"><li>• See <a href="#">Medicaid</a> below.</li></ul> <p><a href="#">Medicare eligible groups</a>:</p> <ul style="list-style-type: none"><li>• Quote office visit or outpatient hospital benefits.</li><li>• Follows Medicare guidelines.</li><li>• Medicare is the primary payer.</li><li>• If no Medicare eligibility, Medicaid applies. See <a href="#">Medicaid</a> below.</li></ul>				
AccessAbility Enhanced (I-SNBC),  DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li><li>• Medica is the only payer.</li></ul>				
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit benefits.</li><li>• For investigative indications, not covered.</li><li>• Follows Medicare guidelines.</li></ul>				
Med Advantage	<p>Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit benefits.</li><li>• For investigative indications, not covered.</li><li>• Follows Medicare guidelines.</li><li>• Medica is the only payer.</li></ul>				
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none"><li>• Follows Medicare guidelines.</li><li>• Medicare supplement.</li><li>• Medicare is the primary payer.</li></ul>				
Medicaid	<p>Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient benefits.</li><li>• For investigative indications, not covered.</li></ul>				
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## Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Enhanced External Counterpulsation (EECP) (MP9620)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li></ul>				
Medica	<p>Medica’s Coverage Policy, <i>Enhanced External Counterpulsation (EECP)</i>, applies.</p> <p><b>Tip:</b> For instructions on locating policies, see <a href="#">Coverage and Prior Authorization Guidelines</a>.</p> <ul style="list-style-type: none"><li>• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none"><li>– <b>Important:</b> Check policy for limits or exclusions.</li></ul></li><li>• If eligible, quote office visit or outpatient hospital benefits.</li><li>• For investigative indications, not covered.</li></ul>				
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