Medicare Carriers Manual Part 3 - Claims Process

Department of Health and Human Services (DHHS)

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

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CHANGE REQUEST 1087

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MANUALIZATION--EFFECTIVE DATE: **Not Applicable**

Section 4277, External Counterpulsation (ECP), has been created in order to manualize Program Memorandum AB-99-51. This section provides billing and payment instructions for ECP for dates of service July 1, 1999 and after. This instruction contains the new HCPCS code G0166 (External Counterpulsation, per treatment session) to be used for claims with dates of service January 1, 2000 and after. This code was part of the HCPCS 2000 update that was released in October 1999. For claims with dates of service prior to January 1, 2000, ECP services should be billed using 93799 as previously instructed.

CLARIFICATION--EFFECTIVE DATE: April 1, 2000
IMPLEMENTATION DATE: April 1, 2000

Section 4277, External Counterpulsation (ECP), clarifies information not originally in the program memorandum and deletes all references to Enhanced External Counterpulsation (EECP). Reference to EECP has been deleted and replaced with ECP. Refer to CIM §35-74 for coverage criteria.

NOTE: Review any ECP local medical review policy that may be in place and perform provider education.

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

CHAPTER IV

Other Billings

Medicare as Secondary Payer

4277. EXTERNAL COUNTERPULSATION (ECP)

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 anginal pectoris, since only that use has developed sufficient evidence to demonstrate its medical effectiveness. (See CIM §35-74 for further coverage criteria.)

A. Carrier Billing and Payment Requirements.--Effective for dates of service on or after January 1, 2000, use HCPCS code G0166 (External counterpulsation, per session) to report ECP services. For services prior to January 1, 2000, providers must use 93799 (Unlisted cardiovascular service or procedure) which you price. 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. Professional services of a physician must be billed on Form HCFA-1500 paper or electronic equivalent.

B. Post Pay Review.--As with any claim, but particularly in view of the limitations on this coverage you may decide to conduct post-payment reviews to determine that the use of ECP is consistent with Medicare's coverage guidelines.