**Guidelines for EECP under CMCHIS as recommended by expert committee of Cardiologists and Cardio-thoracic Surgeons**

All Hospitals are requested to follow the below mentioned guidelines

* EECP is considered medically necessary for the treatment **“Stable Ischemic Heart Disease or Chronic Stable Angina (CSA) (defined by the New York Heart Association [NYHA] Functional Classification III or IV or equivalent), that is refractory to optimal anti-anginal medical therapy and without options for revascularization such as PTCA or cardiac bypass”** when the following criteria are met:
* ***Their condition is inoperable, or at high risk of operative complications or post-operative failure; or***
* ***Their coronary anatomy is not readily amenable to such procedures; or***
* ***They have co-morbid states that create excessive risk.***

**Any other condition** that **shall not be covered** includes, but not limited to the treatment of *Class II angina, arrhythmia, aortic insufficiency, peripheral vascular disease or phlebitis, severe hypertension, acute retinal artery occlusion, acute myocardial infarction, erectile dysfunction, ischemic stroke, cardiogenic shock, or heart failure.*

* There is no data to recommend EECP for patient who refuse CAG, PTCA or CABG, and hence **Patient refusal for CAG, PTCA or CABG shall not be an Indication for EECP***. In situation where the patient refuses to undergo Angioplasty / CABG (refusal to undergo evidence based treatment) the cardiologist / cardiothoracic surgeon cannot be held responsible for the consequences and outcomes of EECP treatment. The insurance scheme will not be able to cover them under CMCHIS since it is not an indication as per any Guidelines*. The same is followed by Insurance in other countries as well. Hence ***“Any patient not willing for PTCA / CABG, will not be covered under CMCHIS”.***
* Any referral to the Cardiothoracic Surgeon shall be done by the Cardiologist.
* The Heart Team (Cardiologist & Cardiothoracic Surgeon) should counsel the patient adequately before referring to EECP. SIHD refractory to Optimal Medical management shall be certified by the cardiologist after trying various Anti-anginal drugs at least for a period of 6 Months (format enclosed).

1. **Preauth Requirements**
2. Certification from Professor / Unit head of Cardiology that optimal medical management has been tried and reasons for not considering Angioplasty as an option.
3. Certification from Professor / Unit Head of Cardiothoracic Surgery that patient is a case of exorbitantly high risk for CABG or has poor graftable vessels with reasons in detailed. **CTVS opinion is mandatory.**
4. Consent of the patient – Counselling to be done by Professors of Cardiology & Cardiothoracic Surgery.
5. Details of optimal medical management for 6 months.
6. Conventional Coronary Angiogram done in less than 6-12 months period prior to EECP is mandatory for approval unless the contraindication is substantiated and certified by the Heart team. *CT Coronary Angiogram will be accepted for patients who have already undergone interventions in the recent past. Refusal of patient for CAG cannot be the grounds for EECP***.**
7. Routine Insurance requirements such as Preauth Form, Clinical Photograph, Angiogram report and Images / Video, Echo report with images / video.
8. **Claim Requirements**
9. EECP report, Charts,
10. Incident report,
11. Echo report, images / videos,
12. Photograph taken during procedure
13. **Regulatory & Infrastructure Requirements**
14. EECP facilities may be installed only in hospitals with:
    1. Coronary Angiogram / Angioplasty Facility.
    2. Cardiothoracic Department
    3. 24 hour ICU manned by a Cardiologist- since EECP procedure can also cause cardiac complications, a Cardiologist’s backup for managing acute complications is mandatory. The presence of a qualified Doctor trained in ACLS Protocol to manage the emergencies is a must.
15. EECP must be supervised by a qualified Doctor with a minimum qualification of M.B; B.S, recognised by Medical Council of India who is certified in ACLS protocol by a Medical educational institution.
16. While Department of Cardiology of Government Medical Colleges may help in treating emergency complications arising out of EECP, all responsibilities including legal responsibility will rest upon the provider of EECP.
17. The procedure and complications of EECP must be clearly displayed in the language comprehendible to the patients.