Medical Policy
Cranial Electrotherapy Stimulation - CES and Auricular Electrostimulation

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Policy Number: 362
BCBSA Reference Number: 8.01.58

Related Policies
Transcutaneous Electrical Nerve Stimulation (TENS), #003
Percutaneous Electrical nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT), #172
Transcranial Magnetic Stimulation as a Treatment of Depression and Other Psychiatric/Neurologic Disorders, #297

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members
Cranial electrotherapy stimulation (also known as cranial electrostimulation therapy or CES) is INVESTIGATIONAL.
Electrical stimulation of auricular acupuncture points is INVESTIGATIONAL.

Prior Authorization Information
Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO BlueSM
This is NOT a covered service.

Medicare Members: PPO BlueSM
This is NOT a covered service.
CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes
There is no CPT code for this service.

HCPCS Codes

<table>
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<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>S8930</td>
<td>Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient</td>
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Description
Interest in cranial electrotherapy stimulation (CES) began in the early 1900s with the theory that weak pulses of electrical current would lead to a calming effect on the central nervous system. The technique was further developed in the U.S.S.R. and Eastern Europe in the 1950s as a treatment for anxiety and depression, and use of CES later spread to Western Europe and the U.S. as a treatment for a variety of psychological and physiological conditions. Presently, the mechanism of action is thought to be the modulation of activity in brain networks by direct action in the hypothalamus, limbic system and/or the reticular activating system. One device used in the U.S. is the Alpha-Stim CES, which provides pulsed, low-intensity current via clip electrodes that attach to the earlobes. Other devices place the electrodes on the eyelids, frontal scalp, mastoid processes, or behind the ears. Treatments may be administered once or twice daily for a period of several days to several weeks.

Auricular electrostimulation involves the stimulation of acupuncture points on the ear. Devices, including the P-Stim™ and E-pulse, have been developed to provide ambulatory auricular electrical stimulation over a period of several days. CES and auricular electrostimulation are being evaluated for a variety of conditions, including pain, insomnia, depression, and anxiety. All CES and electrical stimulation of auricular acupuncture devices are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary
CES and auricular electrostimulation are being evaluated for a variety of conditions, including pain, insomnia, depression, and anxiety. The literature on CES consists of a number of randomized controlled trials and systematic reviews, which provide little support for the efficacy of this treatment approach. The literature on auricular electrostimulation is limited. Additional randomized studies with a larger number of subjects are needed to evaluate the efficacy of this treatment approach. Therefore, CES and auricular electrostimulation are considered investigational.

Policy History

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<tr>
<th>Date</th>
<th>Action</th>
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<tr>
<td>9/1/2012</td>
<td>New policy describing ongoing non-coverage</td>
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References


