

## Cranial Electrical Stimulation and Auricular Electrostimulation

<b>Policy ID:</b>	HHO-DE-MP-1008
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	12/15/2021; 05/01/2023
<b>Original Effective Date:</b>	01/15/2022; 06/01/2023
<b>Annual Approval Date:</b>	09/20/2021; 05/02/2022; 03/22/2023
<b>Last Revision Date:</b>	09/20/2021; 05/02/2022; 03/22/2023
<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage for cranial electrotherapy stimulation and/or auricular acupuncture under the medical-surgical benefits of Highmark Health Options.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children's Program (DHCP) and Diamond State Health Plan Plus (DSHP Plus LTSS) members.

**Cranial Electrotherapy Stimulation** – Also known as cranial electrotherapy stimulation, transcranial electrotherapy, transcranial electrical stimulation, and electrosleep, (e.g., Alpha-Stim SCS) is a small, battery-operated device that delivers low level electrical stimulation (i.e., microcurrent) to the brain through electrodes that attach to the ear lobes via clips. Its proposed indications include, but may not be limited to, anxiety, depression, insomnia, fibromyalgia, Alzheimer's Disease, and pain-related disorders.

**Auricular electrostimulation** – Also known as auricular electro-acupuncture, this type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, and anxiety.

## PROCEDURES

Prior authorization is required for items over \$500.00.

The following electrical stimulation procedures and/or devices are considered experimental/investigational and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

- Cranial electrical stimulation (CES) and/or CES devices used in the home and clinical setting; or
- Auricular electrostimulation; or

## CODING REQUIREMENTS

CPT code	Description
K1002	Cranial Electrotherapy Stimulation (CES) System, any type.

## POST PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

## EXPERIMENTAL/INVESTIGATIONAL (E/I) SERVICES ARE NOT COVERED REGARDLESS OF PLACE OF SERVICE.

The use of a cranial electrical stimulator is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

## References

CMS Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 240.4 30.4, Electrosleep Therapy.

Hayes Inc. Health Medical Technology Directory Report. Cranial Electrical Stimulation for the Treatment of Chronic Pain Associated with Spinal Cord Injury. Lansdale, Pa: Hayes, Inc.; Published September 27, 2018. Reviewed November 22, 2019, Accessed March 19, 2020.

Hayes, Inc. Health Medical Technology Directory Report. Cranial Electrical Stimulation for the Treatment of Fibromyalgia. Lansdale, Pa: Hayes, Inc.; Published September 25, 2018. Reviewed November 21, 2019. Accessed March 19, 2020.

Shekelle P, Cook IA, Miake-Lye IM, Booth MS, Beroes JM, Mak, S. Benefits and Harms of Cranial Electrical Stimulation for Chronic Painful Conditions, Depression, Anxiety, and Insomnia. *Ann Intern Med.* 2018; 168:414-421.

Brunye TT, Patterson JE, Wooten T, Hussey E. A critical review of cranial electrotherapy stimulation for neuromodulation in clinical and non-clinical samples. *Front Hum Neurosci.* 2021; 15:625321.

**POLICY UPDATE HISTORY**

09/20/2021	Approved in Medical Policy Committee
05/02/2022	Annual review; approved in Medical Policy Committee
05/2022	Approved in QI/UM
03/22/2023	Annual review; approved in Medical Policy Committee
03/28/2023	Approved in QI/UM