

Cranial Electrical Stimulation



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/ Transmittals.

There are NCDs or LCDs for cranial electrostimulation therapy.

Description

Cranial electrostimulation (CES) (cranial electrotherapy stimulation, transcranial electrotherapy) applies a low energy pulsed alternating current to stimulate cranial nerves in the forehead. The treatment usually lasts for 20 minutes per session and occurs either daily or every other day. CES is marketed for anxiety, depression and insomnia and is being studied for other uses, such as addiction and improving mental focus. Examples of CES devices include, but may not be limited to, Alpha-Stim AID, Cervella, CES Ultra and the Fisher Wallace stimulator.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Cranial electrostimulation therapy will not be considered medically reasonable and necessary:

A review of the current medical literature shows that the evidence is insufficient to determine that this service is standard medical treatment. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

Summary of Evidence

Reduction of Pain/Fibromyalgia

There is insufficient evidence to allow conclusions regarding the safety and efficacy of this treatment. There is substantial uncertainty in the determination of patient selection criteria, whether the treatment effects are maintained and for the optimal treatment parameters. Clinically important benefits cannot be determined.^{3,6}

Migraines/Headaches

The evidence is insufficient to determine the safety and efficacy and the impacts on health outcomes/patient management.^{4,6}

Depression

It is not known whether cranial electrical stimulation is an effective adjunctive treatment for bipolar major depression. A small 2-week randomized trial compared active cranial electrical stimulation with sham stimulation as an add-on treatment in individuals with bipolar depression, with study participants receiving

20 minutes of treatment per day. The scores in the cranial stimulation group were comparable to the sham group and adverse events were also equivalent.⁷

There are no high-quality studies that have demonstrated that cranial electrical stimulation is efficacious in the treatment of unipolar major depression. A review of 3 randomized trials lasting 2-3 weeks found that none of the studies found that active treatment was beneficial.⁸

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	
97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	
E0732	Cranial electrotherapy stimulation (ces) system, any type	
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	

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Change Summary

- 01/01/2024 New Policy.
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