

Corporate Medical Policy

Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation

File Name:	cranial_electrotherapy_stimulation_and_auricular_electrostimulation
Origination:	11/2012
Last CAP Review:	5/2018
Next CAP Review:	5/2019
Last Review:	5/2018

Description of Procedure or Service

Cranial electrotherapy stimulation (CES), also known as cranial electrical stimulation, transcranial electrical stimulation, or electrical stimulation therapy, delivers weak pulses of electrical current to the earlobes, mastoid processes, or scalp with devices such as the Alpha-Stim®. 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 is being evaluated for a variety of conditions, including pain, insomnia, depression, anxiety, and functional constipation. Auricular electrical stimulation is being evaluated for pain, weight loss, and opioid withdrawal.

Interest in CES began in the early 1900s on the theory that weak pulses of electrical current have 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 various 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.

Other devices provide electrical stimulation to auricular acupuncture sites over several days. One device, the P-Stim™, is a single-use miniature electrical stimulator for auricular acupuncture points that is worn behind the ear with a self-adhesive electrode patch. A selection stylus that measures electrical resistance is used to identify three auricular acupuncture points. The P-Stim™ device connects to three inserted acupuncture needles with caps and wires. The device is pre-programmed to be on for 180 minutes, then off for 180 minutes. The maximum battery life of this single-use device is 96 hours.

Regulatory Status

A number of devices for CES have received marketing clearance through the U.S. Food and Drug Administration's (FDA) 510(k) process. The Alpha-Stim® CES device (Electromedical Products International) received marketing clearance in 1992 for the treatment of anxiety, insomnia, and depression. Other FDA-cleared devices for Cranial Electrotherapy Stimulation include the Cranial Electrical Nerve Stimulator (Johari Digital Healthcare, 2009), the Elexoma Medic™ (Redplane AG, 2008), CES Ultra™ (Neuro-Fitness, 2007), Net-2000 Microcurrent Stimulator (Auri-Stim Medical, 2006), and the Transcranial Electrotherapy Stimulator-A, Model TESA-1 (Kalaco Scientific, 2003).

Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation

The P-Stim™ (NeuroScience Therapy Corp) received marketing clearance through the FDA's 510(k) process in 2006. The P-Stim™ is intended for use as an electro-acupuncture device to stimulate appropriate auricular acupuncture points.

The E-pulse® received 510(k) marketing clearance in 2009, listing the P-Stim™ as a predicate device. The E-pulse is a microprocessor-controlled battery-powered unit designed to administer auricular point nerve stimulation treatment for pain therapy over a 96-hour period.

Other FDA-cleared Electroacupuncture Devices for Auricular Acupuncture Points include Bridge Neurostimulation System (Innovative Health Solutions, 2014), ANSiStim® (DyAnsys, 2015), Stivax System (Beigler, 2016), and NSS-2 Bridge (Innovative Health Solutions, 2017). Drug Relief (DyAnsys) is an electroacupuncture device for auricular acupuncture points that was cleared by FDA in 2018 to reduce symptoms of opioid withdrawal.

Related Policies:

TENS (Transcutaneous Electrical Nerve Stimulation)

Percutaneous Electrical Nerve Stimulation (PENS) and Neuromodulation Therapy

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Cranial electrotherapy stimulation and auricular electrostimulation are considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Most benefit plans exclude acupuncture services as non-covered.

When Cranial Electrotherapy Stimulation and Auricular Electrostimulation are covered

Not applicable.

When Cranial Electrotherapy Stimulation and Auricular Electrostimulation are not covered

Cranial electrotherapy stimulation (also known as cranial electrostimulation therapy or CES) is considered investigational.

Electrical stimulation of auricular acupuncture points is considered investigational.

Policy Guidelines

Cranial Electrotherapy Stimulation

Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation

For individuals who have acute or chronic pain who receive CES, the evidence includes a number of small sham-controlled randomized trials, and pooled analyses. Relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Three trials studied headache and CES, and five trials studied chronic pain and CES. Pooled analyses found marginal benefits for a headache with CES and no benefits for chronic pain with CES. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have psychiatric, behavioral, or neurologic conditions (depression and anxiety, Parkinson disease, addiction) who receive CES, the evidence includes a number of small sham-controlled randomized trials. Relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Three randomized controlled trials (RCTs) evaluated CES for depression and anxiety and reported inconsistent outcomes. Comparisons between these trials cannot be made due to the heterogeneity in study populations and treatment protocols. Studies evaluating CES for Parkinson disease and smoking cessation do not support the use of CES for these conditions. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have functional constipation who receive CES, the evidence includes an RCT. Relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. The single RCT reported positive results for the treatment of constipation with CES. However, the trial was unblinded, and most outcomes were self-reported. The evidence is insufficient to determine the effects of the technology on health outcomes.

Auricular Electrostimulation

For individuals who have acute and chronic pain (acute pain from surgical procedures, chronic pain from osteoarthritis or rheumatoid arthritis, chronic back pain) who receive auricular electrostimulation, the evidence includes a limited number of trials. Relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Studies evaluating the effect of electrostimulation technology on acute pain are inconsistent, and the small amount of evidence on chronic pain has methodologic limitations. For example, a comparison of auricular electrostimulation with manual acupuncture for chronic low back pain did not include a sham-control group, and in a study of rheumatoid arthritis, auricular electrostimulation was compared with autogenic training and resulted in a small improvement in visual analog scale pain scores of unclear clinical significance. Overall, the few published studies have small sample sizes and methodologic limitations. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have obesity who receive auricular electrostimulation, the evidence includes small RCTs. Relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. The RCTs reported inconsistent results and used different treatment protocols. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have opioid withdrawal symptoms who receive auricular electrostimulation, the evidence includes two case series. Relevant outcomes are symptoms, morbid events, functional outcomes, and treatment-related morbidity. Both case series report positive outcomes for the use of CES to treat opioid withdrawal symptoms. The studies used different treatment protocols and no comparators, limiting conclusions drawn from the results. The evidence is insufficient to determine the effects of the technology on health outcomes.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative

Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation

Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: S8930

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 9/13/2012

Senior Medical Director – 10/2012

Specialty Matched Consultant Advisory Panel – 5/2013

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 8/8/2013

Specialty Matched Consultant Advisory Panel – 5/2014

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 8/14/14

Specialty Matched Consultant Advisory Panel – 5/2015

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 8/13/15

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 2/11/16

Specialty Matched Consultant Advisory Panel – 5/2016

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 2/9/17

Specialty Matched Consultant Advisory Panel – 5/2017

Specialty Matched Consultant Advisory Panel – 5/2018

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.58, 6/14/2018

Policy Implementation/Update Information

11/27/12 New policy. Cranial electrotherapy stimulation (also known as cranial electrostimulation therapy or CES) is considered investigational. Electrical stimulation of auricular acupuncture points is considered investigational. Reviewed by Senior Medical Director 11/3/12. Notification given 11/27/12. Policy effective 2/26/13.(btw)

7/1/13 Specialty Matched Consultant Advisory Panel review 5/15/2013. No change to policy. (btw)

10/1/13 Reference added. (btw)

6/10/14 Specialty Matched Consultant Advisory Panel review 5/27/2014. No change to policy. (btw)

Cranial Electrotherapy Stimulation (CES) and Auricular Electrostimulation

- 11/11/14 Reference added. (sk)
- 7/1/15 Specialty Matched Consultant Advisory Panel review 5/27/2015. (sk)
- 10/1/15 Reference added. (sk)
- 7/1/16 Reference added. Policy Guidelines updated. Specialty Matched Consultant Advisory Panel review 5/25/2016. (sk)
- 3/31/17 Reference added. (sk)
- 6/30/17 Specialty Matched Consultant Advisory Panel review 5/31/2017. (sk)
- 6/29/18 Specialty Matched Consultant Advisory Panel review 5/23/2018. (sk)
- 9/7/18 Reference added. Regulatory Status and Policy Guidelines updated. (sk)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.