Policy Name: Cranial Electrotherapy Stimulation (CES)  
Effective Date: 8/17/2020

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Cranial electrotherapy stimulation is investigative and unproven, and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related Medica coverage policies: Repetitive Transcranial Magnetic Stimulation (rTMS) Therapy, Vagus Nerve Stimulation and Interferential Current Stimulation.

Description

Cranial electrotherapy stimulation (CES), also known as electrosleep, craniofascial electrostimulation, transcranial electrical stimulation, and neuroelectric therapy, is the application of low-level pulsed electrical currents to or near the head for relief of medical and/or psychological symptoms. CES was first purported for treatment of anxiety and sleep disorders. Recently, it has been studied for use in many other areas including, but not limited to, depression, substance abuse withdrawal, premenstrual syndrome, attention deficit disorder, chronic neurogenic pain, migraine or tension headaches, and fibromyalgia. CES is administered in the clinical setting and is also marketed for home use.

FDA Approval

Cranial electrotherapy stimulators are Class III devices and are regulated by the FDA. Multiple CES devices have received FDA approval, including but are not limited to:

1. Alpha-Stim SCS and the Alpha Stim 100 (Electromedical Products International, Inc., Mineral Wells TX)
3. NH-2002 (New Horizon Health Care, Sandy UT)
5. CES Ultra (Neuro-Fitness, LLC, Snoqualmie, WA).

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.
Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
E1399 - Durable medical equipment, miscellaneous

HCPC Code:
K1002 – Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type

Original Effective Date: 8/1/2005

Re-Review Date(s):
3/18/2008
3/21/2011
3/19/2014
4/19/2017
2/10/2020 – administrative update; format
5/26/2020