



ND

# Medical Policies



Policy Number:	E-16		
Policy Name:	Cranial Electrotherapy Stimulation and Auricular Electrostimulation		
Policy Type:	Medical	Policy Subtype:	Durable Medical Equipment (DME)
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

A cranial electrical stimulator 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 is a type of ambulatory electrical stimulation of acupuncture points on the ear. Devices, including the P-Stim™ and E-pulse, have been developed to provide continuous or intermittent stimulation over a period of several days. Also known as auricular electro-acupuncture, this type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, and anxiety.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

The following electrical stimulation procedures **and/or** devices are considered experimental/investigational and therefore non-covered. Scientific evidence does not support the efficacy of these treatments or devices for any indication.

- Cranial electrical stimulation (CES) **and/or** CES devices used in the home and clinical setting; **or**
- Auricular electrostimulation; **or**
- CES system, includes all supplies and accessories, any type.

Procedure Codes

A4543	A4596	E0721	E0732	E1399	S8930
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Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

HCPCS:

A4543	Supply trans elec nerve stim	Medicaid Expansion
A4596	Ces system monthly supp	Medicaid Expansion
E0721	Trans elec stim auricular	Medicaid Expansion
E0732	Ces system	Medicaid Expansion
E1399	Durable medical equipment mi	Medicaid Expansion
S8930	Auricular electrostimulation	Medicaid Expansion
A4543	Supply trans elec nerve stim	Commercial
A4596	Ces system monthly supp	Commercial
E0721	Trans elec stim auricular	Commercial
E0732	Ces system	Commercial
E1399	Durable medical equipment mi	Commercial
S8930	Auricular electrostimulation	Commercial

References

1. CMS Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 240.4 30.4, Electrosleep Therapy.
2. Shekelle P, Cook IA, Miake-Lye IM, et al. Benefits and harms of cranial electrical stimulation for chronic painful conditions, depression, anxiety, and insomnia. *Ann Intern Med.* 2018;168:414-421.
3. Brunye TT, Patterson JE, Wooten T, et al. A critical review of cranial electrotherapy stimulation for neuromodulation in clinical and non-clinical samples. *Front Hum Neurosci.* 2021;15:625321.
4. O'Connell NE, Marston L, Spencer S, et al. Non-invasive brain stimulation techniques for chronic pain. *Cochrane Database Syst Rev.* 2018;3(3):CD008208.
5. Ahn H, Galle K, Mathis KB, et al. Feasibility and efficacy of remotely supervised cranial electrical stimulation for pain in older adults with knee osteoarthritis: A randomized controlled pilot study. *J Clin Neurosci.* 2020;77:128-133.
6. Price L, Briley J, Haltiwanger S, et al. A meta-analysis of cranial electrotherapy stimulation in the treatment of depression. *J Psychiatr Res.* 2021;135:119-134.
7. Ching PY, Hsu TW, Chen GW, et al. Efficacy and tolerability of cranial electrotherapy stimulation in the treatment of anxiety: A systemic review and meta-analysis. *Front Psychiatry.* 2022;13:899040.
8. Yennurajalingam S, Kang DH, Hwu WJ, et al. Cranial electrotherapy stimulation for the management of depression, anxiety, sleep disturbance, and pain in patients with advanced cancer: A preliminary study. *J Pain Symptom Manage.* 2018;55(2):198-206.

## ND Committee Review

Internal Medical Policy Committee 1-22-2019 - **Effective**

- **Added** new code

Internal Medical Policy Committee 7-22-2020 annual review - **Effective September 7, 2020**

Internal Medical Policy Committee 5-20-2021 - **Effective July 5, 2021**

- **Changed** Title

Internal Medical Policy Committee 7-21-2022 Revision - **Effective September 5, 2022**

- **Updated** with clarifying language.

Internal Medical Policy Committee 9-28-2022 Coding update - **Effective October 01, 2022**

- **Added** Procedure code A4596

Internal Medical Policy Committee 9-12-2023 Annual Review-no changes in criteria - **Effective November 6, 2023**

Internal Medical Policy Committee 1-16-2024 Coding update - **Effective January 01, 2024**

- **Removed** procedure code K1002, and
- **Added** procedure code E0732, and
- **Updated** References

Internal Medical Policy Committee 9-17-2024 Coding update - **Effective October 01, 2024**

- **Added** procedure codes A4543 and E0721; and
- **Added** Policy Application

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*