Sentara® Health Plans

Commercial

Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator)

Table of Content

Effective Date	03/2008
Next Review Date	01/2024
Coverage Policy	DME 59
Version	5

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator).

Description & Definitions:

Cranial Electrotherapy Stimulation is a noninvasive, battery operated device for home use that stimulates the brain with short duration, low-amp pulses of direct current via externally placed electrodes.

Criteria:

Cranial Electrotherapy Stimulation (e.g. Alpha-Stim, Fisher Wallace Stimulator) **does not meet** the definition of medical necessity.

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
A4596	Cranial electrotherapy stimulation (CES) system supplies and accessories, per month
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type

K1016	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
K1017	Monthly supplies for use of device coded at K1016

Document History:

Revised Dates:

- 2022: February
- 2019: October
- 2016: April
- 2015: July, September, November
- 2014: January, April, November
- 2013: March, November
- 2012: May, August, September
- 2011: August, September

Reviewed Dates:

- 2023: January
- 2021: February
- 2020: February
- 2017: December
- 2015: January
- 2012: July
- 2011: July
- 2010: March
- 2009: March

Effective Date:

- March 2008

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2022). Retrieved Dec 13, 2022, from Hayes, Inc: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522cranial%2520electrical%2520stimulation%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:1,%2522size%2522:50%257D,%2522type%2522:%2522all%2

(2022). Retrieved Dec 13, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=electrical%20stimulation&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance

(2022, Aug 31). Retrieved Dec 16, 2022, from MCG: https://careweb.careguidelines.com/ed26/index.html

Alpha-Stim - Healthcare Professionals. (2021). Retrieved Dec 18, 2022, from Alpha-Stim: https://alpha-stim.com/healthcare-professionals/treating-mood-conditions/

Chang, W., Tsou, Y., Chen, Y., & Hung, B. (2022, Feb 09). Cranial Electrotherapy Stimulation to Improve the Physiology and Psychology Response, Response-Ability, and Sleep Efficiency in Athletes with Poor Sleep Quality. Retrieved Dec 16, 2022, from PubMed: https://pubmed.ncbi.nlm.nih.gov/35206134/

Cranial Electrotherapy Stimulation. (2022). Retrieved Dec 18, 2022, from Mental Health America: https://www.mhanational.org/issues/position-statement-37-peer-support-services#:~:text=Peer%20support%20services%20are%20an,illness%20and%20substance%20abuse%20disorders.

Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation. (2022, Nov 01). Retrieved Dec 14, 2022, from United Healthcare: https://www.uhcprovider.com/en/searchresult.html#q=motility%20capsule&first=20&sort=relevancy

Holtzheimer, P. (2022, Jan 20). Unipolar depression in adults: Overview of neuromodulation procedures. Retrieved Dec 13, 2022, from UpToDate: https://www.uptodate.com/contents/unipolar-depression-in-adults-overview-of-neuromodulation-procedures?search=cranial%20electrotherapy%20stimulation&source=search_result&selectedTitle=1~6&usage_type=default&display_rank=1#H29061874

Neurological Devices; Reclassification of Cranial Electrotherapy Stimulator Devices Intended To Treat Anxiety and/or Insomnia; Effective Date of Requirement for Premarket Approval for Cranial Electrotherapy Stimulator Devices Intended To Treat Depression. (2019, Dec 20). Retrieved Dec 16, 2022, from Food and Drug Administration: https://www.federalregister.gov/documents/2019/12/20/2019-27295/neurological-devices-reclassification-of-cranial-electrotherapy-stimulator-devices-intended-to-treat

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.
We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Cranial Electrotherapy Stimulation, SHP Durable Medical Equipment 59, Alpha Stim, Fisher Wallace Stimulator, Cranial Electrotherapy Stimulation, behavioral health, Liss Body Stimulator, Electrosleep Therapy, CES, cerebral electrotherapy, craniofacial electrostimulation, electric cerebral stimulation, electrosleep, electrotherapeutic sleep, transcerebral electrotherapy, transcranial electrotherapy, CES Ultra, transcranial direct current stimulation (tDCS), and cranial alternating current stimulation