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

**MCG Health Ambulatory Care** 26th Edition

AUTH: SHP Durable Medical Equipment 59 v5 (AC)

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## Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

# Application to Products

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· Policy is applicable to all products.

## Authorization Requirements

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Pre-certification by the Plan is required.

#### Description of Item or Service

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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.

## Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

#### Clinical Indications for Procedure

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NA

### **Document History**

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- · 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

## Coding Information

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- · CPT/HCPCS codes covered if policy criteria is met:
  - None
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - · CPT 0720T Percutaneous electrical nerve field stimulation, cranial nerves, without implantation
  - HCPCS A4596 Cranial electrotherapy stimulation (CES) system supplies and accessories, per month
  - $\circ~$  HCPCS K1002 Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type
  - · HCPCS K1016 Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve
  - HCPCS K1017 Monthly supplies for use of device coded at K1016

## References

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References used include but are not limited to the following:

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&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance

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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/

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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

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**CPT**® : 0720T

HCPCS: A4596, K1002, K1016, K1017

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