Medica Central Coverage Policy

Policy Name:	**Cranial Electrotherapy Stimulation (CES) MP9698**
Effective Date:	**11/01/2025**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other 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, Medicaid, and other government programs, this policy will apply unless these 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 may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central 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 coverage policies: *Transcranial Magnetic Stimulation,* and *Interferential Current Stimulation.* See also related Utilization Management policy: *Vagus Nerve Stimulation,(III-DEV.24).*

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.

Transcranial direct current stimulation (tDCS) is a noninvasive neurostimulation method in which low-intensity direct electrical currents (1 to 2 milliamperes [mA]) are delivered to the cerebral cortex. A typical treatment protocol involves 20 to 30 minutes of stimulation at 1 to 2 mA for 10 to 20 sessions over several weeks.

CES differs from tDCS in that it employs alternating current instead of direct current. In tDCS, a unidirectional current between two scalp electrodes (from the anode to the cathode) polarizes brain electrical activity, with acutely enhanced brain electrical activity under the anode and suppressed under the cathode. CES's electrical effects on brain activity are thought to be uniform across the stimulation area.

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FDA Approval

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

1. Alpha-Stim AID and the Alpha Stim M (Electromedical Products International, Inc., Mineral Wells TX)
2. LB-2000 Cranial Electrotherapy Stimulator (Life Balance International, Inc., East Draper UT)
3. NH-2002 (New Horizon Health Care, Sandy UT)
4. Transcranial Electrotherapy Stimulator-A, Model T (Kalaco Scientific, Inc., San Carlos CA)
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 Code:

- **E1399** - Durable medical equipment, miscellaneous

HCPC Code:

- **K1002** – Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type

	Committee/Source	Date(s)
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Administrative Update: