Medical and Behavioral Health Policy
Section: Behavioral Health, Medicine
Policy Number: X-32
Effective Date: 09/24/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

CRANIAL ELECTROTHERAPY STIMULATION

Description: Claims of successful treatment of diverse disorders using cranial electrotherapy stimulation (CES) have been made for more than half a century. In much of the world outside the United States, CES is termed "electrosleep." American investigators observed that CES did not necessarily induce sleep and in the 1960s and 1970s, began to explore its use for other disorders in addition to insomnia, including depression, anxiety, and psychosis.

Today, any small electrical current that is passed through the head for therapeutic purposes is called cranial electrical stimulation. A great number of stimulus parameters have fallen under the CES rubric. Proponents claim that one milliampere of current is sufficient to affect the synthesis and release of various neurotransmitters. Devices are generally similar in size and appearance to transcutaneous electrical stimulators, but produce different wave forms at a much lower level. Electrodes are attached to the ear lobes via ear clip electrodes and current is turned up to a comfortable or subsensory level.

A number of cranial electrical stimulators are available on the market. These devices include, but are not limited to, the following: CES Ultra by Neuro-Fitness LLC; Magnetic Black Belt by Orion Medical Group; HealthPax by Health Directions, Inc.; Alpha-Stim by Electromedical Products; Neurotone by Neurotone Systems, Inc.; Liss Cranial Stimulator; Transcranial Electrotherapy Stimulator-A (TESA) by Kalaco Scientific, Inc.

Policy: Use of cranial electrotherapy stimulation as a treatment for any disorder is considered INVESTIGATIVE. Home use of cranial electrotherapy stimulation devices is considered INVESTIGATIVE.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for
certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**
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:**
No specific codes

**HCPCS:**
E1399 Durable medical equipment, miscellaneous

**Policy History:**
**Developed May 10, 2006**

**Most recent history:**
Reviewed June 8, 2011
Reviewed June 13, 2012
Reviewed June 12, 2013
Reviewed June 11, 2014
Reviewed September 10, 2014

**Cross Reference:**
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