

Cranial Electrotherapy Stimulation (CES)

Also known as	<div><div></div><div><div>1. Alpha Stim 100</div><div>2. Alpha-Stim SCS</div><div>3. CES Ultra</div><div>4. LB-200 Cranial electrotherapy stimulator</div><div>5. NH-2002</div><div>6. Transcranial electrotherapy stimulator-A, Model T</div></div></div>				
Description	<p>Cranial electrotherapy stimulation (CES) applies low-level electrical currents to or near the head for relief of medical and/or psychological symptoms. CES is administered in the clinical setting and is also marketed for home use, in which case it is available only through prescription. CES has been suggested for treatment of such things as anxiety, sleep disorders, depression, substance abuse withdrawal, premenstrual syndrome, headache, and fibromyalgia.</p>				
See also	<p>Similar, related, or easily confused documents.</p> <div><div></div><div><div>• Transcranial Magnetic Stimulation - Transcranial Magnetic Stimulation uses a very small level of electromagnetic energy that is not felt by the patient.</div></div></div>				
Table of Contents	<p>The following topics are included in this document:</p> <div><div></div><div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div></div>				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.26.24</td><td>Updated to new template.</td></tr></table>	Date	Description	2.26.24	Updated to new template.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Cranial Electrotherapy Stimulation (CES)</i> (MP9698), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Medica is the only payer.						
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.						
Med Advantage	<p>Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.<ul style="list-style-type: none">– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Considered investigative, not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	<p>Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Cranial Electrotherapy Stimulation (CES)</i> (MP9698), applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
Medica	<p>Medica’s Coverage Policy, <i>Cranial Electrotherapy Stimulation (CES)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.				
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