ASURIS NORTHWEST HEALTH

Medicare Advantage Policy Manual **Policy ID:** M-MED146

Auricular Electrostimulation

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member, including care that may be both medically reasonable and necessary.

The Medicare Advantage medical policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and Centers of Medicare and Medicaid Services (CMS) policies and manuals, along with general CMS rules and regulations. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of a specific CMS coverage determination for a requested service, item or procedure, the health plan may apply CMS regulations, as well as their Medical Policy Manual or other applicable utilization management vendor criteria developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Some services or items may appear to be medically indicated for an individual, but may be a direct exclusion of Medicare or the member's benefit plan. Medicare and member EOCs exclude from coverage, among other things, services or procedures considered to be investigational (experimental) or cosmetic, as well as services or items considered not medically reasonable and necessary under Title XVIII of the Social Security Act, §1862(a)(1)(A). In some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services. Members, their appointed representative, or a treating provider can request coverage of a service or item by submitting a pre-service organization determination prior to services being rendered.

DESCRIPTION

Auricular electrostimulation, also known as auricular electro-acupuncture, is a type of ambulatory electrical stimulation of acupuncture points on the ear. This type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, anxiety, and weight loss.

MEDICARE ADVANTAGE POLICY CRITERIA

Note: Please refer to the Cross References below for other specific electrostimulation therapies and/or devices.

CMS Coverage Manuals*	None

National Coverage Determinations (NCDs)*	In January 2020, CMS determined acupuncture may be allowed for specific conditions. [6]
Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles (LCAs)*	For the P-Stim® electro-acupuncture device, see also the Noridian Website for *Correct Coding - P-stim Device*.[1] This coding and non-coverage rationale is applicable to **all** electro-acupuncture or auricular electrostimulation devices. This is also consistent with other Medicare contractors.[4,5]

POLICY GUIDELINES

REGULATORY STATUS

The Neuro-Stim System (NSS) electro-auricular device, or EAD, and BRIDGE device are auricular-electrostimulator devices, which have received 510(k) clearance from the US Food and Drug Administration (FDA) for acupuncture use. The 510(k) letter for both of these devices consider them to be “electro acupuncture device.” Thus, the NSS BRIDGE Auricular Stimulator and the stimulation it provides is a variant of acupuncture. In addition, the 510(k) letter for the NSS EAD also states predicate devices include the P-Stim System and the E-Pulse device. The NEUROVA™ device is also considered an “auricular micro stimulation device,”, involving "the application of semi-permanent titanium acupuncture needles to the auricular gate points that lead to the brain.”

Note, the fact a new service or procedure has been issued a CPT/HCPCS code or is FDA approved for a specific indication does not make the procedure medically reasonable and necessary. The FDA determines safety and effectiveness of a device or drug but does not establish medical necessity. While Medicare may adopt FDA determinations regarding safety and effectiveness, Medicare or Medicare contractors evaluate whether the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

The following table includes a list of auricular stimulation devices. Note, this table is not all-inclusive.

DEVICE	MANUFACTURER
P-Stim™	NeuroScience Therapy Corp.
E-pulse	Medevice Corp.
Electro Auricular device	Navigant Consulting, Inc.
ANSiStim™	DyAnsys, Inc.
NEUROVA™	Neurova Corporation
NSS-2 BRIDGE®	Innovative Health Solutions (Inc.), or IHS

CROSS REFERENCES

Electrical Stimulation and Electromagnetic Therapy Devices, Durable Medical Equipment, Policy No. M-83

Vagus Nerve Stimulation (VNS), Surgery, Policy No. M-74

Occipital Nerve Stimulation (ONS), Surgery, Policy No. M-174

REFERENCES

1. Noridian Website for *Correct Coding - P-stim Device*; Available at: https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/correct-coding-p-stim-device [Last Cited 03/07/2023]
2. Medicare *Pricing, Data Analysis and Coding* (PDAC) Contractor Palmetto GBA website and *Product Classification List*; Available at: https://www4.palmettogba.com/pdac_dmecs/
3. MLN Matters® Article SE20001 January 2020; *Incorrect Billing of HCPCS L8679 - Implantable Neurostimulator, Pulse Generator, Any Type*; Available at: https://www.cms.gov/files/document/se20001.pdf [Last cited 03/04/2021]
4. Novitas Solutions, Inc. LCA for *Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device)* (A55240) [Last cited 03/07/2023] *(This reference can be found on the Medicare Coverage Database website)*
5. Wisconsin LCA for *Billing and Coding: Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT)* (A56062) [Last cited 3/4/2021] *(This reference can be found on the Medicare Coverage Database website)*
6. NCDs for Acupuncture (30.3, 30.3.1.30.3.2, and 30.3.3)

CODING

NOTES:

- According to the Palmetto GBA PDAC Contractor website[2], both the P-Stim® and E-Pulse are to be reported with HCPCS code A9270 *(Non-covered item or service)*. HCPCS code S8930 may also be seen, but S-codes are not payable by Medicare.
- If a specific CPT code (e.g., 64555) is used incorrectly, or an unlisted code (e.g., 64999) is used instead of A9270 or S8930, the service is non-covered per the Medicare reference noted in the "Medicare Advantage Policy Criteria" section of the policy.
- In January 2020, Medicare released an article (SE20001) advising providers **not** to use HCPCS code L8679 (*Implantable neurostimulator, pulse generator, any type*) for electro-acupuncture devices because "Electro-acupuncture devices and implantable neurostimulators are two separate devices, and coding electro-acupuncture devices as implantable neurostimulators is incorrect."[3]

Codes	Number	Description
CPT	0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment
	64999	Unlisted procedure, nervous system
HCPCS	A9270	Noncovered item or service

S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.*