


MEDICAL POLICY	Auricular Electrostimulation (Medicare Only)
Effective Date: 3/1/2022	Medical Policy Number: 108
 3/1/2022	Medical Policy Committee Approved Date: 3/2020; 4/2021; 2/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayn Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Auricular Electrostimulation</i>	<p>These devices provide a variant of acupuncture known as “electro acupuncture.” According to the following NCDs, Medicare does not cover all forms of acupuncture.</p> <ul style="list-style-type: none"> National Coverage Determination (NCD) for Acupuncture (30.3) National Coverage Determination (NCD) for Acupuncture for Fibromyalgia (30.3.1) National Coverage Determination (NCD) for Acupuncture for Osteoarthritis (30.3.2)

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POLICY GUIDELINES

In January 2020, CMS determined coverage may be allowed for some acupuncture **services** for chronic low back pain (cLBP) when rendered by a qualified, Medicare eligible provider; however, coverage does not extend to electrostimulation of auricular points or electroacupuncture **devices** used in the home.

BILLING GUIDELINES

According to both Noridian and the Palmetto GBA PDAC Contractor websites^{1,2}, the P-Stim® and E-Pulse are to be reported with HCPCS code A9270 (*Non-covered item or service*). HCPCS code S8930 is also available, but S-codes are not payable by Medicare. In January 2020, Medicare released an article (SE20001) that advises providers to not use HCPCS code L8679 (*Implantable neurostimulator, pulse generator, any type*) for electroacupuncture devices because “Electro-acupuncture devices and implantable neurostimulators are two separate devices, and coding electro-acupuncture devices as implantable neurostimulators is incorrect.”³

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 Policy Criteria” section of the policy. CPT codes 97813 or 97814 are not specific to auricular electrostimulation, therefore, if they are billed for this service they will also be denied.

This coding and non-coverage rationale is applicable to all electro-acupuncture or auricular electrostimulation devices and is consistent with other Medicare contractors with published policies.^{4,5}

CPT/HCPCS CODES

Medicare Only	
Not Covered	
A9270	Non-covered item or service
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
E1399	Durable medical equipment, miscellaneous

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INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Noridian Website for Correct Coding - P-stim Device; Last Cited 01/24/2022; Available at: <https://med.noridianmedicare.com/web/jddme/search-result/-/view/2230703/correct-codingp-stim-device>
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*; Last Cited 01/24/2022; Available at: <https://www.cms.gov/files/document/se20001.pdf>
4. Novitas Solutions, Inc. LCA for Billing and Coding: Auricular Peripheral Nerve Stimulation (Electro-Acupuncture Device) ([A55240](#)); Last Cited 01/24/2022
5. Wisconsin LCA for Billing and Coding: Percutaneous Electrical Nerve Stimulation (PENS) and Percutaneous Neuromodulation Therapy (PNT) ([A56062](#)); Last Cited 01/24/2022