**Auricular Electrostimulation**

**Effective:** April 1, 2018

**Next Review:** February 2019  
**Last Review:** February 2018

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**IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

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**DESCRIPTION**

Auricular electrostimulation is a type of ambulatory electrical stimulation of acupuncture points on the ear. This type of therapy is administered for relief of pain, depression, and anxiety.

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**MEDICAL POLICY CRITERIA**

Electrical stimulation of auricular acupuncture points is considered **investigational** for all indications, including but not limited to chronic and acute pain.

**NOTE:** A summary of the supporting rationale for the policy criteria is at the end of the policy.

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**CROSS REFERENCES**

None

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**BACKGROUND**

Auricular electrostimulation is a type of ambulatory electrical stimulation of acupuncture points on the ear. Devices, including the P-Stim™ and E-pulse, have been developed to provide continuous or intermittent stimulation over a period of several days. Also known as auricular
electro-acupuncture, this type of electrostimulation is being evaluated for a variety of conditions, including pain, depression, anxiety, and weight loss.

REGULATORY STATUS

Several auricular stimulating devices have received marketing clearance through the U.S. Food and Drug Administration’s (FDA) 510(k) process for use in treating acute or chronic pain by a qualified practitioner of acupuncture. The following are examples of FDA approved devices (FDA product code: BWK):

- P-Stim (NeuroScience Therapy Corp.)
- E-pulse (Medevice Corp.)
- Electro Auricular device (Navigant Consulting, Inc.)
- ANSiStim™ (DyAnsys, Inc.)

Note: This policy does not address Cranial Electrostimulation Therapy, which is considered separately in Durable Medical Equipment, Policy No. 83.06.

EVIDENCE SUMMARY

The principal outcomes associated with treatment of pain due to any cause may include: relief of pain, improved functional level, and return to work. Relief of pain is a subjective outcome that is typically associated with a placebo effect. Therefore, data from adequately powered, blinded, randomized, sham-controlled trials (RCT) are required to control for the placebo effect, determine its magnitude, and determine whether any treatment effect from an auricular electrostimulation device provides a significant advantage over the placebo.

Treatment with an auricular electrostimulation device must also be evaluated in general groups of patients against the existing standard of care for the condition being treated. For example, in patients with pain symptoms, treatment with an auricular electrostimulation device should be compared to other forms of conservative therapy such as rest, non-steroidal anti-inflammatory medications, physical therapy, or steroid injections.

OBESITY

Schukro and colleagues reported a randomized double-blinded study of the effects of the P-Stim on weight loss in 56 obese patients.[1] The auricular acupuncture points for hunger, stomach, and colon were stimulated for 4 days per week over 6 weeks. At the end of treatment, body weight was reduced by 3.73% in the active stimulation group and .70% in the sham group (p<0.001). From the beginning of treatment to 4 weeks after the end of treatment, body weight was reduced by 5.08% in the active stimulation group and .16% in the sham group (p<0.001). Similar changes were observed for body mass index and body fat. Additional evidence which includes larger sample sizes and a longer observation periods are needed to understand the efficacy of auricular stimulation upon weight loss in obese patients.

ACUTE PAIN

A 2011 randomized trial tested the efficacy of the P-Stim in 40 female patients undergoing gynecologic surgery.[2] Patients were randomly assigned to receive auricular acupuncture or sham stimulation. Patients in the control group received electrodes without needles and the P-Stim devices were applied without electrical stimulation. The P-Stim device was placed behind the ear at the end of the operation on all patients while they were still under general
anesthesia, and the dominant ear was completely covered with identical dressing in both
groups to maintain blinding. Postoperatively, patients received 1,000 mg paracetamol every 6
hours, with additional piritramide given on demand. Needles and devices were removed 72
hours postoperatively. A blinded observer found no significant difference between the 2
groups in consumption of piritramide during the first 72 hours postoperatively (acupuncture vs.
placebo: 15.3 mg vs. 13.9 mg, respectively) or on VAS scores taken at 0, 2, 24, 48, and 72
hours (average of 2.32 vs. 2.62, acupuncture vs. placebo, respectively). In this small study,
use of the P-stim device was not associated with improved pain management following
gynecologic surgery, although the study size may have been too small to find differences
between groups where they existed.

RHEUMATOID ARTHRITIS

In 2008, Bernateck reported the use of the P-Stim device in a RCT of 44 patients with
rheumatoid arthritis.[3] The control group received autogenic training, a psychological
intervention in which participants learn to relax their limbs, breathing, and heart. Electro-
acupuncture (continuous stimulation for 48 hours at home) and lessons in autogenic training
were performed once weekly for 6 weeks. In addition, the control patients were encouraged to
use an audiotape to practice autogenic training every day. The needles and devices were
removed after 48 hours. Seven patients withdrew from the study before beginning the
intervention; the 37 remaining patients completed the study through 3 months of follow-up. The
primary outcome measures were the mean weekly pain intensity and the disease activity score
(DAS-28). At the end of treatment and at 3-month follow-up, a statistically significant
improvement was observed in all outcome measures for both groups. There was greater
improvement in the electro-acupuncture group than the control group (e.g., VAS pain 2.79 vs.
3.95) during the treatment period. This difference did not persist at the 3-month follow-up. The
clinical significance of a 1-point difference in VAS from this small trial is unclear.

CHRONIC LOWER BACK PAIN

In 2004, Sator-Katzenschlager reported a randomized double-blind controlled study of
auricular electro-acupuncture compared to conventional manual auricular acupuncture in 61
patients with chronic low back pain (duration of at least 6 months).[4] All needles were
connected to the P-Stim device; in the control group, devices were applied without electrical
stimulation. Treatment was performed once weekly for 6 weeks, with needles withdrawn 48
hours after insertion. Patients received questionnaires assessing pain intensity and quality,
psychological well-being, activity level, and quality of sleep using visual analog scale (VAS).
There was a significant improvement in pain at up to 18 weeks’ follow-up. Auricular electro-
acupuncture resulted in greater improvement in the outcome measures than that of the control
group. For example, at 18-week follow-up, VAS pain intensity was less than 5 in the control
group and less than 2 in the electro-acupuncture. This study is limited by the small number of
participants. In 2003, this group of investigators had reported similar effects in a small
randomized study of 21 patients with chronic cervical pain.[5]

PRACTICE GUIDELINE SUMMARY

No evidence-based clinical practice guidelines were identified which address the use of
auricular electrostimulation devices for any indication.
SUMMARY

There is not enough research to show that auricular electrostimulation improves health outcomes for people with any indication, including but not limited to obesity, or acute and chronic pain (acute pain from surgical procedures, chronic pain from osteoarthritis, rheumatoid arthritis, spinal cord injury, or chronic back or neck pain). No clinical guidelines based on research recommend auricular electrostimulation. Therefore, auricular electrostimulation is considered investigational for all indications.

REFERENCES


CODES

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<tr>
<td>HCPCS</td>
<td>S8930</td>
<td>Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with the patient</td>
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Date of Origin: March 2012