Medical Coverage Policy | Occipital Nerve Stimulation - Insertion

EFFECTIVE DATE: 06|01|2015
POLICY LAST UPDATED: 04|19|2023

OVERVIEW
Occipital nerve stimulation (ONS) delivers a small electrical charge to the occipital nerve in an attempt to treat migraines and other headaches in patients who have not responded to medications. This policy is intended to document the insertion or implantation of the device as not medically necessary.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
Medicare Advantage Plans
Occipital nerve stimulation is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

Revision or replacement of an occipital nerve stimulator is not covered as the initial implantation procedure is also not covered.

Commercial Products
Occipital nerve stimulation is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

Revision or replacement of an occipital nerve stimulator is considered not medically necessary as the initial implantation procedure is also not medically necessary.

COVERAGE
Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for not covered/not medically necessary benefits/coverage.

BACKGROUND
The ONS device consists of a subcutaneously implanted pulse generator (in the chest wall or abdomen) attached to extension leads that are tunneled to join electrodes placed across one or both occipital nerves at the base of the skull. Continuous or intermittent stimulation may be used.

The U.S. Food and Drug Administration (FDA) has not cleared or approved any occipital nerve stimulation device for treatment of headache.

For individuals who have migraine headaches refractory to preventive medical management, and individuals who have non-migraine headaches (eg, hemicrania continua, cluster headaches) who receive occipital nerve stimulation, the evidence includes randomized controlled trials (RCTs), systematic reviews of RCTs, and observational studies. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Systematic reviews identified 5 sham-controlled randomized trials. Findings from pooled analyses of these RCTs were mixed. For example, compared with placebo, response

rates to occipital nerve stimulation did not differ significantly but did reduce the number of days with prolonged moderate-to-severe headache. Occipital nerve stimulation was also associated with a substantial number of minor and serious adverse events. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

Medicare Advantage Plans and Commercial Products

There is no specific CPT or HCPCS code(s) for occipital nerve stimulation, therefore providers should report this service with an unlisted procedure code.

64999 Unlisted procedure, nervous system

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update, June 2023
Provider Update September 2022
Provider Update, February 2022
Provider Update, July 2020
Provider Update, December 2019

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