

EFFECTIVE DATE: 06|01|2015
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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

BlueCHiP for Medicare

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.

As of September 2014, the U.S. Food and Drug Administration (FDA) has not cleared 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 is insufficient to determine the effects of the technology on health outcomes. Therefore, the service is considered not medically necessary.

CODING

BlueCHiP for Medicare and Commercial Products

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

64999

RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

PUBLISHED

Provider Update, July 2020

Provider Update, December 2019

Provider Update, April 2018

Provider Update, March 2017

Provider Update, February 2016

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