# **Medical Coverage Policy** | Occipital Nerve Stimulation - Insertion



**EFFECTIVE DATE:** 06 | 01 | 2015

**POLICY LAST UPDATED:** 05 | 19 | 2015

# **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 and Commercial Products

Occipital nerve stimulation is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure is effective.

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/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

#### **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 2013, the U.S. Food and Drug Administration (FDA) has not cleared any occipital nerve stimulation device for treatment of headache.

At this time the available evidence is insufficient to permit conclusions concerning the impact of ONS on net health outcome. In addition, no implanted occipital nerve stimulators have received FDA approval. Therefore, ONS 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

If the following CPT or HCPCS codes are used to report occipital nerve stimulation with the diagnosis codes below, they will be considered not medically necessary:

61885 61886 64553 64568 64569 95970 95974 L8679 L8680 Effective April 1, 2014 this code is no longer separately billable. Use alternate code 63650. L8681 L8682 L8683 L8685 L8686 L8687 L8688

The following **ICD-9-CM** diagnosis codes are not medically necessary for the treatment of occipital nerve stimulation:



L8689

The following **ICD-10-CM** diagnosis codes are not medically necessary for the treatment of occipital nerve stimulation:



#### **RELATED POLICIES**

Preauthorization via Web-Based Tool for Procedures

# **PUBLISHED**

Provider Update, July 2015 Provider Update, September 2014 Provider Update, January 2014 Provider Update, January 2013 Provider Update, January 2012

# **REFERENCES**

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- 4. Burns B, Watkins L, Goadsby PJ. Treatment of hemicrania continua by occipital nerve stimulation with a bion device: longterm follow-up of a crossover study. Lancet Neurol 2008; 7(11):1001-12.
- 5. Schwedt TJ, Dodick DW, Hentz J et al. Occipital nerve stimulation for chronic headache--long-term safety and efficacy. Cephalalgia 2007; 27(2):153-7.
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- 8. Burns B, Watkins L, Goadsby PJ. Treatment of intractable chronic cluster headache by occipital nerve stimulation in 14 patients. Neurology 2009; 72(4):341-5.
- 9. Mueller OM, Gaul C, Katsarava Z et al. Occipital nerve stimulation for the treatment of chronic cluster headache lessons learned from 18 months experience. Cen Eur Neurosurg 2011; 72(2):84-9.
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