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.

PRIOR AUTHORIZATION
BlueCHiP for Medicare and Commercial
Not applicable.

POLICY STATEMENT
BlueCHiP for Medicare and Commercial
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.

Removal of an occipital nerve stimulator is considered **medically necessary** when there is an infection or other complication present.

MEDICAL CRITERIA
Removal of an occipital nerve stimulator is considered medically necessary when there is an infection or other complication present. Please refer to the list of diagnosis codes below.

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 (ONS) 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 U.S. Food and Drug Administration (FDA) approval. Therefore, ONS is considered 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.

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

64999
Preauthorization is required for the removal of the device when the following CPT codes are filed with one of the diagnosis codes listed below.

64570

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:
Revisions are considered not medically necessary as the initial implantation procedure is also not medically necessary.

61885, 61886, 63650, 64553, 64568, 64569, 95970, 95974, L8679, L8680*, L8681, L8682, L8683,
L8685, L8686, L8687, L8688, L8689

*Effective April 1, 2014 code L8680 is no longer separately billable: use alternate code 63650.

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

![Occipital Nerve Stimulation ICD 9 Codes.pdf](Occipital Nerve Stimulation ICD 9 Codes.pdf)

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

![Occipital Nerve Stimulation ICD 10 Co](Occipital Nerve Stimulation ICD 10 Co)

**RELATED POLICIES**
Not applicable.

**PUBLISHED**

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**REFERENCES**


