

Payment Policy | Occipital Nerve Stimulation



EFFECTIVE DATE: 04|01|2011
POLICY LAST UPDATED: 07|01|2014

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 Cod

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



Occipital Nerve
Stimulation ICD 10 Cc

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update	Sep 2014
Provider Update	Jan 2014
Provider Update	Jan 2013
Provider Update	Jan 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.

6. Schwedt TJ, Dodick DW, Trentman TL et al. Response to occipital nerve block is not useful in predicting efficacy of occipital nerve stimulation. *Cephalalgia* 2007; 27(3):271-4.
7. Trentman TL, Rosenfeld DM, Vargas BB et al. Greater occipital nerve stimulation via the Bion microstimulator: implantation technique and stimulation parameters. Clinical trial: NCT00205894. *Pain Physician* 2009; 12(3):621-8.
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.
10. Magis D, Gerardy PY, Remacle JM et al. Sustained effectiveness of occipital nerve stimulation in drug-resistant chronic cluster headache. *Headache* 2011; 51(8):1191-201.

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