

02-61000-06

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Reviewed: 01/24/19

Revised: 02/15/19

Subject: Occipital Nerve Stimulation

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

Position Statement	Billing/Coding	Reimbursement	Program Exceptions	Definitions	Related Guidelines
Other	References	Updates			

DESCRIPTION:

Occipital nerve stimulation (ONS) delivers a small electrical charge to the occipital nerve in an attempt to prevent migraines and other headaches in individuals who have not responded to medications. The 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.

There are 4 types of headache: vascular, muscle contraction (tension), traction, and inflammatory.

Primary (not the result of another condition) chronic headache is defined as headache occurring more than 15 days of the month for at least 3 months.

Migraine is the most common type of vascular headache. Migraine headaches are usually characterized by severe pain on one or both sides of the head, an upset stomach, and, at times, disturbed vision. Migraine headaches may last a day or more and can strike as often as several times a week or as rarely as once every few years.

Hemicrania continua, also a vascular headache, causes moderate pain with occasional severe pain on only one side of the head. At least one of the following symptoms must also occur: conjunctival injection and/or lacrimation, nasal congestion and/or rhinorrhea, or ptosis and/or miosis. Headache occurs daily and is continuous with no pain-free periods

Cluster headache is a vascular headache that occurs in cyclical patterns or clusters of severe or very severe unilateral orbital or supraorbital and/or temporal pain. The headache is accompanied by at least one of the following autonomic symptoms: ptosis (drooping eyelid), conjunctival injection, lacrimation, rhinorrhea, and, less commonly, facial blushing, swelling, or sweating. Bouts of one headache every other day to 8 attacks per day may last from weeks to months, usually followed by remission periods when the headache attacks stop completely. During remission, no headaches occur for months, and sometimes even years. The intense pain is caused by the dilation of blood vessels, which creates pressure on the trigeminal nerve.

For individuals who have migraine headaches refractory to preventive medical management who receive occipital nerve stimulation, the evidence includes randomized controlled trials (RCTs), systematic reviews of RCTs, and observational studies. For individuals who have non-migraine headaches (eg, hemicrania continua, cluster headaches) who receive occipital nerve stimulation, the evidence includes case series. The evidence is insufficient to determine the effects of the technology on health outcomes.

POSITION STATEMENT:

The use of occipital nerve stimulation devices is considered **experimental or investigational** for all indications. There is insufficient clinical peer reviewed literature demonstrating the safety, efficacy, and the effects of occipital nerve stimulation on long-term health outcomes.

BILLING/CODING INFORMATION:

There is no specific CPT code for occipital nerve stimulation. The following codes may be used to describe occipital nerve stimulation.

CPT Coding:

61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	with connection to 2 or more electrode arrays
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

REIMBURSEMENT INFORMATION:

Refer to sections entitled **POSITION STATEMENT.**

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

No National Coverage Determination (NCD) and/or Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

[Deep Brain Stimulation and Responsive Neurostimulation, 02-61000-24](#)

[Vagus Nerve Stimulation, 02-61000-22](#)

OTHER

None.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 01/24/19.

GUIDELINE UPDATE INFORMATION:

02/15/10	New Medical Coverage Guideline.
02/15/11	Scheduled review; position statement unchanged. Revised description section; added CPT codes 61885, 61886, and 64553; updated references.
01/01/12	Annual HCPCS coding update. Revised 64553, 64555, 64575, 95970 and 95971 descriptors.
02/15/12	Scheduled review; position statement unchanged. Revised description section and updated references.
02/15/13	Scheduled review. Position statement maintained. Revised description and updated references.
01/01/14	Annual HCPCS update. Added L8679. Program Exceptions section updated.
11/01/15	Revision: ICD-9 Codes deleted.
02/15/19	Scheduled review. Position statement maintained. Revised description, CPT coding, HCPCS coding, and related guidelines. Updated references.