

02-61000-06

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Reviewed: 12/08/23

Revised: 01/01/24

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.

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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.

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	Open implantation of cranial nerve (e.g., vagus nerve) neurostimulator electrode array and pulse generator

64569	Revision or replacement of cranial nerve (e.g., vagus nerve) neurostimulator electrode array, including connection to existing pulse generator
64570	Removal of cranial nerve (e.g., 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.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#).

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 and Coverage Committee on 12/08/23.

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.
10/15/20	Scheduled review. Revised description, maintained position statement and updated references.
01/01/22	Annual CPT/HCPCS coding update. Revised descriptor 64568.
07/15/22	Scheduled review. Maintained position statement. Updated references.
05/25/23	Update to Program Exceptions section.
01/01/24	Position statements maintained.