



**EFFECTIVE DATE:** 06|01|2015  
**POLICY LAST UPDATED:** 02|06|2018

## 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 Benefit Booklet, 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 2014, the U.S. Food and Drug Administration (FDA) has not cleared any occipital nerve stimulation device for treatment of headache.

For individuals who have migraine headaches refractory to preventive medical management, and individuals who have non-migraine headaches (eg, hemicrania continua, cluster headaches) who receive occipital nerve stimulation, the evidence is insufficient to determine the effects of the technology on health outcomes. Therefore, the service 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**

## RELATED POLICIES

Preauthorization via Web-Based Tool for Procedures

## PUBLISHED

Provider Update, April 2018

Provider Update, March 2017

Provider Update, February 2016

Provider Update, July 2015

Provider Update, September 2014

Provider Update, January 2014

Provider Update, January 2013

## REFERENCES

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3. Serra G, Marchioretto F. Occipital nerve stimulation for chronic migraine: a randomized trial. *Pain Physician* 2012; 15(3):245-53.
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