

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Occipital Nerve Stimulation

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	4/1/2011	Policy Last Updated:	11/1/2011
------------------------	-----------------	-----------------------------	------------------

Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

POLICY

Description:

Occipital nerve stimulation uses implanted electrodes to deliver small amounts of an electrical charge to the occipital nerve. The surgeon implants a small device near the occipital nerve, at the base of the skull. Wires (under the skin) connect this device to a pacemaker (also under the skin). The pacemaker is usually located under the clavicle, in the lower back, or in the lower abdomen. The electrical signals may be sent on a steady or intermittent basis.

While early research indicates that this may reduce headaches, no long-term results are currently available. At this time occipital nerve stimulation has not received clearance by the FDA, and is **not medically necessary** as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure is effective.

Medical Criteria:

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

- 339.0** Cluster headaches and other trigeminal autonomic cephalgias TACS
- 339.00** Cluster headache syndrome, unspecified (Ciliary neuralgia, Cluster headache NOS, Histamine cephalgia, Lower half migraine, Migrainous neuralgia)
- 339.01** Episodic cluster headache
- 339.02** Chronic cluster headache
- 339.03** Episodic paroxysmal hemicrania (Paroxysmal hemicrania NOS)
- 339.04** Chronic paroxysmal hemicrania
- 339.05** Short lasting unilateral neuralgiform headache with conjunctival injection and tearing (SUNCT)
- 339.09** Other trigeminal autonomic cephalgias
- 339.1** Tension type headache
- 339.10** Tension type headache, unspecified
- 339.11** Episodic tension type headache
- 339.12** Chronic tension type headache
- 339.2** Post-traumatic headache
- 339.20** Post-traumatic headache, unspecified
- 339.21** Acute post-traumatic headache
- 339.22** Chronic post-traumatic headache
- 339.3** Drug induced headache, not elsewhere classified (Medication overuse headache, Rebound headache)
- 339.4** Complicated headache syndromes
- 339.41** Hemicrania continua

- 339.42 New daily persistent headache
- 339.43 Primary thunderclap headache
- 339.44 Other complicated headache syndrome
- 339.8 Other specified headache syndromes
- 339.81 Hypnic headache
- 339.82 Headache associated with sexual activity (Orgasmic headache, Preorgasmic headache)
- 339.83 Primary cough headache
- 339.84 Primary exertional headache
- 339.85 Primary stabbing headache
- 339.89 Other specified headache syndromes
- 346.02 Migraine with aura, without mention of intractable migraine with status migrainosus
- 346.03 Migraine with aura, with intractable migraine, so stated, with status
- 346.12 Migraine without aura, without mention of intractable migraine with status migrainosus
- 346.13 Migraine without aura, with intractable migraine, so stated, with status migrainosus
- 346.22 Variants of migraine, not elsewhere classified, without mention of intractable migraine with status migrainosus
- 346.23 Variants of migraine, not elsewhere classified, with intractable migraine, so stated, with status migrainosus
- 346.3 Hemiplegic migraine (Familial migraine, Sporadic migraine)
- 346.30 Hemiplegic migraine, without mention of intractable migraine without mention of status migrainosus
- 346.31 Hemiplegic migraine, with intractable migraine, so stated, without mention of status migrainosus
- 346.32 Hemiplegic migraine, without mention of intractable migraine with status migrainosus
- 346.33 Hemiplegic migraine, with intractable migraine, so stated, with status migrainosus
- 346.50 Persistent migraine aura without cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.51 Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.52 Persistent migraine aura without cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.53 Persistent migraine aura without cerebral infarction, with intractable migraine, so stated, with status migrainosus
- 346.60 Persistent migraine aura with cerebral infarction, without mention of intractable migraine without mention of status migrainosus
- 346.61 Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, without mention of status migrainosus
- 346.62 Persistent migraine aura with cerebral infarction, without mention of intractable migraine with status migrainosus
- 346.63 Persistent migraine aura with cerebral infarction, with intractable migraine, so stated, with status migrainosus
- 346.73 Chronic migraine without aura, with intractable migraine, so stated, with status migrainosus
- 346.82 Other forms of migraine, without mention of intractable migraine with status migrainosus
- 346.83 Other forms of migraine, with intractable migraine, so stated, with status migrainosus
- 346.92 Migraine, unspecified, without mention of intractable migraine with status migrainosus
- 346.93 Migraine, unspecified, with intractable migraine, so stated, with status migrainosus
- 723.2 Cervicocranial syndrome (Barre-Lieou syndrome, Posterior cervical sympathetic syndrome)
- 723.8 Other syndromes affecting cervical region (Cervical syndrome NEC, Klippel's disease, Occipital neuralgia)
- 784.0 Headache (Facial pain, Pain in head NOS)

Policy:

Occipital nerve stimulation has not received clearance by the FDA, and is **not medically necessary** as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure is effective.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit Booklet for applicable not medically necessary benefits/coverage.

Coding:

Occipital nerve stimulation is **not medically necessary**:

64553

64573

95970

95974

L8680

L8681

L8682

L8683

L8685

L8686

L8687

L8688

L8689

Also known as:

ONS

Related to:

Not applicable

Published:

Provider Update, January 2012

References:

Burns B, Watkins L, Goadsby PJ. Treatment of intractable chronic cluster headache by occipital nerve stimulation in 14 patients. *Neurology*;2009 Jan 27;72(4):341-5.

Burns B, Watkins L, Goadsby PJ. Treatment of medically intractable cluster headache by occipital nerve stimulation: long-term follow-up of eight patients. *Lancet*;2007;369:1099-1106.

Jasper JF, Hayek SM. Systematic Review: Implanted Occipital Nerve Stimulators. *Pain Physician*;2008; Mar-Apr;11(2):187-200.

Slavin et al. Peripheral neurostimulation for treatment of intractable occipital neuralgia. *Neurosurgery*;2006;Jan;58(1):112-9.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI

reserves the right to review and revise this policy for any reason and at any time, with or without notice.