Medical Policy
Occipital Nerve Stimulation

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Policy Number: 237
BCBSA Reference Number: 7.01.125
NCD/LCD: NA

Related Policies
- Spinal Cord Stimulation, #472

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Occipital nerve stimulation is considered INVESTIGATIONAL for all indications.

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products.
See below for situations where prior authorization may be required or may not be required for outpatient services.
Yes indicates that prior authorization is required.
No indicates that prior authorization is not required.
N/A indicates that this service is primarily performed in an inpatient setting.

<table>
<thead>
<tr>
<th></th>
<th>Outpatient</th>
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<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
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<td>Medicare PPO BlueSM</td>
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CPT Codes / HCPCS Codes / ICD Codes
The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.
Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

**CPT Codes**
There is no specific CPT code for this service.

**ICD Diagnosis Codes**
Investigational for all diagnoses.

**Description**
Occipital nerve stimulation delivers a small electrical charge to the occipital nerve in an attempt to prevent migraines and other headaches in patients 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 to join electrodes placed across one or both occipital nerves at the base of the skull. Continuous or intermittent stimulation may be used. Implanted peripheral nerve stimulators have been used for treatment of refractory pain for many years but have only recently been proposed for management of craniofacial pain.

Hemicrania continua, a type of vascular headache, cause moderate pain to severe pain on only one side of the head. The headache occurs daily and is continuous with no pain-free periods. Indomethacin usually provides rapid relief of symptoms.

Tension-type headache (TTH) has been known as muscle contraction headache, psychomyogenic headache, ordinary headache, idiopathic headache and even psychogenic headache. The pain is usually bilateral in location with a pressing or tightening quality.

Primary chronic headache is defined as headache occurring more than 15 days of the month for at least 3 months. Cluster headache is a headache that occurs in cyclical patterns or clusters of severe or very severe unilateral orbital or supraorbital and/or temporal pain. The intense pain is caused by the dilation of blood vessels, which creates pressure on the trigeminal nerve.

An example of an occipital nerve stimulation device for treatment of headache is the Synergy IPG from Medtronic. All occipital nerve stimulation devices for treatment of headache are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

**Summary**
Randomized controlled trials with greater numbers of patients and longer follow-up are needed. In addition, these trials must compare outcomes of occipital nerve stimulation with outcomes of other possible alternative treatments. The available evidence is insufficient to permit conclusions concerning the impact of occipital nerve stimulation on net health outcome. In addition, no implanted occipital nerve stimulators have received U.S. Food and Drug Administration (FDA) approval. Therefore, occipital nerve stimulation is considered investigational.

**Policy History**

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<thead>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References