

Occipital Nerve Stimulation (ONS)

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Occipital nerve stimulation (ONS) is a neurostimulation technique being investigated as a potential treatment of several conditions, including but not limited to, migraine headaches, hemicrania continua (aka, vascular headache), craniofacial pain, cluster headaches, and chronic, intractable pain of the trunk or limbs.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals*	None
National Coverage Determinations (NCDs)*	See References ^[1]
Noridian Healthcare Solutions (Noridian) Local	Peripheral Nerve Stimulation (L37360) (See the bulleted list of PNS of occipital nerves for indications with evidence of efficacy for potentially medically necessary indications when

Coverage Determinations (LCDs) and Articles (LCAs)*

PNS criteria are met, as well as the non-coverage statement of PNS for additional indications. The non-coverage statement for PNS applies to PNS of occipital nerves.)

For **chest wall respiratory sensor electrode (0466T)**:

- ✓ Non-Covered Services ([L35008](#))

**Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Description of the planned treatment, including the indication being treated, symptoms, prior attempted therapies, and the type of electrical stimulation;
- Name of stimulation device. (*Note, occipital nerve stimulators that have not yet been FDA-approved will not be covered.*)

REGULATORY STATUS

Occipital nerve stimulation (ONS) devices consist 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. Currently, there are no implanted ONS devices approved by the Food and Drug Administration (FDA). Medical devices that are not approved for marketing by the FDA “are considered investigational by Medicare and are not considered reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve functioning of a malformed body member.” Therefore, ONS devices that have not received FDA approval are non-covered, unless they are used in the context of an FDA-approved investigational (IDE) trial.^[1,2] For other types of peripheral nerve stimulators used in occipital nerve stimulation, see criteria provided above for coverage guidance.

CROSS REFERENCES

[Electrical Stimulation and Electromagnetic Therapy Devices](#), Durable Medical Equipment, Policy No. M-83

[Auricular Electrostimulation, Medicine](#), Policy No. M-146

[Peripheral Nerve Stimulation \(PNS\) and Peripheral Nerve Field Stimulation \(PNFS\)](#), Surgery, Policy No. M-205

REFERENCES

1. NCD for Electrical Nerve Stimulators ([160.7](#))
2. Noridian LCD for Non-Covered Services (L35008) (*This LCD can be found on the [Medicare Coverage Database](#) website*)
3. Medicare Benefit Policy Manual, Chapter 14 – Medical Devices, [§10 – Coverage of Medical Devices](#)

CODING

Codes	Number	Description
CPT	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 two or more electrode arrays
	64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve
	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
	64568	Incision for 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
	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
	64585	Revision or removal of peripheral neurostimulator electrode array
	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling
	64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver
	64999	Unlisted procedure, nervous system
	95970	Electronic analysis of implanted neurostimulator pulse generator/transmitter (e.g., contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve,, spinal cord, peripheral nerve, or sacral nerve neurostimulator pulse generator/transmitter, without programming
	95971	; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional

Codes	Number	Description
	95972	; wotj complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional
	0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator (List separately in addition to code for primary procedure)
HCPCS	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
	C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system
	L8679	Implantable neurostimulator, pulse generator, any type
	L8680	Implantable neurostimulator electrode, each (<i>Code non-covered by Medicare – see L8679</i>)
	L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only
	L8682	Implantable neurostimulator radiofrequency receiver
	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension (<i>Code non-covered by Medicare – see L8679</i>)
	L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension (<i>Code non-covered by Medicare – see L8679</i>)
	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension (<i>Code non-covered by Medicare – see L8679</i>)
	L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension (<i>Code non-covered by Medicare – see L8679</i>)
	L8689	External recharging system for battery (internal) for use with implantable neurostimulator

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.