



MEDICAL COVERAGE POLICY

SERVICE: Occipital Nerve Stimulation

Policy Number: 074

Effective Date: 11/01/2021

Last Review: 09/23/2021

Next Review Date: 09/23/2022

Important note:

Unless otherwise indicated, this policy will apply to all lines of business. Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Not applicable.

POLICY: For Medicare lines of business only: CMS recognizes two general classifications of electrical nerve stimulators for treatment of chronic intractable pain: peripheral nerve stimulators and central nervous system stimulators. CMS coverage is available under the prosthetic device benefit for implanted peripheral nerve stimulators. Please refer to NCD for guidance.

For ALL other lines of business BSWHP considers occipital nerve stimulation investigational/experimental or unproven. This modality has not been shown to have any proven benefit in intractable headache and that many non-invasive methods of pain control are available.

OVERVIEW: Occipital nerve stimulation (ONS) delivers a small electrical charge to the occipital nerve in an attempt to prevent migraines and other headaches or to treat occipital neuralgia 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 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. Implanted peripheral nerve stimulators have been used for treatment of refractory pain for many years but only recently proposed for management of craniofacial pain. Occipital, supraorbital, and infraorbital stimulation have been reported in the literature. ONS has not been shown to have any proven benefit in intractable headache and that many non-invasive methods of pain control are available.

Occipital neuralgia (ON) is a rare neurological disorder characterized by piercing, throbbing, or electric-shock-like pain in the upper neck, back of the head, and behind the ears, usually on one side of the head. Typically, the pain of ON begins in the neck and spreads upwards. Some individuals also experience pain in the scalp, forehead, and behind the eyes. The location of pain is related to the course of the greater and lesser occipital nerves, which runs from the site at which the spinal cord meets the skull, up to the scalp at the back of the head. ON can occur due to irritation or injury of the occipital nerve; however, in many cases the cause is unknown. A wide range of therapies has been used for the management of intractable ON. Conservative treatment options include analgesics and other types of drugs, which may be supplemented with injections of anesthetic and steroid to reduce

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inflammation and block transmission of pain signals. If conservative treatments fail, patients with ON may undergo surgery to decompress or destroy segments of the occipital nerve. These surgical techniques are highly invasive, and they may not provide complete, long-term relief.

MANDATES:

CODES:

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|--------------|---|
| CPT Codes: | <p>61885 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array</p> <p>61886 Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays</p> <p>61888 Revision or removal of cranial neurostimulator pulse generator or receiver</p> <p>64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve</p> <p>64555 Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)</p> <p>64568 Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator</p> <p>64569 Revision or replacement of cranial nerve (eg vagus nerve) neurostimulator electrode array, including connection to existing pulse generator</p> <p>64575 Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)</p> <p>64590 Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling</p> <p>64595 Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver</p> |
| ICD10 codes: | <p>G43.xxx Migraine</p> <p>G44.0xx Cluster headaches and other trigeminal autonomic cephalgias</p> <p>G44.1 Vascular headache</p> <p>G44.2xx Tension-type headache</p> <p>G44.5x Complicated headache syndromes</p> <p>R51 Headache</p> |
| HSPCS Codes | <p>C1767 Generator neurostimulator (implantable) non-rechargeable</p> <p>C1778 Lead, neurostimulator</p> <p>C1787 Patient programmer, neurostimulator</p> <p>C1816 Receiver and/or transmitter neurostimulator (implantable)</p> <p>C1820 Generator, neurostimulator (implantable), non-high-frequency with rechargeable battery and charging system</p> <p>C1822 Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system</p> <p>C1897 Lead neurostimulator test kit (implantable)</p> <p>L8679 Implantable neurostimulator, pulse generator any type</p> <p>L8680 Implantable neurostimulator electrode, each</p> <p>L8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only</p> <p>L8682 Implantable neurostimulator radiofrequency receiver</p> <p>L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver</p> <p>L8685 Implantable neurostimulator pulse generator, single array, rechargeable</p> |

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| | <p>includes extension L8686 Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension L8688 Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension</p> |
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CMS: NCD 160.7:

“Two general classifications of electrical nerve stimulators are employed to treat chronic intractable pain: peripheral nerve stimulators and central nervous system stimulators.”

“Payment may be made under the prosthetic device benefit for implanted peripheral nerve stimulators. Use of this stimulator involves implantation of electrodes around a selected peripheral nerve. The stimulating electrode is connected by an insulated lead to a receiver unit which is implanted under the skin at a depth not greater than 1/2 inch. Stimulation is induced by a generator connected to an antenna unit which is attached to the skin surface over the receiver unit. Implantation of electrodes requires surgery and usually necessitates an operating room.”

POLICY HISTORY:

| Status | Date | Action |
|----------|-----------|---|
| New | 10/1/2010 | New policy |
| Reviewed | 8/30/2012 | Reviewed. |
| Reviewed | 5/30/2013 | CMS coverage updated. ICD10 codes added.. |
| Reviewed | 5/22/2014 | No changes |
| Reviewed | 5/28/2015 | No changes |
| Reviewed | 6/09/2016 | No changes |
| Reviewed | 5/16/2017 | No appreciable changes |
| Reviewed | 4/03/2018 | No changes |
| Reviewed | 6/27/2019 | Updated codes |
| Reviewed | 9/24/2020 | Re-formatted for SWHP/FirstCare |
| Reviewed | 9/23/2021 | No changes |

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. Trentman TL, Rosenfeld DM, Vargas BB et al. Greater occipital nerve stimulation via the Bion Microstimulator; implantation technique and stimulation parameters Clinical Trial: NCT00205894. Pain Physician 2009; 12(3):621-8.
2. Schwedt TJ, Dodick DW, Trentman TL et al. Occipital nerve stimulation for chronic headache--long-term safety and efficacy. Cephalalgia 2007; 27(2):153-7.
3. Schwedt TJ, Dodick DW, Trentman TL et al. Response to occipital nerve block is not useful in predicting efficacy of occipital nerve stimulation. Cephalalgia 2007; 27(3):271-4.



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4. Burns B, Watkins L, Goadsby P. Treatment of intractable chronic cluster headache by occipital nerve stimulation in 14 patients. *Neurology* 2009; 72(4):341-5.
5. Burns B, Watkins L, Goadsby P. Treatment of hemicrania continua by occipital nerve stimulation with a bion device: long-term follow-up of a crossover study. *Lancet Neurol* 2008; 7(11):1001-12.
6. Reed KL, Black SB, Bant CJ 2 nd et al. Combined occipital and supraorbital neurostimulation for the treatment of chronic migraine headaches: initial experience. *Cephalalgia* 2009 Sep 3 [Epub ahead of print].
7. Clinical Trials.gov. Accessible at <http://clinicaltrials.gov/ct2/results?term=occipital+nerve+stimulation>
8. British Association for the Study of Headache (BASH). Guidelines for All Healthcare Professionals in the Diagnosis and Management of Migraine, Tension-Type Headache, Cluster Headache, Medication-Overuse Headache. 2010. Available at: http://217.174.249.183/upload/NS_BASH/2010_BASH_Guidelines.pdf. Accessed May 5, 2012.

Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.