Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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**Description:**

Peripheral nerve stimulation (PNS) is a technique in which electrodes are placed along the course of peripheral nerves to administer a weak electrical current to control pain.

PNS of the occipital nerve and the trigeminal nerve has been investigated for the treatment of craniofacial pain related to occipital or trigeminal neuralgia and for the treatment of chronic headaches, including migraines.
OCCIPITAL AND TRIGEMINAL PERIPHERAL NERVE STIMULATION (cont.)

Criteria:

For peripheral subcutaneous field stimulation, see BCBSAZ Medical Coverage Guideline #O752, “Peripheral Subcutaneous Field Stimulation”.

➢ Occipital and/or trigeminal peripheral nerve stimulation for all indications is considered experimental or investigational based upon:

1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
2. Insufficient evidence to support improvement of the net health outcome.

These indications include, but are not limited to:

▪ Chronic headache
▪ Craniofacial pain

Resources:

Literature reviewed 05/24/16. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.


Resources: (cont.)


OCCIPITAL AND TRIGEMINAL PERIPHERAL NERVE STIMULATION (cont.)

Resources: (cont.)

18. Mayo Clinic. Occipital Nerve Stimulation found to be safe, effective treatment for chronic headache. 04/05/2006 2006.


OCCIPITAL AND TRIGEMINAL PERIPHERAL NERVE STIMULATION (cont.)

**Resources:** (cont.)


