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SHP Headache Treatments

AUTH: SHP Surgical 103 v6 (AC)

MCG Health
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Coverage

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For coverage of medications/pharmaceuticals (e.g. Botulinum toxin) associated with this policy see Medical Pharmacy Pre-Auth forms.

See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Headache treatments are management aids including nerve blocks, devices, surgical procedures, and pharmaceutical injections that prevent or decrease types of headaches and migraine disorders.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following treatments for chronic headaches, including migraine, cervicogenic/cluster headache or occipital neuralgia as they are not shown to improve health outcomes upon technology review:
 - Block, ablation, or electrical stimulation of the sphenopalatine ganglion (e.g., SphenoCath)
 - Cervical rhizotomy
 - Closure of patent foramen ovale
 - Cryo-denervation
 - Decompressive neck surgery
 - Dorsal column stimulation
 - Electrical stimulation of the occipital nerve

- Ganglionectomy
 - Manipulation or repositioning of any muscle or other soft tissue within these areas
 - Nasal or sinus surgery, including, but not limited to procedures involving the nasal septum, turbinates or sinuses, when performed for the treatment of chronic headache when there is no evidence of acute or chronic sinus disease
 - Nerivio Device
 - Nerve decompression
 - Neurectomy
 - Neurolysis of the great occipital nerve with or without section of the inferior oblique muscle
 - Neuroplasty
 - Occipital nerve stimulation
 - Radiofrequency ablation (thermal or pulsed) or denervation of cervical facet joints
 - Resection of musculature, including but not limited to the corrugator supercilii muscle, or any soft tissue from the forehead, periorbital, occipital or other facial or scalp areas
 - Suboccipital nerve stimulation
 - Supraorbital nerve stimulation
 - Surgical deactivation of migraine headache refractory to conventional medical treatment
 - Surgical release of the lesser occipital nerve within the trapezius and other procedures to decompress occipital nerves.
 - Upper cervical radiofrequency ablation
 - Vascular surgery as treatments for refractory migraine headache
- There is insufficient scientific evidence to support the medical necessity of headache treatments for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Headache treatments are considered medically necessary for **1 or more** of the following:
 - Occipital and trigeminal nerve block for **ALL** of the following:
 - Individuals with poor tolerance to medications and treatment is for **1 or more** of the following:
 - Occipital and trigeminal neuralgia
 - Prolonged migraine
 - Cervicogenic cluster migraine headaches if conservative treatments have failed
 - Treatment has not been given in the last 6 weeks.
- The treatment of chronic headaches, including migraine, cervicogenic/cluster headache or occipital neuralgia are **NOT COVERED** for **ANY** of the following:
 - Block, ablation, or electrical stimulation of the sphenopalatine ganglion (e.g., SphenoCath)
 - Cervical rhizotomy
 - Closure of patent foramen ovale
 - Cryo-denervation
 - Decompressive neck surgery
 - Dorsal column stimulation
 - Electrical stimulation of the occipital nerve
 - Ganglionectomy
 - Manipulation or repositioning of any muscle or other soft tissue within these areas
 - Nasal or sinus surgery, including, but not limited to procedures involving the nasal septum, turbinates or sinuses, when performed for the treatment of chronic headache when there is no evidence of acute or chronic sinus disease
 - Nerivio Device
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 - Neurolysis of the great occipital nerve with or without section of the inferior oblique muscle
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 - Resection of musculature, including but not limited to the corrugator supercilii muscle, or any soft tissue from the forehead, periorbital, occipital or other facial or scalp areas
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- Surgical deactivation of migraine headache refractory to conventional medical treatment
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- Upper cervical radiofrequency ablation
- Vascular surgery as treatments for refractory migraine headache

Document History

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- Revised Dates:
 - 2022: March
 - 2021: November
 - 2020: April
 - 2019: November
 - 2016: February, March
 - 2015: April, October
 - 2014: April
- Reviewed Dates:
 - 2023: March
 - 2022: April
 - 2021: April
 - 2019: February
 - 2018: October
 - 2017: November
 - 2015: March
- Effective Date: 2013: April

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 64400 - Injection, anesthetic agent; trigeminal nerve, any division or branch
 - CPT 64405 - Injection, anesthetic agent; greater occipital nerve
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 64505 - Injection, anesthetic agent; sphenopalatine ganglion
 - CPT 64633 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
 - CPT 64634 - Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
 - CPT 64744 - Transection or avulsion of; greater occipital nerve
 - HCPCS K1023 - Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2023). Retrieved Feb 16, 2023, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2023). Retrieved Feb 16, 2023, from DMAS: <https://www.dmas.virginia.gov/>

(2023). Retrieved Feb 16, 2023, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Headache%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%2527B%2522page%2522:0,%2522size%2522:50%2527D,%2522type%2522:%2522all%2522,%2522sources%2522:%2525B%25>

(2023). Retrieved Feb 17, 2023, from CMS: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=Headache&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all>

Cluster headache: Treatment and prognosis. (2023, Jan 23). Retrieved Feb 17, 2023, from UpToDate: https://www.uptodate.com/contents/cluster-headache-treatment-and-prognosis?search=Surgical%20Treatment%20for%20headaches&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Headache Guidelines. (2022). Retrieved Feb 17, 2023, from American Headache Society (AHS): https://headachejournal.onlinelibrary.wiley.com/hub/journal/15264610/headache_guidelines.htm

Surgical Treatment for the Cluster Headache. (2021, May). Retrieved Feb 17, 2023, from The World Neurosurgery: <https://www.sciencedirect.com/science/article/abs/pii/S1878875020326255>

Codes

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CPT® : 64400, 64405, 64505, 64633, 64634, 64744
HCPCS: K1023

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