

Headache Treatments

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<u>Coverage Policy</u>	Surgical 103
<u>Version</u>	7

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details [*](#).

Purpose:

This policy addresses Headache Treatments.

Description & Definitions:

Headache treatments are management aids including nerve blocks, devices, surgical procedures, and pharmaceutical injections that prevent or decrease types of headaches and migraine disorders (chronic headaches, including migraine, cervicogenic/cluster headache or occipital neuralgia).

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

Criteria:

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.

Headache Treatments for chronic headaches, including migraine, cervicogenic/cluster headache or occipital neuralgia are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- 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 supercillii 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

Coding:

Medically necessary with criteria:

Coding	Description
64400	Injection, anesthetic agent; trigeminal nerve, any division or branch
64405	Injection, anesthetic agent; greater occipital nerve

Considered Not Medically Necessary:

Coding	Description
64505	Injection, anesthetic agent; sphenopalatine ganglion
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint
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)
64744	Transection or avulsion of; greater occipital nerve
K1023	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: March
- 2021: November
- 2020: April

- 2019: November
- 2016: February, March
- 2015: April, October
- 2014: April

Reviewed Dates:

- 2024: March
- 2023: March
- 2022: April
- 2021: April
- 2019: February
- 2018: October
- 2017: November
- 2015: March

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- April 2013

References:

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

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Headache Treatments, Surgical 103 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