

Headache Treatments

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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).

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 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

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

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

Effective Date:

- 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: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

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.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

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

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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