Medical Affairs Policy

**Service:** Occipital Nerve Block and Headache Treatments

*PUM 250-0010*

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<th>Medical Policy Committee Approval</th>
<th>03/17/17</th>
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<tr>
<td>Effective Date</td>
<td>07/01/17</td>
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<tr>
<td>Prior Authorization Needed</td>
<td>Yes</td>
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**Disclaimer:** This policy is for informational purposes only and does not constitute medical advice, plan authorization, an explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services listed in this policy. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all their coverage determinations. Contact customer services as listed on the member card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science and are reviewed annually and subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG to assist in administering health benefits. This medical policy and MCG guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. To obtain additional information about MCG, email medical.policies@wpsic.com.

**Description:**

An occipital nerve block is an injection of a local anesthetic with or without steroid near the occipital nerves that are located on the back of the head above the neck, for the management of head pain.

Occipital nerve blocks have been used for the management of occipital neuralgia, cluster headache, cervicogenic headache, and migraine. The literature regarding diagnosis and management of occipital neuralgia is conflicting. The pathophysiology of occipital neuralgia is uncertain. Treatment for the condition is largely conservative although injection therapy, electrical stimulation, neurostimulation, and surgical intervention, including occipital neurectomy, radiofrequency ablation, and denervation have been utilized. The effectiveness of these therapies has not been established in peer-reviewed literature, but injection therapy has been widely used.

**Related Policies:**

- For botulinum toxin not administered by occipital nerve block, see the health plan Drug Prior Authorization List
- For oxygen treatment for cluster headache, use MCG criteria
- For devices used to prevent or treat migraine, see Non-Covered Services Medical Policy
- For biofeedback to treat migraine headache, see Biofeedback Medical Policy
**Indications of Coverage:**

An occipital nerve block is considered medically necessary for chronic (at least three months in duration) pain consistent with occipital neuralgia as manifested by all the following:

A. Unilateral or bilateral pain located in the distribution of the greater, lesser, and/or third occipital nerve

B. Pain has at least two of the following characteristics:
   a. Recurring in paroxysmal attacks lasting from a few seconds to minutes
   b. Severe intensity
   c. Shooting, stabbing, or sharp quality

C. Pain is associated with both of the following:
   a. Dysesthesia (unpleasant sensation, burning, or tingling) and / or allodynia (painful response to a normally non-painful stimuli) apparent during innocuous stimulation of the scalp and/or hair
   b. At least one of the following:
      i. Tenderness over the affected nerve branches
      ii. Trigger points at the emergence of the greater occipital nerve or the area of distribution of C2

D. A one-month trial of an oral anti-inflammatory medication (or analgesic medication if anti-inflammatory medications are contraindicated) used on a regular basis has been ineffective

**Repeat Injection:**

If the previous injection with steroid provided significant (at least 50 percent) relief for a minimum of four weeks, repeat injection may be approved. A maximum of four injections (diagnostic or therapeutic) in a twelve-month period are considered medically necessary. Bilateral injections will count as two injections. See Limitations of Coverage section.

**Limitations of Coverage:**

A. Review contract and endorsements for exclusions and prior authorization or benefit requirements.

B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental, investigational, and unproven to affect health outcomes.

C. If used for a condition/diagnosis that is listed in the Indications of Coverage but the criteria are not met, deny as not medically necessary.
D. Occipital nerve blocks for the management of chronic headache and migraine headaches in the absence of symptoms consistent with occipital neuralgia are not medically necessary.

E. Occipital Neurectomy / nerve decompression (supraorbital, supratrochlear, zygomaticotemporal, or greater occipital nerves) for headache and occipital neuralgia are considered experimental, investigational, and unproven to affect health outcomes

F. Radiofrequency ablation (thermal or pulsed) or denervation for treatment of occipital neuralgia or headaches including migraine, cluster and cervicogenic headache are considered experimental, investigational, and unproven to affect health outcomes

G. Neurostimulation or electrical stimulation for treatment of occipital neuralgia or headaches including migraine, cluster and cervicogenic headache is considered experimental, investigational, and unproven to affect health outcomes

H. More than four injections (diagnostic or therapeutic) in a twelve-month period are considered not medically necessary. Bilateral injections will count as two injections.

I. Occipital nerve block using Botulinum toxin for cervicogenic headache and occipital neuralgia is considered experimental, investigational, and unproven to affect health outcomes.

**Documentation Required:**

- Office notes
- Procedure report

**References:**


8. MCG 21st ed. ACG A-0578 Migraine Headache, Surgical Treatment

9. MCG 21st ed. ACG A-0716 Occipital Nerve Stimulation


WPS / Arise Review History:

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➢ Note: For review/revision history prior to 2014 see previous Medical Policy or Coverage Policy Bulletin

Approved by the Medical Director