

Medical Policy



Occipital Nerve Block Therapy for the Treatment of Headache and Occipital Neuralgia

Policy Number: PG0389

Last Reviewed Date: 02/01/2025

Last Revised: 02/01/2025

HMO AND PPO

ELITE (MEDICARE ADVANTAGE)

MARKETPLACE

GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.

SCOPE:

☒ Professional

☐ Facility

DESCRIPTION:

Cervicogenic headache and occipital neuralgia are conditions whose diagnosis and treatment have been gradually refined over the last several years. This terminology has come to refer to specific types of unilateral headache thought to arise from impingement or entrapment of the occipital nerves and/or the upper spinal vertebrae. Compression and injury of the occipital nerves within the muscles of the neck and compression of the second and third cervical nerve roots are felt to be responsible for the symptoms, including unilateral and occasionally bilateral head, neck, and arm pain.

Various treatments have been advocated for cervicogenic headache and occipital neuralgia. Oral analgesics and anti-inflammatory agents are effective for some patients, but there is a population of patients who do not experience pain relief with these medications. Local injections or nerve blocks, epidural steroid injections, radiofrequency ablation of the planum nuchae, electrical stimulation, rhizotomy, ganglionectomy, nerve root decompression, discectomy and spinal fusion have all been investigated in the treatment of headache and occipital neuralgia.

Greater occipital nerve block (GONB) or nerve block therapy has been proposed as a treatment of medically intractable chronic headache types, including migraine, cluster, cervicogenic and occipital neuralgia, using locally injected anesthetics with or without the addition of corticosteroid preparations. To date, the published evidence regarding the use of occipital nerve therapy as a treatment option for chronic headache syndromes, including occipital neuralgia, has been limited to case series and individual case reports at single institutions and headache centers. Some preliminary studies investigating the use of occipital nerve block therapy as a treatment for occipital neuralgia and chronic headaches have shown some improvement in pain management for some individuals (ranging widely from no relief to hours or weeks/months of pain relief).

POLICY:

Paramount Commercial Insurance Plans and Medicare Advantage Plans

- **Occipital nerve block therapy (64405) does not require prior authorization for up to six (6) injections per calendar year, when the coverage criteria indicated below are met.**
- **Prior authorization is required for seven (7) injections or more per calendar year.**

COVERAGE CRITERIA:

Paramount Commercial Insurance Plans and Medicare Advantage Plans

Paramount has determined that the initial occipital nerve block therapy for the treatment of occipital neuralgia and headache syndromes is considered medically necessary when ALL the following are met:

- A comprehensive headache evaluation must be performed with consideration of alternative causes (e.g., exertional headache, medication overuse headache)
- Clinical findings and/or imaging studies suggest no other obvious cause of the headache
- Conservative treatment has failed (e.g., medications, physical therapy)

For recurrent second and subsequent occipital nerve block therapy for the treatment of occipital neuralgia and headache syndromes is considered medically necessary when ALL the following are met:

- All the above, initial occipital nerve block coverage criteria, has been met
- There was clinically meaningful improvement after the first (initial) injection, at least 51% or greater benefit
- There is clinically meaningful improvement after each injection

Exclusions:

- Continuation of treatment when prior block(s) therapy was not effective

CODING/BILLING INFORMATION:

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT/HCPCS CODES

64405	Injection, anesthetic agent; greater occipital nerve
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REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 12/16/2016

Date	Explanation & Changes
12/16/2016	Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
08/25/2017	<ul style="list-style-type: none">• Occipital nerve block therapy (64405) up to six (6) injections per calendar year does not require prior authorization• Prior authorization is required for seven (7) injections or more per calendar year• Removed ICD-10 diagnosis codes from policy• Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
07/26/2018	<ul style="list-style-type: none">• Verbiage "twice a month for three months" was removed from the criteria• Policy reviewed and updated to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG)
12/28/2020	<ul style="list-style-type: none">• Medical policy placed on the new Paramount Medical policy format
03/01/2023	<ul style="list-style-type: none">• Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023
02/01/2024	<ul style="list-style-type: none">• Medical Policy reviewed and updated to reflect the most current clinical evidence• Clarified Coverage Criteria
02/01/2025	<ul style="list-style-type: none">• Policy reviewed and maintained• No changes to coverage criteria

Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to

<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

REFERENCES/RESOURCES

PG0389-02/01/2025

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies
<https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting
<https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs)
<https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>
U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>

Hayes, Inc., <https://www.hayesinc.com/>

Industry Standard Review