GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

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 generally 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 chronic daily headache (M54.81, R51) is non-covered. Occipital nerve block therapy (64405) does not require prior authorization for other indications.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount has determined that occipital nerve block therapy is experimental and investigational for the treatment of occipital neuralgia and headache syndromes including, but not limited to, chronic migraine, chronic daily headache, cervicogenic and cluster headache (G43.001-G43.919, G44.001-G44.89, M54.81, R51) is non-covered because there is insufficient evidence in the peer-reviewed medical literature of the effectiveness of this procedure. Occipital nerve block therapy is covered for other indications that are not listed above.

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.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>64405</td>
<td>Injection, anesthetic agent; greater occipital nerve</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10-CM CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.001-G43.919</td>
</tr>
<tr>
<td>G44.001-G44.89</td>
</tr>
</tbody>
</table>
Occipital neuralgia
Headache

TAWG REVIEW DATES: 12/16/2016

REVISION HISTORY EXPLANATION
12/16/16: Policy created to reflect most current clinical evidence per The Technology Assessment Working Group (TAWG).

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://dfs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.