University of Michigan Health Plan

BENEFIT COVERAGE POLICY

Title: BCP-84 Greater Occipital Nerve Blocks

Effective Date: 7/1/2025

Important Information - Please Read Before Using This Policy

The following coverage policy applies to health benefit plans administered by UM Health Plan and may not be covered by all UM Health Plan plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Coverage determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact UM Health Plan Customer Service to discuss plan benefits more specifically.

1.0 Policy:

The Health Plan covers Greater Occipital Nerve Blocks when deemed medically necessary and is supported by clinical documentation to meet criteria below. Greater Occipital Nerve Blocks services require prior approval for coverage of Covered Health Services.

For all non-network covered services to be paid at the network benefit level except for emergency/urgent services, prior approval is required.

Refer to member's benefit coverage document for specific benefit description, guidelines, coverage, and exclusions.

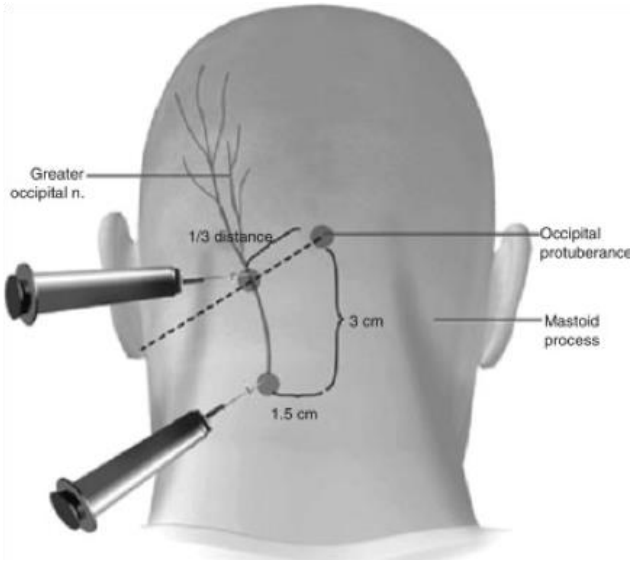
Unlisted codes are subject to review.

2.0 Background:

Occipital neuralgia (ON) is a neuropathic form of head/neck pain. It is characterized by unilateral or bilateral paroxysmal, shooting, or stabbing pain located in the posterior part of the scalp, involving the distribution of the greater, lesser, and/or third occipital nerves. It may also present alongside diminished sensation or dysesthesia in the affected area and commonly exhibits tenderness over the involved nerves. Additionally, the pain may be associated with dysesthesia and/or allodynia during innocuous stimulation of the scalp or hair, along with tenderness over the affected nerve branches or trigger points at the emergence of the greater occipital nerve or in the distribution of C2. The diagnostic criteria include experiencing pain in the distribution of these nerves, with characteristics such as recurring paroxysmal attacks lasting from seconds to minutes, intense severity, and a shooting, stabbing, or sharp quality. The exact prevalence is unknown due to historical diagnostic ambiguity, and it is often mistaken for migraines, tension headaches, or other common headache disorders. Estimates suggest Occipital Neuralgia may have a total incidence of 3.2 per 100,000 people (Djavaherian and Guthmiller, 2023).

Management options for ON are aimed at pain relief or functional improvement and often include conservative measures such as physical therapy, heat, rest, and/or oral medications. Commonly used medications include muscle relaxants, anticonvulsants, antidepressants, and/or anti-inflammatory agents. When conservative treatments are ineffective, more invasive procedures may be considered. Notably, greater occipital nerve (GON) block, a procedure involving the injection of a steroid or local anesthetic into the area around the greater occipital nerve, is a prominent treatment method which

may provide significant pain relief for some patients (American Association of Neurological Surgeons [AANS], 2024).



3.0 Clinical Determination Guidelines:

A. Initial/Diagnostic Greater Occipital Nerve Block

1. Member must meet ALL the following criteria:

i. Clinical findings and/or imaging studies suggest no other obvious cause of the headache.

ii. Symptoms consistent with a diagnosis of Occipital Neuralgia, which may include:

a. Shooting, shocking, throbbing, burning, stabbing, or aching pain

b. Headache that generally starts at the base of the head and spreads along the scalp on one or both sides of the head

iii. Examination findings including:

a. Dysesthesia (abnormal sensation in the absence of stimulus), allodynia (hypersensitivity to light touch), or diminished sensation over the scalp or hair, typically in an occipital distribution.

b. Tenderness over the affected nerve branches OR Trigger points at the emergence of the Greater/Lesser Occipital Nerve or in the distribution of C2.

iv. Member must have a documented attempt of conservative measures including but not limited to:

a. Home self-care program, which may include **ANY** of the following:

1. Rest
2. Massage
3. Heat/ice
4. Home exercises

b. Medication (topical and oral), these need to be titrated to ensure an appropriate dose was trialed (generally 2 weeks of treatment with up-titration of dosing to ensure failure is not due to under-dosing):
    1. Muscle relaxants, including Cyclobenzaprine and other compounds in this class.
    2. Atypical pain medications such as Gabapentin, Pregabalin, Duloxetine, Venlafaxine or similar compounds.
    3. Non-opioid analgesics including acetaminophen or anti-inflammatory medications such as Ibuprofen, Naprosyn, or other compounds in this class.
c. **OR** have documentation of pain that severely limits activities of daily living and normal function, in which case a 2-week trial of conservative care may be impractical.

B. Second and Subsequent Greater Occipital Nerve Blocks
    1. Member must meet ALL the following criteria:
        i. All the criteria for the Initial Greater Occipital Nerve Block have been met, see A.1.
        ii. Member has not exceeded more than four dates of service for greater occipital nerve blocks during a rolling calendar year.
        iii. Clinically meaningful improvement after each injection
            a. Clinically meaningful improvement is defined as improvement in pain or functional ability for a duration of relief consistent with the diagnostic agent used.

C. Greater Occipital Nerve Block is considered not medically necessary for any other indications such as:
    i. Exertional headache
    ii. Migraine with or without aura
    iii. Medication overuse headache

    ***Note:** Occipital Neuralgia may occur in conjunction with other conditions. For example, a member could have ON and Exertional Headaches. If the member met the criteria above for GON Block to treat their ON, the co-existence of their exertional headache would not exclude coverage for the GON Block.

D. Occipital nerve ablation by any method is considered experimental, investigational, or unproven.

4.0 Coding:

Prior Approval Legend: Y = All lines of business; N = None required; 1 = HMO/POS; 2 = EPO/PPO; 3 = ASO group L0000264; 4 = ASO group L0001269 Non-Union & Union; 5 = ASO group L0001631; 6

= ASO group L0002011; 7 = N/A; 8 = ASO group L0002184; 9 = ASO group L0002237; 10 = ASO group L0002193.

COVERED CODES			
Code	**Description**	**Prior Approval**	**Benefit Plan Cost Share Reference**
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Y	PCP/specialist visit OR associated services received during a visit OR professional fees for surgical and medical services

5.0 Unique Configuration/Prior Approval/Coverage Details:

None

6.0 Terms & Definitions:

Greater Occipital Nerve (GON) block: procedure involving the injection of a steroid or local anesthetic into the area around the greater occipital nerve.

Occipital Neuralgia: is a condition in which the occipital nerves, the nerves that run through the scalp, are injured, or inflamed.

7.0 References, Citations & Resources:

Djavaherian DM, Guthmiller KB. Occipital Neuralgia. [Updated 2023 Mar 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK538281/

Evans, Adam G.[1]; Joseph, Kardeem S.[1]; Samouil, Marc M.[1]; Hill, Dorian S.[1]; Ibrahim, Maryo M.[1]; Assi, Patrick E.[2]; Joseph, Jeremy T.[2]; Kassis, Salam Al[2]. Nerve blocks for occipital headaches: A systematic review and meta-analysis. Journal of Anaesthesiology Clinical Pharmacology 39(2):p 170-180, Apr–Jun 2023. | DOI: https://doi.org/10.4103/joacp.joacp_62_21

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Hayes, Inc., Greater Occipital Nerve Block for Treatment of Migraine. Health Technology Assessment. Hayes. Inc. September 5, 2019. Annual Review October 10, 2022. Available at: www.hayesinc.com

The International Classification of Headache Disorders 3rd Edition:

Bartsch T, Goadsby P. Anatomy and physiology of pain referral in primary and cervicogenic headache disorders. Headache Curr 2005; 2: 42-48.

Boes Ch. C2 myelitis presenting with neuralgiform occipital pain. Neurology 2005; 64: 1093-1094.

Bogduk N et al The anatomy and pathphysiology of neck pain. Phys Med Rehabil Clin North Amer 2005; 14: 455-472.

Ehni G, Benner B. Occipital neuralgia and the C1-C2 arthrosis syndrome. J Neurosurg 1984; 61: 961–965.)

Pilitsis, Julie; Khazen, Olga. Occipital Neuralgia: American Association of Neurological Surgeons. Available from: https://www.aans.org/en/Patients/Neurosurgical-Conditions-and-Treatments/Occipital-Neuralgia

8.0 Associated Documents [For internal use only]:

Policies & Procedures (P&P):

- · MMP-02 Transition and Continuity of Care
- · MMP-09 Benefit Determinations
- · UMPP-02 Peer to Peer Conversations

Standard Operating Procedure (SOP):

- · MMS-03 Algorithm for Use of Criteria for Benefit Determinations
- · MMS-45 UM Nurse Review
- · MMS-52 Inpatient Case Process in CCA
- · MMS-53 Outpatient Case Process in CCA

Sample Letter:

- · TCS Approval Letter
- · Clinically Reviewed Exclusion Letter
- · Partial Approval-Partil Denial Letter
- · Specific Exclusion Denial Letter,
- · Lack of Information Letter

Form – Request Form:

- · Out of Network/ Prior Authorization
- · Outpatient Rehabilitation Request Form.

9.0 Revision History

Original Effective Date: 03/15/2025

Next Review Date: 06/17/2026

Revision Date	Reason for Revision
3/2024	Policy created; approved in BCC on 4/1/24 with an effective date of 7/1/24. Pending MMC approval.
6/2024	Policy presented and approved at the Medical Management Committee on 6/12/2024.
3/25	Annual review; Removed “ASO group L0001269 Union Only” from the Prior Approval Legend and added “N/A” as a placeholder for future product(s), Reformatted Associated documents section; References reviewed, EviCore reference link updated