

This content has been created to supplement the MCG care guidelines. MCG Health has neither reviewed nor approved the modified material.

RMHP Occipital Nerve Ablation

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[Link to Codes](#)

- [Introduction](#)
- [Clinical Indications for Procedure](#)
- [Alternatives](#)
- [Evidence Summary](#)
- [Reviewer Guidance](#)
- [References](#)
- [Policy History](#)
- [Codes](#)

Introduction

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

Nerves send messages to the brain, including pain signals. When there is an injury or other problem, a message of pain travels along the nerve, to the spinal cord, and then into the brain. One way to try to treat chronic pain is to destroy (ablate) a small portion of the nerve that is sending the pain signal. This technique has been well studied and is proven in very limited situations, such as cancers of the head and neck. However, destroying part of a nerve to try to treat chronic headaches or facial pain is investigational (unproven). While some small, early studies have shown promise, more, larger, and longer high-quality studies are needed to determine whether nerve ablation is truly effective for chronic headaches and facial pain.

Description: Radiofrequency ablation is performed percutaneously. During the procedure, an electrode that generates heat produced by radio waves is used to create a lesion in a sensory nerve with the intent of inhibiting transmission of pain signal from the sensory nerve to the brain.

Clinical Indications for Procedure

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

Occipital nerve ablation by any method to treat occipital neuralgia or headaches, including migraine and cervicogenic headaches is considered experimental, investigational, or unproven and not medically necessary due to insufficient evidence of efficacy. Current role remains uncertain. Based on review of existing evidence, there are currently no clinical indications for this technology to treat these conditions.

- For **ALL Plans**, the request is for occipital nerve ablation (destruction by neurolytic agent) and **ALL** of the following
 - The Member has documented malignancy (cancer) of the head and/or neck with associated pain

Alternatives

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

Alternatives for chronic cluster headaches include oxygen inhalation and pharmacologic management. Alternatives for migraine headache include biofeedback, calcitonin gene-related peptide (CGRP) receptor antagonists (eg, eptinezumab, erenumab, fremanezumab, galcanezumab), cognitive behavioral therapy, onabotulinumtoxinA, pain rehabilitation, and pharmacologic management.

Evidence Summary

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

Refer to Clinical Evidence section under subsection Radiofrequency Ablation in UnitedHealthcare Commercial and Individual Exchange Medical Policy Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) Policy Number: 2023T0080KK Effective Date: July 1, 2023 reviewed 9/22/2023.

Reviewer Guidance

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

This clinical policy applies to all lines of business.

Forward all procedures requested using an unlisted code to Medical Direction for review, e.g. 64999.

References

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

UnitedHealthcare Commercial and Individual Exchange Medical Policy Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) Policy Number: 2023T0080KK Effective Date: July 1, 2023, reviewed 9/22/2023.

Internal location: S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies filename UHC occipital-neuralgia-headache-treatment IFP

web location: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/occipital-neuralgia-headache-treatment.pdf>

UnitedHealthcare Community Plan Medical Policy Occipital Nerve Injections and Ablation (Including Occipital Neuralgia and Headache) Policy Number: CS086.Y Effective Date: August 1, 2023, reviewed 9/22/2023.

internal location: S:\GJ_SHARE\CM\Policy. Process. Workflows\Clinical Policy_Coverage Guidelines\Clinical GMMMCG UHC Guideline Copies filename UHC occipital-neuralgia-headache-treatment-cs

web location: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medicaid-comm-plan/occipital-neuralgia-headache-treatment-cs.pdf>

Current HCPF guidance 9/22/2023: <https://hcpf.colorado.gov/provider-rates-fee-schedule>

CMS Medicare Physician Fee Schedule (MPFS) 9/22/2023 <https://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup>

CMS LCD L34892 and LCA 56670 address other uses of 64633 and do not address occipital nerve ablation (not the same as a block) specifically.

Policy History

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

History summary: Created 8/3/2021, annual review and approval by committee hierarchy thereafter, see archived versions for specifics. Annual review 9/22/2023.

Codes

[Return to top of RMHP Occipital Nerve Ablation - AC](#)

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