BACKGROUND

Migraine headache is a debilitating neurovascular disorder that affects 35 million Americans annually, with a cumulative lifetime risk for 43% of women and 18% of men. Migraines typically cause intense, throbbing pain on one side of the head, along with sensitivity to light and sounds, and sometimes nausea and vomiting. Migraine sufferers often have difficulty leading a normal life, with unplanned time away from work and other routine activities.

Migraine has classically been described as a disorder that is central in origin; however, recent evidence suggests that compression or irritation of peripheral nerves within the head and neck region can be significant triggers of migraines or the source of various forms of chronic headaches pathogenesis. Decompression or sometimes excision of these peripheral nerve branches have been shown to improve or eliminate symptoms.

It is thought that sensory nerve irritation is involved in trigger sites for migraines. Migraine headaches have been linked to compression, irritation, or entrapment of peripheral nerves in the head and neck at muscular, fascial, bony, and vascular sites. This includes, but is not limited to, the frontal region (supratrochlear and supraorbital nerves), temporal (zygomaticotemporal and auriculotemporal nerves), and occipital (greater, lesser, and third occipital nerves). These site(s) or composites of sites serve as triggers for many types of headaches or headache syndromes.

Surgical deactivation of these trigger sites should be integrated into the stratified care model for the treatment of chronic headache or migraine. They should be evaluated when they are suspected as the primary etiology and in patients who are unresponsive to medical or pharmacologic therapies. Accurate identification and knowledge of these trigger sites are essential in the diagnosis and surgical treatment.

These trigger sites can also be targeted by chemodenervation of the surrounding musculature. In 2010, the Food and Drug Administration (FDA) approved BOTOX (onabotulinumtoxin A) for prophylaxis of chronic migraine headaches, defined as equal to or greater than 15 days per month with headaches lasting equal to or greater than 4 hours a day. Chemodenervation can be utilized as a diagnostic tool or a treatment option in a sub-group of patients.
DEFINITIONS

Migraine - a recurrent throbbing headache that typically affects one side of the head and is often accompanied by nausea and disturbed vision.

Nerve Decompression Surgery - a well-established, peripheral nerve surgery applied to relieve pressure of a compressed or pinched nerve.

Cosmetic Surgery is performed to reshape normal structures of the body to improve the patient’s appearance and self-esteem.

Reconstructive Surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

CURRENT COVERAGE POLICY - BY INSURANCE COMPANY

<table>
<thead>
<tr>
<th>Insurance Company</th>
<th>Nerve Decompression Coverage</th>
<th>Nerve Decompression Insurance Coverage Criteria Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>No</td>
<td>Aetna considers nerve decompression surgery experimental and investigational.</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>No</td>
<td>Blue Cross Blue Shield considers nerve decompression surgery experimental and investigational.</td>
</tr>
<tr>
<td>Centene Corp</td>
<td>No Information Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Cigna</td>
<td>No Information Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Net</td>
<td>Varies by case</td>
<td>Medical necessity criteria for the review of occipital nerve stimulation (ONS), also called peripheral nerve stimulation (PFS), a form of neuromodulation therapy aimed at treating headache and craniofacial pain. It is the policy of health plans affiliated with Centene Corporation® that ONS is <strong>medically necessary</strong> only for carefully selected individuals with intractable occipital neuralgia that is refractory to standard treatment, and is having a negative impact on quality of life.</td>
</tr>
<tr>
<td>Humana</td>
<td>No Information Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Magellan</td>
<td>No Information Available</td>
<td>N/A</td>
</tr>
<tr>
<td>Molina</td>
<td>No Information Available</td>
<td>N/A</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>Yes</td>
<td>Botox is proven in the treatment of</td>
</tr>
</tbody>
</table>
Migraine headache, chronic defined by BOTH of the following:
  a. Greater than or equal to 15 headache days per month, of which at least 50% are migraine or probable migraine
  b. Headaches last 4 hours per day or longer

Additional information to support medical necessity review where applicable:
Botox is medically necessary for the prophylaxis of chronic migraine when ALL of the following criteria are met:
  a. Diagnosis of chronic migraine, defined by BOTH of the following:
     (1) Greater than or equal to 15 headache days per month, of which at least 50% are migraine or probable migraine
     (2) Headaches last 4 hours per day or longer;

  AND
  b. History of failure (after a trial of at least two months), contraindication, or intolerance to prophylactic therapy with one agent from TWO of the following therapeutic classes:
     (1) Antidepressant [i.e., Elavil (amitriptyline), Effexor (venlafaxine)]
     (2) Antiepileptic drug [i.e., Depakote/Depakote ER (divalproex sodium), Topamax (topiramate)]
     (3) Beta blocker [i.e., atenolol, Inderal (propranolol), nadolol, timolol, Toprol XL (metoprolol extended-release)];

  AND
  c. OnabotulinumtoxinA dose does not exceed 155 units administered intramuscularly divided over 31 injection sites divided across 7 head and neck muscles every 12 weeks.

<table>
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<tr>
<th>Wellcare</th>
<th>Yes</th>
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Botulinum toxin is considered medically necessary when the member has one of the following diagnoses and meets the corresponding criteria. Coverage duration is 12 weeks.

1. Chronic Migraines
Botulinum Toxin for the treatment of headaches is a covered benefit and medically necessary when the following criteria are met:
OnabotulinumtoxinA (Botox Brand of Botulinum Toxin Type A)
Member must meet the following criteria pertinent to their medical condition1,287,289,300,302:
1. Migraines for prevention of chronic (15 days or more per month with headaches
last 4 hours a day or longer) migraine headaches (see appendix for diagnostic criteria) in adults who have tried and failed trials of at least 3 classes of migraine headache prophylaxis medications of at least 2 months (60 days) duration for each medication:

a. Angiotensin-converting enzyme inhibitors/angiotensin II receptor blockers (e.g., losartan, valsartan, lisinopril);
b. Anti-depressants (e.g., amitriptyline, clomipramine, doxepin, mirtazapine, nortryptiline, protriptyline);
c. Anti-epileptic drugs (e.g., gabapentin, topiramate, valproic acid);
d. Beta blockers (e.g., atenolol, metoprolol, nadolol, propranolol, timolol);
e. Calcium channel blockers (e.g., diltiazem, nifedipine, nimodipine, verapamil);
f. Alpha agonist (e.g., clonidine, guanfacine);
g. Antihistamine (e.g., cyproheptadine).

AND,
2. Member is 18 years of age or older.

AND,
3. Dose of Onabotulinumtoxin A does not exceed 155 units administered intramuscularly divided over 31 injection sites every 12 weeks.

| Wellpoint | No Information Available | N/A |

**POLICY**

Compression of peripheral nerves of the head and/or neck can lead to migraine headaches and/or nerve compression headaches (including neuralgias) BOTOX is FDA-approved for the treatment of chronic migraine headaches in adults. BOTOX is injected into specific muscles of the head and neck. BOTOX on-label injection pattern includes the broad administration of 155 units of BOTOX across 31 sites representing 7 head and neck muscle groups, including the corrugators, procerus, frontalis, temporalis, occipitalis, cervical paraspinal, and trapezius muscle groups.

Nerve blocks or BOTOX, Doppler probe, CT scan, and constellation of symptoms (either alone or in combination) are used to diagnose the trigger sites involved. Surgery can be performed to deactivate the sites which are causing headache or activating migraine. Surgical techniques may include decompression or neurectomy. Depending on the specific area(s) of the trigger site, surgery may be
performed through an upper eyelid (blepharoplasty) approach or through various scalp or neck incisions.

**CODING**

**Coding Implications**
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

**Diagnosis (ICD-10)**

- G43.001-G43.019  Migraine without aura
- G43.101-G43.119  Migraine with aura
- G43.901-G43.919  Migraine unspecified, intractable
- G44.001-G44.009  Cluster headache unspecified
- G44.011-G44.019  Episodic cluster headache
- G44.021-G44.029  Chronic cluster headache
- M54.81          Occipital neuralgia
- R51              Headache
- M54.89          Other Dorsalgia
- M54.2           Cervicalgia
- G30.1           Atypical Facial Pain
- G50.8           Other Disorders of the trigeminal nerve
- G89.21          Chronic Pain due to trauma
- G89.29          Other Chronic Pain
- H57.11          Ocular Pain, right eye
- H57.12          Ocular Pain, left eye
- H92.01          Otalgia, right ear
- H92.02          Otalgia, left ear

**Procedure (CPT)**

- 14040-14041  Adjacent tissue transfer for arrangements neck, 10 cm² or less, 10-30 cm²
- 14060-14061  Adjacent tissue transfer for arrangements eyelids, 10 cm² or less, 10-30 cm²
- 15771         Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and or legs; 50 cc or less injectate
15772 Each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773 Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774 Each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
30130 Excision inferior turbinate, partial or complete, any method
30140 Submucous resection inferior turbinate, partial or complete, any method
30520 Septoplasty or submucous resection with or without cartilage scoring, contouring or replacement with graft
30999 Unlisted procedure, nose
31231 Nasal endoscopy, diagnostic, unilateral or bilateral (upper procedure)
64716 Neuroplasty and/or transposition, cranial nerve
64722 Decompression; unspecified nerve(s) (specify)
64732 Transection or avulsion of supraorbital nerve
64744 Transection or avulsion greater occipital nerve
64771 Transection or avulsion of other cranial nerve, extradural
64772 Transection or avulsion of other spinal nerve, extradural
64787 Implantation of nerve end into bone or muscle
64999 Unlisted code, nervous system
67900 Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
REFERENCES


Approved by the Executive Committee of the American Society of Plastic Surgeons® on December 8, 2017. Coding updated in January 2020.