



CLINICAL GUIDELINES

CMM-402: Greater Occipital Nerve Block

Version 1.0
Effective July 1, 2021



Definitions

Red flags indicate comorbidities that require urgent/emergent diagnostic imaging and/or referral for definitive diagnosis and treatment.

Behavioral yellow flags are defined as an active or history of substance abuse, depression, dissatisfaction with work, job disability, or anxiety diagnosis.

Clinically meaningful improvement is a global assessment showing at least 50% improvement, or pain relief is defined as a two (2) point drop in VAS pain scale where 10 is the worst pain imaginable and 0 is no pain at all.

General Guidelines

- A complete headache history must be performed which shows that other primary causes of severe headaches (including the presence of any red flags) have been considered.
- For the purposes of this guideline, red flags are diagnostic considerations with secondary causes of severe headache.
- Presence of any of the following are considered to be red flags and the request for greater occipital nerve block(s) should go to medical review:
 - ◆ Multiple sclerosis associated headache, trigeminal neuralgia in a young adults
 - ◆ Intracranial infection with fever, altered consciousness or personality change in IVD use or TB
 - ◆ Stroke with new onset muscle weakness, sensory changes, alteration in speech
 - ◆ Malignant hypertension

Indications

The performance of the first greater occipital nerve block for occipital neuralgia is considered **medically necessary** when all of the following are met:

- Absence of red flag conditions
- Diagnosis of occipital neuralgia as evidenced by both of the following:
 - ◆ Paroxysmal stabbing pain, with or without aching between attacks, in the distribution of the nerve
 - ◆ Tenderness over the affected nerve
- Evidence of a comprehensive headache evaluation with consideration of alternative causes such as any of the following:
 - ◆ Exertional headache
 - ◆ Migraine with or without aura
 - ◆ Medication overuse headache

The performance of the second and subsequent greater occipital nerve block(s) for recurrent occipital neuralgia are considered **medically necessary** when all of the following are met:

- Absence of red flag conditions

- Significant improvement after first injection
- Self-care is attempted at headache onset and ineffective and includes both of the following:
 - ◆ Anti-inflammatory medications or muscle relaxants
 - ◆ Rest, massage, or heat
- Confirmed diagnosis of recurrent occipital neuralgia as evidenced by tenderness to palpation over the greater occipital nerve
- Evidence of both of the following for patients with chronic pain where there has been continuous opiate usage for 3 months or longer:
 - ◆ Co-management of behavioral health and medical conditions
 - ◆ A plan to address potential opiate overuse or abuse

Non-Indications

- Greater occipital nerve blocks are considered **not medically necessary** for any of the following:
 - ◆ When performed in conjunction with additional pain management procedures [cervical facet injections/medial branch blocks (CPT®64490, 64491, and 64492) or trigger point injections (CPT®20552)] planned on the same day unless there has been recent discontinuation of anticoagulant therapy for the purpose of interventional pain management with injections
 - ◆ More than 6 greater occipital nerve blocks in the same anatomic areas in the past 12 months
 - ◆ Less than 4 weeks since the last occipital nerve block, cervical trigger point injection, or cervical facet injection/medial branch block
- Occipital nerve ablation by any method is considered **experimental, investigational, or unproven**.

Procedure (CPT®) Codes

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required. Pre- authorization requirements vary by individual payor.

CPT®	Code Description/Definition
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve

This list may not be all inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the individual payor (health insurance company, etc.) and is based on the member/patient/client/beneficiary's policy or benefit entitlement structure as well as any third party payor guidelines and/or claims processing rules. Providers are strongly urged to contact each payor for individual requirements if they have not already done so.

References

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