



CLINICAL GUIDELINES

CMM-402: Greater Occipital Nerve Injections and Ablation Guidelines

Effective: August 04, 2026

VERSION 1.0.2026



EviCore healthcare Clinical Decision Support Tool Diagnostic Strategies: This tool addresses common symptoms and symptom complexes. Imaging requests for individuals with atypical symptoms or clinical presentations that are not specifically addressed will require physician review. Consultation with the referring physician, specialist, and/or individual's Primary Care Physician (PCP) may provide additional insight.

EviCore's Clinical Review Criteria ("CRC") and related content is made available for the limited uses of: reference; and individual use, only limited to facilitating the determination of medically necessary and appropriate clinical treatment by clinicians for specific delegated patients under their care. The CRC and related content is proprietary information of EviCore, and copyrighted to the full extent of the law. Except as expressly permitted, you may not modify, copy, reproduce, republish, upload, post, transmit, hyperlink to or from, or distribute in any way the CRC, nor may you sell, transfer, distribute, assign, lease, reproduce, or otherwise use the CRC in commerce, in a manner that competes with us or infringes upon our rights, or for any public or commercial endeavor without our prior and express written consent.

CPT® (Current Procedural Terminology) is a registered trademark of the American Medical Association (AMA). CPT® five-digit codes, nomenclature and other data are copyright 2026 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values or related listings are included in the CPT® book. AMA does not directly or indirectly practice medicine or dispense medical services. AMA assumes no liability for the data contained herein or not contained herein.

Table of Contents

Guideline	Page
Definitions.....	3
General Guidelines.....	6
Indications.....	8
Non-Indications.....	11
Codes (CMM-402).....	13
References (CMM-402).....	15

Definitions

Guideline	Page
Definitions.....	4

Definitions

CMM.PN.DF.402

v1.0.2026

Behavioral Yellow Flags	an active or history of substance abuse, depression, dissatisfaction with work, job disability, or anxiety diagnosis.
Clinically Meaningful Improvement	a global assessment showing at least 50% pain relief or a two (2) point drop in VAS pain scale (where 10 is the worst pain imaginable and zero (0) is no pain at all).
Greater Occipital Nerve (GON)	nerve that arises from the medial division of the dorsal ramus of the C2 spinal nerve. It runs backward between the C1 and C2 vertebrae and traverses between the inferior capitis oblique and semispinalis capitis muscles from underneath the suboccipital triangle. The GON innervates the skin of the back of the scalp up to the vertex of the skull, the ear, and the skin just above the parotid gland.
Greater Occipital Nerve Ablation	Radiofrequency ablation involves the insertion of a radiofrequency probe towards the greater occipital nerve. The radiofrequency electrode is then utilized to create a heat lesion by coagulating the greater occipital nerve.
Greater Occipital Nerve Block (GONB)	an injection of a small dose of local anesthetic and/or steroid around the greater occipital nerve. The injections may be given unilateral or bilateral. The GONB aims to help by reducing the level of pain for a period of time.

Occipital Neuralgia

a distinct type of headache characterized by piercing, throbbing, or electric-shock-like chronic pain in the upper neck, back of the head, and behind the ears, usually on one side of the head. Typically, the pain of occipital neuralgia begins in the neck and then spreads upwards. Some individuals will also experience pain in the scalp, forehead, and behind the eyes. Their scalp may also be tender to the touch, and their eyes especially sensitive to light. The location of pain is related to the areas supplied by the greater and lesser occipital nerves, which run from the area where the spinal column meets the neck, up to the scalp at the back of the head. The pain is caused by irritation or injury to the nerves, which can be the result of trauma to the back of the head, pinching of the nerves by overly tight neck muscles, compression of the nerve as it leaves the spine due to osteoarthritis, or tumors or other types of lesions in the neck.

- A positive response (relief from pain) after an anesthetic and/or steroid nerve block will confirm the diagnosis.

Red Flags

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

General Guidelines

Guideline	Page
General Guidelines.....	7

General Guidelines

CMM.PN.GG.402

v1.0.2026

Application of Guideline

- The guideline criteria are only applicable to greater occipital nerve blocks used to treat occipital neuralgia.

Injectates

- When criteria have been met, greater occipital nerve blocks are considered **medically necessary** when performed as injections of anesthetic and/or steroid.

Frequency & Number of Injections/Procedures

- When criteria have been met, only one invasive modality or procedure performed on the same date of service is considered **medically necessary**.
- When criteria have been met, up to a total of six (6) greater occipital nerve blocks (whether unilateral or bilateral) are considered **medically necessary** during a rolling 12-month period.
- A minimum of four (4) weeks duration is required between the last greater occipital nerve block, cervical trigger point injection, or cervical facet injection/medial branch block.

Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

Guideline	Page
Indications.....	9

Indications

CMM.PN.IN.402

v1.0.2026

Initial Greater Occipital Nerve Block

The initial greater occipital nerve block for occipital neuralgia is considered **medically necessary** when ALL of the following criteria have been met:

- Clinical findings and/or imaging studies suggest no other obvious cause of the headache.
- A comprehensive headache evaluation must be performed with consideration of alternative causes such as ANY of the following:
 - exertional headache
 - migraine (with or without aura)
 - medication overuse headache
- 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 greater occipital nerve
 - tenderness to palpation over the greater occipital nerve

Second and Subsequent Greater Occipital Nerve Block(s)

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

- Clinical findings and/or imaging studies suggest no other obvious cause of the headache.
- A comprehensive headache evaluation must be performed with consideration of alternative causes such as ANY of the following:
 - exertional headache
 - migraine (with or without aura)
 - medication overuse headache
- Confirmed diagnosis of recurrent occipital neuralgia as evidenced by tenderness to palpation over the greater occipital nerve.
- Clinically meaningful improvement (as defined in **Definitions**) after each injection (including the initial injection).
- The greater occipital nerve block must be combined with a self-care program that may include ANY of the following:
 - anti-inflammatory medications

- muscle relaxants
- massage
- rest
- heat
- For individuals with chronic pain where there has been continuous opioid usage for three (3) months or longer, evidence of BOTH of the following:
 - co-management of behavioral health and medical conditions
 - a plan to address potential opioid overuse or abuse

Non-Indications

Guideline	Page
Non-Indications.....	12

Non-Indications

CMM.PN.NI.402

v1.0.2026

Greater Occipital Nerve Blocks

- Greater occipital nerve blocks performed without meeting the criteria in **Definitions**, **General Guidelines**, and **Indications** are considered **not medically necessary**.
- Greater occipital nerve blocks performed with an injectate other than anesthetic and/or steroid are considered **not medically necessary**.

Occipital Nerve Ablation

- Occipital nerve ablation by any method is considered **not medically necessary**.

Codes (CMM-402)

Guideline	Page
Codes (CMM-402).....	14

Codes (CMM-402)

CMM.PN.PC.402
v1.0.2026

The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

Code	Code Description/Definition
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve
64640	Destruction by neurolytic agent, other peripheral nerve or branch

CMM-402: Greater Occipital Nerve Injections and Ablations

References (CMM-402)

Guideline	Page
References (CMM-402).....	16

References (CMM-402)

CMM.PN.RF.402

v1.0.2026

1. Arata WH, Midha RK, Varrassi G, et al. Occipital nerve block for headaches: a narrative review. *J Oral Facial Pain Headache*. 2024;38(2):1-10. doi:10.22514/jofph.2024.010.
2. Ashkenazi A, Matro R, Shaw JW, Abbas MA, Silberstein SD. Greater occipital nerve block using local anaesthetics alone or with triamcinolone for transformed migraine: a randomised comparative study. *J Neurol Neurosurg Psychiatry*. 2008;79(4):415-417. doi:10.1136/jnnp.2007.124420.
3. Balmaceda C, Rossi J. Detecting Potentially Life-Threatening Headache Syndromes. *J Crit Illn*. 2003;18:23-30.
4. Bovim G, Fredriksen TA, Stolt-Nielsen A, Sjaastad O. Neurolysis of the greater occipital nerve in cervicogenic headache. A follow up study. *Headache*. 1992;32(4):175-179. doi:10.1111/j.1526-4610.1992.hed3204175.x.
5. De Felice M, Porreca F. Opiate-induced persistent pronociceptive trigeminal neural adaptations: potential relevance to opiate-induced medication overuse headache. *Cephalalgia*. 2009;29(12):1277-1284. doi:10.1111/j.1468-2982.2009.01873.x.
6. Dubois MY, Livovich J, Fletwood J, Joranson DE, Vaillancourt PD. Incompetence, drug diversion or pain management? Trying to draw the line. *Pain Med*. 2002;3(1):73-77. doi:10.1046/j.1526-4637.2002.02006_1.x.
7. Ferrari A, Leone S, Tacchi R, et al. The link between pain patient and analgesic medication is greater in migraine than in rheumatic disease patients. *Cephalalgia*. 2009;29(1):31-37. doi:10.1111/j.1468-2982.2008.01697.x.
8. Fishbain DA, Cutler RB, Rosomoff HL, Rosomoff RS. Is there a relationship between nonorganic physical findings (Waddell signs) and secondary gain/malingering? *Clin J Pain*. 2004;20(6):399-408. doi:10.1097/00002508-200411000-00004.
9. Ghiotto N, Sances G, Galli F, et al. Medication overuse headache and applicability of the ICHD-II diagnostic criteria: 1-year follow-up study (CARE I protocol). *Cephalalgia*. 2009;29(2):233-243. doi:10.1111/j.1468-2982.2008.01712.x.
10. Gille O, Lavignolle B, Vital JM. Surgical treatment of greater occipital neuralgia by neurolysis of the greater occipital nerve and sectioning of the inferior oblique muscle. *Spine (Phila Pa 1976)*. 2004;29(7):828-832. doi:10.1097/01.brs.0000112069.37836.2e.
11. Giordano J, Schatman ME. A crisis in chronic pain care: an ethical analysis. Part three: Toward an integrative, multi-disciplinary pain medicine built around the needs of the patient. *Pain Physician*. 2008;11(6):775-784.
12. Juškys R, Štuckickas G. Effectiveness of treatment of occipital neuralgia using the nerve block technique: a prospective analysis of 44 patients. *Acta Med Lit*. 2018;25(2):53-60. doi: 10.6001/actamedica.v25i2.3757.
13. Kahan M, Srivastava A, Wilson L, Gourlay D, Midmer D. Misuse of and dependence on opioids: study of chronic pain patients. *Can Fam Physician*. 2006;52(9):1081-1087.
14. Krymchantowski AV, Silva MT, Barbosa JS, Alves LA. Amitriptyline versus amitriptyline combined with fluoxetine in the preventative treatment of transformed migraine: a double-blind study. *Headache*. 2002;42(6):510-514. doi:10.1046/j.1526-4610.2002.02125.x.
15. Lake AE 3rd. Medication overuse headache: biobehavioral issues and solutions. *Headache*. 2006;46(Suppl 3):S88-S97. doi:10.1111/j.1526-4610.2006.00560.x.
16. Lennard T, Shin D. Shoulder and Chest Wall Blocks. In: Lennard T, ed. *Pain Procedures in Clinical Practice*. 2nd ed. Hanley & Belfus. 2000:94-95.
17. National Institutes of Health (NIH):National Institute of Neurological Disorders and Stroke. *Occipital Neuralgia*. Last Reviewed July 19, 2024. Available at: <https://www.ninds.nih.gov/health-information/disorders/occipital-neuralgia#:~:text=Publications-,Definition,neck%20and%20then%20spreads%20upwards>.
18. Pageler L, Savidou I, Limmroth V. Medication-overuse headache. *Curr Pain Headache Rep*. 2005;9(6):430-435. doi:10.1007/s11916-005-0023-6.
19. Peters KS. Secondary headache and head pain emergencies. *Prim Care*. 2004;31(2):381-vii. doi:10.1016/j.pop.2004.02.009.
20. Silberstein S. Evaluation of the Headache Patient. In: Silberstein S, ed. *Clinician's Manual on Migraine*. 2nd ed. Philadelphia, PA. Current Medicine, Inc. 2002:9.

21. Silberstein SD, Lipton RB, Dodick DW, et al. Efficacy and safety of topiramate for the treatment of chronic migraine: a randomized, double-blind, placebo-controlled trial. *Headache*. 2007;47(2):170-180. doi:10.1111/j.1526-4610.2006.00684.x.
22. Spira PJ, Beran RG; Australian Gabapentin Chronic Daily Headache Group. Gabapentin in the prophylaxis of chronic daily headache: a randomized, placebo-controlled study. *Neurology*. 2003;61(12):1753-1759. doi:10.1212/01.wnl.0000100121.58594.11.
23. Tacci JA, Webster BS, Hashemi L, Christiani DC. Healthcare utilization and referral patterns in the initial management of new-onset, uncomplicated, low back workers' compensation disability claims. *J Occup Environ Med*. 1998;40(11):958-963. doi:10.1097/00043764-199811000-00004.
24. The Migraine Trust. *Greater Occipital Nerve (GON) block injections- Injections into the head to prevent migraine*. 2021. © The Migraine Trust. Available at: <https://migrainetrust.org/live-with-migraine/healthcare/treatments/greater-occipital-nerve-gon-block-injections/#page-section-1>.