



Subject: Nerve Blocks for Occipital Neuralgia

Revision Date: 12/25

DESCRIPTION

According to the International Headache Society (IHS), occipital neuralgia is unilateral or bilateral paroxysmal, shooting, or stabbing pain in the posterior part of the scalp, in the distribution(s) of the greater, lesser and/or third occipital nerves sometimes accompanied by diminished sensation or dysaesthesia in the affected area and commonly associated with tenderness over the involved nerve(s).

APPLICABILITY

This policy applies to all OSU Health Plan (OSUHP) benefit plans.

DEFINITIONS

Allodynia is a condition where normally non-painful sensations like light touch, temperature changes, or gentle pressure, cause pain.

Dysaesthesia is an abnormal and unpleasant sensation, often described as burning, tingling, or electric shock-like feelings, which occurs even without a clear physical cause or stimulus.

Nerve branches are smaller divisions of a nerve that extend from the main nerve trunk to reach specific areas of the body, allowing signals to travel to and from muscles, skin, and organs.

Occipital nerve block is an injection of medication near the occipital nerves (at the back of the head) to relieve pain.

Paroxysmal attacks are sudden, brief episodes of symptoms that come on quickly and resolve just as fast.

POLICY

OSU Health Plan (OSUHP) considers occipital nerve blocks for occipital neuralgia medically necessary when the following criteria are met:

- Initial occipital nerve block:
 - Unilateral or bilateral pain in the distribution(s) of the greater, lesser and/or third occipital nerves; and
 - Pain has at least two of the following three characteristics:
 - Recurring in paroxysmal attacks lasting from a few seconds to minutes; and/or
 - Severe in intensity; and/or
 - Shooting, stabbing or sharp in quality; and
 - Pain is associated with both of the following:
 - Dysaesthesia and/or allodynia apparent during innocuous stimulation of the scalp and/or hair; and
 - One or more of the following:
 - Tenderness over the affected nerve branches
 - Trigger points at the emergence of the greater occipital nerve or in the distribution of C2
 - Not better accounted for by another diagnosis
- Subsequent occipital nerve blocks:
 - Criteria under 'Initial nerve block' are met; and
 - Pain is eased temporarily by local anaesthetic block of the affected nerve(s).

If pain is relieved by occipital nerve blocks, continuation of therapy is considered medically necessary as long as this treatment remains effective. After the initial block, up to 4 blocks/year at least 30 days apart may be approved without Medical Director Review.

PROCEDURE

Luminare will process claims according to the guidelines listed in this policy.

PRIOR AUTHORIZATION

Prior authorization is required.

EXCLUSIONS

OSUHP considers occipital nerve blocks experimental and investigational for the following indications (not all-inclusive):

- Migraine headache
- Tension headache
- Hemicrania continua
- Chronic paroxysmal hemicrania
- Continuation of treatment when prior block(s) were not effective.
- Pain does not meet the above criteria for occipital neuralgia.

CODES

CPT codes covered when criteria are met:

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

ICD-10 codes covered when criteria are met:

ICD-10 Code	Description
M54.81	Occipital neuralgia

REFERENCES

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