ASPS Insurance Coverage Criteria for Third-Party Payers – Nerve Decompression for Migraine Surgery

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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[1]. 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 general performed to improve function, but may also be done to approximate a normal appearance.

CURRENT COVERAGE POLICY - BY INSURANCE COMPANY

Insurance Company	Nerve Decompression Coverage	Nerve Decompression Insurance Coverage Criteria Explanation
Aetna	No	Aetna considers nerve decompression surgery experimental and investigational.
Blue Cross Blue Shield	No	Blue Cross Blue Shield considers nerve decompression surgery experimental and investigational.
Centene Corp	No Information Available	N/A
Cigna	No Information Available	N/A
Health Net	Varies by case	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 **medically necessary** 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.
Humana	No Information Available	N/A
Magellan	No Information Available	N/A
Molina	No Information Available	N/A
United Healthcare	Yes	Botox is proven in the treatment of

		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.
Wellcare	Yes	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

		lasting 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

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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 cm^2 or less, 10-30 cm^2
14060-14061	Adjacent tissue transfer for arrangements eyelids, 10 cm^2 or less, 10-30 cm^2
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

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2. Forootan N, Lee M, Guyuron B. Migraine Headache Trigger Site Prevalance Analysis. *JPRAS*. Feb 2017, vol 70, issue 2(1520158).
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6. Guyuron B. Is Migraine Surgery Ready for Prime Time? The Surgical Teams' View. *The Journal of Head and Face Pain*. Nov/Dec 2015; vol 55, issue 10(1464-1473).
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