Medical Policy
Surgical Deactivation of Headache Trigger Sites

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Policy Number: 801
BCBSA Reference Number: 7.01.135

Related Policies
- Biofeedback for the Treatment of Headache, #152
- Occipital Nerve Stimulation, #237

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Surgical deactivation of trigger sites is considered INVESTIGATIONAL for the treatment of migraine and non-migraine headache.

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)
This is NOT a covered service.

Commercial Members: PPO, and Indemnity
This is NOT a covered service.

Medicare Members: HMO BlueSM
This is NOT a covered service.

Medicare Members: PPO BlueSM
This is NOT a covered service.
CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific SPT code for this service.

Description

Surgical deactivation of trigger sites is a proposed treatment of migraine headache. The procedure involves identifying a patient’s predominant migraine trigger site and transecting the branches of the trigeminal nerve supplying that area of head and neck. The treatment is based on the theory that migraine headaches arise due to inflammation of trigeminal nerve branches in the head and neck caused by irritation of the surrounding structures.

Summary

The evidence on the effectiveness of surgical deactivation of trigger sites to treat migraine headache consists of one double-blind sham-controlled RCT and an earlier non-blinded RCT without sham control by the same research group, which is also the research group that developed the procedure. In the 2 published RCTs, patients were selected for randomization based on clinical evaluation and their response to injections of botulinum toxin A. A 2012 analysis questions the necessity of using diagnostic botulinum toxin injections for patient selection; however, the efficacy of surgical deactivation of trigger sites following patient selection by clinical evaluation alone has not been evaluated in RCTs. Both trials reported statistically significantly better outcomes at 12 months in patients who received active surgery for migraine headache. In addition, several case series, but no controlled studies, have been published by other research groups.

This evidence is suggestive of a benefit from surgical deactivation, but is not sufficient to form definite conclusions. There is a need for additional sham-controlled studies by other research groups to confirm the results of the single published trial using sham surgery. In addition, there is a need for further refinement of patient selection criteria and evaluation of any altered selection process e.g., without the use of diagnostic Botox injections in controlled studies. Thus, surgical deactivation of trigger sites to treat migraine headache is considered investigational.

Policy History

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<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>10/2013</td>
<td>BCBSA National medical policy review.</td>
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<td></td>
<td>Policy statement clarified.</td>
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<tr>
<td>2/2013</td>
<td>New medical policy describing investigational indications.</td>
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</tbody>
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Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
References