POLICY STATEMENT:

Based upon our criteria and assessment of peer-reviewed literature, microvascular decompression has been medically proven to be effective, and therefore, is medically appropriate as an alternative method of treatment for trigeminal neuralgia and hemifacial spasms under the following conditions:

I. Symptoms associated with trigeminal neuralgia and hemifacial spasms must have persisted for at least six months despite conservative treatment with pharmacotherapies; or

II. The patient is not able to tolerate the side effects of the medications usually prescribed in the treatment of these two disorders.

DESCRIPTION:

Trigeminal neuralgia (tic douloureux) is characterized by brief episodes of extremely intense facial pain often radiating down the jaw. Pain can be triggered by laughing, chewing, teeth brushing, talking, or even just touching the face. Trigeminal neuralgia is caused by irritation of the fifth cranial nerve (trigeminal nerve).

Hemifacial spasms (tic convulsif) are characterized by disabling facial spasms or tics. These tics are usually not painful and initially effect only one side of the face. Hemifacial spasm is thought to be caused by irritation of the seventh cranial nerve (facial nerve).

Hyperactive dysfunctional cranial nerve syndromes, which include trigeminal neuralgia and hemifacial spasms, have been associated with vascular compression. Decompressing the involved nerve from compressing vessels results in long-term relief from the symptoms of these disorders.

Microvascular decompression has become an accepted surgical technique as an alternative to medical management in the treatment of trigeminal neuralgia and hemifacial spasms. Intraoperative neurophysiological monitoring (e.g., brainstem-evoked response) should be performed to prevent postoperative auditory complications.

RATIONALE:

Published studies have demonstrated the long-term efficacy and safety of microvascular decompression as a treatment method for vascular compression associated with cranial nerve disorders. Micro-vascular decompression represents one of the most widely used surgical options for patients experiencing microvascular compression syndromes.

CODES:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61450</td>
<td>Craniectomy; subtemporal for section, compression, or decompression of sensory root of gasserian ganglion</td>
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</table>

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.
SUBJECT: MICROVASCULAR DECOMPRESSION FOR HEMIFACIAL SPASMS AND TRIGEMINAL NEURALGIA

POLICY NUMBER: 7.01.37
CATEGORY: Technology Assessment

EFFECTIVE DATE: 09/16/99
REVISED DATE: 04/19/01, 04/17/02
ARCHIVED DATE: 02/20/03
EDITED DATE: 11/10/05, 11/16/06, 11/15/07, 11/20/08, 10/29/09, 10/28/10, 09/15/11, 09/20/12, 09/19/13, 09/18/14

61458  Cranietomy; suboccipital; for exploration or decompression of cranial nerves
61460  for section of one or more cranial nerves
64716  Neuropasty and/or transposition; cranial nerve (specify)
64722  Decompression; unspecified nerve(s) (specify)

HCPCS:  No specific code
ICD9:    351.0-351.9  Facial nerve disorders (code range)
        350.1  Trigeminal neuralgia
ICD10:   G50.0  Trigeminal neuralgia
        G51.0- G51.9  Facial nerve disorders (code range)

REFERENCES:

KEY WORDS:
Cranial nerve compression, Hemifacial spasms, Microvascular decompression, Trigeminal neuralgia.

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CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based on our review, there is no specific regional or national coverage determination addressing microvascular decompression for hemifacial spasms and trigeminal neuralgia.