Surgical Deactivation of Headache Trigger Sites

Description of Procedure or Service

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 the 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. The technique could potentially be used to treat other types of headache.

Migraine is a common headache disorder with a prevalence in the United States of approximately 18% in women and 6% in men. According to the International Headache Society, migraine headache is a recurrent disorder with attacks lasting 4-72 hours. Typical features of migraine headaches include unilateral location, pulsating quality, moderate or severe intensity and associated symptoms such as nausea, photophobia, and/or phonophobia.

A variety of medications are used to treat acute migraine episodes. These include medications that are taken at the outset of an attack to abort the attack (triptans, ergotamines), and medications to treat the pain and other symptoms of migraines once they are established (non-steroidal anti-inflammatory drugs (NSAIDs), narcotic analgesics, antiemetics). Prophylactic medication therapy may be appropriate for individuals with migraines that occur more than 2 days per week. In addition to medication, behavioral treatments such as relaxation and cognitive therapy are used in the management of migraine headache. Moreover, botulinum toxin A injections are a U.S. Food and Drug Administration (FDA)-approved treatment for chronic migraine (migraines occurring on at least 15 days per month for at least 3 months).

Surgical deactivation of trigger sites is another proposed treatment of migraine headaches. The procedure was developed by plastic surgeon Dr. Bahman Guyuron, following observations that some patients who had cosmetic forehead lifts often reported improvement or elimination of migraine symptoms post-surgery. The procedure 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 musculature, bony foramen, and perhaps fascia bands. Accordingly, surgical treatment of migraines involves removing the relevant nerve sections, muscles, fascia and/or vessels. The treatment is also based on the theory that there are specific migraine trigger sites and that these can be located in individual patients. In studies conducted by Dr. Guyuron’s research group, clinical evaluation and diagnostic injections of botulinum toxin have been used to locate trigger sites. The specific surgical procedure varies according to the individual’s migraine trigger site. The surgical procedures are performed under general anesthesia in an ambulatory care setting and take an average of 1 hour.

Surgical procedures have been developed at 4 trigger sites; frontal, temporal, rhinogenic, and occipital. Frontal headaches are believed to be activated by irritation of the supratrochlear and
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Suborbital nerves by glabellar muscles or vessels. The surgical procedure involves removal of the glabellar muscles encasing these nerves. Fat from the upper eyelid is used to fill the defect in the muscles and shield the nerve. Temporal headaches may be activated by inflammation of the zygomatico-temporal branch of the trigeminal nerve by the temporalis muscles or vessels adjacent to the nerve. To treat migraines located at this trigger site, a segment (approximately 2.5 cm) of the zygomatico-temporal branch of the trigeminal nerve is removed endoscopically. Paranasal headaches may involve intranasal abnormalities, e.g., deviated septum, which may irritate the end branches of the trigeminal nerve. Surgical treatment includes septoplasty and turbinectomy. Finally, occipital headaches may be triggered by irritation of the occipital nerve by the semi-spinalis capitis muscle or the occipital artery. Surgery consists of removal of a segment of the semispinalis capitis muscle medial to the greater occipital nerve approximately 1 cm wide and 2.5 cm long, followed by insertion of a subcutaneous flap between the nerve and the muscle to avoid nerve impingement.

It has been proposed that other types of headaches, e.g., tension headaches, may also be triggered by irritation of the trigeminal nerve. Although this mechanism of action is less well-established for headaches other than migraine, it is possible that surgical treatment of trigger sites may also be beneficial for some non-migraine headaches.

Related Policies:
Biofeedback
Botulinum Toxin
Occipital Nerve Stimulation

***Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.

Policy

Surgical Deactivation of Headache Trigger Sites is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Surgical Deactivation of Headache Trigger Sites is covered

Not applicable.

When Surgical Deactivation of Headache Trigger Sites is not covered

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

Policy Guidelines

The evidence for surgical deactivation of headache trigger sites in patients with migraine headache includes 2 randomized controlled trials (RCTs) by the same research group comparing the treatment with a different intervention. Relevant outcomes are symptoms, change in disease status, morbid events, and treatment-related morbidity. One RCT was double-blind and sham-controlled and the other was nonblinded with a usual care control group. Both trials reported statistically significantly better outcomes at 12 months in patients who received decompression surgery for migraine headache than the control intervention. However, both trials were subject to methodologic limitations and issues related to use of botulinum toxin injections for patient selection. Additional
Surgical Deactivation of Headache Trigger Sites

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Sham-controlled randomized studies by other research groups are needed to confirm the results of the 2 published RCTs.

The evidence for surgical deactivation of headache trigger sites in individuals who have non–migraine headache includes no published studies. Relevant outcomes are symptoms, change in disease status, morbid events, and treatment-related morbidity. The evidence is insufficient to determine the effects of the technology on health outcomes.

Chronic migraine is defined as migraine headaches that occur ≥15 days per month for at least 3 months in the absence of medication overuse. For complete classification of primary migraine and non-migraine headaches, please see the International Headache Classification (ICHD-2) at http://ihs-classification.org/en/.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: There is no specific CPT code for this procedure.

It might be reported using one of the following codes: 15824, 15826, 30130, 30140, 30520, 64716, or 67900.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

Surgical Deactivation of Migraine Headache Trigger Sites


Senior Medical Director – 10/2012


Surgical Deactivation of Headache Trigger Sites


Senior Medical Director – 9/2013


Surgical Deactivation of Headache Trigger Sites


Policy Implementation/Update Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tr>
<td>11/13/12</td>
<td>New policy. “Surgical deactivation of trigger sites is considered investigational for the treatment of migraine headache.” Notification given 11/13/12. Effective date 2/12/13. (btw)</td>
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<tr>
<td>7/16/13</td>
<td>Specialty Matched Consultant Advisory Panel review 5/15/2013. No change to policy. (btw)</td>
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**Surgical Deactivation of Headache Trigger Sites**

10/1/13 Policy name changed from “Surgical Deactivation of Migraine Headache Trigger Sites” “Surgical Deactivation of Headache Trigger Sites”. Description section updated to include information regarding surgical deactivation of other types of headache. Policy statement changed from “Surgical Deactivation of Migraine Headache Trigger Sites is considered investigational for all applications.” to “Surgical Deactivation of Headache Trigger Sites is considered investigational for all applications.” “Surgical deactivation of trigger sites is considered investigational for the treatment of migraine and non-migraine headache.” Senior Medical Director review 9/14/2013. Reference added. (btw)

6/10/14 Specialty Matched Consultant Advisory Panel review 5/27/2014. No change to policy. (btw)

10/28/14 Reference added. (sk)


10/1/15 Reference added. (sk)

4/1/16 Reference added. (sk)


Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.