



## Sphenopalatine Ganglion Block

Last Revision/Review Date: March 18, 2020

P&P # C.06.22

### Policy

**Sphenopalatine ganglion or nerve blocks, sphenopalantine radiofrequency ablation, and sphenopalantine ganglion stimulation for the treatment of any condition, including but not limited to occipital neuralgia, cluster headaches, and migraine headaches are considered experimental or investigational. The available scientific evidence remains insufficient to permit conclusions concerning the effect of this procedure on health outcomes.**

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

#### HCPCS/CPT CODE

64505	Injection, anesthetic agent: sphenopalatine ganglion
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#### REFERENCES:

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