November 8, 2025

Claudia Campos MD, FACP
1717 W. Broadway
Madison, WI 53701-1787
policycomments@wpsic.com

RE: Comments on Proposed LCD *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40300*

Dear Dr. Campos,

The Alliance for Headache Disorders Advocacy (AHDA) appreciates the opportunity to submit comments on the proposed Local Coverage Determination (LCD) *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40300* issued by WPS. AHDA is a national coalition of patient organizations, clinicians, researchers, and individuals living with headache disorders. Together, we represent the more than 40 million Americans affected by migraine, cluster headache, occipital neuralgia, and other disabling headache conditions.

We respectfully oppose the proposed coverage changes outlined in this LCD and are deeply concerned about the harm they would cause to patients with headache disorders. Peripheral nerve blocks, including occipital, supraorbital, auriculotemporal, and trigeminal nerve blocks, are evidence based, low risk interventions that play a vital role in diagnosing and managing headache disorders. Restricting coverage for these procedures would significantly limit access to essential care for Medicare beneficiaries who already face substantial barriers to diagnosis, treatment, and relief from recurrent disabling attacks.

Background and Clinical Context

Peripheral nerve blocks have been safely used for decades in neurology, anesthesiology, and pain medicine to manage neuropathic and headache related pain. In headache care, nerve blocks serve both diagnostic and therapeutic roles. They are a cornerstone of evaluating occipital neuralgia and are validated preventive and acute treatment options for migraine, cluster headache, and post traumatic headache.

Headache disorders differ from generalized chronic pain conditions. Primary headache disorders are chronic neurologic diseases characterized by episodic attacks rather than continuous daily pain. Migraine may occur a few days per month or many days per month, but

even individuals with chronic migraine typically experience fluctuating, attack based pain. Cluster headache consists of repeated short attacks separated by pain free intervals. These episodic yet disabling attacks require flexibility in acute treatment, and peripheral nerve blocks are a critical component of that toolkit.

Headache disorders are leading causes of years lived with disability worldwide. Untreated or undertreated pain contributes to depression, anxiety, and social isolation. For many patients, receiving an in office nerve block from a qualified clinician provides immediate and sometimes transformative relief that allows them to work, care for families, and remain independent.

Patients who cannot tolerate or do not benefit from standard pharmacologic therapies often rely on these procedures. Many preventive medications, including tricyclic antidepressants, SNRIs, and antiseizure medications, carry significant systemic side effects such as sedation, weight gain, and cognitive slowing. Nerve blocks provide a low systemic risk, non opioid option that can be repeated safely and used alongside behavioral and rehabilitative therapies.

Preventing Disability and Disease Progression

Migraine can worsen over time for a subset of patients. High attack frequency, disrupted sleep, psychiatric comorbidity, and medication overuse all increase the risk of progression from episodic to chronic migraine (Buse, D. C., et al. “Migraine Progression: A Systematic Review.” *Headache*, vol. 59, no. 3, 2019, pp. 306 to 338). Effective and sustained treatment stabilizes disease, reduces reliance on high risk medications, and helps protect long term functioning.

Undertreated attacks affect cognition, sleep, emotional well being, and participation in daily activities. These secondary effects increase disability and healthcare utilization, making timely access to effective acute and preventive strategies essential.

Peripheral nerve blocks are recognized within guideline supported multimodal care for appropriately selected patients (Ailani, J., et al. “The American Headache Society Consensus Statement.” *Headache*, vol. 61, no. 7, 2021, pp. 1021 to 1039). Randomized trials and systematic reviews demonstrate that nerve blocks can reduce attack frequency and intensity and are generally well tolerated (Mustafa, M. S., et al. “Assessing the Effectiveness of Greater Occipital Nerve Block in Chronic Migraine.” *BMC Neurology*, vol. 24, 2024, article 330). Maintaining coverage helps prevent avoidable disability and preserves independence.

Evidence Supporting Efficacy

A double blind, placebo controlled trial found that four weekly greater occipital nerve blocks with lidocaine significantly reduced migraine and headache days compared to placebo (Chowdhury, D., et al. “Greater Occipital Nerve Blockade for the Preventive Treatment of Chronic Migraine.” *Cephalalgia*, vol. 43, no. 2, 2023, article 1024221143541). Meta analyses reinforce these benefits and show favorable tolerability profiles (Zhang, H., et al. “The Efficacy of Greater

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Additional evidence supports use in other headache disorders. Nerve blocks provide benefit for post traumatic headache (File, C., et al. "Efficacy of Nerve Blocks for Managing Refractory Posttraumatic Headaches." *Pain Physician*, vol. 28, no. 2, 2025, pp. 137 to 145) and for pediatric headache populations (Seeger, T. A., et al. "Occipital Nerve Blocks for Pediatric Posttraumatic Headache." *Journal of Child Neurology*, vol. 30, no. 9, 2015, pp. 1142 to 1146).

Clinical Effectiveness in Treating Prolonged, Refractory Attacks

Although nerve blocks are sometimes used preventively, their most common and essential role is treating prolonged migraine attacks that have not responded to oral, nasal, injectable, or infusion therapies. When attacks become refractory, patients often require urgent intervention at a headache center, urgent care, or emergency department.

In these situations, nerve blocks can shorten attack duration, reduce pain severity, and decrease reliance on opioids or repeat emergency visits (Arata, W. H. "Occipital Nerve Block for Headaches: A Narrative Review." *Journal of the American Board of Family Medicine*, vol. 37, no. 6, 2024, pp. 813 to 820). The proposed LCDs do not acknowledge this well established acute use case. Removing coverage would eliminate one of the fastest acting, lowest risk options for urgent management.

Diagnostic Necessity

For occipital neuralgia, temporary pain relief from local anesthetic block is part of the formal diagnostic criteria. The International Classification of Headache Disorders (ICHD 3) requires this response to confirm the diagnosis (International Headache Society. "13.4 Occipital Neuralgia." *ICHD 3*, 2018). Without coverage, clinicians would be unable to complete required diagnostic evaluation.

Safety and Comparative Risk

Peripheral nerve blocks are generally well tolerated with few serious complications. Adverse events are usually mild and short lived, such as localized soreness or numbness (Ertilav, E., and O. N. Aydın. "Comparison of Repeated Greater Occipital Nerve Block and Pulsed Radiofrequency Therapy in Chronic Migraine." *Journal of Oral and Facial Pain and Headache*, vol. 38, no. 3, 2024, pp. 100 to 107). Compared with oral preventives or corticosteroid regimens, nerve blocks pose lower systemic risk and do not impair cognition, which is important for older adults.

Role in Non Opioid, Multimodal Care

These procedures support CMS goals to promote non opioid pain management (Centers for Medicare & Medicaid Services. *CMS Roadmap: Strategy to Fight the Opioid Crisis*. CMS, 2019). In headache care, nerve blocks are used within a multimodal plan that may include preventive medications, behavioral therapies, and physical rehabilitation. They help reduce the need for controlled substances and improve patient safety.

Economic and System Level Considerations

Nerve blocks may help reduce the need for hospital based care. A randomized study in the emergency department found that greater occipital nerve block and intravenous metoclopramide both reduced pain and disability, supporting nerve blocks as a reasonable non opioid treatment option for urgent care (Friedman, B. W., et al. “A Double Dummy Emergency Department Study of Greater Occipital Nerve Block vs. Intravenous Metoclopramide.” *Headache*, vol. 60, no. 10, 2020, pp. 2380 to 2388). Most nerve blocks are performed in outpatient clinics without facility fees, making them a cost conscious alternative to hospital based interventions.

Procedural Evidence Standards

Randomized trials of interventional procedures are inherently more challenging to conduct than trials of systemic medications. CMS coverage decisions have historically relied on a balanced review of available evidence, clinical consensus, and real world outcomes. Nerve blocks should be evaluated under this pragmatic framework rather than held to pharmaceutical level evidence standards that are neither feasible nor appropriate for procedural care.

Health Equity and Patient Impact

Migraine and other headache disorders disproportionately affect women, low income individuals, and those with limited access to healthcare (Lipton, R. B., et al. “The Global Burden of Migraine.” *Headache*, vol. 61, no. 1, 2021, pp. 20 to 29). Restricting coverage would exacerbate disparities for patients who cannot afford out of pocket care.

Peripheral nerve blocks are often used during pregnancy when medication options are limited. Expert review and clinical practice support the safety of local anesthetic nerve blocks during pregnancy (Robbins, M. S., et al. “Treatment of Headache in Pregnant and Lactating Women.” *Headache*, vol. 60, 2020, pp. 200 to 216). The American College of Obstetricians and Gynecologists includes occipital nerve blocks with lidocaine in its recommendations for acute treatment of primary headache disorders in pregnancy (American College of Obstetricians and Gynecologists. “Headaches in Pregnancy and Postpartum.” *Obstetrics and Gynecology*, vol. 139, no. 5, 2022, pp. 944 to 972).

Restricting coverage will force many patients into emergency settings for attacks that could be treated safely and effectively in outpatient neurology clinics. This shift increases cost and disability rather than reducing it.

Coverage Consistency

The proposed LCD continues to cover radio frequency neurolysis for trigeminal neuralgia while excluding nerve blocks for trigeminal neuralgia and other cranial neuralgias and headache disorders. This distinction lacks clinical justification because the neuroanatomy and therapeutic mechanisms overlap. Applying different coverage standards to comparable conditions undermines fairness and consistency (Centers for Medicare & Medicaid Services. *Proposed LCD: Peripheral Nerve Blocks and Procedures for Chronic Pain*, 2025).

National Scope and Policy Coordination

Multiple Medicare Administrative Contractors have released nearly identical proposed LCDs, indicating a coordinated national trend. AHDA urges CMS to conduct a centralized review with input from neurologists, pain specialists, and patient organizations before finalizing restrictions (American College of Radiology. “MACs Seek Public Comment on Peripheral Nerve Block Coverage.” *ACR Bulletin*, 2025).

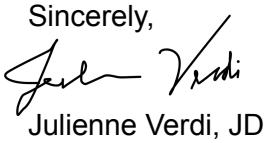
Conclusion and Recommendation

Peripheral nerve blocks are established, evidence based, and safe components of comprehensive headache management. They reduce suffering, prevent disability, and align with CMS goals to promote non opioid, cost conscious care. AHDA respectfully urges WPS and CMS to withdraw or substantially revise this proposed LCD and to engage headache specialists, pain experts, and patient advocates in developing an evidence informed policy.

If additional evidence is needed, a coverage with evidence development model would be more appropriate than categorical non coverage.

Thank you for considering our comments and for your commitment to high quality, equitable care for Medicare beneficiaries living with disabling headache disorders.

Sincerely,



Julienne Verdi, JD
Executive Director
Alliance for Headache Disorders Advocacy

ALLIANCE FOR HEADACHE DISORDERS ADVOCACY

November 8, 2025

Meredith Loveless, MD
Attn: Medical Review
26 Century Blvd., Ste ST610
Nashville, TN 37214-3685
cmd.inquiry@cgsadmin.com

RE: Comments on Proposed LCD *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40261*

Dear Dr. Loveless,

The Alliance for Headache Disorders Advocacy (AHDA) appreciates the opportunity to submit comments on the proposed Local Coverage Determination (LCD) *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40261* issued by CGS. AHDA is a national coalition of patient organizations, clinicians, researchers, and individuals living with headache disorders. Together, we represent the more than 40 million Americans affected by migraine, cluster headache, occipital neuralgia, and other disabling headache conditions.

We respectfully oppose the proposed coverage changes outlined in this LCD and are deeply concerned about the harm they would cause to patients with headache disorders. Peripheral nerve blocks, including occipital, supraorbital, auriculotemporal, and trigeminal nerve blocks, are evidence based, low risk interventions that play a vital role in diagnosing and managing headache disorders. Restricting coverage for these procedures would significantly limit access to essential care for Medicare beneficiaries who already face substantial barriers to diagnosis, treatment, and relief from recurrent disabling attacks.

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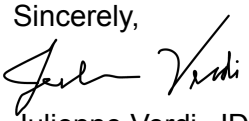

Julienne Verdi, JD
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ALLIANCE FOR HEADACHE DISORDERS ADVOCACY

November 8, 2025

Part A Policy
PO Box 100238 (JM) or PO Box 100305 (JJ)
AG-275
Columbia, SC 29202
A.Policy@PalmettoGBA.com

RE: Comments on Proposed LCD *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40263*

Dear Medical Director,

The Alliance for Headache Disorders Advocacy (AHDA) appreciates the opportunity to submit comments on the proposed Local Coverage Determination (LCD) *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40263* issued by Palmetto. AHDA is a national coalition of patient organizations, clinicians, researchers, and individuals living with headache disorders. Together, we represent the more than 40 million Americans affected by migraine, cluster headache, occipital neuralgia, and other disabling headache conditions.

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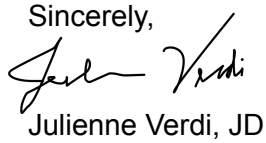

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National Government Services Medical Policy Unit
P.O. Box 7108
Indianapolis, IN 46207-7108
NGSDraftLCDComments@anthem.com

RE: Comments on Proposed LCD *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40267*

Dear Medical Director,

The Alliance for Headache Disorders Advocacy (AHDA) appreciates the opportunity to submit comments on the proposed Local Coverage Determination (LCD) *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40267* issued by Anthem. AHDA is a national coalition of patient organizations, clinicians, researchers, and individuals living with headache disorders. Together, we represent the more than 40 million Americans affected by migraine, cluster headache, occipital neuralgia, and other disabling headache conditions.

We respectfully oppose the proposed coverage changes outlined in this LCD and are deeply concerned about the harm they would cause to patients with headache disorders. Peripheral nerve blocks, including occipital, supraorbital, auriculotemporal, and trigeminal nerve blocks, are evidence based, low risk interventions that play a vital role in diagnosing and managing headache disorders. Restricting coverage for these procedures would significantly limit access to essential care for Medicare beneficiaries who already face substantial barriers to diagnosis, treatment, and relief from recurrent disabling attacks.

Background and Clinical Context

Peripheral nerve blocks have been safely used for decades in neurology, anesthesiology, and pain medicine to manage neuropathic and headache related pain. In headache care, nerve blocks serve both diagnostic and therapeutic roles. They are a cornerstone of evaluating occipital neuralgia and are validated preventive and acute treatment options for migraine, cluster headache, and post traumatic headache.

Headache disorders differ from generalized chronic pain conditions. Primary headache disorders are chronic neurologic diseases characterized by episodic attacks rather than continuous daily pain. Migraine may occur a few days per month or many days per month, but

even individuals with chronic migraine typically experience fluctuating, attack based pain. Cluster headache consists of repeated short attacks separated by pain free intervals. These episodic yet disabling attacks require flexibility in acute treatment, and peripheral nerve blocks are a critical component of that toolkit.

Headache disorders are leading causes of years lived with disability worldwide. Untreated or undertreated pain contributes to depression, anxiety, and social isolation. For many patients, receiving an in office nerve block from a qualified clinician provides immediate and sometimes transformative relief that allows them to work, care for families, and remain independent.

Patients who cannot tolerate or do not benefit from standard pharmacologic therapies often rely on these procedures. Many preventive medications, including tricyclic antidepressants, SNRIs, and antiseizure medications, carry significant systemic side effects such as sedation, weight gain, and cognitive slowing. Nerve blocks provide a low systemic risk, non opioid option that can be repeated safely and used alongside behavioral and rehabilitative therapies.

Preventing Disability and Disease Progression

Migraine can worsen over time for a subset of patients. High attack frequency, disrupted sleep, psychiatric comorbidity, and medication overuse all increase the risk of progression from episodic to chronic migraine (Buse, D. C., et al. “Migraine Progression: A Systematic Review.” *Headache*, vol. 59, no. 3, 2019, pp. 306 to 338). Effective and sustained treatment stabilizes disease, reduces reliance on high risk medications, and helps protect long term functioning.

Undertreated attacks affect cognition, sleep, emotional well being, and participation in daily activities. These secondary effects increase disability and healthcare utilization, making timely access to effective acute and preventive strategies essential.

Peripheral nerve blocks are recognized within guideline supported multimodal care for appropriately selected patients (Ailani, J., et al. “The American Headache Society Consensus Statement.” *Headache*, vol. 61, no. 7, 2021, pp. 1021 to 1039). Randomized trials and systematic reviews demonstrate that nerve blocks can reduce attack frequency and intensity and are generally well tolerated (Mustafa, M. S., et al. “Assessing the Effectiveness of Greater Occipital Nerve Block in Chronic Migraine.” *BMC Neurology*, vol. 24, 2024, article 330). Maintaining coverage helps prevent avoidable disability and preserves independence.

Evidence Supporting Efficacy

A double blind, placebo controlled trial found that four weekly greater occipital nerve blocks with lidocaine significantly reduced migraine and headache days compared to placebo (Chowdhury, D., et al. “Greater Occipital Nerve Blockade for the Preventive Treatment of Chronic Migraine.” *Cephalalgia*, vol. 43, no. 2, 2023, article 1024221143541). Meta analyses reinforce these benefits and show favorable tolerability profiles (Zhang, H., et al. “The Efficacy of Greater

Occipital Nerve Block for the Treatment of Migraine." *Clinical Neurology and Neurosurgery*, vol. 165, 2018, pp. 129 to 133).

Additional evidence supports use in other headache disorders. Nerve blocks provide benefit for post traumatic headache (File, C., et al. "Efficacy of Nerve Blocks for Managing Refractory Posttraumatic Headaches." *Pain Physician*, vol. 28, no. 2, 2025, pp. 137 to 145) and for pediatric headache populations (Seeger, T. A., et al. "Occipital Nerve Blocks for Pediatric Posttraumatic Headache." *Journal of Child Neurology*, vol. 30, no. 9, 2015, pp. 1142 to 1146).

Clinical Effectiveness in Treating Prolonged, Refractory Attacks

Although nerve blocks are sometimes used preventively, their most common and essential role is treating prolonged migraine attacks that have not responded to oral, nasal, injectable, or infusion therapies. When attacks become refractory, patients often require urgent intervention at a headache center, urgent care, or emergency department.

In these situations, nerve blocks can shorten attack duration, reduce pain severity, and decrease reliance on opioids or repeat emergency visits (Arata, W. H. "Occipital Nerve Block for Headaches: A Narrative Review." *Journal of the American Board of Family Medicine*, vol. 37, no. 6, 2024, pp. 813 to 820). The proposed LCDs do not acknowledge this well established acute use case. Removing coverage would eliminate one of the fastest acting, lowest risk options for urgent management.

Diagnostic Necessity

For occipital neuralgia, temporary pain relief from local anesthetic block is part of the formal diagnostic criteria. The International Classification of Headache Disorders (ICHD 3) requires this response to confirm the diagnosis (International Headache Society. "13.4 Occipital Neuralgia." *ICHD 3*, 2018). Without coverage, clinicians would be unable to complete required diagnostic evaluation.

Safety and Comparative Risk

Peripheral nerve blocks are generally well tolerated with few serious complications. Adverse events are usually mild and short lived, such as localized soreness or numbness (Ertilav, E., and O. N. Aydın. "Comparison of Repeated Greater Occipital Nerve Block and Pulsed Radiofrequency Therapy in Chronic Migraine." *Journal of Oral and Facial Pain and Headache*, vol. 38, no. 3, 2024, pp. 100 to 107). Compared with oral preventives or corticosteroid regimens, nerve blocks pose lower systemic risk and do not impair cognition, which is important for older adults.

Role in Non Opioid, Multimodal Care

These procedures support CMS goals to promote non opioid pain management (Centers for Medicare & Medicaid Services. *CMS Roadmap: Strategy to Fight the Opioid Crisis*. CMS, 2019). In headache care, nerve blocks are used within a multimodal plan that may include preventive medications, behavioral therapies, and physical rehabilitation. They help reduce the need for controlled substances and improve patient safety.

Economic and System Level Considerations

Nerve blocks may help reduce the need for hospital based care. A randomized study in the emergency department found that greater occipital nerve block and intravenous metoclopramide both reduced pain and disability, supporting nerve blocks as a reasonable non opioid treatment option for urgent care (Friedman, B. W., et al. “A Double Dummy Emergency Department Study of Greater Occipital Nerve Block vs. Intravenous Metoclopramide.” *Headache*, vol. 60, no. 10, 2020, pp. 2380 to 2388). Most nerve blocks are performed in outpatient clinics without facility fees, making them a cost conscious alternative to hospital based interventions.

Procedural Evidence Standards

Randomized trials of interventional procedures are inherently more challenging to conduct than trials of systemic medications. CMS coverage decisions have historically relied on a balanced review of available evidence, clinical consensus, and real world outcomes. Nerve blocks should be evaluated under this pragmatic framework rather than held to pharmaceutical level evidence standards that are neither feasible nor appropriate for procedural care.

Health Equity and Patient Impact

Migraine and other headache disorders disproportionately affect women, low income individuals, and those with limited access to healthcare (Lipton, R. B., et al. “The Global Burden of Migraine.” *Headache*, vol. 61, no. 1, 2021, pp. 20 to 29). Restricting coverage would exacerbate disparities for patients who cannot afford out of pocket care.

Peripheral nerve blocks are often used during pregnancy when medication options are limited. Expert review and clinical practice support the safety of local anesthetic nerve blocks during pregnancy (Robbins, M. S., et al. “Treatment of Headache in Pregnant and Lactating Women.” *Headache*, vol. 60, 2020, pp. 200 to 216). The American College of Obstetricians and Gynecologists includes occipital nerve blocks with lidocaine in its recommendations for acute treatment of primary headache disorders in pregnancy (American College of Obstetricians and Gynecologists. “Headaches in Pregnancy and Postpartum.” *Obstetrics and Gynecology*, vol. 139, no. 5, 2022, pp. 944 to 972).

Restricting coverage will force many patients into emergency settings for attacks that could be treated safely and effectively in outpatient neurology clinics. This shift increases cost and disability rather than reducing it.

Coverage Consistency

The proposed LCD continues to cover radio frequency neurolysis for trigeminal neuralgia while excluding nerve blocks for trigeminal neuralgia and other cranial neuralgias and headache disorders. This distinction lacks clinical justification because the neuroanatomy and therapeutic mechanisms overlap. Applying different coverage standards to comparable conditions undermines fairness and consistency (Centers for Medicare & Medicaid Services. *Proposed LCD: Peripheral Nerve Blocks and Procedures for Chronic Pain*, 2025).

National Scope and Policy Coordination

Multiple Medicare Administrative Contractors have released nearly identical proposed LCDs, indicating a coordinated national trend. AHDA urges CMS to conduct a centralized review with input from neurologists, pain specialists, and patient organizations before finalizing restrictions (American College of Radiology. “MACs Seek Public Comment on Peripheral Nerve Block Coverage.” *ACR Bulletin*, 2025).

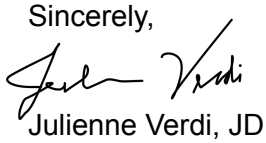
Conclusion and Recommendation

Peripheral nerve blocks are established, evidence based, and safe components of comprehensive headache management. They reduce suffering, prevent disability, and align with CMS goals to promote non opioid, cost conscious care. AHDA respectfully urges Anthem and CMS to withdraw or substantially revise this proposed LCD and to engage headache specialists, pain experts, and patient advocates in developing an evidence informed policy.

If additional evidence is needed, a coverage with evidence development model would be more appropriate than categorical non coverage.

Thank you for considering our comments and for your commitment to high quality, equitable care for Medicare beneficiaries living with disabling headache disorders.

Sincerely,



Julienne Verdi, JD
Executive Director
Alliance for Headache Disorders Advocacy

November 8, 2025

Contractor Medical Director(s) Noridian Healthcare Solutions, LLC
Attention: Draft LCD Comments
4510 13th Ave. S, STE1
Fargo, ND 58103-6646
policydraft@noridian.com

RE: Comments on Proposed LCD *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40265*

Dear Dr. Campos,

The Alliance for Headache Disorders Advocacy (AHDA) appreciates the opportunity to submit comments on the proposed Local Coverage Determination (LCD) *Peripheral Nerve Blocks and Procedures for Chronic Pain DL40265* issued by Noridian Healthcare Solutions, LLC. AHDA is a national coalition of patient organizations, clinicians, researchers, and individuals living with headache disorders. Together, we represent the more than 40 million Americans affected by migraine, cluster headache, occipital neuralgia, and other disabling headache conditions.

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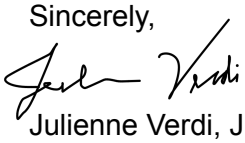

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