



# Clinical Policy: Migraine and Tension-Type Headaches

Reference Number: WA.HIM. CP.MP.532

Date of Last Review: 09/25

Effective Date: 11/01/25

[Coding Implications](#)

[Revision Log](#)

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## Description

This policy describes the medical necessity guidelines for treating chronic migraine or chronic tension-type headache with other treatments.

Note: See also WA.PHAR.232 for treatment of chronic migraine headaches with botox.

## Policy/Criteria

- I. It is the policy of Coordinated Care Corporation, in accordance with the Health Care Authority's Health Technology Assessment, that treatment of *chronic migraine* with *acupuncture* is **medically necessary** for up to 24 sessions over the course of one year.
- II. It is the policy of Coordinated Care Corporation, in accordance with the Health Care Authority's Health Technology Assessment, that treatment of *chronic tension-type headache* with *acupuncture* is **not medically necessary**.
- III. It is the policy of Coordinated Care Corporation, in accordance with the Health Care Authority's Health Technology Assessment, that treatment of migraine or chronic tension-type headache with massage, trigger point injections, transcranial magnetic stimulation or manipulation/manual therapy is **not medically necessary**.

## Background

This policy is based entirely on Washington State Health Care Authority (HCA) Health Technology Assessment (HTA).

## Coding Implications

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CPT® Codes	Description
20552	Injection; single or multiple trigger points, 1 or 2 muscles
20553	Injection; single or multiple trigger points, 3 or more muscles

CPT® Codes	Description
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management
97124	Therapeutic procedures, 1 or more area, each 15 minutes; massage
97140	Manual therapy techniques
97810	Acupuncture, one or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97811	Acupuncture, one or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needle(s)
97813	Acupuncture, one or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
97814	Acupuncture, one or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with reinsertion of needle(s)
98940	Chiropractic manipulative treatment; spinal 1-2 regions
98941	Chiropractic manipulative treatment; spinal 3-4 regions
98942	Chiropractic manipulative treatment; spinal 5 regions
98943	Chiropractic manipulative treatment; extraspinal 1 or more regions
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy developed.		9/25

### References

1. Skelly, A., Fischer, D., Brodt, E., Winter, C., Ferguson, A. Spectrum Research. *Treatment of Chronic Migraine and Chronic Tension-Type Headache* Washington Health Technology Assessment. April 14, 2017.
2. Washington State Health Care Authority. Health Technology Clinical Committee. *Chronic Migraine and Chronic Tension-type Headache*. <https://www.hca.wa.gov/about-hca/programs-and-initiatives/health-technology-assessment/chronic-migraine-and-chronic-tension-type-headache>

### Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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**Migraine and Tension-type Headaches**



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