

## Medical Coverage Policy | Sympathetic Therapy for the Treatment of Pain



**EFFECTIVE DATE:** 10|01|2001  
**POLICY LAST UPDATED:** 04|16|2019

### OVERVIEW

Sympathetic therapy describes a type of electrical stimulation of the peripheral nerves that is designed to stimulate the sympathetic nervous system in an effort to “normalize” the autonomic nervous system and alleviate chronic pain.

### MEDICAL CRITERIA

Not applicable

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

#### BlueCHiP for Medicare

Sympathetic therapy for the treatment of pain is not covered as the evidence is insufficient to determine the effects of the technology on health outcomes.

#### Commercial Products

Sympathetic therapy for the treatment of pain is not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate section of the Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered benefits/coverage.

### BACKGROUND

Sympathetic therapy uses 4 intersecting channels of various frequencies with bilateral electrode placement on the feet, legs, arms, and hands. Based on the location of the patient’s pain and treatment protocols supplied by the manufacturer, electrodes are placed in various locations on the lower legs and feet or the hands and arms. Electrical current is then induced with beat frequencies between 0 and 1000 Hz. Treatment may include daily 1-hour treatments in the physician’s office, followed by home treatments, if the initial treatment is effective.

Unlike transcutaneous electrical nerve stimulation (TENS) or interferential electrical stimulation, sympathetic therapy is not designed to treat local pain, but is designed to induce a systemic effect on sympathetically induced pain.

Currently, there are no studies published in the peer-reviewed literature regarding sympathetic therapy, therefore there is no evidence to support its efficacy and the service is considered not medically necessary.

### CODING

#### BlueCHiP for Medicare and Commercial Products

There is no specific CPT or HCPCS code for sympathetic therapy for the treatment of pain, therefore providers should report this service with an unlisted procedure code.

If the following CPT codes are used to report sympathetic therapy, they will be not covered for BlueCHiP for Medicare and not medically necessary for Commercial Products:

**97014** Application of a modality to one or more areas; electrical stimulation (unattended)

**97032** Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes

## RELATED POLICIES

Not applicable

## PUBLISHED

Provider Update, June 2019

Provider Update, May 2018

Provider Update, May 2017

Provider Update, May 2016

Provider Update, October 2015

## REFERENCES

1. [www.chronicpainrx.com](http://www.chronicpainrx.com)
2. Guido EH. Effects of sympathetic therapy on chronic pain in peripheral neuropathy subjects. *Am J Pain Manage* 2002; 12 (1):31-4.
3. Work Loss Data Institute. *Pain 2006*; National Guideline Clearinghouse, [www.guideline.gov](http://www.guideline.gov)

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