

Medical Coverage Policy | Sympathetic Therapy for the Treatment of Pain



EFFECTIVE DATE: 10|01|2001

POLICY LAST UPDATED: 03|15|2023

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

Medicare Advantage Plans

Sympathetic therapy for the treatment of pain is not covered as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Commercial Products

Sympathetic therapy for the treatment of pain is not medically necessary as the evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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

Medicare Advantage Plans 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 Medicare Advantage Plans 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, May 2023

Provider Update, July 2022

Provider Update, December 2021

Provider Update, June 2020

Provider Update, June 2019

REFERENCES

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

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

