EFFECTIVE DATE: 10|01|2001
POLICY LAST UPDATED: 03|01|2016

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 and Commercial Products

Sympathetic therapy for the treatment of pain is considered not medically necessary as there is no peer-reviewed scientific literature to demonstrate that the procedure is effective.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for limitations of benefits/coverage when services are not medically necessary.

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 considered not medically necessary:

97014
97032

RELATED POLICIES
Not applicable

PUBLISHED
Provider Update, May 2016
Provider Update, October 2015
Provider Update, August 2014
Provider Update, August 2013
Provider Update, March 2012
Provider Update, November 2010
Provider Update, September 2009

REFERENCES
www.chronicpainrx.com

Guido EH. Effects of sympathetic therapy on chronic pain in peripheral neuropathy subjects. Am J Pain Manage 2002; 12 (1):31-4.

Work Loss Data Institute. Pain 2006; National Guideline Clearinghouse, www.guideline.gov