

## Medical Coverage Policy | Sympathetic Therapy for Pain Treatment



**EFFECTIVE DATE:** 10|01|2001  
**POLICY LAST UPDATED:** 06|17|2014

### 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.

### PRIOR AUTHORIZATION

Not applicable.

### POLICY STATEMENT

#### BlueCHiP for Medicare and Commercial

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.

### MEDICAL CRITERIA

Not applicable.

### 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. may include daily 1-hour treatments in the physician's office, followed by home treatments, if the initial treatment is effective.

Unlike TENS (transcutaneous electrical nerve stimulation) 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.

### COVERAGE

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

### CODING

#### BlueCHiP for Medicare and Commercial

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	Aug 2014
Provider Update	Aug 2013
Provider Update	Mar 2012
Provider Update	Nov 2010
Provider Update	Sep 2009
Provider Update	Oct 2008
Provider Update	Dec 2007

## 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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