

Medical Coverage Policy



Sympathetic Therapy

Device/Equipment Drug Medical Surgery Test Other

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| Effective Date: | 10/1/2001 | Policy Last Updated: | 12/20/2011 |
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

Sympathetic therapy describes a method of administering electrical current through the peripheral nerves of the lower legs, feet, arms and hands stimulating the sympathetic nervous system. This treatment is proposed for use in patients with chronic pain with no underlying etiology.

The treatment is described as follows: Electrodes are placed bilaterally on the legs and feet or, bilaterally on the arms and hands. The electrodes follow the peripheral nerve pathways and cross the spine from one side of the body to the other with varying frequencies administered. The clinician selects the most appropriate protocol based on location and severity of pain. With over 300 treatment protocols to choose from, adjustments to treatment protocol may continue throughout treatment. Each individual treatment takes an hour and at least 10 treatments are required to complete the treatment plan. Once the correct protocol has been chosen, treatment may continue at home using a home unit device.

Ideally, assessment of therapies designed to treat chronic pain should be based on placebo-controlled trials to assess the magnitude of the expected placebo effect and to isolate the contribution of the active treatment. Outcomes of interest might include changes in scores of a visual analog scale (VAS), quality of life measures such as an SF-36, reduction in pain medications, daily activity levels, or return to work. However, a MEDLINE search did not identify any studies published in the peer-reviewed literature regarding sympathetic therapy.

Medical Criteria:

Not applicable

Policy:

Sympathetic therapy is considered **not medically necessary** due to lack of studies demonstrating clinical efficacy.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, or Benefit booklet applicable "not medically necessary" benefits/coverage.

Coding:

Note: These codes may be used for other indications as CPT does not recognize a specific code(s) for sympathetic therapy. Because there is no specific code, providers are obligated to inform members of their full liability when reporting this therapy using covered devices (codes 97014, 97032).

97014**97032****Also known as:**

Dynatron STYS
Dynatron STS Rx

Related topics:

N/A

Published:

Policy Update, December 2005

Policy Update, December 2006

Policy Update, December 2007

Provider Update, October 2008

Provider Update, September 2009

Provider Update, November 2010

Provider Update, March 2012

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