Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

SERVICE: Regional Sympathetic Blocks

PRIOR AUTHORIZATION: Not required.

POLICY: The performance of a diagnostic regional sympathetic block may be considered medically necessary for a patient who has been diagnosed with complex regional pain syndrome. A positive response is considered when there is at least 50% reduction in the patient’s pain and improvement in function for the duration of the local anesthetic used in an appropriately performed sympathetic block. If less than 50% improvement is noted for the duration of the local anesthetic, further blocks may be considered not medically necessary.

When performing repeat regional sympathetic blocks, a trial of up to 3 additional blocks should be performed in the first two weeks of treatment following the initial diagnostic injection. Continuation of the therapeutic blocks, up to a total of 6 therapeutic blocks, should only be undertaken if there is documented evidence of pain reduction, decreased use of pain medication, increased functional abilities (including but not limited to range of motion, strength, and use of the extremity in activities of daily living), or an increased tolerance to touch (decreased allodynia) during the rehabilitation program. The additional blocks should be performed at a one-time per week frequency.

Based on the fact that there is no quality evidence that regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks) as an isolated treatment alter the long term outcome of complex regional pain syndrome (CRPS), all regional sympathetic blocks in recalcitrant cases of CRPS should be performed in those patients who may benefit the from block to facilitate involvement and advancement in an active rehabilitation/functional restoration program. Regional sympathetic blocks which are performed in patients who are not capable or who are not actively involved in active rehabilitation program may be considered not medically necessary.

OVERVIEW: Regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks) refers to the injection of local anesthetic along the sympathetic ganglia of the anterolateral aspect of the spinal column under fluoroscopy to reduce sympathetic nervous system activity related to the affected limb.

Complex regional pain syndrome is defined by the International Association for the Study of Pain (IASP) “as a variety of painful conditions following injury which appear regionally having a distal predominance of abnormal findings, exceeding in both magnitude and duration the expected clinical
course of the inciting event and often resulting in significant impairment of motor function, and showing variable progression over time. In addition to injury, CRPS can also occur as a result of various medical disorders or illnesses. The diagnostic criterion for CRPS are as follows:

1. Continuing pain that is disproportionate to any inciting event must report at least one (1) of the symptoms in the following categories:
   a. Sensory: reports of hyperesthesia
   b. Vasomotor: reports of temperature asymmetry and/or skin color changes and/or skin color asymmetry
   c. Sudomotor/edema: reports of edema and/or sweating changes and/or sweating asymmetry
   d. Motor/trophic: reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin).

Regional sympathetic blocks should be performed using fluoroscopy. Performance of regional sympathetic blocks without the use of fluoroscopic guidance is considered not medically necessary.

**MANDATES:** There are no mandated benefits.

**CODES:**

*Important note:*

**CODES:** Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>64510</td>
<td>Injection, anesthetic agent; stellate ganglion (cervical sympathetic)</td>
</tr>
<tr>
<td>64517</td>
<td>Injection, anesthetic agent; superior hypogastric plexus</td>
</tr>
<tr>
<td>64520</td>
<td>Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)</td>
</tr>
<tr>
<td>64530</td>
<td>Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CPT Not Covered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>337.21 – Reflex sympathetic dystrophy of upper limb</td>
</tr>
<tr>
<td>337.22 – Reflex sympathetic dystrophy of the lower limb</td>
</tr>
<tr>
<td>722.83 – Postlaminectomy syndrome lumbar region</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD9 codes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>G90.511 – complex regional pain syndrome I of right upper limb</td>
</tr>
<tr>
<td>G90.512 – complex regional pain syndrome I of left upper limb</td>
</tr>
<tr>
<td>G90.513 – complex regional pain syndrome I of both upper limbs</td>
</tr>
<tr>
<td>G90.519 – complex regional pain syndrome I of unspecified upper limb</td>
</tr>
<tr>
<td>G90.521 – complex regional pain syndrome I of right lower limb</td>
</tr>
<tr>
<td>G90.522 – complex regional pain syndrome I of left lower limb</td>
</tr>
<tr>
<td>G90.523 – complex regional pain syndrome I of both lower limbs</td>
</tr>
<tr>
<td>G90.529 – complex regional pain syndrome I of unspecified lower limb</td>
</tr>
<tr>
<td>M96.1 – Postlaminectomy syndrome, not elsewhere classified</td>
</tr>
</tbody>
</table>

**CMS:** There is no NCD. LCD 32702 dated 9/1/2014

**POLICY HISTORY:**

Regional Sympathetic Blocks
Page 2 of 6
REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.


