Cigna Medical Coverage Policies – Musculoskeletal Regional Sympathetic Blocks

Effective August 1, 2024

Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

CMM-209: Regional Sympathetic Blocks

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Definitions

- **Complex Regional Pain Syndrome (CRPS):** (as defined by the International Association for the Study of Pain [IASP]): 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.
- **Regional sympathetic blocks:** (i.e., Stellate Ganglion Blocks and Lumbar Sympathetic Blocks): the injection of local anesthetic along the sympathetic ganglia using image guidance to reduce sympathetic nervous system activity.

General Guidelines

Application of Guideline

- This guideline does not apply to injections/blocks of other autonomic nerves (e.g., sphenopalatine ganglion, carotid sinus, superior hypogastric plexus, celiac plexus, Gasserian ganglion [trigeminal nerve], splanchnic nerve, Ganglion of Impar, rami communicans).
- All regional sympathetic blocks in recalcitrant cases of CRPS should be performed with the intent of facilitating involvement and advancement in an active rehabilitation/functional restoration program.
  - This is due to insufficient evidence that regional sympathetic blocks (Stellate Ganglion Blocks and Lumbar Sympathetic Chain Blocks) performed as an isolated treatment alter the long-term outcome of CRPS.
- The determination of medical necessity for the performance of regional sympathetic blocks is always made on a case-by-case basis.

Injectates

- Regional sympathetic blocks may only be performed with anesthetic, corticosteroid, and/or contrast agent

Image Guidance

- Stellate Ganglion blocks must be performed using fluoroscopy or ultrasound for image guidance
- Lumbar sympathetic blocks may only be performed using fluoroscopy for image guidance

Frequency & Number of Injections/Procedures

- Only one invasive modality or procedure will be performed on the same date of service.
- When criteria has been met in the **Indications** section, up to 10 regional sympathetic blocks (4 diagnostic, 6 therapeutic) in the prior 12 months are permitted

Indications

Initial Diagnostic Regional Sympathetic Block

- The performance of an initial diagnostic regional sympathetic block is considered **medically necessary** to establish the presence or absence of sympathetically mediated complex regional pain syndrome (CRPS) when **ALL** the following diagnostic criteria for CRPS have been met:
  - Continuing pain that is disproportionate to any inciting event
  - Must report at least one (1) of the symptoms in **THREE of the four** following categories:
    - Sensory: reports of hyperesthesia
    - Vasomotor: reports of temperature asymmetry, skin color changes, and/or skin color asymmetry
    - Sudomotor/edema: reports of edema, sweating changes, and/or sweating asymmetry
    - Motor/trophic: reports of decreased range of motion, motor dysfunction (weakness, tremor, dystonia), and/or trophic changes (hair, nails, skin).
  - Must display at least one (1) sign on physical examination at the time of evaluation in **TWO or MORE** the following categories:
    - Sensory: evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch)
    - Vasomotor: evidence of temperature asymmetry, skin color changes, and/or asymmetry
    - Sudomotor/edema: evidence of edema, sweating changes, and/or sweating asymmetry
    - Motor/trophic: evidence of decreased range of motion, motor dysfunction (weakness, tremor, dystonia), and/or trophic changes (hair, nails, skin)
  - There is(are) no other medical or psychological diagnoses that are concordant with the presenting symptoms, signs, and results of relevant studies (e.g., imaging, electrodiagnostic testing, laboratory testing, etc.).
  - Diagnosis is limited to only the extremities and not to the head/face/neck, trunk, perineum/pelvis, or abdominal viscera.

Additional Diagnostic Regional Sympathetic Blocks

- Following a positive initial diagnostic regional sympathetic block, three (3) additional regional sympathetic blocks, performed within the first two (2) weeks of the initial block, may be considered **medically necessary** to diagnose the individual's pain and obtain a therapeutic response.
  - A positive response to a diagnostic regional sympathetic block is evidenced by at least 50% reduction in pain and improvement in function for the duration of the local anesthetic used.

Therapeutic Regional Sympathetic Blocks

- Therapeutic regional sympathetic blocks are considered **medically necessary** when **ALL** of the following criteria have been met:

- There is a documented positive response to the prior therapeutic regional sympathetic block as evidenced by **ALL** of the following:
  - Decreased use of pain medication
  - Increased functional ability (e.g., increased range of motion, strength, and use of the extremity in activities of daily living)
  - Increased tolerance to touch (e.g., decreased allodynia)
- Conservative treatment includes **BOTH** of the following:
  - The therapeutic regional sympathetic block is provided as part of a comprehensive pain management program
  - Ongoing participation in an active rehabilitation/functional restoration program
- Therapeutic regional sympathetic blocks are performed at a frequency of no more than one time per week
- No more than six (6) total therapeutic regional sympathetic blocks are performed in a 12 month period

Non-Indications

Not Medically Necessary

- Regional sympathetic blocks performed without meeting the criteria listed in the **Definitions**, the **General Guidelines**, and the **Indications** sections are considered **not medically necessary**.
- Regional sympathetic blocks performed for a diagnosis of CRPS in the head/face/neck, trunk, perineum/pelvis, or abdominal viscera are considered **not medically necessary.**

Experimental, Investigational, or Unproven (EIU)

- Regional Sympathetic blocks performed by **EITHER** of the following methods are considered **experimental, investigational, or unproven (EIU)**:
  - Radiofrequency ablation (RFA)
  - Chemical neurolysis (with phenol [carbolic acid] or ethyl alcohol injections)

Procedure (CPT®) Codes (CMM-209)

This guideline relates to the CPT® code set below. Codes are displayed for informational purposes only. Any given code's inclusion on this list does not necessarily indicate prior authorization is required.

CPT®	Code Description/Definition
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)

This list may not be all-inclusive and is not intended to be used for coding/billing purposes. The final determination of reimbursement for services is the decision of the health plan and is based on the individual's policy or benefit entitlement structure as well as claims processing rules.

References (CMM-209)

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