

Cigna Medical Coverage Policies – Musculoskeletal Regional Sympathetic Blocks

Effective March 15, 2018



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.

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CMM-209: Regional Sympathetic Blocks

CMM-209.1 Definitions	3
CMM-209.2 General Guidelines	4
CMM-209.3 Indications	4
CMM-209.4 Non-Indications	5
CMM-209.5 Procedure (CPT®) Codes	5
CMM-209.6 References	5

CMM-209.1 Definitions

Regional sympathetic blocks (i.e., stellate ganglion blocks and lumbar sympathetic blocks) refer to the injection of local anesthetic along the sympathetic ganglia under fluoroscopy to reduce sympathetic nervous system activity. A diagnostic regional sympathetic block is considered positive when there is significant reduction in pain and improvement in function for the duration of the local anesthetic used.

Please note: this guideline does not apply to Celiac Plexus Blocks or Ganglion Impar Blocks.

Complex Regional Pain Syndrome (CRPS) 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 criteria for CRPS are as follows:

- Continuing pain that is disproportionate to any inciting event
- Must report at least one (1) of the symptoms in the following categories:
 - ◆ Sensory: reports of hyperesthesia
 - ◆ Vasomotor: reports of temperature asymmetry and/or skin color changes and/or skin color asymmetry
 - ◆ Sudomotor/edema: reports of edema and/or sweating changes and/or sweating asymmetry
 - ◆ Motor/trophic: reports of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin).
- Must display at least one (1) of the signs in the following categories:
 - ◆ Sensory: evidence of hyperalgesia (to pinprick) and/or allodynia (to light touch)
 - ◆ Vasomotor: evidence of temperature asymmetry and/or skin color changes and/or asymmetry
 - ◆ Sudomotor/edema: evidence of edema and/or sweating changes and/or sweating asymmetry
 - ◆ Motor/trophic: evidence of decreased range of motion and/or motor dysfunction (weakness, tremor, dystonia) and/or trophic changes (hair, nail, skin).

CMM-209.2 General Guidelines

- Regional sympathetic blocks should be performed using fluoroscopy.
- 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, 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.

CMM-209.3 Indications

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. A positive response is defined as at least 50% reduction in pain and improvement in function for the duration of the local anesthetic used.

Following a successful initial diagnostic block, three (3) additional therapeutic 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.

Additional therapeutic regional sympathetic blocks are considered **medically necessary** when provided as part of a comprehensive pain management program and **ALL** of the following criteria are met:

- 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)
- Ongoing participation in an active rehabilitation program
- Performed at a frequency of no more than one time per week
- No more than six (6) total blocks.

CMM-209.4 Non-Indications

Regional sympathetic blocks are considered **not medically necessary** for each of the following:

- When the individual is not capable of participating or is not involved in an ongoing, active rehabilitation program
- Without the use of fluoroscopic guidance
- No significant reduction in pain and no improvement in function for the duration of local anesthetic following the diagnostic block
- A repeat therapeutic block when there is no decrease in use of pain medication, increase in functional ability, and increase of tolerance to touch

CMM-209.5 Procedure (CPT®) Codes

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.

CMM-209.6 References

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