CIGNA MEDICAL COVERAGE POLICIES - MUSCULOSKELETAL

CMM-209: Regional Sympathetic Blocks

Effective Date: August 04, 2026

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.

These guidelines include procedures EviCore does not review for Cigna. Please refer to the **Cigna CPT code list** for the current list of high-tech imaging procedures that EviCore reviews for Cigna.

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Definitions

Definitions

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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.

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General Guidelines

General Guidelines

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Application of Guideline

- The guideline criteria are not applicable 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 regional sympathetic blocks is always made on a case-by-case basis.

Injectates

- When criteria have been met, regional sympathetic blocks are considered **medically necessary** when performed with an anesthetic, corticosteroid, and/or contrast agent.

Image Guidance

- When criteria have been met, stellate ganglion blocks are considered **medically necessary** when performed using fluoroscopic- or ultrasound-guidance.
- When criteria have been met, lumbar sympathetic chain blocks are considered **medically necessary** when performed using fluoroscopic-guidance.

Frequency & Number of Injections/Procedures

- When criteria have been met, only one invasive modality or procedure performed on the same date of service is considered **medically necessary**.
- When criteria have been met, no more than four (4) diagnostic regional sympathetic blocks are considered **medically necessary** within two (2) weeks.
- When criteria have been met, therapeutic regional sympathetic blocks are considered **medically necessary** no more frequent than once every seven (7) days.
- When criteria have been met, up to a total of 10 (4 diagnostic, 6 therapeutic) regional sympathetic blocks are considered **medically necessary** during a rolling 12-month period.

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Health Equity Considerations

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Indications

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Indications

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Initial Diagnostic Regional Sympathetic Block

An initial diagnostic regional sympathetic block is considered **medically necessary** when BOTH of the following criteria have been met:

- Performed to establish the presence or absence of sympathetically mediated complex regional pain syndrome (CRPS)
- Diagnostic criteria for CRPS have been met as follows:
  - Presence of continuing pain that is disproportionate to any inciting event
  - Must report at least one (1) symptom in at least THREE (3) of the following categories:
    - Sensory: reports of hyperesthesia (increased sensitivity to sensory stimuli) and/or allodynia (pain to light touch)
    - 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 exam at the time of evaluation in at least TWO (2) of the following categories:
    - Sensory: evidence of hyperalgesia (pain to pinprick) and/or allodynia (pain 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 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.).
  - The 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

Up to three (3) additional regional sympathetic blocks are considered **medically necessary** to diagnose the individual's pain when BOTH of the following criteria have been met:

- The initial diagnostic regional sympathetic block resulted in a positive response with documented pain relief of at least 50% and documented concomitant increase in function for the duration of the local anesthetic used.
- The additional diagnostic regional sympathetic blocks are performed within the first two (2) weeks following the initial diagnostic regional sympathetic block.

Therapeutic Regional Sympathetic Blocks

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

- The prior therapeutic regional sympathetic block resulted in a positive response 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.
  - The individual has ongoing participation in an active rehabilitation/functional restoration program.

Non-Indications

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Non-Indications

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Not Medically Necessary

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

Experimental, Investigational, or Unproven (EIU)

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

Codes (CMM-209)

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Codes (CMM-209)

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The inclusion of any code in this table does not imply that the code is under management or requires prior authorization. Refer to the applicable health plan for management details. Prior authorization of a code listed in this table is not a guarantee of payment. The Certificate of Coverage or Evidence of Coverage policy outlines the terms and conditions of the member's health insurance policy.

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

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References (CMM-209)

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