

# Sympathetic Blockade

Guideline Number: MMG186.A  
 Effective Date: November 1, 2021

[Instructions for Use](#)

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Related Policies
None

## Coverage Rationale

Sympathetic blockade using a local anesthetic is proven and medically necessary for treating the following indications:

- Pancreatic cancer with severe abdominal or back pain
- Complex regional pain syndrome (CRPS)

For medical necessity clinical coverage criteria, refer to the InterQual® 2021, Apr. 2021 Release, CP: Procedures, Sympathetic Blockade.

Click [here](#) to view the InterQual® criteria.

Sympathetic blockade is unproven and not medically necessary for treating the following indications:

- Chronic pancreatitis
- Chronic abdominal or back pain

## Documentation Requirements

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

Required Clinical Information
<b>Sympathetic Blockade</b>
Medical notes documenting the following, when applicable: <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• History of the medical condition(s) requiring treatment or surgical intervention</li> <li>• Documentation of signs and symptoms; including onset, duration, and frequency</li> <li>• Physical exam</li> <li>• Relevant medical history</li> <li>• Treatments tried, failed, or contraindicated; include the dates and reason for discontinuation</li> </ul>

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
64510	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent; superior hypogastric plexus
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring

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## References

- Drewes AM, Bouwense SAW, Campbell CM, et al.; Working group for the International (IAP – APA – JPS – EPC) Consensus Guidelines for Chronic Pancreatitis. Guidelines for the understanding and management of pain in chronic pancreatitis. *Pancreatology*. 2017 Sep-Oct;17(5):720-731.
- Fabbri C, Luigiano C, Lisotti A, et al. Endoscopic ultrasound-guided treatments: are we getting evidence based—a systematic review. *World J Gastroenterol*. 2014 Jul 14;20(26):8424-48.
- LeBlanc JK, DeWitt J, Johnson C, et al. A prospective randomized trial of 1 versus 2 injections during EUS-guided celiac plexus block for chronic pancreatitis pain. *Gastrointest Endosc*. 2009 Apr;69(4):835-42.
- Löhr JM, Dominguez-Munoz E, Rosendahl J et al.; Working Group. United European Gastroenterology evidence-based guidelines for the diagnosis and therapy of chronic pancreatitis (HaPanEU). *United European Gastroenterol J*. 2017 Mar;5(2):153-199.
- Mercadante S, Klepstad P, Kurita GP, et al.; European Palliative Care Research Collaborative (EPCRC). Sympathetic blocks for visceral cancer pain management: A systematic review and EAPC recommendations. *Crit Rev Oncol Hematol*. 2015 Dec;96(3):577-83.
- Stevens T, Costanzo A, Lopez R, et al. Adding triamcinolone to endoscopic ultrasound-guided celiac plexus blockade does not reduce pain in patients with chronic pancreatitis. *Clin Gastroenterol Hepatol*. 2012 Feb;10(2):186-91, 191.e1.

## Guideline History/Revision Information

Date	Summary of Changes
11/01/2021	<ul style="list-style-type: none"><li>New Medical Management Guideline</li></ul>

## Instructions for Use

This Medical Management Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this guideline, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Management Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare West Medical Management Guidelines are intended to be used in connection with the

independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Member benefit coverage and limitations may vary based on the member's benefit plan Health Plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., or UnitedHealthcare of Washington, Inc.