Sympathetic Blockade

Policy Number: SRST2026T0627L
Effective Date: September 10, 2026

➲ 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

For medical necessity clinical coverage criteria, refer to the InterQual® Client Defined CP: Procedures, Sympathetic Blockade (AQS) (Custom) - UHG.

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

Medical Records Documentation Used for Reviews

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. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the guidelines titled Medical Records Documentation Used for Reviews.

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 policy 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
64520	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)

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Clinical Evidence

There is insufficient evidence to establish the safety and efficacy of sympathetic blockade for treating chronic pancreatitis (CP) and/or chronic abdominal or back pain. Well-designed, randomized controlled trials that include large sample sizes and long-term follow-up are needed to establish the impact on health outcomes.

Liou et al. (2021) conducted a single-center retrospective study to determine the indications and effectiveness of computed tomography (CT)–guided celiac plexus/retrocrural splanchnic nerve (RSN) blocks performed in patients with abdominal pain from non–cancer-related sources. Overall, 72 CT-guided celiac plexus/RSN blocks for abdominal pain that was not caused by cancer were administered to 40 patients from May 11, 2011, to July 7, 2020. Of the 72 blocks, results identified that 48 were effective for a mean of 51 days. The 24 ineffective blocks provided relief for a mean of 1 day. The blocks were divided into permanent vs temporary blocks. Of the 18 permanent blocks, nine were effective for a mean of 111 days. Of the 54 temporary blocks, 39 were effective for a mean of 37 days. The authors concluded that there were no significant differences in effectiveness between celiac vs splanchnic blocks in groups matched by indication and intended duration (temporary/permanent). In addition, they stated that CT-guided celiac plexus/RSN blocks were effective for the management of various types of non–cancer-related abdominal pain. Due to the study limitations of a small sample size, retrospective design, and reliance on patient-reported outcome data, the authors recommended that further studies are warranted to optimize the efficacy of this pain management strategy.

Clinical Practice Guidelines

International Association of Pancreatology (IAP)/American Pancreatic Association (APA)/Japan Pancreas Society (JPS)/European Pancreatic Club (EPC)

The IAP, APA, JPS, and EPC 2017 guidelines on the understanding and management of pain in CP state that neurolytic interventions can be used in selected patients with painful CP who have experienced failure of endoscopic and surgical treatment. Thoracoscopic splanchnic denervation is more effective regarding long-term pain relief in patients who are not on chronic opioid treatment. Behavioral interventions should be part of the multidisciplinary approach in CP pain, particularly when patients experience a psychological impact of pain and quality of life has decreased. Early intervention in children may be particularly important (quality assessment: low; recommendation: strong; agreement: conditional) (Drewes et al., 2017).

The authors stated that celiac plexus blocks and splanchnic nerve ablation are generally advised in patients with CP when other medical treatments for pain have failed. However, celiac plexus blocks are rarely used for CP due to pain relief being short term, and side effects may include postural hypotension and diarrhea (Drewes et al., 2017).

United European Gastroenterology (UEG)

The UEG 2015 diagnosis and therapy of CP guideline states that treatments such as EUS-guided plexus block, splanchnic nerve block, spinal cord stimulation, transcranial magnetic stimulation, and acupuncture may be effective in selected cases of painful CP (GRADE 1C; moderate agreement) (Löhr et al., 2017).

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.

Liou H, Kong MJ, Alzubaidi SJ, et al. Single-center review of celiac plexus/retrocrural splanchnic nerve block for non-cancer related pain. Acad Radiol. 2021 Nov;28 Suppl 1:S244-S249.

Löhr JM, Dominguez-Munoz E, Rosendahl J, et al.; HaPanEU/UEG 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.

Policy History/Revision Information

Date	Summary of Changes
09/10/2026	**Coverage Rationale** • Updated language pertaining to medical necessity clinical coverage criteria; replaced reference to the "InterQual® CP: Procedures, Sympathetic Blockade" with "InterQual® *Client Defined* CP: Procedures, Sympathetic Blockade *(AQS) (Custom) - UHG*"

Date	Summary of Changes

	Medical Records Documentation Used for Reviews
	• Updated and reformatted list of Medical Records Documentation Used for Reviews to reflect/include:
	  ○ Requested procedure codes
	  ○ Diagnosis code(s) of the condition or concern targeted by the requested service
	  ○ Body part or region being treated, including laterality (left, right, or bilateral)
	  ○ Include the number of spine levels being treated and their location
	  ○ State-specific documentation applicable to the requested service
	  ○ Relevant symptoms, duration, frequency, and severity
	  ○ Functional impairment, related to the condition targeted by requested service, and interference with activities of daily living (ADLs)
	  ○ Relevant history related to the target condition for which the service is requested; symptoms and function should be measured and reported using standardized tools
	  ○ Comorbidities relevant to the condition targeted by the requested service; provide severity and duration of each
	  ○ Relevant surgical history related to the target condition for which service is requested; include surgeries and dates performed
	  ○ Relevant injection history related to the target condition for which the service is requested; include results of prior injections (e.g., percentage of pain relief and duration)
	  ○ Other than medications, list relevant prior therapies, treatments, or conservative management tried and/or contraindicated or not tolerated; include the dates and duration, reason for discontinuation (if stopped), and therapeutic response
	  ○ List of medications (over-the-counter and prescription) that have been tried, contraindicated, or not tolerated and the therapeutic response; include duration of use
	  ○ Imaging reports (e.g., x-rays, CT, MRI, nuclear scans); include dates and reports demonstrating pathology that justifies the requested service (e.g., ACR-RADS)
	  ○ Physical examination and relevant findings
	  ○ Indicate whether the requested service is diagnostic, therapeutic, or both
	  ○ If a medial branch block or a facet injection is the requested service, provide a plan for a radiofrequency (RFA) joint denervation procedure
	  ○ Provide plan of imaging guidance (e.g., fluoroscopy, ultrasound, CT)
	  ○ Clinician post-procedure treatment plan, including comprehensive rehabilitation program
	Applicable Codes
	• Removed CPT codes 64510, 64517, and 64530
	Supporting Information
	• Updated *Clinical Evidence* and *References* sections to reflect the most current information
	• Archived previous policy version 2026T0627K

Instructions for Use

This Medical Policy provides assistance in interpreting benefit plans. Before using this policy, 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 Policy 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 Medical Policies 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.