Evolent Clinical Guideline 1758 for Sympathetic Nerve Blocks

Guideline Number: Evolent_CG_**1758**	**Applicable Codes**	
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Original Date: **November 2020**	**Last Revised Date:** December **2024**	**Implementation Date:** **July 2025**

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STATEMENT

General Information

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Purpose

This guideline focuses on the utilization management of sympathetic nerve blocks for the diagnosis and acute and chronic management of sympathetically maintained pain for specific indications.

Special Note

Sympathetically maintained pain is a symptom of neuropathic pain. The pain is driven by overactivity of the sympathetic nervous system with or without an identifiable injury and is notably characterized as a clinical syndrome called complex regional pain syndrome (CRPS); but may also occur from neuropathic pain syndromes of different etiologies. Sympathetic nerve blocks provide diagnostic value in the identification of sympathetically maintained pain and the focused location of nerves along the spinal column provide a targeted advantage. These blocks are widely used in both acute and chronic management of sympathetically maintained pain of visceral, ischemic, and neuropathic etiologies.

New Episodes of Care

Any injection performed at least two years from prior injections in the same region will be considered a new episode of care and the **INITIAL** injection requirements must be met for approval. Events such as surgery on the same spinal region or any new pathology would also prompt a new episode of care.

INDICATIONS

~~***New section***~~

General Indications

- Acute or chronic noncancer pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 prior to injection **AND** continuation of pain or functional disability after the relief period due to the block
- Cancer pain affecting quality of life prior to injection and continuation after the relief period due to the block ~~[~~[1]~~]~~

NOTE: It is generally considered **not medically necessary** to perform multiple interventional pain procedures on the same date of service (e.g., diagnostic block and neurolytic procedure)

NOTE: Each block must be performed under image ~~guidance [~~**guidance** [2,3]~~]~~

Indications for Stellate Ganglion Block

Applies to face, upper extremities and upper thoracic region ~~[~~[4]~~]~~

Diagnostic Evaluation or Acute Management of Sympathetically Maintained Pain Resulting From:

- ~~—~~

- Acute Herpes Zoster (shingles) for prevention of postherpetic neuralgia ~~[~~ [5] ~~],~~ **AND**
  - Pain duration less than 4 weeks, **AND**
  - Active antiviral therapy regimen or documented medical reason unable to tolerate
- ~~Frostbite, hyperhidrosis, chronic nonsurgical neuropathic pain syndromes,~~**C** ~~c~~ancer pain **or** ~~,~~ phantom limb pain ~~, or nonsurgical vascular pain due to insufficiency, arterial embolism, vasospasm [2],~~**~~vasospasm~~** [2] **AND**
  - ~~—~~Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
  - ~~Posttraumatic stress disorder (~~**~~psychiatrist)[2],psychiatrist)~~** [2] ~~refractory angina, refractory ventricular electrical storm, AND assessment and clearance by a licensed, physician specialist in the management of the indication~~
  - ~~Up to 6 sympathetic blocks may be performed per 12 months.~~
- ~~For the treatment of posttraumatic stress disorder (PTSD), up to 3 blocks in the first 12 weeks, with~~ **~~NO~~** ~~more than 6 blocks per year~~
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic

NOTE: Up to 6 sympathetic blocks may be performed per 12 months

Diagnostic Evaluation, Acute or Chronic Management of Sympathetically Maintained Pain Resulting From:

- Complex regional pain syndrome types I ~~[~~[6]~~]~~ and II ~~[~~[7] ~~],~~ meeting Budapest criteria, **AND**
  - **Failure to respond to functional restoration modalities which may include physical therapy, occupational therapy, or pain psychology modalities (e.g. rehabilitation strategies such as desensitization, range of motion, biofeedback, etc) or clearly documented medical reason the patient is unable to participate**
  - Active participation in **ongoing**~~a multimodal, multidisciplinary pain rehabilitation~~

~~plan with a focus on~~ functional restoration ~~which may include physical therapy, occupational therapy, or pain psychology modalities (e.g., desensitization, range of motion, biofeedback, etc.)~~ or a clearly documented medical reason the **treatment cannot be done**~~patient is unable participate [2]~~**~~participate~~** [2]

~~During the initial treatment phase, a total of 6 blocks may be performed within the first 12 weeks~~

~~Following the initial treatment phase, a maximum of 4 sympathetic nerve blocks may be performed in a 12-month period~~

- **T**~~T~~he previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic

NOTE: During the initial treatment phase, a total of 6 blocks may be performed within the first 12 weeks. Following the initial treatment phase, a maximum of 4 sympathetic nerve blocks may be performed in a 12-month period

General Limitations

- It has been at least one week since the prior injection in the same or different region
- Bilateral stellate ganglion blocks will not be performed on the same day of service

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy or recent myocardial infarction
- Contralateral pneumothorax or severe emphysema
- Contralateral palsy of recurrent laryngeal nerve or phrenic nerve
- Allergy to anesthetic medication

Indications for Thoracic or Lumbar Sympathetic Block

Applies to thoracic region and lower extremities ~~[~~[4]~~]~~

Diagnostic Evaluation or Acute Management of Sympathetically Maintained Pain Resulting From:

- Acute Herpes Zoster (shingles) for prevention of postherpetic neuralgia ~~[~~[8]~~],~~ **AND**
  - Pain duration less than 4 weeks, **AND**
  - Active antiviral therapy regimen or documented medical reason unable to tolerate
- **C**~~Frostbite, hyperhidrosis, chronic nonsurgical neuropathic pain syndromes, c~~ancer pain, phantom limb pain, or nonsurgical ischemic limb pain ~~[~~[2]~~],~~ **AND**
  - Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done

- The previous block resulted in at least 50% pain relief, significant documented functional improvement, or 50% reduction in PTSD symptoms for at least the duration of the anesthetic

NOTE: Up to 6 sympathetic blocks may be performed per 12 months.

Diagnostic Evaluation, Acute or Chronic Management of Sympathetically Maintained Pain Resulting From:

- Complex regional pain syndrome types I and II ~~[~~ [9] ~~],~~ meeting Budapest criteria, **AND**
  - **Failure to respond to functional restoration modalities which may include physical therapy, occupational therapy, or pain psychology modalities (e.g. rehabilitation strategies such as desensitization, range of motion, biofeedback, etc) or clearly documented medical reason the patient is unable to participate**
  - **Active participation in ongoing functional restoration or a clearly documented medical reason the treatment cannot be done[2]**
- **The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic**

NOTE: During the initial treatment phase, a total of 6 blocks may be performed within the first 12 weeks. Following the initial treatment phase, a maximum of 4 sympathetic nerve blocks may be performed in a 12-month period

~~○ Active participation in a multimodal, multidisciplinary pain rehabilitation plan with a focus on functional restoration which may include physical therapy, occupational therapy, or pain psychology modalities (e.g., desensitization, range of motion, biofeedback, etc.) or a clearly documented medical reason the patient is unable participate [2]~~

~~● During the initial treatment phase, a total of 6 blocks may be performed within the first 12 weeks~~

~~● Following the initial treatment phase, a maximum of 4 sympathetic nerve blocks may be performed in a 12-month period The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic~~

General Limitations

- It has been at least one week since the prior injection in the same or different region
- Bilateral thoracic or lumbar sympathetic blocks will not be performed on the same day
- Imaging modalities do not include ultrasound guidance

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy, hypotension or recent myocardial infarction
- Contralateral pneumothorax

- Allergy to anesthetic medication

Indications for Celiac Plexus Block

Applies to the upper abdomen [4]

~~Applies to the upper abdomen [4]~~

For The Diagnostic Evaluation of Sympathetically Maintained Visceral Pain

- Upper abdominal pain associated with malignancy [9]
  - Conservative treatment is not required
- Up to two diagnostic blocks may be performed in the initial diagnostic phase for a planned neurolysis procedure

For the Acute or Chronic Management of Sympathetically Maintained Visceral Pain Resulting From:

- Acute pancreatitis, **OR**
- Chronic, relapsing pancreatitis [2], **AND**
  - Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
- If the first injection is unsuccessful, a second initial injection may be performed in the initial phase for a maximum of 2 injections.
- After the initial phase, a therapeutic block may be performed every 3 months in a 12-month period
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic
- Each therapeutic block resulted in at least 50% relief for a duration of 3 months

General Limitations

- At least one week between diagnostic blocks or injections performed in the initial phase

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy, hypotension or recent myocardial infarction
- Contralateral pneumothorax
- Allergy to anesthetic medication
- Abnormal anatomy

Indications for Superior Hypogastric Block

Applies to the pelvic and rectal regions [(4)]

For The Diagnostic Evaluation of Sympathetically Maintained Visceral Pain

- Pelvic or rectal pain associated with malignancy
  - Conservative treatment is not required
- Up to two diagnostic blocks may be performed in the initial diagnostic phase for a planned neurolysis procedure

For the Acute or Chronic Management of Sympathetically Maintained Visceral Pain Resulting From:

- Chronic noncancer pain of pelvic and rectal viscera, (10) **AND**
  - Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
- If the first injection is unsuccessful, a second initial injection may be performed in the initial phase for a maximum of 2 injections.
- After the initial phase, a therapeutic block may be performed every 3 months in a 12-month period
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic
- Each therapeutic block resulted in at least 50% relief for a duration of 3 months

General Limitations

- At least one week between diagnostic blocks or injections performed in the initial phase
- Imaging modalities do not include ultrasound guidance

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy, hypotension or recent myocardial infarction
- ~~Contralateral pneumothorax~~
- Allergy to anesthetic medication
- Abnormal anatomy

Exclusions

These requests are excluded from consideration under this guideline;

- Sphenopalatine ganglion block
- Ganglion impar block
- Other parasympathetic ganglion blocks
- Inferior hypogastric block

CODING AND STANDARDS

~~New section~~

~~new text field~~

Coding

CPT Codes

64510, 64517, 64520, 64530

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

~~Background~~

~~*Home Exercise Program*~~

~~The following two elements are required to meet guidelines for completion of conservative therapy:~~

~~● Documentation of an exercise prescription/plan provided by a physician, physical therapist, or chiropractor [10, 11]~~

~~**AND**~~

~~● Follow-up documentation regarding completion of HEP after the required 6-week timeframe or inability to complete HEP due to a documented medical reason (e.g., increased pain or inability to physically perform exercises). Closure of medical offices, closure of therapy offices, patient inconvenience, or noncompliance without explanation does not~~

~~constitute “inability to complete” HEP [10].~~.

POLICY HISTORY

Date	Summary
December 2024	• **This guideline replaces Evolent~~NIA~~ Clinical Guideline 404 Sympathetic Nerve Blocks** • **Removed indications for frostbite, embolism, vasospasm, hyperhidrosis, chronic nonsurgical neuropathic pain syndromes, nonsurgical vascular pain, and post-traumatic stress disorder**
January 2024	• Expanded criteria to enumerate individual block types • Added exclusions • Clarified language on application for treatment of PTSD and emphasized need for psychiatric referral and care
~~May 2023~~	~~• Statement added for clinical indication~~ ~~• Adjusted treatment for chronic pain~~ ~~• Adjusted non-operative conservative therapy~~ ~~• Adjusted frequency of repeat injections~~ ~~• Adjusted background (conservative therapy removed)~~ ~~• Types of sympathetic nerve blocks covered was removed~~
~~May 2022~~	~~• Added note to clarify when **INITIAL** injection requirements must be met for approval~~ ~~• Reorganized and reworded indications for clarity and uniformity~~ ~~• Under treatment for chronic pain, updated non-operative conservative therapy~~ ~~• Clarified frequency of injections for treatment of PTSD versus other indications~~ ~~• Clarified lack of medical necessity of performing multiple pain procedures on same DOS~~ ~~• Added Contraindications section~~ ~~• Added region-specific wording to conservative treatment requirement (e.g., conservative therapy targeting the requested spinal region)~~

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

REFERENCES

1. Aman M M, Mahmoud A, Deer T, Sayed D, Hagedorn J M et al. The American Society of Pain and Neuroscience (ASPN) Best Practices and Guidelines for the Interventional Management of Cancer-Associated Pain. Journal of pain research. 2021; 14: 2139-2164.

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3. Li J, Szabova A. Ultrasound-Guided Nerve Blocks in the Head and Neck for Chronic Pain Management: The Anatomy, Sonoanatomy, and Procedure. Pain Physician. Dec 2021; 24: 533-548.

4. Doroshenko M, Turkot O, Horn D. Sympathetic Nerve Block. StatPearls. August 16, 2021; 2022:

5. Makharita M, Amr Y, El-Bayoumy Y. Effect of early stellate ganglion blockade for facial pain from acute herpes zoster and incidence of postherpetic neuralgia. Pain Physician. Nov-Dec 2012; 15: 467-74.

6. Yucel I, Demiraran Y, Ozturan K, Degirmenci E. Complex regional pain syndrome type I: efficacy of stellate ganglion blockade. J Orthop Traumatol. Dec 2009; 10: 179-83. 10.1007/s10195-009-0071-5.

7. Datta R, Agrawal J, Sharma A, Rathore V, Datta S. A study of the efficacy of stellate ganglion blocks in complex regional pain syndromes of the upper body. Journal of Anaesthesiology Clinical Pharmacology. 2017; 33: https://journals.lww.com/joacp/fulltext/2017/33040/a_study_of_the_efficacy_of_stellate_ganglion.22.aspx.

8. Bagaphou T, Santonastaso D, Gargaglia E, Norgiolini L, Tiburzi C et al. Ultrasound Guided Continuous Sciatic Nerve Block for Acute Herpetic Neuralgia. Case Rep Anesthesiol. 2019; 2019: 7948282. 10.1155/2019/7948282.

9. Gunduz O, Kenis-Coskun O. Ganglion blocks as a treatment of pain: current perspectives. Journal of pain research. 2017; 10: 2815-2826.

10. Rocha A, Plancarte R, Nataren R, Carrera I, Pacheco V. Effectiveness of Superior Hypogastric Plexus Neurolysis for Pelvic Cancer Pain. Pain physician. 2020; 23: 203-208.

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New Episodes of Care

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INDICATIONS

General Indications

- Acute or chronic noncancer pain causing functional disability or average pain level of ≥ 6 on a scale of 0 to 10 prior to injection **AND** continuation of pain or functional disability after the relief period due to the block
- Cancer pain affecting quality of life prior to injection and continuation after the relief period due to the block [(1)]

NOTE: It is generally considered **not medically necessary** to perform multiple interventional pain procedures on the same date of service (e.g., diagnostic block and neurolytic procedure)

NOTE: Each block must be performed under image guidance [(2,3)]

Indications for Stellate Ganglion Block

Applies to face, upper extremities and upper thoracic region [4]

Diagnostic Evaluation or Acute Management of Sympathetically Maintained Pain Resulting From:

- Acute Herpes Zoster (shingles) for prevention of postherpetic neuralgia [5] **AND**
  - Pain duration less than 4 weeks, **AND**
  - Active antiviral therapy regimen or documented medical reason unable to tolerate
- Cancer pain or phantom limb pain [2] **AND**
- Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic

NOTE: Up to 6 sympathetic blocks may be performed per 12 months

Diagnostic Evaluation, Acute or Chronic Management of Sympathetically Maintained Pain Resulting From:

- Complex regional pain syndrome types I [6] and II [7] meeting Budapest criteria, **AND**
  - Failure to respond to functional restoration modalities which may include physical therapy, occupational therapy, or pain psychology modalities (e.g. rehabilitation strategies such as desensitization, range of motion, biofeedback, etc) or clearly documented medical reason the patient is unable to participate
  - Active participation in ongoing functional restoration or a clearly documented medical reason the treatment cannot be done[2]
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic

NOTE: During the initial treatment phase, a total of 6 blocks may be performed within the first 12 weeks. Following the initial treatment phase, a maximum of 4 sympathetic nerve blocks may be performed in a 12-month period

General Limitations

- It has been at least one week since the prior injection in the same or different region
- Bilateral stellate ganglion blocks will not be performed on the same day of service

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy or recent myocardial infarction
- Contralateral pneumothorax or severe emphysema
- Contralateral palsy of recurrent laryngeal nerve or phrenic nerve

- Allergy to anesthetic medication

Indications for Thoracic or Lumbar Sympathetic Block

Applies to thoracic region and lower extremities [4]

Diagnostic Evaluation or Acute Management of Sympathetically Maintained Pain Resulting From:

- Acute Herpes Zoster (shingles) for prevention of postherpetic neuralgia [8] **AND**
  - Pain duration less than 4 weeks, **AND**
  - Active antiviral therapy regimen or documented medical reason unable to tolerate
- Cancer pain, phantom limb pain, or nonsurgical ischemic limb pain [2] **AND**
  - Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
- The previous block resulted in at least 50% pain relief, significant documented functional improvement, or 50% reduction in PTSD symptoms for at least the duration of the anesthetic

NOTE: Up to 6 sympathetic blocks may be performed per 12 months.

Diagnostic Evaluation, Acute or Chronic Management of Sympathetically Maintained Pain Resulting From:

- Complex regional pain syndrome types I and II [9] meeting Budapest criteria, **AND**
  - Failure to respond to functional restoration modalities which may include physical therapy, occupational therapy, or pain psychology modalities (e.g. rehabilitation strategies such as desensitization, range of motion, biofeedback, etc) or clearly documented medical reason the patient is unable to participate
  - Active participation in ongoing functional restoration or a clearly documented medical reason the treatment cannot be done[2]
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic

NOTE: During the initial treatment phase, a total of 6 blocks may be performed within the first 12 weeks. Following the initial treatment phase, a maximum of 4 sympathetic nerve blocks may be performed in a 12-month period

General Limitations

- It has been at least one week since the prior injection in the same or different region
- Bilateral thoracic or lumbar sympathetic blocks will not be performed on the same day
- Imaging modalities do not include ultrasound guidance

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy, hypotension or recent myocardial infarction
- Contralateral pneumothorax
- Allergy to anesthetic medication

Indications for Celiac Plexus Block

Applies to the upper abdomen [4]

For The Diagnostic Evaluation of Sympathetically Maintained Visceral Pain

- Upper abdominal pain associated with malignancy [9]
  - Conservative treatment is not required
- Up to two diagnostic blocks may be performed in the initial diagnostic phase for a planned neurolysis procedure

For the Acute or Chronic Management of Sympathetically Maintained Visceral Pain Resulting From:

- Acute pancreatitis, **OR**
- Chronic, relapsing pancreatitis [2] **AND**
  - Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
- If the first injection is unsuccessful, a second initial injection may be performed in the initial phase for a maximum of 2 injections.
- After the initial phase, a therapeutic block may be performed every 3 months in a 12-month period
- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic
- Each therapeutic block resulted in at least 50% relief for a duration of 3 months

General Limitations

- At least one week between diagnostic blocks or injections performed in the initial phase

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy, hypotension or recent myocardial infarction

- Contralateral pneumothorax
- Allergy to anesthetic medication
- Abnormal anatomy

Indications for Superior Hypogastric Block

Applies to the pelvic and rectal regions [4]

For The Diagnostic Evaluation of Sympathetically Maintained Visceral Pain

- Pelvic or rectal pain associated with malignancy
  - Conservative treatment is not required
- Up to two diagnostic blocks may be performed in the initial diagnostic phase for a planned neurolysis procedure

For the Acute or Chronic Management of Sympathetically Maintained Visceral Pain Resulting From:

- Chronic noncancer pain of pelvic and rectal viscera [10] **AND**
  - Failure to respond to nonoperative conservative treatment pertinent to the diagnosis or a clearly documented medical reason the conservative treatment cannot be done
- If the first injection is unsuccessful, a second initial injection may be performed in the initial phase for a maximum of 2 injections.
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- The previous block resulted in at least 50% relief or significant documented functional improvement for at least the duration of the anesthetic
- Each therapeutic block resulted in at least 50% relief for a duration of 3 months

General Limitations

- At least one week between diagnostic blocks or injections performed in the initial phase
- Imaging modalities do not include ultrasound guidance

Contraindications

- Patient refusal
- Local or systemic infection
- Coagulopathy, hypotension or recent myocardial infarction
- Allergy to anesthetic medication
- Abnormal anatomy

Exclusions

These requests are excluded from consideration under this guideline:

- Sphenopalatine ganglion block
- Ganglion impar block
- Other parasympathetic ganglion blocks
- Inferior hypogastric block

CODING AND STANDARDS

Coding

CPT Codes

64510, 64517, 64520, 64530

Applicable Lines of Business

☒	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☒	Medicare Advantage

POLICY HISTORY

Date	Summary
December 2024	• This guideline replaces Evolent Clinical Guideline 404 Sympathetic Nerve Blocks • Removed indications for frostbite, embolism, vasospasm, hyperhidrosis, chronic nonsurgical neuropathic pain syndromes, nonsurgical vascular pain, and post-traumatic stress disorder
January 2024	• Expanded criteria to enumerate individual block types • Added exclusions • Clarified language on application for treatment of PTSD and emphasized need for psychiatric referral and care

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

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REFERENCES

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6. Yucel I, Demiraran Y, Ozturan K, Degirmenci E. Complex regional pain syndrome type I: efficacy of stellate ganglion blockade. J Orthop Traumatol. Dec 2009; 10: 179-83. 10.1007/s10195-009-0071-5.

7. Datta R, Agrawal J, Sharma A, Rathore V, Datta S. A study of the efficacy of stellate ganglion blocks in complex regional pain syndromes of the upper body. Journal of Anaesthesiology Clinical Pharmacology. 2017; 33: https://journals.lww.com/joacp/fulltext/2017/33040/a_study_of_the_efficacy_of_stellate_ganglion.22.aspx.

8. Bagaphou T, Santonastaso D, Gargaglia E, Norgiolini L, Tiburzi C et al. Ultrasound Guided Continuous Sciatic Nerve Block for Acute Herpetic Neuralgia. Case Rep Anesthesiol. 2019; 2019: 7948282. 10.1155/2019/7948282.

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