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Medical Policy Lysis of Epidural Adhesions

Table of Contents

- Policy: Commercial
- Policy: Medicare
- Authorization Information
- Coding Information
- Description
- Policy History
- Information Pertaining to All Policies
- References

Policy Number: 598

BCBSA Reference Number: 8.01.18

Related Policies

None

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO BlueSM and Medicare PPO BlueSM Members

Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are INVESTIGATIONAL. Techniques used either alone or in combination include mechanical disruption with a catheter and/or injection of hypertonic solutions with corticosteroids, analgesics, or hyaluronidase.

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is **NOT** a covered service.

Commercial Members: PPO, and Indemnity

This is **NOT** a covered service.

Medicare Members: HMO BlueSM

This is **NOT** a covered service.

Medicare Members: PPO BlueSM

This is **NOT** a covered service.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

CPT codes:	Code Description
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62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline,
	enzyme) or mechanical means (eg, catheter) including radiologic localization (includes
	contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline,
	enzyme) or mechanical means (eg, catheter) including radiologic localization (includes
	contrast when administered), multiple adhesiolysis sessions; 1 day

Description

Lysis of epidural adhesions, also called the Racz procedure, involves passage of a catheter (Racz catheter) endoscopically or percutaneously under fluoroscopic guidance into the epidural space under general anesthetic or conscious sedation. The catheter may be then manipulated to mechanically break up adhesions and various agents, that may include anesthetics, corticosteroids, hyaluronidase, and hypertonic saline, are injected. Epidural fibrosis with or without adhesive arachnoiditis most commonly occurs as a complication of spinal surgery and may be included under the diagnosis of "failed back syndrome." The condition most frequently involves the nerves within the lumbar spine and cauda equina. Signs and symptoms indicate the involvement of multiple nerve roots and include low back pain, radicular pain, tenderness, sphincter disturbances, limited trunk mobility, muscular spasm or contracture, and motor sensory and reflex changes. Typically, the pain is characterized as constant and burning. In some cases, the pain and disability are severe, leading to analgesic dependence and chronic invalidism. Lysis of epidural adhesions, using fluoroscopic guidance, with epidural injections of hypertonic saline in conjunction with corticosteroids and analgesics, has been investigated as a treatment option. Theoretically, the use of hypertonic saline results in a mechanical disruption of the adhesions. It may also function to reduce edema within previously scarred and/or inflamed nerves. Finally, manipulating the catheter at the time of the injection may disrupt adhesions. Spinal endoscopy has been used to guide the lysis procedure.

Summary

Lysis of epidural adhesions involves passage of a catheter endoscopically or percutaneously under fluoroscopic guidance into the epidural space to break up adhesions and reduce pain and inflammation. The evidence for lysis of epidural adhesions with or without endoscopy is limited to a small number of randomized, controlled trials with methodologic weaknesses, nearly all from the same center. Large, high-quality, multicenter controlled studies are needed to establish the safety and effectiveness of epidural lysis in comparison with placebo and alternative procedures. Thus, lysis of epidural adhesions is considered investigational.

Policy History

Date	Action
3/2014	New references added from BCBSA National medical policy.
11/2011-	Medical policy ICD 10 remediation: Formatting, editing and coding updates.
4/2012	No changes to policy statements.
	Reviewed - Medical Policy Group - Neurology and Neurosurgery.
1/2012	No changes to policy statements.
12/2011	New policy, effective 12/2011, describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information: Medical Policy Terms of Use

Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References

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