Medical Coverage Policy | Lysis of Epidural Adhesions

EFFECTIVE DATE: 03|05|2015
POLICY LAST UPDATED: 11|06|2018

Overview
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. Various protocols for breaking up adhesions and reducing pain and inflammation have been described.

MEDICAL CRITERIA
Not applicable.

PRIOR AUTHORIZATION
Prior authorization is not required.

POLICY STATEMENT
BlueCHiP for Medicare
Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are not covered as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective

Commercial
Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure/service is effective.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable "not medically necessary services" or not covered benefits/coverage.

BACKGROUND
Various protocols for breaking up adhesions and reducing pain and inflammation have been described. The catheter may then be manipulated to mechanically break up adhesions, and various agents that may include anesthetics, corticosteroids, hyaluronidase, and hypertonic saline, are injected. In some early protocols, the catheter was left in place and injections repeated over several days.

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 surgery syndrome." Both result from manipulation of the supporting structures of the spine. Epidural fibrosis can occur in isolation, but adhesive arachnoiditis is rarely present without associated epidural fibrosis. Arachnoiditis is most frequently seen in patients who have undergone multiple surgical procedures.

Both conditions are related to inflammatory reactions that result in the entrapment of nerves within dense scar tissue, increasing the susceptibility of the nerve root to compression or tension. 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, but the procedure is more commonly performed percutaneously using epidurography to guide catheter placement and identify nonfilling adhesions that indicate epidural scarring. Using endoscopy guidance, a flexible fiberoptic catheter is inserted into the sacral hiatus, providing 3-D visualization to steer the catheter toward the adhesions, to more precisely place the injectate in the epidural space and onto the nerve root. Various protocols for lysis have been described; in some situations, the catheter may remain in place for several days for serial treatment sessions.

Endoscopic epidurolysis is also being investigated for the treatment of degenerative chronic low back pain, including spondylolisthesis, stenosis, and hernia associated with radiculopathy. Along with mechanical adhesiolysis, hyaluronidase, ciprofloxacin, and ozone have been applied.

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 methodological weaknesses, nearly all from the same center. This evidence is insufficient to establish the safety and effectiveness of epidural lysis in comparison with placebo and alternative procedures. Larger, high-quality, controlled studies from other research groups are needed to corroborate the currently available trials. Thus, lysis of epidural adhesions is considered not medically necessary as there is no proven efficacy.

CODING

BlueCHiP for Medicare and Commercial

The following codes are considered not medically necessary or not covered:

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

To report endoscopic lysis of epidural adhesions, use the following unlisted CPT code:
64999, Unlisted procedure, nervous system

RELATED POLICIES

Not applicable.

PUBLISHED

Provider Update, January 2019
Provider Update, December 2017
Provider Update, January 2017
Provider Update, May 2015
Provider Update, September 2013
Provider Update, October 2012
Provider Update, September 2011

Provider Update, December 2010
Provider Update, October 2009
Provider Update, October 2008

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3. Helm Ii S, Benyamin RM, Chopra P et al. Percutaneous adhesiolysis in the management of chronic low back pain in post lumbar surgery syndrome and spinal stenosis: a systematic review. Pain Physician 2012; 15(4):E435-62.
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6. Epter RS, Helm S, 2nd, Hayek SM et al. Systematic review of percutaneous adhesiolysis and management of chronic low back pain in post lumbar surgery syndrome. Pain Physician 2009; 12(2):361-78.
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