MEDICAL POLICY

Excellus
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Medical Policy Title	**Lysis of Epidural Adhesions**
Policy Number	**7.01.73**
Current Effective Date	**October 15, 2026**
Next Review Date	**June 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. Lysis of epidural adhesions or epidural adhesiolysis, performed by catheter-based techniques or endoscopically, as a treatment for back pain, is considered **investigational**.

RELATED POLICIES

Corporate Medical Policy

11.01.03 Experimental or Investigational Services

POLICY GUIDELINE(S)

Not Applicable

DESCRIPTION

Lysis of epidural adhesions, also called the Racz procedure, involves the passage of a fluoroscopically guided catheter (the Racz catheter), inserted either endoscopically or percutaneously, and the use of epidural injections of hypertonic saline in conjunction with corticosteroids and analgesics. Theoretically, the use of hypertonic saline results in mechanical disruption of the adhesions. The saline 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 non-filling adhesions that indicate epidural scarring. Using endoscopy guidance, a flexible fiberoptic catheter is inserted into the sacral hiatus, providing 3-dimensional visualization to steer the catheter toward the adhesions. With the increased visualization, the catheter is more apt to 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 to treat degenerative chronic low back pain, including spondylolisthesis, stenosis, and hernia associated with radiculopathy. Along with mechanical adhesiolysis, hyaluronidase, ciprofloxacin, and ozone have been applied.

SUPPORTIVE LITERATURE

There is insufficient scientific evidence to support the use of epidural adhesiolysis, performed by catheter or endoscopically, as a treatment for back pain. Current evidence remains limited by methodological concerns, inconsistent findings, heterogeneous procedural techniques, and small, single-center trials.

Early published evidence comprised multiple small randomized controlled trials (RCTs) and observational studies suggesting possible short-term improvements in pain and function, but the overall body of evidence was limited by small sample sizes, high dropout rates, inconsistent techniques, lack of blinding, and single-center authorship patterns (e.g., Manchikanti 2004; Hsu 2014; Gerdesmeyer 2013). This includes the two-year RCT follow-up reported by Manchikanti et al (2012), in which 82% of patients receiving adhesiolysis reported ≥50% pain and functional improvement compared with only 5% of patients receiving caudal epidural steroid injections; however, study limitations included inadequate blinding, lack of a placebo control, allowance of multiple repeat procedures (average of 6.4 vs. 2.4), and substantial patient withdrawal, reducing reliability of the findings.

Additionally, a case-series by Pereira et al (2016) involved 24 subjects treated with various endoscopic and mechanical techniques, reporting short-term reductions in pain and disability; however, this small, unblinded, uncontrolled study had multiple methodological flaws preventing meaningful conclusions. Similarly, a systematic review by Brito-Garcia et al (2019) concluded that evidence for adhesiolysis in failed back surgery syndrome (FBSS) remains insufficient due to the small number of RCTs (only two of low quality), methodological weaknesses, high risk of bias, and lack of supportive observational data.

Gerdesmeyer et al (2021) reported the 10-year follow-up of the 2013 prospective, randomized, placebo-controlled clinical trial evaluating percutaneous epidural neurolysis of adhesions for chronic lumbar radicular pain. The study found that Oswestry Disability Index (ODI) and Visual Analog Scale (VAS) scores remained significantly better in the adhesiolysis group compared with the placebo group at both 1-year and 10-year follow-up. The authors reported no treatment-related severe adverse effects within the 10-year period, though minor transient neurological effects occurred immediately after the intervention. The authors noted that this is the first 10-year follow-up report of a placebo-controlled RCT showing efficacy of the minimally invasive percutaneous adhesiolysis procedure for patients with chronic lumbosacral radicular pain.

Manchikanti et al (2023) conducted a systematic review and meta-analysis, pooling nine randomized controlled trials to evaluate the efficacy of percutaneous adhesiolysis for chronic low back and lower extremity pain. The authors found statistically significant improvements in pain and function at 12 months across both dual-arm and single-arm analyses. The authors report level II–I, or moderate to strong evidence of effectiveness based on five high-quality and two moderate-quality RCTs with 1 year follow-up, improvement in pain and function, and a decrease in opioid consumption. However, the authors noted several limitations, including the paucity of placebo-controlled trials, heterogeneity in procedural techniques and treatment protocols, and the predominance of single-center studies, which together reduce confidence in the generalizability of findings.

PROFESSIONAL GUIDELINE(S)

In 2026, the National Institute for Health Care Excellence (NICE) reclassified its 2010 intervention procedures guidance as HealthTech Guidance 210, noting that the recommendations and content were unchanged. NICE concluded that evidence for therapeutic endoscopic division of epidural adhesions is limited to short-term benefit and is associated with significant safety concerns.

In 2021, the American Society of Interventional Pain Physicians (ASIPP) published a guideline addressing epidural interventions in the management of chronic spinal pain (Manchikanti 2021). The available evidence is for percutaneous adhesiolysis in the lumbar region only, utilizing a caudal approach. Evidence for the cervical and thoracic regions and transforaminal approach in the lumbar region is only emerging. Based on a review of the evidence, the ASIPP made the following recommendation regarding the use of percutaneous adhesiolysis:

- The evidence for percutaneous adhesiolysis in managing disc herniation based on one high-quality, placebo-controlled RCT is Level II with moderate to strong recommendation for long-term improvement in patients nonresponsive to conservative management and fluoroscopically guided epidural injections
- The evidence for percutaneous adhesiolysis in lumbar stenosis based on relevant, moderate to high quality RCTs, observational studies, and systematic reviews is Level II with moderate to strong recommendation for long-term improvement after failure of conservative management and fluoroscopically guided epidural injections.
- For percutaneous adhesiolysis, based on multiple moderate to high-quality RCTs and systematic reviews, the evidence is Level I with strong recommendation for long-term improvement after failure of conservative management and fluoroscopically guided epidural injections.

REGULATORY STATUS

The U.S. Food and Drug Administration (FDA) regulates the Racz epidural catheter as a medical device, requiring FDA approval before marketing and use in the United States to ensure they are safe and effective for human use. Refer to the FDA Medical Device website. Available from: https://www.fda.gov/medical-devices [accessed 2026 Apr 27]

The FDA lists the most serious type of medical device recalls as well as early alert communications about corrective actions being taken by companies that the FDA believes are likely to be the most serious type of recalls. Available from: https://www.fda.gov/medical-devices/medical-device-safety/medical-device-recalls-and-early-alerts [accessed 2026 Apr 27]

The Racz epidural catheter received Section 510(k) premarket clearance from the U.S. Food and Drug Administration (FDA) in 1996.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational

- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
62263 (E/I)	Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days
62264 (E/I)	; 1 day
62280 (E/I)	Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281 (E/I)	; epidural, cervical or thoracic
62282 (E/I)	; epidural, lumbar, sacral (caudal)

HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Multiple Codes	

REFERENCES

Brito-Garcia N, et al. Efficacy, effectiveness, safety, and cost-effectiveness of epidural adhesiolysis for treating failed back surgery syndrome. A systematic review. Pain Med. 2019 Apr 1;20(4):692-706.

Gerdesmeyer L, et al. Long-term efficacy of percutaneous epidural neurolysis of adhesions in chronic lumbar radicular pain: 10-year follow-up of a randomized controlled trial. Pain Physician. 2021 Aug;24(5):359-367.

Gerdesmeyer L, et al. Percutaneous epidural lysis of adhesions in chronic lumbar radicular pain: a randomized, double-blind, placebo-controlled trial. Pain Physician. 2013 May-Jun;16(3):185-96.

Hsu E, et al. Epidural lysis of adhesions for failed back surgery and spinal stenosis: factors associated with treatment outcome. Anesth Analg 2014 Jan;118(1):215-24.

Manchikanti L, et al. Assessment of effectiveness of percutaneous adhesiolysis and caudal epidural injections in managing post lumbar surgery syndrome: 2-year follow-up of a randomized controlled trial. J Pain Res. 2012;5:597-608.

Manchikanti L, et al. Effectiveness of percutaneous adhesiolysis in managing chronic central lumbar spinal stenosis: a systematic review and meta-analysis. Pain Physician. 2019 Nov;22(6):E523-E550.

Manchikanti L, et al. Effectiveness of percutaneous adhesiolysis in post lumbar surgery syndrome: a systematic analysis of findings of systematic reviews. Pain Physician. 2019 Jul;22(4):307-322.

Manchikanti L, et al. Efficacy of percutaneous adhesiolysis in managing low back and lower extremity pain: a systematic review and meta-analysis of randomized controlled trials. Pain Ther. 2023 Aug;12(4):903-937.

Manchikanti L, et al. Efficacy of percutaneous adhesiolysis in the treatment of lumbar post surgery syndrome. Anesth Pain Med. 2016 Mar 7;6(2):e26172.

Manchikanti L, et al. Epidural interventions in the management of chronic spinal pain: American Society of Interventional Pain Physicians (ASIPP) comprehensive evidence-based guidelines. Pain Physician. 2021 Jan;24(S1):S27-S208.

Manchikanti L, et al. One day lumbar epidural adhesiolysis and hypertonic saline neurolysis in treatment of chronic low back pain: a randomized, double-blind trial. Pain Physician. 2004;7:177-86.

National Institute for Health and Clinical Excellence (NICE) [Internet]. Therapeutic endoscopic division of epidural adhesions. HealthTech guidance (HTG210). 2010 Feb [unchanged in 2026 Jan; accessed 2026 Apr 27]. Available from: https://www.nice.org.uk/guidance/htg210

Pereira P, et al. Results of lumbar endoscopic adhesiolysis using radiofrequency catheter in patients with postoperative fibrosis and persistent or recurrent symptoms after discectomy. Pain Pract. 2016 Jan;16(1):67-79.

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Lysis of epidural adhesions or epidural adhesiolysis is not addressed in National or Regional Medicare coverage determinations or policies.

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.
- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
03/16/06, 03/15/07, 02/21/08, 01/15/09, 01/21/10, 12/16/10, 12/15/11, 12/20/12, 12/19/13, 12/18/14, 12/17/15, 11/17/16, 11/16/17, 06/21/18, 12/20/18, 12/19/19, 12/17/20, 12/16/21, 12/22/22, 12/21/23, 06/20/24, 06/26/25, 06/18/26	
Date	**Summary of Changes**
06/18/26	• Annual review; policy intent unchanged.
06/26/25	• Annual review; policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
03/16/06	• Original effective date