**POLICY STATEMENT:**
Based upon our criteria and assessment of the peer-reviewed literature, catheter based techniques for lysis of epidural adhesions, with or without endoscopic guidance, have not been proven to be effective and therefore are considered investigational.

**POLICY GUIDELINES:**
The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

**DESCRIPTION:**
Lysis of epidural adhesions (also called adhesiolysis, epidurolysis, or percutaneous epidural neuroplasty), using fluoroscopic guidance, with epidural injections of hypertonic saline in conjunction with steroids and analgesics, has been investigated as a treatment option for epidural fibrosis with or without adhesive arachnoiditis. These conditions most commonly occur as a complication of spinal surgery and may be included under the diagnosis of “failed back syndrome.”

Various protocols for lysis of epidural adhesions have been described. In some situations, the catheter may remain in place for several days for serial sessions, as with the Racz procedure which is performed in an inpatient setting.

**RATIONALE:**
The Racz epidural catheter received 510(K) premarket notification from the FDA in 1996.

A single small (75 subjects), single center randomized controlled study (Manchikanti, et al) published in 2004, though adequately designed and reporting positive results, provides insufficient evidence to conclude that epidural lysis of adhesions provides a health benefit. The effectiveness of blinding is not clear and interpretation of results is limited because data for 19 patients in the control and 3 patients in each treatment arm were carried forward from the 3 or 6 month evaluation and used to report 12 month outcomes. Additional controlled trials, also by Manchikanti, et al. have methodological weaknesses that limit interpretation of results or were preliminary reports of the study published in 2004.

There is insufficient evidence to demonstrate the safety, efficacy and long-term outcomes of epidural adhesiolysis. There is currently no evidence that this procedure is as effective as other established intervention for the treatment of back pain. Well-designed controlled studies comparing epidural adhesiolysis to alternative treatment are needed.
Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Code Key: Experimental/Investigational = (E/I), Not medically necessary/appropriate = (NMN).

CPT: 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) limited to 1 day only

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REFERENCES:


Proprietary Information of Excellus Health Plan, Inc.


* key article

**KEY WORDS:**
Adhesiolysis, Adhesions, Epidural, Epidurolysis, Lysis, Neurolysis, Percutaneous adhesiolysis, Racz procedure.
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**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on our review, lysis of epidural adhesions is not addressed in National or Regional Medicare coverage determinations or policies.