Clinical Policy: Lysis of Epidural Lesions

Reference Number: CP.MP.116
Date of Last Revision: 05/24
Effective Date: 08/01/2024

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Epidural adhesiolysis, also known as epidural neuroplasty, lysis of epidural adhesions, or caudal neuroplasty, is a minimally invasive surgery for patients with chronic back pain associated with epidural fibrosis or adhesions. Adhesions are commonly caused by scarring after spinal interventions, and are associated with post-laminectomy syndrome or failed back surgery syndrome. Adhesions may also be caused by normal aging of the spine and spinal disorders such as lumbar disc herniation and spinal stenosis.

Policy/Criteria

I. It is the policy of health plans affiliated with Centene Corporation® that current medical literature does not support the efficacy of lysis of epidural lesions, including percutaneous epidural adhesiolysis and endoscopic epidural adhesiolysis, with or without use of an indwelling epidural Racz catheter.

Background

Percutaneous lysis of epidural adhesions with epidural injections of hypertonic saline, in conjunction with steroids and analgesics or hyaluronidase, is an interventional pain management technique that has been investigated as a treatment option in managing chronic intractable low back pain caused by extensive peridural scarring. In theory, the use of hypertonic saline results in a mechanical disruption of the adhesions. Adhesions may also be disrupted by the manipulation of the catheter at the time of the injection. The hypertonic saline may also function to reduce edema within previously scarred and/or inflamed nerves. Hyaluronidase may be added to the injectate to further the penetration of the drugs into the scar tissue.

Spinal endoscopy has been used to guide the lysis of adhesions. Prior to use of endoscopy, adhesions can be identified as non-filling lesions on fluoroscopy. 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.

Evidence for percutaneous adhesiolysis

Controlled trials have found short-term positive effects of percutaneous epidural adhesiolysis in patients with chronic, refractory back pain and lower extremity pain.[1-5] However, these studies are limited by methodological limitations including somewhat high attrition rates, insufficient blinding and inadequate statistical power to establish safety. Furthermore, many of the studies were conducted at the same interventional pain management center, which could limit the representativeness of the results obtained by the researchers.[1]

A Hayes review of six randomized controlled trials (RCTs) with search data through September 7, 2018 was completed for percutaneous epidural adhesiolysis treatment for adults with chronic low back pain (CLBP) unresponsive to other treatments.[6] This review showed a small body of low-quality evidence, suggesting that percutaneous adhesiolysis may cause improvement in patients with CLBP who have failed conservative treatment.[6] Hayes states that "while the evidence suggests potential short- and intermediate-term efficacy of this procedure in patients with CLBP, whether or not epidural adhesions are the actual source of the pain in these patients has been debated, and long-term outcomes remain to be determined in well-designed trials."[6] Additionally, there has been a lack of RCTs published in the past five years, and there are currently no registered clinical studies researching percutaneous adhesiolysis.[6]

Evidence for endoscopic adhesiolysis
Research conducted on endoscopic epidural adhesiolysis is generally positive, with significant improvements in pain with endoscopic adhesiolysis compared to control groups.[7-10] The studies conducted thus far have been largely observational, however.[7-10] In a 2012 RCT conducted by Manchikanti et al., endoscopic adhesiolysis was found to significantly improve pain at three, six, and 12 months in patients who had failed conservative treatment for low back pain, compared to endoscopy alone.[11] A systematic review of endoscopic adhesiolysis was conducted by Helm et al. and included three observational studies and one RCT.[12] The systematic review concluded that there is fair quality evidence of positive effects, citing paucity of literature as a limitation.[12]

Guideline Recommendations
American Society of Interventional Pain Physicians (ASIPP)
A 2021 update of epidural interventions from guidelines published in 2013 by the American Society of Interventional Pain Physicians now rates the quality of evidence for percutaneous adhesiolysis as moderate to strong for managing chronic low back and lower extremity pain due to disc herniation and spinal stenosis and strong for post-surgery syndrome after failure of conservative treatment and fluoroscopically guided epidural injections.[13] The limitation of this guideline update continues to be a paucity of high quality RCTs assessing the intervention.[13] The guideline update does not address endoscopic adhesiolysis.

National Institute for Health and Care Excellence (NICE)
In a 2010 statement, the UK National Institute for Clinical Excellence (NICE) concluded, "current evidence on therapeutic endoscopic division of epidural adhesions is limited to some evidence of short-term efficacy, and there are significant safety concerns. Therefore this procedure should only be used with special arrangements for clinical governance, consent and audit or research."[12]

Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage.

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT Codes	Description
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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy split from CP.MP.63 Pain Management Procedures. Background information added.	07/16	07/16
References reviewed and updated. Specialist reviewed.	04/19	05/19
References reviewed and updated. Revised ICD-10 table combining most of the codes listed into a code range.	04/20	05/20
Revised ICD-10 code G96.19 to G96.198 per 10/1/20 ICD-10 code updates. Replaced "member" with "member/enrollee" in all instances.	10/20	
Revised policy statement to state, "current medical literature does not support the efficacy of lysis of epidural lesions," and removed "investigational." References review and updated.	04/21	05/21
Annual review. References reviewed, updated, and reformatted. Background updated with no clinical significance. Specialist reviewed.	05/22	05/22
Annual review. Background updated with no impact on Policy Criteria section. ICD-10 codes removed. Changed, "review date," in the header to "Date of Last Revision," and "Date" in the revision log header to "Revision Date." References reviewed and updated.	05/23	05/23
Annual review. Updated description and background with no clinical significance. References reviewed and updated. Reviewed by external specialist.	05/24	

References

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.