

Corporate Medical Policy

Lysis of Epidural Adhesions

File Name:	lysis_of_epidural_adhesions
Origination:	10/2000
Last CAP Review:	11/2011
Next CAP Review:	11/2012
Last Review:	3/2012

Description of Procedure or Service

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. 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." 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. Prior to the use of endoscopy, adhesions could be identified as nonfilling 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.

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.

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*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Lysis of epidural adhesions is considered investigational for all applications. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Lysis of Epidural Adhesions is covered

Not applicable.

When Lysis of Epidural Adhesions is not covered

Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are considered 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.

Policy Guidelines

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.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 62263, 62264

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BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

RACZ Neurolysis

Racz G, Heavner J, Raj P. Epidural Neuroplasty. *Seminars in Anesthesia*. 1997;16(4):302-312.

Heavner J, Racz G, Raj P. Percutaneous epidural neuroplasty: prospective evaluation of 0.9% NaCl versus 10% NaCl with or without hyaluronidase. *Reg Anesth Pain Med*. 1999 May-June; 24(3):202-7.

Manchikanti L, Bakhit C. Removal of a torn Racz catheter from lumbar epidural space. *Reg Anesth* 1997 Nov-Dec;22(6):579-81.

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Specialty Matched Consultant Advisory Panel - 7/2002

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 12/17/03.

Specialty Matched Consultant Advisory Panel - 6/2004

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 7/15/04.

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 6/27/2005.

Specialty Matched Consultant Advisory Panel - 5/2006

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 8/2/07.

Specialty Matched Consultant Advisory Panel - 5/2008

Lysis of Epidural Adhesions

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 3/11/2010.

Specialty Matched Consultant Advisory Panel -11/2010

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 3/10/2011

Specialty Matched Consultant Advisory Panel – 10/2011

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.18, 12/8/2011.

Medical Director – 3/2012

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Policy Implementation/Update Information

RACZ Neurolysis

- 10/00 Specialty Matched Consultant Advisory Panel review. Medical Policy Advisory Group review. New policy issued. Approve.
- 11/00 Typographical errors corrected.
- 1/01 System coding changes.
- 8/02 Specialty Matched Consultant Advisory Panel review 7/12/2002. No changes. Typos corrected.
- 1/03 Added code 62264 to Billing/Coding section. System coding changes.
- 7/15/04 Specialty Matched Consultant Advisory Panel review 6/22/04. No changes to criteria. Removed statement under Description section, "It has been noted that these catheters have been sheared off in the epidural space of the spine. Additional procedures must be done to remove the sheared off pieces." Updated Benefits Application section and Billing section format for consistency. Added CPT code,0027T to Billing/Coding section. References added.
- 4/7/05 Policy Description revised. Added Policy Guidelines; "A search of current literature reveals few well-designed studies. Study flaws and absence of controlled trials make scientific conclusions impossible regarding efficacy. Larger multicenter studies are needed to confirm some of the finding of the small well designed trials with longer follow-up to determine long term outcomes." References added.
- 6/5/06 Specialty Matched Consultant Advisory Panel review 5/3/2006. No changes to policy statement. Added policy number to "Key Words" section. References added.
- 7/14/08 Specialty Matched Consultant Advisory Panel review 5/29/2008. No changes to policy statement. References added. (btw)
- 6/22/10 Policy Number(s) removed (amw)

Lysis of Epidural Adhesions

- 12/21/10 Policy renamed from "RACZ Neurolysis" to "Lysis of Epidural Adhesions". "Description" section revised. The "When Not Covered" section was reworded to indicate; "Catheter-based techniques for lysis of epidural adhesions, with or without endoscopic guidance, are considered 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." No change to policy intent. Removed deleted CPT code 0027T from "Billing/Coding" section. "Policy Guidelines" updated. Specialty Matched Consultant Advisory Panel review 11/29/2010. References added. (btw)
- 5/24/11 Reference added. (btw)
- 12/20/11 Specialty Matched Consultant Advisory Panel review 11/30/2011. "Description" section revised. No change to policy intent. (btw)
- 4/17/12 Description section revised. Policy Guidelines updated. Medical Director review 3/29/12.

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Reference added. (btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.