



Corporate Medical Policy

Spinal Endoscopy using Flexible Fiberoptic Epiduroscope

File Name: spinal_endoscopy_using_flexible_fiberoptic_epiduroscope
Policy Number: RAD5170
Origination: 1/1998
Last Review: 5/2005
Next Review: 5/2007

Description of Procedure or Service

Spinal Endoscopy uses a flexible fiberoptic epiduroscope to diagnose and treat chronic back pain and radiculopathy. Endoscopy is a way of visually inspecting any cavity of the body. An epiduroscope is an instrument used for viewing the spinal canal. The device is made up of flexible fiberoptic catheters which can be steered for complete visualization. The viewing component of this instrument is made up of hundreds of mini light transmitting glass fibers bundled tightly together.

Radiculopathy is a medical condition where the nerve root coming from the spinal cord is compressed by a bone spur or [prolapsed disk](#) in the spinal canal.

Policy

BCBSNC does not cover Spinal Endoscopy using a flexible fiberoptic epiduroscope because it is considered investigational. BCBSNC does not cover investigational services.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. See Limitations and Exclusions.

When Spinal Endoscopy using Flexible Fiberoptic Epiduroscope is Covered

Not applicable.

When Spinal Endoscopy using Flexible Fiberoptic Epiduroscope is not Covered

Spinal Endoscopy using Flexible Fiberoptic Epiduroscope is not covered. It is considered investigational, and BCBSNC does not cover investigational procedures.

Policy: Spinal Endoscopy using Flexible Fiberoptic Epiduroscope

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 code:

There is no specific CPT code for spinal endoscopies using a flexible fiberoptic epiduroscope. Services should be submitted in the form of an unlisted code (such as 64999). Medical records for the explanation of the service rendered may be necessary.

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.

Policy Key Words

Key Words: Myeloscope, Myelotec, Epiduroscopy, Epiduroscope, Spinal Endoscopy, Back pain, Radiculopathy, RAD5170

Medical Term Definitions

Prolapsed disc

a condition that results in an abnormal bulging out or prolapse of a vertebral disc in the spinal column from its normal position. The displaced disc may put force on a nearby nerve root and cause radiating pain, numbness, tingling and weakness in an extremity or pain in the back.

Scientific Background and Reference Sources

MEDLINE search January 1997 through December 1997.

Literature provided by the manufacturer

BCBSNC Plan Medical Director

Specialty Matched Consultant Advisory Panel - 11/99

Medical Policy Advisory Group 12/2/1999

Specialty Matched Consultant Advisory Panel - 8/01

Specialty Matched Consultant Advisory Panel - 5/2003

Policy Implementation/Update Information

1/98 Original policy developed. Reviewed by Plan Medical Director.

5/99 Reformatted, Description of Procedure or Service changed, Medical Term Definitions added.

Policy: Spinal Endoscopy using Flexible Fiberoptic Epiduroscope

- 12/99 Reaffirmed, Medical Policy Advisory Group
- 4/01 System changes.
- 10/01 Specialty Matched Consultant Advisory Panel - 8/01. No changes.
- 5/03 Specialty Matched Consultant Advisory Panel review. No changes.
- 6/2/2005 Specialty Matched Consultant Advisory Panel review on 5/23/2005. No changes made to the policy statement. Benefits Application and Billing/Coding sections updated for consistent policy language. RAD5170 added as a key word.

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.

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