Medica Coverage Policy

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Epidural lysis of adhesions, with or without endoscopic guidance, is investigative and therefore NOT COVERED.

Description

Epidural lysis of adhesions, also referred to as epidural adhesiolysis or percutaneous epidural neuroplasty, has been developed as an alternative surgical procedure for patients who have persistent back pain. The pain is thought to be caused by inflammation and compression of nerve roots as a result of epidural adhesions. Therefore, epidural lysis of adhesions is considered a pain management procedure and attempts to treat the neural adhesions causing the pain.

Several techniques have been investigated either alone or in combination. One method involves the injection of a local anesthetic (lidocaine or bupivacaine), a corticosteroid (triamcinolone is currently most often used), hyaluronidase, and a concentrated saline solution into the epidural space. The local anesthetic has an immediate effect on pain and the steroid reduces inflammation and may also be able to relieve pain for an extended period of up to six months. The saline and hyaluronidase are thought to soften or dissolve the adhesions and enhance the spread of the other medications into the affected nerve roots.

Mechanical manipulations of the fiberoptic endoscope may also be used to cause direct disruption of fibrosis, scar tissue, or adhesions. One protocol calls for the catheter to remain in place for one to three days while the procedure is being repeated, but other similar protocols differ on the timing and types of medications delivered. A single procedure may not be effective, and many patients require multiple procedures over the course of a year.

FDA Approval

Several Class II endoscopes, catheters and needles that can be used for epidural lysis of adhesions have been approved by the FDA through the 510(k) process. Examples include:

- EBI® TargetCath™ Fluoro-Guided Steerable Catheter System; approved December 13, 2002.
- Racz Epidural Catheter; approved October 8, 1996.
Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:
• 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

Original Effective Date: 9/1/2004

Re-Review Date(s): 6/14/2007
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