MEDICAL COVERAGE POLICY	
SERVICE: Epidural Adhesiolysis or RACZ	
Policy Number:	**031**
Effective Date:	**01/01/2023**
Last Review:	**12/01/2022**
Next Review Date:	**12/01/2023**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Epidural Adhesiolysis or RACZ

PRIOR AUTHORIZATION: Not applicable

POLICY: After careful review, BSWHP has determined that epidural adhesiolysis is unproven and thus not medically necessary.

OVERVIEW:

Epidural adhesiolysis is also known as epidural neurolysis, epidural decompressive neuroplasty, and RACZ neurolysis, is defined as a treatment for chronic back pain that involves disruption, reduction, and/or elimination of fibrous tissue from the epidural space which is carried out by either catheter manipulation or the injection of saline or other adhesiolytic agents. A catheter is used to enter the epidural space through a caudal, interlaminar, or transforaminal approach. The goal is to free the nerve root of adhesions and allow introduction of medications to the affected nerve root. An anesthetic along with a glucocorticosteroid may also be injected as part of the procedure. These procedures may also involve spinal endoscopy to visually address the adhesions.

The National Institute for Clinical Excellence assessed mobilization and division of epidural adhesions, and concluded that "current evidence on the safety and efficacy of endoscopic division of epidural adhesions does not appear adequate for this procedure to be used without special arrangements for consent and for audit or research". The assessment noted that studies of epidural lysis of adhesions are "small and uncontrolled". In addition, NICE noted that "some measures used in the studies to assess outcomes, such as scores of pain and function, were of unknown validity".

MANDATES: There are no mandated benefits or regulatory requirements for BSWHP to provide coverage for these services.

CMS: There is no NCD or LCD for this service.

CODES:
Important note:

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CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes NOT Covered:	62263 - Percutaneous lysis of epidural adhesions using solution injection or mechanical means including radiologic localization, multiple adhesiolysis sessions; 2 or more days 62264 - Percutaneous lysis of epidural adhesions using solution injection or mechanical means including radiologic localization, multiple adhesiolysis sessions; 1 day Associated codes: 62280 - Injection/infusion of neurolytic, with or without other therapeutic substance; subarachnoid 62281 - Injection/infusion of neurolytic substance, with or without other therapeutic substance; epidural, cervical or thoracic 62282 - Injection/infusion of neurolytic substance, with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
ICD-10	M96.1 - Post-laminectomy syndrome, not elsewhere classified G96.8 - Other specified disorders of central nervous system

CMS: No NCD or LCD.

POLICY HISTORY:

Status	Date	Action
New	8/1/2010	New policy
Reviewed	10/17/2011	Reviewed.
Reviewed	10/4/2012	Reviewed.
Reviewed	10/3/2013	Changed to “experimental and investigational”
Additional review	11/21/2013	Reviewed CMS coverage and resumed coverage.
Reviewed	07/24/2014	No changes
Reviewed	08/11/2015	No changes
Reviewed	08/18/2016	No changes
Reviewed	08/08/2017	No changes
Reviewed	06/12/2018	Changed status to “experimental and investigational”
Updated	08/07/2018	Add 3 associated codes also E&I
Reviewed	10/17/2019	No changes
Reviewed	11/19/2020	No changes
Reviewed	11/24/2021	No changes
Reviewed	12/01/2022	No changes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. American College of Occupational and Environmental Medicine. Occupational Medicine Practice Guideline, 2nd Ed. 2008. Accessed 10/1/2008.

2. American Medical Association. Current Procedural Terminology – Professional Edition.
3. American Society of Interventional Pain Physicians (ASIPP). Interventional Techniques: Evidence-based Practice Guidelines in the Management of Chronic Spinal Pain. Pain Physician 2007;10:7-111. Available at http://www.asipp.org/documents/guidelines2007.pdf Accessed 1/11/09.
4. Belozer M, Wang G. Epidural Adhesiolysis for the Treatment of Back Pain, Health Technology Assessment. Washington State Department of Labor and Industries. July 13, 2004
5. Cahana A, Mavrocordatos P, Geurts JW, Groen GJ. Do minimally invasive procedures have a lace in the treatment of chronic low back pain? Expert Rev Neurother. 2004;4(3):479-90.
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8. Igarashi T, Hirabayashi Y, Seo N, Saitoh K, Fukuda H, Suzuki H. Lysis of adhesions and epidural injection of steroid/local anesthetic during epiduroscopy potentially alleviate low back and leg pain in elderly patients with lumbar spine stenosis. Br J Anaesth 2004;93:181-187.
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14. Manchikanti L, Rivera JJ, Pampati V, Damron KS, Beyer CD, Brandon DE, Wilson SR. Spinal endoscopic adhesiolysis in the management of chronic low back pain: A preliminary report of a randomized, double-blind trial. Pain Physician 2003; 6:259-268.
15. Manchikanti L, Rivera JJ, Pampati V, Damron KS, MCManus CD, Brandon DE, Wilson SR. One day lumbar epidural adhesiolysis and hypertonic saline neurolysis in treatment of chronic low back pain: A randomized, double-blind trial. Pain Physician 2004; 7:177- 186
16. Manchikanti L, Saini B, Singh V. Spinal endoscopy and lysis of epidural adhesions in the management of chronic low back pain. Pain Physician. 2001;4(3):240-65.
17. Richardson J, McGurgan P, Cheema S, Prasad R, Gupta S. Spinal endoscopy in chronic low back pain with radiculopathy: A prospective case series. Anaesthesia 2001; 56:454-460.
18. Saberski L. A retrospective analysis of spinal canal endoscopy and laminectomy outcomes data. Pain Physician 2000; 3:193-196.
19. Staats PS, Wasserman RA, Manchikanti L. Interventional Techniques in The Management of Chronic Spinal Pain: Evidence-Based Practice Guidelines. Pain Physician. 2005;8:1-47.
20. Talu GK, Erdine S. Complications of epidural neuroplasty: a retrospective evaluation. Neuromodulation 2003; 6:237-347.
21. Trescot AM, Chopra P, Abdi S, Datta S, Schultz DM. Systematic review of effectiveness and complications of adhesiolysis in the management of chronic spinal pain: an update. Pain Physician. 2007;10(1):129-46.
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Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSAs. Individual HMO plans are offered through FirstCare in West Texas.