

Local Coverage Determination (LCD) for Endoscopic and Percutaneous Lysis of Epidural Adhesions (L29256)

Contractor Information

Contractor Name

First Coast Service Options,
Inc.

[Back to Top](#)

Contractor Number

09102

Contractor Type

MAC - Part B

LCD Information

Document Information**LCD ID Number**

L29256

LCD Title

Endoscopic and Percutaneous Lysis of
Epidural Adhesions

Contractor's Determination Number

62263

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CMS National Coverage Policy

Language quoted from CMS National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals are italicized throughout the Local Coverage Determination (LCD). NCDs and coverage provisions in interpretive manuals are not subject to the LCD Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Primary Geographic Jurisdiction

Florida

Oversight Region

Region IV

Original Determination Effective Date

For services performed on or after 02/02/2009

Original Determination Ending Date**Revision Effective Date**

For services performed on or after 10/01/2010

Revision Ending Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

Endoscopic epidural lysis of adhesions (also known as endoscopic lysis) and percutaneous epidural lysis of adhesions (also referred to as epidural neuroplasty or epidural adhesiolysis) are interventional pain management techniques that are used to treat chronic cervical, lumbar, and thoracic pain. The basis for performing this procedure is the premise that fibrous adhesions (scar tissue) develops after surgery, trauma, and/or inflammation that compounds pain associated with the nerve root by fixing it in one position and thus increasing the susceptibility of the nerve root to tension or compression. This scar tissue also prevents the direct application of medications to relieve pain (local anesthetics and corticosteroids) to the problem area. The goal of the procedure is to break down these fibrous adhesions to allow for delivery of high concentrations of injected drugs to the target area and free the nerve from mechanical tension/compression. The procedure usually involves adhesiolysis procedures performed over a 1-3 day period (CPT code 62263 – more than 2 days or 62264 – one day). Adhesiolysis can be accomplished by solution injection (commonly hypertonic saline and/or hyaluronidase) and/or by mechanical means (by maneuvering a specially designed epidural catheter or epiduroscope).

Medicare will consider the use of endoscopic and percutaneous lysis of epidural adhesions to be medically reasonable and necessary in the treatment of chronic refractory cervical, lumbar, and thoracic pain that has failed to respond to more conservative treatment measures. Conservative treatment may include local heat, traction, nonsteroidal anti-inflammatory medications, and anesthetic and/or steroid epidural injections. The chronic refractory low back pain may be secondary to post lumbar laminectomy syndrome, intervertebral lumbar disc disruption, lumbar epidural adhesions, and/or lumbar degenerative disc disorder. It is not expected that services will exceed one every six months to the same anatomical region. Services exceeding one every six months may be subject to medical review.

[Back to Top](#)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

999x	Not Applicable
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Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

99999	Not Applicable
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CPT/HCPCS Codes
GroupName

64999 Unlisted procedure, nervous system (Endoscopic lysis of epidural adhesions with the epiduroscope)

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
64999	UNLISTED PROCEDURE, NERVOUS SYSTEM

ICD-9 Codes that Support Medical Necessity

722.0	DISPLACEMENT OF CERVICAL INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.10	DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY
722.4	DEGENERATION OF CERVICAL INTERVERTEBRAL DISC
722.52	DEGENERATION OF LUMBAR OR LUMBOSACRAL INTERVERTEBRAL DISC
722.73	INTERVERTEBRAL DISC DISORDER WITH MYELOPATHY LUMBAR REGION
722.81	POSTLAMINECTOMY SYNDROME OF CERVICAL REGION
722.82	POSTLAMINECTOMY SYNDROME OF THORACIC REGION
722.83	POSTLAMINECTOMY SYNDROME OF LUMBAR REGION
723.0	SPINAL STENOSIS IN CERVICAL REGION
723.4	BRACHIAL NEURITIS OR RADICULITIS NOS
724.01	SPINAL STENOSIS OF THORACIC REGION
724.02	SPINAL STENOSIS, LUMBAR REGION, WITHOUT NEUROGENIC CLAUDICATION

724.03	SPINAL STENOSIS, LUMBAR REGION, WITH NEUROGENIC CLAUDICATION
724.4	THORACIC OR LUMBOSACRAL NEURITIS OR RADICULITIS UNSPECIFIED

Diagnoses that Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity

N/A

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

N/A

[Back to Top](#)

General Information

Documentations Requirements

Medical record documentation maintained by the performing physician must clearly indicate the medical necessity of the service being billed. In addition, documentation that the service was performed must be included in the patient's medical record. This information is normally found in the office/progress notes, hospital notes, and/or procedure report.

In addition, the medical record should clearly document the nature of the cervical, lumbar, or thoracic pain. This should include the location, intensity, type of pain present, and contributing factors (if any), duration of condition, and treatment regimes that have been utilized. Documentation should demonstrate failure of more conservative management in the treatment of the patient's condition. This more conservative treatment may include local heat, traction, nonsteroidal anti-inflammatory medications, and anesthetic and/or steroid epidural injections.

Appendices

Utilization Guidelines It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Sources of Information and Basis for Decision

Boswell, M. V., Trescot, A. M., et al. Interventional techniques: evidence-based practice guidelines in the management of chronic spinal pain. *Pain Physician* 10:7 pp 48-51.

Manchikanti, I., Heavner, J., Boswell, M.V. (2007) Endoscopic lumbar epidural adhesions. *Interventional Techniques in Chronic Spinal Pain*. Pp 507-526

Manchikanti, L., Boswell, M.V., et al. A randomized controlled trial of spinal endoscopic adhesiolysis in chronic refractory low back and lower extremity pain. *BMC Anesthesiology* 2005 (5) 10

Manchikanti, L., Singh, V (2007) Percutaneous lysis of lumbar epidural adhesions. *Interventional Techniques in Chronic Spinal Pain*. Pp479-506

Racz, G.B., Heavner, J.E., Trescot, A. (2008) Percutaneous lysis of epidural adhesions-evidence for safety and efficacy. Pain Practice 8 (4) 277-286.

Trescot A.M., Chopra P., Abdi S., Datta S., Schultz D.M. Systematic review of effectiveness and complications of adhesiolysis in the management of chronic spinal pain: An update. Pain Physician 2007; 10: 129-146. <http://www.painphysicianjournal.com/2007/january/2007;10;129-146.pdf>

Advisory Committee Meeting Notes This Local Coverage Determination (LCD) does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this LCD was developed in cooperation with advisory groups, which includes representatives from numerous societies.

Florida Contractor Advisory Committee Meeting held on June 20, 2009.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period 10/01/2010

Revision History Number 2

Revision History Explanation Revision Number: 2

Start Date of Comment Period:N/A
Start Date of Notice Period:10/01/2010
Revised Effective Date: 10/01/2010

LCR B2010-071
September 2010 Update

Explanation of Revision: Annual 2011 ICD-9-CM Update. Added ICD-9-CM code 724.03. Revised descriptor for ICD-9-CM code 724.02. The effective date of this revision is based on date of service.

Revision Number:1
Start Date of Comment Period:06/01/2009
Start Date of Notice Period:08/15/2009
Revised Effective Date: 09/30/2009

LCR B2009-087
August 2009 Update

Explanation of Revision: LCD revised to include endoscopic lysis of epidural adhesions. Title of LCD changed to include "Endoscopic" lysis of epidural adhesions. Updated "Sources of Information and Basis for Decision " section. Updated "CPT/HCPCS code" section to include 64999 [Unlisted procedure, nervous system] to be reported when billing for endoscopic lysis of epidural adhesions. Updated the "ICD-9 Codes that Support Medical Necessity" section to include ICD-9-CM codes 722.0, 722.4, 722.81, 722.82, 723.0, 723.4, 724.01 and 724.02. Coding Guidelines were developed. The effective date of this revision is based on date of service.

Revision Number:Original
Start Date of Comment Period:N/A
Start Date of Notice Period:12/04/2008
Revised Effective Date:02/02/2009

LCR B2009-044FL
December 2008 Bulletin

This LCD consolidates and replaces all previous policies and publications on this subject by the carrier predecessors of First Coast Service Options, Inc. (Triple S and FCSO).

For Florida (00590) this LCD (L29256) replaces LCD L6164 as the policy in notice. This document (L29256) is effective on 02/02/2009.

09/06/2010 - This policy was updated by the ICD-9 2010-2011 Annual Update.

Reason for Change

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Draft LCD Comment summary](#)

[Coding Guidelines effective 09/30/2009](#)

[Back to Top](#)

All Versions

Updated on 09/16/2010 with effective dates 10/01/2010 - N/A

[Updated on 09/13/2010 with effective dates 10/01/2010 - N/A](#)

[Updated on 09/06/2010 with effective dates 09/30/2009 - 09/30/2010](#)

[Updated on 08/17/2009 with effective dates 09/30/2009 - N/A](#)

[Updated on 08/07/2009 with effective dates 09/30/2009 - N/A](#)

[Updated on 11/30/2008 with effective dates 02/02/2009 - N/A](#)

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[Back to Top](#)