WellCare Health Plans, Inc.

The WellCare Group of Companies

Clinical Coverage Guideline

WellCare Prescription Insurance, Inc.

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

WellCare of Texas, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

HealthEase of Florida, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

Harmony Health Plan of Illinois, Inc.

WellCare of Ohio, Inc.

Epidural Adhesiolysis

Guideline Number: HS-053

Original Effective Date: 10/2/2008

Revision Date: 10/16/2009, 10/29/2010

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

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DISCLAIMER

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APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

CLINICAL COVERAGE GUIDELINE

Epidural Adhesiolysis is considered experimental and investigational and NOT a covered benefit.

BACKGROUND

An estimated 60% to 80% of adults in the United States have low back pain at some time in their lives with degenerative disc disease being a major contributor. In most cases, low back pain can be relieved through rest and conservative therapy, but, for 5% to 10% of patients, it becomes chronic and disabling. It is a leading cause of physician visits, surgery, hospitalization, and disability. Chronic low back pain that is refractory to conservative therapies may require spinal surgery. In up to 50% of patients who undergo multiple surgeries, scarring occurs in the epidural space, the region just outside the thick membrane that covers the spinal cord. These scars or adhesions can bind to or trap nerves, contributing to recurrence of pain despite otherwise successful spinal surgery.

Adhesiolysis of epidural lesions typically involves injection of normal saline to distend and decompress the epidural space and manipulations of a fiberoptic endoscope to cause direct disruption of fibrosis, scar tissue, or adhesions. Epidural adhesiolysis can also be performed percutaneously, using a needle to enter the epidural space at the level of the spinal column where adhesions are suspected. Adhesions are then disrupted using a catheter or solutions injected through the catheter. The goal of treatment is to relieve pain by releasing the nerve root from surrounding structures and administering therapeutic drugs to the targeted nerves and tissues. This procedure can usually be performed on an outpatient basis under local anesthesia and sedation. It is intended primarily for patients with chronic postsurgical back pain that has not responded adequately to conservative management and that seems to be caused by epidural adhesions.

Clinical evidence does not support the use of percutaneous and endoscopic epidural lysis of adhesions for the treatment of back pain.

There is insufficient evidence to conclude that epidural lysis of adhesions can provide sustained reduction in chronic back pain in patients with a presumptive diagnosis of epidural adhesions. Studies suggest that epidural adhesiolysis provides limited, relatively short-term reductions in back pain and disability. No published studies have evaluated this procedure

relative to open surgical procedures for chronic back pain. Further validation with larger study populations is needed to verify the effectiveness of epidural adhesiolysis in the treatment of back pain.

The safety profile of epidural adhesiolysis has not been established adequately since a relatively small number of patients have undergone this procedure and severe complications such as acute bilateral vision loss, paralysis, and loss of bowel/bladder control have been reported. Potentially serious complications related to the procedure include dural puncture, epidural hematoma, bleeding, spinal cord trauma, catheter shearing, infection, and excessive intraspinal and intracranial pressure. Unintentional subdural or subarachnoid injection of solutions can cause myelopathy, paralysis, cardiac arrhythmias, and loss of sphincter control. Other complications that have been reported include the following: paresthesia, sexual dysfunction, hypotension, respiratory depression, meningitis, epidural abscess, and catheter migration into an epidural vein or preverterbral space.

CODING

Non Covered CPT© Codes

62263 Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis session; 2 or more days

62264 Percutaneous lysis of epidural adhesions using solution injection (e.g., hypertonic saline, enzyme) or mechanical means (e.g., catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis session; 1 day

Non Covered CPT © Level III Codes

0027T This code is no longer valid

ICD-9-CM Procedure Codes

No applicable codes

HCPCS Level II © Codes

No applicable codes.

ICD-9-CM Diagnosis Codes – This list may not be all inclusive

724.2 Lumbago; low back pain; low back syndrome; lumbalgia
724.5 Backache, unspecified

REFERENCES

1. Hayes Brief. Technology at a Glance: Epidural Adhesiolysis for Chronic Back Pain. October 11, 2006.
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3. American Society of Interventional Pain Physicians. Evidence-based Practice Guidelines, 2003.
4. Systematic Review of Effectiveness and Complications of Adhesiolysis in the management of Chronic back Pain: An Update. Trescot et al, Pain Physician, 10, 2007.
5. Interventional Pain Management Practice Policies. Manchikanti et al.