

From: "B.POLICY" <B.POLICY@palmettogba.com>
Date: May 26, 2022 at 9:34:16 AM CDT
To: "Laxmalah Manchikanti, MD" <drcm@asipp.org>
Subject: FW: Percutaneous Adhesiolysis CPT 62264 and 62263

Hi Dr. Manchikanti,

Your inquiry has been reviewed by our Chief Medical Officer. Please see the response below.

Regards,

Allison Smith, MSN, RN

JM/JJ Medical Affairs Coordinator

PalmettoGBA

Email: Allison.Smith@PalmettoGBA.com

<http://www.PalmettoGBA.com/discclaimer>



Dr Manchikanti:

Thank you for your inquiry regarding CPT 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 and 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). The non-inclusion of this topic in the multijurisdictional LCD Epidural Steroid Injections for Pain Management was addressed in the response to comments section [Article - Response to Comments: Epidural Steroid Injections for Pain Management \(A58905\) \(cms.gov\)](#) in question 29:

Thank you for the comment. We determined not to include percutaneous adhesiolysis in the EPIDURAL injection policy for pain management policy. ESIs are performed to treat an inflamed nerve root, while adhesiolysis is an attempt to break up adhesions. While percutaneous adhesiolysis uses a similar procedure as EPIDURALS, it is not an injection and does not share literature with ESIs but rather has a different body of literature, therefore we felt it was not within the scope of this policy. The determination for

coverage of percutaneous adhesiolysis will remain under the discretion of individual MACs.

The voting from the SMEs at the CAC was as follows :

What is your level of confidence that the evidence supports that epidural adhesiolysis is effective and safe? Score 1-5. Voting= 3/5 (range 1-5).

Palmetto GBA does not have an LCD , nor is there an NCD, regarding percutaneous lysis of epidural adhesions. All services billed to Medicare must meet the criteria of “medically necessary and reasonable” as defined in the [Social Security Act, Title XVIII, Sec. 1862 \(a\)\(1\)\(A\)](#). When a service is performed that is not associated with a LCD or National Coverage Determination (NCD), the clinical documentation should reflect evidence-based utilization, supported by published, peer-reviewed literature and/or specialty society consensus guidelines. If the clinical documentation supporting the service is ever requested by Palmetto GBA, it should both reflect the unique needs of the beneficiary and align with the published evidence regarding the type, amount, frequency and duration of the therapeutic intervention provided.

Should you be requesting the creation of an LCD concerning this matter, Palmetto GBA would recommend following the instructions published on our website for Informal Meetings or New LCD requests. [Jurisdiction J Part B - Informal Meetings or New LCD Requests \(palmettogba.com\)](#).

I trust this answers your inquiry.

Sincerely,

Judith K Volkar, MD, FACOG, MBA

Chief Medical Officer

Contractor Medical Director

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From: Laxmaiah Manchikanti, MD <drcm@asipp.org>
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Subject: [EXTERNAL] Percutaneous Adhesiolysis CPT 62264 and 62263

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May 25, 2022

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Re: Percutaneous Adhesiolysis CPT 62264 and 62263

Dear Contractor Medical Directors of Palmetto GBA:

Thank you for development of epidural and facet joint intervention policies. As you recall, in the Epidural Multijurisdictional CAC Committee Meeting, evidence for percutaneous adhesiolysis was considered with a positive response with presence of positive evidence qualifying for coverage inclusion. However, we were informed by CGS that it was not included in the policy; but coverage continues.

Several members in Palmetto jurisdiction have contacted us with the coverage issue. Would you please clarify your coverage policy on percutaneous adhesiolysis in managing chronic low back and lower extremity pain?

If you desire, ASIPP, along with state societies, will be happy to provide appropriate peer-reviewed literature on this subject.

Thank you again for your consideration of this matter.

Laxmaiah Manchikanti, MD

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