

Neurolysis and Neuroplasty (62263-62264, 62280-62282, 64708-64714)

CPT® Assistant.

June 2012; Volume 22: Issue 6

The term neuroplasty, defined as 'surgery to repair or restore nerve tissue' applies to the open neuroplasty techniques represented by codes 64708-64714 and the percutaneous techniques represented by codes 62263-62264 and 62280-62282. In the Surgery/Nervous System section of the CPT 2012 code set, the Nervous System/Neuroplasty (Exploration, Neurolysis or Nerve Decompression) subsection title and guideline (which include the term neurolysis) state that 'Neuroplasty is the open surgical decompression or freeing of intact nerve from scar tissue, including external neurolysis and/or transposition to repair or restore the nerve.'

Since codes 64708-64714 refer to the anatomically named spinal nerve bundles similar to the anatomy referenced in epidural adhesiolysis codes 62263 and 62264 and subarachnoid/epidural neurolytic substance injection codes 62280-62282, the descriptors of neuroplasty codes 64708-64714 were revised to include the term 'open' to clarify that these codes are specific to open surgical techniques. This article provides differentiation of the open and -percutaneous neuroplasty techniques represented by these families of codes, including clarification of percutaneous epidural adhesiolysis, subarachnoid or epidural neurolytic injection procedures, and open external and internal neurolysis. When scar tissue forms around the nerves in the spinal canal, these nerves can become fixed into one position and cause significant swelling in the nerve root. Therefore, scar tissue in the spinal canal can be an important source of lower back and radiating pain.

Epidural neuroplasty, which is also known as epidural -neurolysis or lysis of adhesions, is the breaking up of scar tissue in an effort to help reduce the compressive effects of scar tissue in the spinal canal and allow medications such as steroids to reach the affected areas to improve and reduce pain.

Spine and Spinal Cord

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
1 day

Code 62263 describes a percutaneous epidural catheter-based treatment involving targeted injection of various substances (such as hypertonic saline, steroid, and anesthetic) or mechanical adhesion lysis. The lysis procedure is coupled with epidural injection of contrast material to define areas of scarring around nerve roots and/or spinal nerves as well as swollen nerves that might indicate moderate to severe inflammation.

Because the injection of contrast material and fluoroscopic guidance and localization are considered inherent in the services described by codes 62263 and 62264, it is not appropriate to additionally report code 77003, Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinal diagnostic or therapeutic injection procedures (epidural or subarachnoid). In codes 62263 and 62264, a flexible catheter is introduced through the needle into the epidural space. After the catheter tip is inserted, it is carefully maneuvered in the epidural space around bands of scar tissue until it is in the focal scar tissue at the target spinal nerve/nerve root. A contrast injection is then performed to confirm needle tip or catheter location, and to determine the degree of free flow liquid in the epidural space (ie, to determine areas of scarring in the epidural space).

The treatment goal is to break down scar formation (adhesions), reduce edema, reduce inflammation, and block propagation of nociception (pain transmission) to the central nervous system. Although this treatment technique may involve several different injection treatments that occur over a several-day period, code 62263 should be reported only once. Per the code descriptor, injection of contrast material is considered inclusive of code 62263.

Both codes 62263 and 62264 should be reported only one time for the entire series of injections, infusions, or mechanical lysis procedures performed, not per adhesiolysis treatment. For code 62263, this treatment series will span two or more treatment days, but the code would still be reported only one time.

Coding Tip

The codes for percutaneous lysis of adhesions (62263 and 62264) include the procedures defined by codes 72275 and 77003; therefore, codes 72275 and 77003 should not be used in conjunction with codes 62263 and 62264.

Codes 62280-62282 describe neurolytic injections performed when ablation of a nerve, nerve root, or portion of the spinal cord is desired. This clinical indication often occurs due to intractable pain from malignancy, tumor, radiation therapy effects, and/or surgical scarring. Neurolytic injections can also be performed where ablation of a primarily sensory nerve root, nerve, or a specific spinal cord dermatome level is desired without causing significant functional impairment to the patient (eg, elimination of motor function from the target site due to prior trauma).

62280

Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid

62281

epidural, cervical or thoracic

62282

epidural, lumbar, sacral (caudal)

Because the site of the pain could be at the cervical, thoracic, lumbar, or caudal vertebral levels, codes 62280-62282 specify either the subarachnoid or epidural spaces of the spinal column, and differentiate upper versus lower spinal epidural regions. From a procedural standpoint, the same procedure is performed but at different levels. After the needle is initially placed but before the neurolytic injection, a contrast injection is performed to confirm needle position. Again, as with other neurolytic injections, it is important to determine and confirm the exact level and space for the injection to affect the desired nerve root.

Coding Tip

The fluoroscopic guidance, localization, and interpretation of the imaging associated with codes 62280-62282 may be additionally reported with code 77003.

Neuroplasty (Exploration, Neurolysis or Nerve Decompression)

The codes for percutaneous lysis of adhesions (62263 and 62264) include the procedures defined by codes 72275 and 77003; therefore, codes 72275 and 77003 should not be used in conjunction with codes 62263 and 62264.

Codes 62280-62282 describe neurolytic injections performed when ablation of a nerve, nerve root, or portion of the spinal cord is desired. This clinical indication often occurs due to intractable pain from malignancy, tumor, radiation therapy effects, and/or surgical scarring. Neurolytic injections can also be performed where ablation of a primarily sensory nerve root, nerve, or a specific spinal cord dermatome level is desired without causing significant functional impairment to the patient (eg, elimination of motor function from the target



site due to prior trauma).

64708

Neuroplasty, major peripheral nerve, arm or leg, open; other than specified

64712

sciatic nerve

64713

brachial plexus

64714

lumbar plexus

✚64727

Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)

Codes 64708-64714 represent 'open' surgical procedures and are not intended to identify the percutaneous injection by catheter of a neurolytic agent for lysis of adhesions around the nerve executed via infusion using percutaneous insertions of catheters (62263-62264, 62280-62282).

The descriptor for code 64708 allows the reporting for neuroplasty performed in a major peripheral nerve of the arm or leg. Although the incidence is rare, decompression of the major nerves of the upper extremity is typically indicated in patients suffering from peripheral nerve compression as a result of repetitive use disorders. For example, code 64708 may be reported for decompression of the posterior interosseous nerve of the right forearm. Alternatively, decompression of the peroneal nerve is often indicated in patients who suffer from peripheral neuropathy associated with diabetes mellitus (eg, right peroneal nerve decompression).

Code 64712 may be reported, for example, for a patient having piriformis syndrome who undergoes decompression of the right sciatic nerve. Decompression of the sciatic nerve is most commonly indicated after trauma, either direct trauma to the nerve or to the surrounding structures as in piriformis syndrome.

The true incidence thoracic outlet syndrome (TOS) may be difficult to determine as it may have vascular or neurogenic origin. However, code 64713 may be reported for decompression of the brachial plexus due to thoracic outlet syndrome. Similarly, code 64713 may be reported for decompression of the lumbar plexus in the treatment of lower back pain.

External and Internal Neurolysis

We are frequently asked, 'What is the difference between internal and external neurolysis?' External neurolysis is considered inherent in neuroplasty procedures and involves evaluation of the nerve to determine if segmental nerve resection and suture are indicated and to enhance regeneration when resection and/or suture are not performed. External neurolysis includes the division of perineural adhesions and/or excision of perineural scar tissue.

Some procedures may require internal neurolysis, which involves the microscopic excision of scar tissue from between nerve fascicles to enhance nerve regeneration after nerve injury or suture/repair. In that event, add-on code 64727 should be reported in addition to the external neuroplasty when scar tissue is microscopically excised from between the nerve fascicles. Due to the wide range of nerve repair procedures (eg, radical soft tissue tumor excision, wound repair) that may be applicable primary stand-alone procedures, there is no parenthetical listing of those procedures following code 64727. Because code 64727 represents microsurgical technique, it is not appropriate to additionally report add-on code 69990, Microsurgical -techniques, requiring use of operating microscope (List -separately in addition to code for primary procedure).

The guidelines for add-on code 69990 include add-on code 64727.◆