

Subject: Minimally Invasive Lumbar Decompression (MILD®) and Percutaneous Image Guided Lumbar Decompression (PILD)

Medical Policy #: 13.5

Original Effective Date: 09/22/2010

Status: Reviewed

Last Review Date: 11/16/2022

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

MILD®/PILD is a therapeutic option for the treatment of lumbar spinal stenosis.

Percutaneous Image-Guided Lumbar Decompression (PILD) is a posterior compression of the lumbar spine performed under indirect image guidance without any direct visualization of the surgical area for treatment of Lumbar Spinal Stenosis (LSS).

Lumbar canal stenosis is a common cause of chronic LBP and leg pain. **Minimally invasive lumbar decompression (MILD)** is a procedure for pain relief from symptomatic central lumbar canal stenosis. It entails limited percutaneous laminotomy and thinning of the ligamentum flavum in order to increase the critical diameter of the stenosed spinal canal.

Coverage Determination

Prior Authorization is not required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

PHP follows LCA ([A56902](#)) and NCD ([150.13](#)) who recommendations that PILD and MILD for treatment of Lumbar Spinal Stenosis (LSS) may **only** be covered under the setting of an approved clinical trial for **Medicare**.

PHP considers MILD/PILD investigational/experimental for **Medicaid and Commercial** members.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

Category III Codes	Description- Non-covered, unless under an approved clinical trial for PILD
0275T	Percutaneous laminotomy/laminectomy for decompression of neural elements, any method, under indirect image guidance, single or multiple levels, unilateral or bilateral; lumbar .
G0276	Blinded procedure for lumbar stenosis, percutaneous image-guided lumbar decompression (PILD) or placebo-control, performed in an approved coverage with evidence development (CED) clinical trial
ICD-10 Code	For covered ICD-10 diagnosis see LCD (A56902)

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)

Senior Medical Director: [David Yu MD](#)

Date Approved: 11-16-2022

References

1. Aetna, Back Pain-Invasive Procedures for (MILD), Number: 0016. Last Review 10/04/2022, next review: 01-12-2023. [Cited 10/24/2022]
2. Wisconsin Physicians Service, Category III Codes, Local Coverage Determination LCD (L35490), Revision history

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

date: 06/12/2022, R30; related Local Coverage Article LCA (A56902), revision history date: 06/12/2022, R13. [Cited 10/24/2022]

3. CMS, Internet Only Manual, 100-04, Medicare Claims Processing Manual, Chapter 32- Billing Requirements for Special Services, Section 68.1 thru 68.4, Investigational Device Exemptions (IDE) Studies, (Rev. 3105, Issued: 11-06-14, Effective: 01-01-15, Implementation: 01-05-15). [Cited 10/24/2022]
4. CMS, Internet Only Manual, 100-04, Medicare Claims Processing Manual, Chapter 32- Billing Requirements for Special Services, Section 330 Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS). (Rev. 2959, Issued: 05-16-14, Effective: 01-09-14, Implementation: 10-06-14) [Cited 10-24-2022].
5. CMS Publication 100-03 Medicare Benefit Policy Manual, Chapter 1, Part 4, Section 310 Clinical Trials. [cited 10/24/2022]
6. AMA, CPT Assistant, MILD. January 2012 Page: 14. [Cited 10/25/2021].
7. Hayes, Minimally Invasive Lumbar Decompression (Mild; Vertos Medical Inc.) Device Kit For Treatment Of Lumbar Spinal Stenosis, May 27, 2021. Archived Apr 26, 2022 [Cited 10/24/2022]
8. CMS, Local Coverage Article: Billing and Coding: Category III Codes (A56902), revision date 04/25/2021, R10 (for both G0276 and 0275T), [Cited 10/25/2021]
9. Regional Anesthesia and Pain Medicine, Long-Term Safety and Efficacy of Minimally Invasive Lumbar Decompression Procedure for the Treatment of Lumbar Spinal Stenosis With Neurogenic Claudication, Volume 00, Number 00, Month 2018 [Cited 10/25/2021]
10. CMS, Pub 100-20 One Time Notifications, Transmittal [11025](#), Change Request 12399, Date September 28, 2021.
11. Cigna, Minimally Invasive Spine Surgery Procedures and Trigger Point Injections, #0139, Next review date 07/15/2023. [Cited 10/24/2022]
12. United Healthcare, Surgical Treatment for Spine Pain, Policy Number: 2022T0547HH, Effective Date: July 01, 2022. [Cited 10/24/2022]

Publication History

- 03-26-16: Annual Review. Aetna policy accessed. Reviewed 03-15-16. No change.
- 09-27-17: Annual Review. Aetna policy #0016 accessed. Last review 12-23-16. Criteria updated, and language changed. See policy.
- 07-31-19: Annual Review. Aetna policy #0016, MILD remains Experimental and investigational. Criteria updated with references and added PILD coverage for clinical trial per (NCD 150.13). Updated CPTs codes.
- 11-18-20: Annual Review. Reviewed by PHP Medical Policy Committee on 11-04-2020. Replaced Aetna and changed to follow LCD (L35490) or NCD (150.13) recommendations that MILD and PILD will only be covered under a clinical trial setting for all product lines. Removed erroneous CPT code 0274T. Add HCPCS code G0276 and updated ICD-10 codes using LCA (A56902). We will config 0275T and G0276 to set as denial for investigational for all LOBs, except for clinical trial. PA required-removed.
- 11-17-21 Annual review. Reviewed by PHP Medical Policy Committee on 10/27/2021. Change for non-Medicare members. MILD and PILD (codes 0275T and G0276) has been reconsidered and now considered as investigational/experimental. Medicare members will continue to follow NCD 150.13 or A56902 for MILD and PILD but only as part of a clinical trial by CMS and when the submission of claims have modifier Q0. Replaced retired LCD L35094 with LCA A56902. For previously configured codes 0275T and G0276 will be reconfiguring to deny as experimental/investigation for non-Medicare even when billed with modifier-Q0. Continue configuration to deny as investigational for 0275T and G0276 when billed without modifier Q0 for Medicare. Removed 0274T and 0275T from PA grid and state PA is not required in Policy.
- 11-16-22 Annual review. Reviewed by PHP Medical Policy Committee on 10-26-2022. Medicare members will continue to follow NCD 150.13 or A56902 for MILD and PILD but only as part of a clinical trial by CMS and when the submission of claims have modifier Q0. For non-Medicare continue as investigational/experimental. Continue with previous configuration (CY 2021) for codes 0275T and G0276- configured to deny as experimental & investigation for non-Medicare even when billed with modifier Q0. Continue config to deny as investigational for 0275T and G0276 when billed without modifier Q0 for Medicare.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.