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

**MPM 13.5**

**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.

**Please use the Prior Authorization/Benefit Certification Guide to determine when a prior authorization/benefit certification is required** https://ds.phs.org/preslogin/index.jsp

**Description**

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

*Percutaneous Image-Guided Lumbar Decompression (PILD)* is a posterior decompression 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**

*PILD* for Lumbar Spinal Stenosis (LSS) may only be covered under the setting of an approved clinical trial. See NCD (150.13) for details of covered services. **Prior Authorization is required for PILD**

*MILD®* is non-covered. Services are considered not reasonable or medically necessary. Presbyterian uses Aetna criteria “Back Pain – Invasive Procedures” # 0016, next review date 01/09/2020.

**Coding**

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

<table>
<thead>
<tr>
<th>Category III Codes</th>
<th>Description: Non-covered, unless under an approved clinical trial for PILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>0274T</td>
<td>Percutaneous laminotomy/laminecctomy for decompression of neural elements, any method, under indirect image guidance, single or multiple levels, unilateral or bilateral; cervical or thoracic</td>
</tr>
<tr>
<td>0275T</td>
<td>Percutaneous laminotomy/laminecctomy for decompression of neural elements, any method, under indirect image guidance, single or multiple levels, unilateral or bilateral; lumbar.</td>
</tr>
</tbody>
</table>
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Reference(s)


2. CMS, Services That Are Not Reasonable and Necessary (L35094), Revision History Date: 07/01/2019, R#39. [Cited 07/30/2019]

3. CMS, Internet Only Manual, 100-04, Medicare Claims Processing Manual, Chapter 32- Billing Requirements for Special Services, Section 68 and Section 69. Revision 4237, 02-08-2019. [Cited 06/24/2019].

4. CMS National Coverage Determination (NCD) for Percutaneous Image Guided Lumbar Decompression for Lumbar Spinal Stenosis Publication # 100-3, Section (150.13), Date 06/27/2017, Version#2. [Cited 07/16/2019]

5. AMA, CPT Assistant, MILD. January 2012 Page: 14. [Cited 06/24/2019].

Approval Signatures:

Clinical Quality & Utilization Mgmt. Committee: Howard Epstein MD
Medical Director: Norman White MD

Approval Date: July 31, 2019

Publication History:


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.

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 Polices

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]