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Minimally Invasive Lumbar Decompression (MILD) Policy

Indication/Usage:

Used for patients with Lower Lumbar Stenosis and Neurogenic Claudication. The MILD procedure requires a small incision and is performed within 30-45 minutes in the hospital outpatient or ambulatory surgery center setting with the patient going home with a steri-strip without the need for any inpatient hospitalization, physical therapy, or leaving any hardware in the patient. MILD is an intervention that should be considered an appropriate treatment before the consideration of more invasive surgical procedures, like laminectomy and fusions. Since it is a minimally invasive approach, outpatient, and with lower risk anesthesia, it is done at a fraction of the cost of these more invasive procedures. It may also reduce the need for opioids that are often associated with post-invasive procedures. The MILD procedure is a minimally invasive, image guided procedure which achieves nerve decompression by debulking the hypertrophied ligamentum flavum that has failed conservative management. There is no implant used in

the procedure. It is typically an outpatient same day surgery performed under local anesthetic and light sedation. (Hayes, 2019)

MILD procedure is for decompression of the central spinal canal in individuals with lumbar spinal stenosis. In this procedure, a specialized cannula and surgical tools are used under fluoroscopic guidance for bone and tissue sculpting near the spinal canal. (Vertos Medical, 2018)

The Vertos Medical MILD Device Kit was FDA approved as a set of specialized surgical instruments intended to be used to perform percutaneous lumbar decompressive procedures for the treatment of various spinal conditions. Physicians are required to be certified to perform the MILD procedure. Spinal decompression and interspinous process decompression systems for the treatment of lumbar spinal stenosis (e.g., Interspinous process decompression (IPD), minimally invasive lumbar decompression (MILD ®)

Medical Indications for Authorization Commercial and Medicare Members

SummaCare considers Minimally Invasive Lumbar Decompression (MILD) experimental, investigational, or unproven because of insufficient evidence of its effectiveness.

CMS

A National Coverage Determination for percutaneous image-guided lumbar decompression for treatment of symptomatic lumbar spinal stenosis in responsive to conservative therapy was issued on December 7, 2016. PILD is only covered by CMS under the clinical trial context. No NCD or LCD exist (Centers for Medicare & Medicaid Services, 2025)

Limitations

Controversies specific to the Vertos MILD procedure include how it compares with other minimally invasive surgical procedures, durability of effect, appropriate patient selection criteria, and whether the procedure is cost effective. (Hayes, 2019)

The MILD spinal procedure is unproven and not medically necessary due to insufficient evidence of efficacy.

CPT Codes

0274T Percutaneous laminotomy/laminectomy (intralaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy) any method under indirect image guidance (eg, fluoroscopic, CT), with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic

0275T Percutaneous Decompressive Laminotomy/Laminectomy Procedures through Interlaminar Approach

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered By This Policy

Commercial and Medicare

Considered experimental and investigational for all lines of business

Sources Reviewed

Hayes, Inc. Health Technology Assessment. Minimally Invasive Lumbar Decompression (Mild; Vertos Medical Inc.) Device Kit for Treatment of Lumbar Spinal Stenosis. March 26, 2019 https://evidence.hayesinc.com/report/htb.minimally1986

Per cutaneous Image-guided Lumbar Decompression for Lumbar Spinal Stenosis | CMS

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