# 2023 BILLING GUIDANCE

## for the *mild*® Procedure (NCTØ3Ø72927)

The Centers for Medicare & Medicaid Services (CMS) established national coverage for the *mild*® Procedure under the national coverage determination (NCD) for percutaneous image-guided lumbar decompression (PILD) for lumbar spinal stenosis (LSS). The *mild*® Procedure is now covered for Medicare patients nationwide. This is effective for procedures performed on or after February 16, 2017, under a CMS-approved claims analysis study that will passively collect and analyze real-world data to demonstrate the role of the therapy in the continuum of care for LSS. **View the NCD**: Percutaneous Image-Guided Lumbar Decompression for LSS (**15Ø.13**).

## PHYSICIAN

| CPT Code | Description | 2023 Medicare Rate |
|---|---|---|
| Ø275T* | Percutaneous laminotomy/laminectomy (interlaminar 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), **single or multiple levels, unilateral or bilateral**; lumbar | **$560-$1,100**<br>Category III CPT codes do not have assigned relative value units (RVUs) for calculation of physician payment; the physician payment will be contractor-adjusted by each Medicare Administrative Contractor (MAC). It is recommended that you contact your local MAC to determine specific payment levels in your area. |

*The Global Surgery Indicator for Ø275T is "YYY." Codes designated as "YYY" are contractor-priced codes for which MACs determine the global period. MACs generally specify 9Ø days for this procedure. It is recommended that you contact your local MAC to confirm. Medicare Physician Fee Schedule 2023.

## ASC

| CPT Code | Description | 2023 Medicare Rate (National Average-Subject to Wage Indexing) |
|---|---|---|
| Ø275T (APC 5114)<br><br>Status Indicator (J8) Device-Intensive | Percutaneous laminotomy/laminectomy (interlaminar 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), **single or multiple levels, unilateral or bilateral**; lumbar | **$4,817.82*** |

*Addendum AA-Final ASC Covered Surgical Procedures for CY 2023. Released 11/2022.

## HOSPITAL

| CPT Code | Description | Required C Code** | 2023 Medicare Rate (National Average-Subject to Wage Indexing) |
|---|---|---|---|
| Ø275T (APC 5114)<br><br>Status Indicator (J1)* | Percutaneous laminotomy/laminectomy (interlaminar 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), **single or multiple levels, unilateral or bilateral**; lumbar | C1889 (Implantable/ insertable device, not otherwise classified) | **$6,614.63***** |

*Status Indicator for APC with a (J1) "Comprehensive APC."

**Effective January 1, 2005, hospitals paid under the OPPS that report procedure codes that require the use of devices must also report the applicable HCPCS codes and charges for all devices that are used to perform the procedures. Source: Medicare Claims Processing Manual Chapter 4 Section 61.1.

***Addendum B-Final OPPS Payment by HCPCS Code for CY 2023. Released 11/2022.

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## PATIENT ELIGIBILITY

| Inclusion Criteria | Exclusion Criteria |
|---|---|
| • Medicare and Medicare Advantage beneficiaries: NO age restriction<br>• Diagnosis of LSS with neurogenic claudication (NC) | Patients who have received a laminectomy, laminotomy, fusion, interspinous process decompression, or *mild*® in the lumbar region during the 12 months prior to the index date. |

## BILLING SPECIFICS — MEDICARE AND MEDICARE ADVANTAGE

For hospital outpatient procedures on type of bill (TOB) 13x or 85x, and for professional claims billed with a place of service (POS) 22 (Hospital Outpatient) or 24 (ASC), Medicare will allow for the *mild*® Procedure, known as PILD, (procedure code Ø275T) for LSS, only when billed with:

| Claims Identifying Information to Signify Patient Is Participating in a Study | CED Study |
|---|---|
| National Clinical Trial (NCT) Number | Ø3Ø72927 |
| Modifier to Category III CPT Code | QØ<br>Investigational clinical service provided in a clinical research study that is in an approved clinical research study |
| Primary Diagnosis Code | M48.Ø62<br>Spinal stenosis, lumbar region with neurogenic claudication |
| Secondary Diagnosis Code* | ZØØ.6*<br>Encounter for examination for normal comparison and control in clinical research program |
| Condition Code (UB-Ø4 Facility Claims Only) | 3Ø<br>Qualifying Clinical Trial |

*CMS allows for the ZØØ.6 to be coded in the primary or secondary position.
**For non-Medicare claims (commercial, W/C, Medicaid, VA, TRICARE, etc.) only report CPT Ø275T and Primary Diagnosis Code M48.Ø62.**

## CLAIM FORM INSTRUCTIONS

| Claims Identifying Information to Signify Patient Is Participating in a Study | CMS 15ØØ | UB-Ø4* |
|---|---|---|
| National Clinical Trial (NCT) Number | | |
| **Electronic Claim** | Loop 23ØØ<br>REFØ2 = Ø3Ø72927<br>REFØ1 = P4<br>(do not use "CT" on electronic claim) | Loop 23ØØ<br>REFØ2 = Ø3Ø72927<br>REFØ1 = P4<br>(do not use "CT" on electronic claim) |
| **Paper Claim**<br>*See examples on next page* | Form Locator 19<br>(preceded by "CT")<br>Example: CTØ3Ø72927 | Form Locator 39 Value Codes<br>• D4 is reported in the Code field<br>• The NCT number is reported in the Amount field (preceded by CT) |
| Condition Code 3Ø–Qualifying Clinical Trial | Not reported on physician claim | Form Locator 18 |

*Please check with your local MAC to confirm placement of condition code and NCT number.

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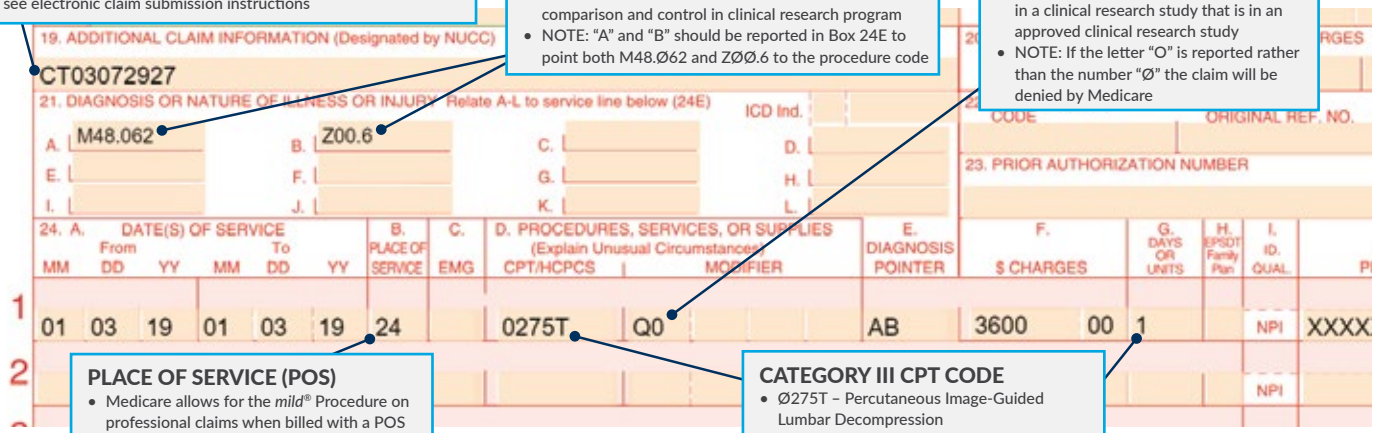
## CMS 15ØØ PAPER CLAIM

### 8-DIGIT CLINICAL TRIAL NUMBER
- Form Locator 19
- Preceded by "CT" if sending paper claim (CTØ3Ø72927)
- NOTE: Only report 8 digits if electronic submission (Ø3Ø72927); see electronic claim submission instructions

### DIAGNOSIS CODES
- M48.Ø62 – Spinal stenosis, lumbar region with neurogenic claudication
- ZØØ.6 – Encounter for examination for normal comparison and control in clinical research program
- NOTE: "A" and "B" should be reported in Box 24E to point both M48.Ø62 and ZØØ.6 to the procedure code

### REPORT QØ MODIFIER
- Investigational clinical service provided in a clinical research study that is in an approved clinical research study
- NOTE: If the letter "O" is reported rather than the number "Ø" the claim will be denied by Medicare




### PLACE OF SERVICE (POS)
- Medicare allows for the *mild*® Procedure on professional claims when billed with a POS 22 (Hospital Outpatient) or 24 (ASC)

### CATEGORY III CPT CODE
- Ø275T – Percutaneous Image-Guided Lumbar Decompression
- NOTE: The procedure description includes "single or multiple levels" and should be reported as X1 unit

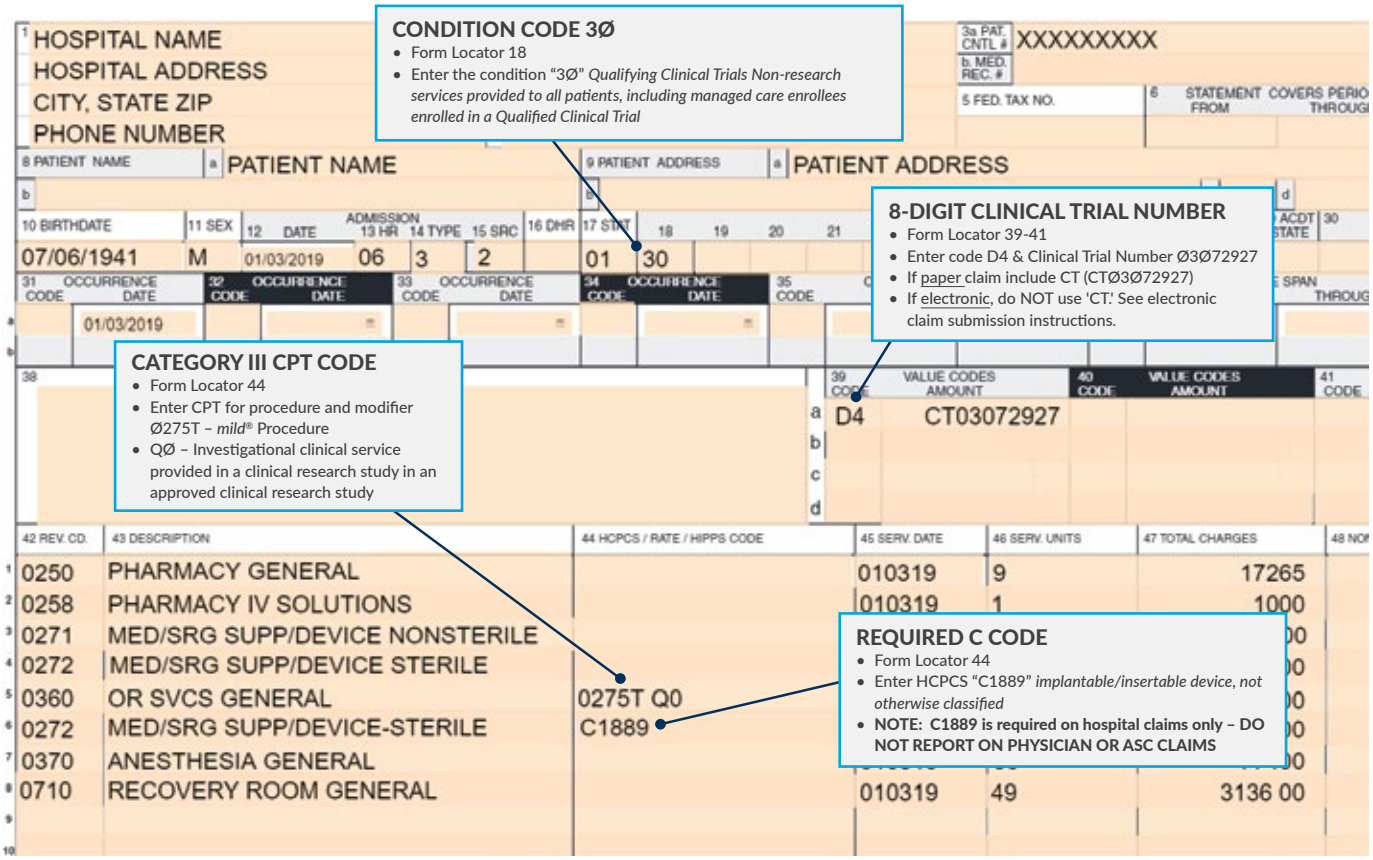
## UB-Ø4 PAPER CLAIM

### CONDITION CODE 3Ø
- Form Locator 18
- Enter the condition "3Ø" *Qualifying Clinical Trials Non-research services provided to all patients, including managed care enrollees enrolled in a Qualified Clinical Trial*

### 8-DIGIT CLINICAL TRIAL NUMBER
- Form Locator 39-41
- Enter code D4 & Clinical Trial Number Ø3Ø72927
- If paper claim include CT (CTØ3Ø72927)
- If electronic, do NOT use 'CT.' See electronic claim submission instructions.

### CATEGORY III CPT CODE
- Form Locator 44
- Enter CPT for procedure and modifier Ø275T – *mild*® Procedure
- QØ – Investigational clinical service provided in a clinical research study in an approved clinical research study

### REQUIRED C CODE
- Form Locator 44
- Enter HCPCS "C1889" *implantable/insertable device, not otherwise classified*
- **NOTE: C1889 is required on hospital claims only – DO NOT REPORT ON PHYSICIAN OR ASC CLAIMS**



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## MEDICARE ADVANTAGE PAYERS

Medicare Advantage (MA) plans are responsible for payment of items and services in CMS-approved NCD CED studies.
**Medicare Managed Care Manual–Chapter 4 Section 1Ø.7.3–Benefits and Beneficiary Protections**

Some MA payers will require prior authorization for *mild*®. Please provide ALL the information below to the MA payer when requesting prior authorization in order for the payer to be aware the procedure is being performed as part of the CMS-approved CED study.

**Ø275T** – Minimally Invasive Lumbar Decompression

**M48.Ø62** – Spinal stenosis with neurogenic claudication, lumbar region

**ZØØ.6** – Encounter for examination for normal comparison and control in clinical research program

**QØ Modifier** – Investigational clinical service provided in an approved clinical research study

**Condition Code 3Ø (Institutional claims only)** – Non-research services provided to all patients, including managed care enrollees enrolled in a Qualified Clinical Trial

**National Clinical Trial Number** – Ø3Ø72927

**National Coverage Determination 15Ø.13**

## MEDICARE SUPPLEMENT / MEDIGAP PAYERS

Supplement payers are covering *mild*® except Medicaid, TRICARE and BCBS Federal.
Please check with the payer prior to performing the procedure to confirm coverage and payment.

## COMMERCIAL (PRIVATE) PAYERS

Coverage for *mild*® varies by payer policy.
We encourage providers to contact non-Medicare payers to confirm coverage prior to performing the procedure.

## OTHER GOVERNMENT PAYERS

- **Veterans Affairs** – Covers *mild*® in VA facility
- **TRICARE** – Does not currently cover *mild*® per **TRICARE Policy Manual 6Ø1Ø.6Ø-M Chapter 1 Section 11.1**
- **Medicaid** – Coverage varies by state; please confirm coverage and payment for your specific state
- **Workers' Compensation** – Coverage depends on WC Carrier and authorization status

## ADDITIONAL RESOURCES

- **MLN Matters® Number: MM1ØØ89**
  **Previous issues referenced in MM1ØØ89:**
  **MM8757-October 6, 2014**
- **CMS PILD CED Overview**
- **CMS Manual System Transmittal 3811**
- **Clinicaltrials.gov Study Record Detail**

## ASSISTANCE

**If you have any questions please contact our reimbursement support team:**
**reimbursement@vertosmed.com | (855) 848-MILD (6453)**

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