

2026 reimbursement guide

mild[®] procedure

(NCT03072927)



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 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 \(150.13\).](#)**

Physician¹

CPT® code ²	Description	Relative value units (RVUs)				
		Payment in office	Payment in facility	Work RVUs	Facility RVUs	Global period
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	N/A	\$479	8.00	14.35	90
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	N/A	\$189	4.25	5.66	ZZZ

ZZZ: Add-on codes that must be billed with another service. The Medicare PFS payment doesn't include post-operative work ZZZ codes.
Note: For unilateral procedure, report 52 modifier in conjunction with 62330, 62331³

Ambulatory surgery center (ASC)⁴

CPT® code ²	Description	Payment indicator	Multiple procedure discounting	ASC payment
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	J8	Y	\$5,610
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	N1	N/A	N/A

J8: Device-intensive procedure; paid at adjusted rate
N1: Packaged service/item; no separate payment made.

Hospital outpatient⁴

CPT® code ²	Description	Status indicator	Ambulatory payment classification (APC)	APC payment
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	J1	5114	\$7,413
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	N	N/A	N/A

J1: Hospital Part B services paid through a comprehensive APC
N: Items and services packaged into APC rates

HCPCS II device codes⁵

mild device kit C1889

Implantable/insertable device, not otherwise classified

Note: Effective January 1, 2005, hospitals paid under the OPFS 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.⁶

Patient eligibility⁶

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> Medicare and Medicare Advantage beneficiaries: no age restriction Diagnosis of LSS with neurogenic claudication (NC) 	Patients who have received a laminectomy, laminotomy, fusion, interspinous process decompression or mild procedure in the lumbar region during the 12 months prior to the index date.

Billing/claim instructions

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 62330/62331) for LSS, only when billed with:

Billing specifics—Medicare and Medicare Advantage

Claims identifying information to signify patient is participating in a study	CED study
National clinical trial (NCT) number	03072927
Modifier to CPT code	Q0 Investigational clinical service provided in a clinical research study that is in an approved clinical research study
Primary diagnosis code	M48.062 Spinal stenosis, lumbar region with neurogenic claudication
Secondary diagnosis code*	Z00.6* Encounter for examination for normal comparison and control in clinical research program
Condition code (UB-04 facility claims only)	30 Qualifying clinical trial

*CMS allows for the Z00.6 to be coded in the primary or secondary position.

The NCT, Q0 Modifier, Z00.6 diagnosis code, and condition code 30 do not apply to non-Medicare claims (commercial, W/C, Medicaid, VA, TRICARE, etc.).

Claim form instructions

Claims identifying information to signify patient is participating in a study	CMS 1500	UB-04**
National clinical trial (NCT) number		
Electronic claim	Loop 2300 REF02 = 03072927 REF01 = P4 (Do not use "CT" on electronic claim)	Loop 2300 REF02 = 03072927 REF01 = P4 (Do not use "CT" on electronic claim)
Paper claim See examples on next page	Form locator 19 (Preceded by "CT") Example: CT03072927	Form locator 39 value codes <ul style="list-style-type: none"> D4 is reported in the code field The NCT number is reported in the amount field (preceded by "CT")
Condition code 30—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.

Billing/claim instructions (cont'd)

CMS 1500 paper claim

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) CT03072927										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO		\$ CHARGES				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. M48.062 B. Z00.6 C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										22. RESUBMISSION CODE		ORIGINAL REF. NO.				
23. PRIOR AUTHORIZATION NUMBER																
24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES		G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #	
From	To	MM	DD	YY	MM	DD	YY	OPT/HCPCS	MODIFIER							
12	06	24	12	06	24	24		62330	Q0		4600	00		1	NPI	XXXXXXXXXX
2															NPI	
3															NPI	

8-digit clinical trial number

- Form locator 19
- Preceded by "CT" if sending paper claim (CT03072927)
- NOTE: Only report 8 digits if electronic submission (03072927); see electronic claim submission instructions

Diagnosis codes

- M48.062— Spinal stenosis, lumbar region with neurogenic claudication
- Z00.6— 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 M48.062 and Z00.6 to the procedure code

Place of services (POS)

- Medicare allows for the mild procedure on professional claims when billed with a POS 22 (hospital outpatient) or 24 (ASC)

Category I CPT code

- 62330 (one interspace) and 62331 (additional interspace[s] if applicable)

Report Q0 modifier

- Investigational clinical service provided in an approved clinical research study
- NOTE: If the letter "O" is reported rather than the number "0," the claim will be denied by Medicare

Billing/claim instructions (cont'd)

UB-04 paper claim

1 HOSPITAL NAME										2										3a PAT. CNTL # XXXXXXXXX										4 TYPE OF BILL																																																																																																			
HOSPITAL ADDRESS																				b. MED. REG. #										131																																																																																																			
CITY, STATE ZIP																				5 FED. TAX NO.										8 STATEMENT COVERS PERIOD FROM THROUGH										7																																																																																									
PHONE NUMBER																																																																																																																																	
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07/06/1941										M										12/06/2024										06										3										2										01										30																																																											
31 OCCURRENCE DATE										32 CODE										33 OCCURRENCE DATE										34 CODE										35 OCCURRENCE SPAN FROM THROUGH										36 CODE										37 OCCURRENCE SPAN FROM THROUGH										38																																																											
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42 REV. CD.										43 DESCRIPTION										44 HCPCS / RATE / HIPPS CODE										45 SERV. DATE										46 SERV. UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																																																											
1										0250										PHARMACY GENERAL										120624										9										17265																																																																															
2										0258										PHARMACY IV SOLUTIONS										120624										1										1000																																																																															
3										0271										MED/SRG SUPP/DEVICE NONSTERILE										120624										1										6700																																																																															
4										0272										MED/SRG SUPP/DEVICE STERILE										120624										13										433600																																																																															
5										0360										OR SVCS GENERAL										120624										1										1534400																																																																															
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Condition code 30

- Form locator 18
- Enter the condition "30" qualifying clinical trials on-research services provided to all patients, including managed care enrollees enrolled in a qualified clinical trial

Category I CPT code

- Form locator 44
- Enter CPT for procedure and modifier 62330 (one interspace) and 62331 (additional interspace[s] if applicable) mild procedure
- Q0—Investigational clinical service provided 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

8-digit clinical trial number

- Form locator 39-41
- Enter code D4 and clinical trial number 03072927
- If **paper** claim, include CT (CT03072927)
- If **electronic**, do **not** use CT; see electronic claim submission instructions

Payor coverage

Medicare Advantage payors

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 10.7.3–Benefits and Beneficiary Protections

Some MA payors will require prior authorization for mild procedures. Please provide **all** the information below to the MA payor when requesting prior authorization in order for the payor to be aware that the procedure is being performed as part of the CMS-approved CED study.

62330 (one interspace) and 62331 (additional interspace[s] if applicable) Minimally invasive lumbar decompression

M48.062 Spinal stenosis with neurogenic claudication, lumbar region

Z00.6 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 30 (institutional claims only) Non-research services provided to all patients, including managed care enrollees enrolled in a qualified clinical trial

National clinical trial number 03072927

National Coverage Determination [150.13](#)

Medicare supplement/Medigap payors

Supplement payors are covering mild procedures except Medicaid, TRICARE and BCBS Federal.

Please check with the payor prior to performing the procedure to confirm coverage and payment.

Commercial (private) payors

Coverage for mild procedures varies by payor policy.

We encourage providers to contact non-Medicare payors to confirm coverage prior to performing the procedure.

Other government payors

- **Veterans Affairs**—Covers mild procedures in VA facility
- **TRICARE**—Does not currently cover mild procedures per [No Government Pay Procedure Code List](#)⁷
- **Medicaid**—Coverage varies by state; please confirm coverage and payment for your specific state
- **Workers' Compensation**—Coverage depends on WC carrier and authorization status

Resources and references

Resources and support

- **MLN Matters number: MM10089**
Previous issues referenced in MM10089: MM8757–October 6, 2014
- **CMS PILD CED Overview**
- **CMS Manual System Transmittal 3811**
- **Clinicaltrials.gov Study Record Detail**

References

1. 2026 CMS PFS Final Rule, Addendum B (published November 3, 2025). Medicare national average physician payment rates listed in this document are based on the 11/3/25 release of the relative value file and non-qualifying APM conversion factor of 33.4009. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>.
2. Current Procedural Terminology 2025, American Medical Association. Chicago, IL 2025. CPT is a registered trademark of the American Medical Association. Current Procedural Terminology (CPT®) is copyright 2025 American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.
3. CPT Changes: An Insider's View 2026.
4. 2026 CMS OPPTS/ASC Final Rule, Addendum AA, B and J (published November 21, 2025). <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notice/cms-1834-fc>.
5. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare & Medicaid Services.
6. mild Percutaneous Image-Guided Lumbar Decompression: a Medicare Claims Study. Accessed 12/2/25. <https://www.clinicaltrials.gov/study/NCT03072927>
7. Defense Health Agency. (2026, January 21). *No Government Pay Procedure Code List*. Health.mil. <https://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/TRICARE-Health-Plan/Rates-and-Reimbursement/No-Government-Pay-Procedure-Code-List>.

Questions? Contact IVS reimbursement support

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Interventional Spine

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