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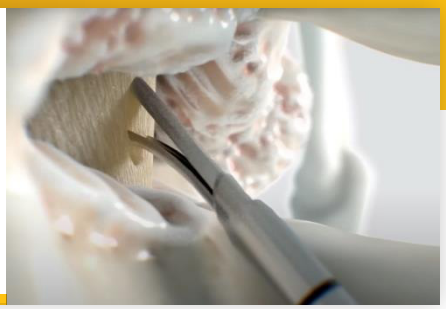
2026 reimbursement guide

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) (150.13).[1] 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.[2]

Physician[3]

CPT® code[4]	Description	Payment in office	Payment in facility	Relative value units (RVUs)		
				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, 62331.[5]

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Ambulatory surgery center (ASC)[6]

CPT® code[4]	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 outpatient[6]

CPT® code[4]	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

Note: 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.[7]

HCPCS II device codes[8]

mild device kit C1889
Implantable/insertable device, not otherwise classified

Patient eligibility[2]

Inclusion criteria	Exclusion criteria
• 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[9]

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

Note: "N/A" indicates that this concept does not apply, or that Medicare has not developed fee schedules in those settings of care.

References

1. National Coverage Determination (NCD) for Percutaneous Image-Guided Lumbar Decompression for Lumbar Spinal Stenosis (150.13). Accessed 12/2/25. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=358&ncdver=2&DocID=150.13&bc=gAAAABAAAAAAAA%3d%3d&.
2. mild Percutaneous Image-Guided Lumbar Decompression: a Medicare Claims Study. Accessed 12/2/25. https://www.clinicaltrials.gov/study/NCT03072927.
3. 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-notices/cms-1832-f.
4. 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.
5. CPT Changes: An Insider's View 2026.
6. 2026 CMS OPPS/ASC Final Rule, Addendum AA, B and J (published November 21, 2025). https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices/cms-1834-fc.
7. Medicare Claims Processing Manual Chapter 4 Section 61.1. Accessed 12/2/25. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c04.pdf.
8. Healthcare Common Procedure Coding System (HCPCS) Level II codes are maintained by the Centers for Medicare & Medicaid Services.
9. CMS Manual System Transmittal 3811. Accessed 12/2/25. https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017downloads/R3811CP.pdf.

Indications for use

For Stryker products, refer to Indications for Use section within the Instructions for Use (IFU).

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