

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and applicable state and/or federal laws.

Vertos Minimally Invasive Lumbar Decompression (MILD) MP9551

Covered Service: Yes

**Prior Authorization
Required:** Yes

**Additional
Information:** None

Prevea360 Health Plan Medical Policy:

- 1.0 The Vertos MILD procedure **requires** prior authorization through the Health Services Division and is considered medically necessary if the member has failed at least six (6) weeks of conservative therapy (e.g. analgesics, physical therapy, home exercise, and a strength/conditioning program and **ALL** of the following criteria are met:
 - 1.1 Lumbar spinal stenosis secondary to ligamentum flavum hypertrophy is demonstrated on MRI or CT imaging; **AND**
 - 1.2 Documented symptoms of neurogenic claudication secondary to lumbar spinal stenosis which includes **ANY** of the following:
 - 1.2.1 Back, buttock and/or leg pain which worsens with standing or walking;
 - 1.2.2 Sensory loss (numbness and tingling) with standing or walking;
 - 1.2.3 Leg weakness exacerbated with activity and relieved with rest
- 2.0 The Vertos MILD procedure is contraindicated if **ANY** of the following are present:
 - 2.1 Spinal instability demonstrated on MRI or CT imaging;
 - 2.2 Grade II or greater spondylolisthesis on MRI or CT imaging;
 - 2.3 Severe foraminal or lateral stenosis
- 3.0 All other indications not listed above are considered investigational/experimental, and therefore are not medically necessary.

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