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OVERVIEW

Vertebral axial decompression applies traction to the vertebral column to reduce intradiscal pressure and, in doing so, potentially relieves low back pain associated with herniated lumbar discs or degenerative lumbar disc disease.

MEDICAL CRITERIA

None

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Vertebral axial decompression is considered not medically necessary as the evidence is insufficient to determine the effects of the technology on health outcomes.

COVERAGE

Benefits may vary. Please refer to the appropriate Member Certificate, Subscriber Agreement, or Benefit Booklet for applicable “Not medically necessary” service benefits/coverage.

BACKGROUND

Vertebral axial decompression (also referred to as mechanized spinal distraction therapy) is used as traction therapy to treat chronic low back pain. Specific devices available are described in the Regulatory Status section. In general, during treatment, the patient wears a pelvic harness and lies prone on a specially equipped table. The table is slowly extended, and a distraction force is applied via the pelvic harness until the desired tension is reached, followed by a gradual decrease of the tension. The cyclic nature of the treatment allows the patient to withstand stronger distraction forces compared with static lumbar traction techniques. An individual session typically includes 15 cycles of tension, and 10 to 15 daily treatments may be administered.

Examples of vertebral decompression therapy devices include, but may not be limited to:

- Acua-Spina System
- Decompression Reduction Stabilization (DRS) System
- DRX-3000
- DRX9000
- Lordex Traction Unit
- SpineMED Decompression Table
- VAX-D Table
- Antalgic-Trak
- Lordex traction unit
- Triton DTS

Medicare determines that vertebral axial decompression does not meet the guidelines of reasonable and necessary as there is insufficient clinical literature to support the use of this device. Therefore, “Medicare does not cover items and services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.”

Evidence for the efficacy of vertebral axial decompression on health outcomes is limited. Because a placebo effect may be expected with any treatment that has pain relief as the principal outcome, randomized trials with validated outcome measures are required. The only sham-controlled randomized trial published to date did not show a benefit of vertebral axial decompression compared with the control group. Therefore, vertebral axial decompression is considered not medically necessary as there is insufficient to determine the effects of the technology on health outcomes.

CODING

BlueCHiP for Medicare and Commercial Products

The following HCPCS code is not medically necessary for BlueCHiP for Medicare and Commercial products:
S9090 Vertebral axial decompression, per session

It is incorrect coding to file vertebral axial decompression using any other health service code such as chiropractic manipulation, nerve decompression surgery, or physical therapy manipulation.

RELATED POLICIES

None

PUBLISHED

Provider Update, July 2017
Provider Update, October 2016
Provider Update, April 2015
Provider Update, November 2014
Provider Update, September 2013
Provider Update, June 2012
Provider Update, July 2011
Provider Update, August 2010
Provider Update, July 2009
Provider Update, May 2008
Provider Update, May 2007

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- 2.Sherry E, Kitchener P, Smart R. A prospective randomized controlled study of VAX-D and TENS for the treatment of chronic low back pain. *Neurol Res* 2001; 23(7):780-4.
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