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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

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Medicare Advantage Plans

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

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 between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable not medically necessary/not covered 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. 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.

Several devices used for vertebral axial decompression have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process. Devices include the VAX-D®, Decompression Reduction Stabilization (DRS®) System, Accu-SPINA® System, DRX-3000®, DRX9000®, SpineMED Decompression Table®, Antalgic-Trak®, Lordex® Traction Unit, and Triton® DTS. According to labeled indications from the Food and Drug Administration, vertebral axial decompression may be used as a treatment modality for patients with incapacitating low back pain and for decompression of the intervertebral discs and facet joints. Food and Drug Administration product code: ITH.

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

The following HCPCS code is not covered for BlueCross of Rhode Island Medicare Advantage Plans and not medically necessary for 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, August 2021

Provider Update, August 2020

Provider Update, August 2019

Provider Update, February 2019

Provider Update, July 2017

REFERENCES

- 1.Schimmel JJ, de Kleuver M, Horsting PP et al. No effect of traction in patients with low back pain: a single centre, single blind, randomized controlled trial of Intervertebral Differential Dynamics Therapy. *Eur Spine J* 2009; 18(12):1843-50.
- 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.
- 3.Fritz JM, Lindsay W, Matheson JW et al. Is there a subgroup of patients with low back pain likely to benefit from mechanical traction? Results of a randomized clinical trial and subgrouping analysis. *Spine* 2007; 32(26):E793-800.
- 4.Harte AA, Baxter GD, Gracey JH. The effectiveness of motorised lumbar traction in the management of LBP with lumbo sacral nerve root involvement: a feasibility study. *BMC Musculoskelet Disord* 2007; 8:118.
- 5.Ramos G. Efficacy of vertebral axial decompression on chronic low back pain: study of dosage regimen. *Neurol Res* 2004; 26(3):320-4.
- 6.Gose EE, Naguszewski WK, Naguszewski RK. Vertebral axial decompression therapy for pain associated with herniated or degenerated discs or facet syndrome: an outcome study. *Neurol Res* 1998; 20(3):186-90.
- 7.Ramos G, Martin W. Effects of vertebral axial decompression 7. on intradiscal pressure. *J Neurosurg* 1994; 81(3):350-3. Beattie PF, Nelson RM, Michener LA et al. Outcomes after a prone lumbar traction protocol for patients with activity-limiting low back pain: a prospective case series study. *Arch Phys Med Rehabil* 2008; 89(2):269-74.
- 8.Macario A, Richmond C, Auster M et al. Treatment of 94 outpatients with chronic discogenic low back pain with the DRX9000: a retrospective chart review. *Pain Pract* 2008; 8(1):11-7.
- 9.Centers for Medicare and Medicaid Services. National Coverage Decision for Vertebral Axial Decompression(VAXD) (160.16). Available online at:http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=160.16&ncd_version=1&basket=ncd%3A160%2E16%3A1%3AVertebral+Axial+Decompression+%28VAX%2DD%29. Last accessed September, 2012.
10. Beattie PF, Nelson RM, Michener LA et al. Outcomes after a prone lumbar traction protocol for patients with activity-limiting low back pain: a prospective case series study. *Arch Phys Med Rehabil* 2008; 89(2):269-74.

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