

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Vertebral Axial Decompression

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>7/1/2007</b>	<b>Policy Last Updated:</b>	<b>4/17/2012</b>
------------------------	-----------------	-----------------------------	------------------

**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

Vertebral axial decompression is a type of lumbar traction that has been investigated as a technique to reduce intradiscal pressure and relieve low back pain associated with herniated lumbar discs or degenerative lumbar disc disease.

A pelvic harness is worn by the patient. The specially equipped table on which the patient lies 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 to 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 utilizing Intervertebral Differential Dynamics (IDD Therapy)
- Decompression Reduction Stabilization (DRS) System
- DRX-3000
- DRX9000
- Lordex Traction Unit
- SpineMED Decompression Table
- V DRX 9000
- VAX-D Table

### Medical Criteria:

Not applicable.

### Policy:

Vertebral axial decompression is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure is effective. Medicare has issued a noncoverage statement for vertebral axial decompression effective 04/15/1997. Therefore vertebral axial decompression is not medically necessary for all products.

Vertebral axial decompression **should not be filed** as chiropractic manipulation, nerve decompression surgery, or physical therapy manipulation. Provider should use code S9090 to file for this procedure. Use of any other code is considered incorrect coding.

### Coverage:

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

**Codes:**

S9090 Vertebral axial decompression, per session

**Also Known As: (This listing may not be all inclusive.)**

Acua-Spina System utilizing Intervertebral Differential Dynamics (IDD Therapy)

Decompression Reduction Stabilization (DRS) System

DRX-3000

DRX9000

Lordex Traction Unit

SpineMED Decompression Table

V DRX 9000

VAX-D Table

**Published:**

*Policy Update, May 2007*

*Policy Update, May 2008*

*Provider Update, July 2009*

*Provider Update, August 2010*

*Provider Update, July 2011*

*Provider Update, June 2012*

**References:**

Blue Cross Blue Shield Association Medical Policy Reference. Policy 8.03.09 - Vertebral Axial Decompression. Reviewed with literature search/October 2009.

Center for Medicare & Medicaid Services. Medicare Coverage Issues Manual. Transmittal 161; November 8, 2002. Accessed on 4/23/10: <http://www.cms.gov/transmittals/downloads/R161CIM.pdf>.

Daniel DM. *Non-surgical spinal decompression therapy: does the scientific literature support efficacy claims made in the advertising media?* Chiropractic & Osteopathy; 2007; 15(7).

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 Musculoskeletal Disorders; 2007, 8:118.

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.