

## Medical Coverage Policy | Vertebral Axial Decompression



**EFFECTIVE DATE:** 07/01/07

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### OVERVIEW

This policy documents the coverage determination for vertebral axial decompression. 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.

### PRIOR AUTHORIZATION

Not applicable

### POLICY STATEMENT

BlueCHiP for Medicare:

Vertebral axial decompression is not covered as it does not meet the CMS guidelines of reasonable and necessary.

### MEDICAL CRITERIA

None

### BACKGROUND

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:

- o Acua-Spina System utilizing Intervertebral Differential Dynamics (IDD Therapy)
- o Decompression Reduction Stabilization (DRS) System
- o DRX-3000
- o DRX9000
- o Lordex Traction Unit
- o SpineMED Decompression Table
- o V DRX 9000
- o VAX-D Table

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."

Vertebral axial decompression is considered not medically necessary as there is insufficient peer-reviewed scientific literature that demonstrates that the procedure is effective

## COVERAGE

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

## CODING

The following HCPCS code is not covered for BlueCHIP for Medicare 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	Sept 2013
Provider Update	Jun 2012
Provider Update	Jul 2011
Provider Update	Aug 2010
Provider Update	Jul 2009
Provider Update	May 2008
Provider Update	May 2007

## REFERENCES

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10. Centers for Medicare and Medicaid Services, **National Coverage Determination (Ncd) For Vertebral Axial Decompression (Vax-D) (160.16)**

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