Medical Coverage Policy | Vertebral Axial Decompression

EFFECTIVE DATE: 07|01|2007
POLICY LAST UPDATED: 02|03|2016

OVERVIEW

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 and Commercial Products

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

MEDICAL CRITERIA

None

BACKGROUND

Vertebral axial decompression is a type of lumbar traction in which 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
- SpineMed Decompression 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 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

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, 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

REFERENCES

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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.

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.

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6.Gose EE, Naguszewski WK, Naguszewski RK. Vertebral axial decompression therapy for pain associated with herniated or
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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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