



## Medical Policy

### Vertebral Axial Decompression

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#### Policy Number: 603

BCBSA Reference Number: 8.03.09

NCD/LCD: National Coverage Determination (NCD) for Vertebral Axial Decompression (VAX-D) (160.16)

#### Related Policies

None

#### Policy

##### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Vertebral axial decompression is [INVESTIGATIONAL](#).

##### Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Vertebral axis decompression is **NOT** covered in accordance with the Centers for Medicare and Medicaid Services (CMS) NCD.

Medical necessity criteria and coding guidance can be found through the link below.

[National Coverage Determinations \(NCDs\)](#)

National Coverage Determination (NCD) for Vertebral Axial Decompression (VAX-D) (160.16)

**Note:** To review the specific NCD, please remember to click “accept” on the CMS licensing agreement at the bottom of the CMS webpage.

#### Prior Authorization Information

##### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

##### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	This is <b>not</b> a covered service.
Commercial PPO and Indemnity	This is <b>not</b> a covered service.
Medicare HMO Blue <sup>SM</sup>	This is <b>not</b> a covered service.
Medicare PPO Blue <sup>SM</sup>	This is <b>not</b> a covered service.

## CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

## CPT Codes

There is no specific CPT code for this service.

## HCPCS Codes

HCPCS codes:	Code Description
S9090	Vertebral axial decompression, per session

## Description

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.

## Summary

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.

For individuals who have chronic lumbar pain who receive vertebral axial decompression, the evidence includes randomized controlled trials. Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. 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 controlled trials with sham controls and 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. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Policy History

Date	Action
6/2020	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.

5/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
5/2017	New references added from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
1/19/2011	New policy describing ongoing non-coverage.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

1. Pelozo J. Non-Surgical Treatments for Lower Back Pain. Spine-health. <https://www.spine-health.com/conditions/lower-back-pain/non-surgical-treatments-lower-back-pain>. Updated April 20, 2017. Accessed February 13, 2020.
2. 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. Dec 2009;18(12):1843-1850. PMID 19484433
3. Isner-Horobeti ME, Dufour SP, Schaeffer M, et al. High-force versus low-force lumbar traction in acute lumbar sciatica due to disc herniation: a preliminary randomized trial. J Manipulative Physiol Ther. Nov - Dec 2016;39(9):645-654. PMID 27838140
4. 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. Oct 2001;23(7):780-784. PMID 11680522
5. 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 (Phila Pa 1976). Dec 15 2007;32(26):E793-800. PMID 18091473
6. 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. Nov 29 2007;8:118. PMID 18047650
7. Centers for Medicare & Medicaid Services. National Coverage Decision (NCD) for Vertebral Axial Decompression (VAX-D) (160.16). 1997; [https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=124&ncdver=1&DocID=160.16&ncd\\_id=160.16&ncd\\_version=1&basket=ncd\\*3a%24160.16\\*3a%241\\*3a%24Vertebral+Axial+Decompression+\(VAX-D\)&bc=gAAAAAgAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=124&ncdver=1&DocID=160.16&ncd_id=160.16&ncd_version=1&basket=ncd*3a%24160.16*3a%241*3a%24Vertebral+Axial+Decompression+(VAX-D)&bc=gAAAAAgAAAAAA%3d%3d&). Accessed February 20, 2020.