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 BlueSM and Medicare PPO BlueSM Members

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

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

Prior Authorization Information
Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required for outpatient services.

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Commercial Managed Care (HMO and POS)</th>
<th>Commercial PPO and Indemnity</th>
<th>Medicare HMO BlueSM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
<td>This is not a covered service.</td>
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</table>
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

<table>
<thead>
<tr>
<th>HCPCS codes:</th>
<th>Code Description</th>
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<tr>
<td>S9090</td>
<td>Vertebral axial decompression, per session</td>
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Description

Herniated lumbar discs or degenerative lumbar disc disease often causes heightened intradisk pressure resulting in symptoms of low back pain. 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 under the premise that spinal elongation could be effective.

The decompression procedure is a technique incorporating a pelvic harness that uses a cyclical nature of traction treatment allowing the patient to withstand stronger distraction forces compared to static lumbar traction techniques. Examples of devices used for vertebral axial decompression include the VAX-D, the Decompression Reduction Stabilization (DRS) System, and the Accu-Spina System. All devices used for vertebral axial decompression are considered investigational regardless of the commercial name, the manufacturer or FDA approval status.

Summary

Evidence for the efficacy of vertebral axial decompression on health outcomes is limited. Since 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 to determine if there is an independent effect of active treatment. The only sham-controlled randomized trial published to date did not show a benefit of vertebral axial decompression compared to the control group. Therefore, treatment with vertebral axial decompression is considered investigational.

Policy History

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>5/2017</td>
<td>New references added from BCBSA National medical policy.</td>
</tr>
<tr>
<td>1/19/2011</td>
<td>New policy describing ongoing non-coverage.</td>
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</tbody>
</table>

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


