



## MASSACHUSETTS

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# Medical Policy Vertebral Axial Decompression

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### Policy Number: 603

BCBSA Reference Number: 8.03.09 (For Plan internal use only)

### Related Policies

None

### Policy

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

Vertebral axial decompression is [INVESTIGATIONAL](#).

### 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. |

### 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 that the technology results in an improvement in the net health outcome.

## Policy History

| Date           | Action  |
|----------------|---|
| 6/2022         | Annual policy review. Description, summary, and references updated. Policy statements unchanged.  |
| 5/2021         | Annual policy review. Description, summary, and references updated. Policy statements unchanged.  |
| 1/2021         | Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference. |
| 6/2020         | Annual policy review. Description, summary, and references updated. Policy statements unchanged.  |
| 5/2019         | Annual policy review. Description, summary, and references updated. Policy statements unchanged.  |
| 5/2017         | Annual policy review. New references added.   |
| 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. Peloza 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 23, 2022.
2. Vanti C, Turone L, Panizzolo A, et al. Vertical traction for lumbar radiculopathy: a systematic review. *Arch Physiother*. Mar 15 2021; 11(1): 7. PMID 33715638
3. 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): 1843-50. PMID 19484433
4. 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 2016; 39(9): 645-654. PMID 27838140
5. 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&Keyword=vertebral%20axial%20decompress&KeywordLookup=Title&KeywordSearchType=Exact&bc=CAAAAAAAAAA>. Accessed February 23, 2022.