



## Corporate Medical Policy

### Vertebral Axial Decompression (VAX-D)

**File Name:** vertebral\_axial\_decompression\_(VAX-D)  
**Policy Number:** OTH8160  
**Origination:** 4/1999  
**Last Review:** 5/2007  
**Next Review:** 5/2009

#### Description of Procedure or Service

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Vertebral Axial Decompression is one type of mechanical lumbar traction that has been investigated as a treatment method to reduce [intradiscal](#) pressure and relieve low back pain associated with lumbar [disc herniation](#), [degenerative disc disease](#), [posterior facet syndrome](#), [sciatica](#) or [radiculopathy](#). Herniated and degenerated discs can cause pain by compressing the spinal nerves near the bulging disc.

Decompression therapy is a noninvasive, nonsurgical approach to treating chronic low back pain and is based on the theory that reducing pressure in the intervertebral discs and/or intervertebral joint spaces will relieve back pain.

The decompression procedure is performed using a specially designed computerized mechanical table. Several types of automated tables are marketed specifically for disc decompression. The patient is strapped to the lower part of the table using a pelvic harness. The table is then mechanically separated in the middle and distractive force is applied until the desired tension is reached. The amount of distractive force used is individually tailored and lasts about 60 seconds per application. Each treatment session lasts approximately 30 minutes. The process of distraction and relaxation is fully computerized and should be monitored by a licensed healthcare practitioner. Repeated cycles of this negative pressure over multiple treatment sessions are reported to be necessary for permanent results.

#### Policy

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**BCBSNC will not provide coverage for Vertebral axial decompression because it is considered investigational. BCBSNC does not cover investigational services.**

#### Benefits Application

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Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy. See Limitations and Exclusions for investigational services.

#### When Vertebral Axial Decompression is covered

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Not applicable

## Policy: Vertebral Axial Decompression (VAX-D)

### When Vertebral Axial Decompression is not covered

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Vertebral Axial Decompression is considered investigational. BCBSNC does not cover investigational services.

### Policy Guidelines

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There is inconclusive evidence in the peer-reviewed medical literature, in terms of clinical effectiveness and safety to support the use of any method of vertebral axial decompression for the treatment of low back pain. Specifically, the few studies showing a semblance of efficacy have not demonstrated that mechanized spinal distraction therapy is superior to, or even comparable with, existing treatment.

The American Medical Association, the U.S. Food and Drug Administration, and Medicare all consider decompression therapy to be a form of traction. The use of traction for back pain continues to be debated.

Currently, there is no adequate scientific evidence that proves that vertebral axial decompression is an effective adjunct to conservative therapy. In addition, vertebral axial decompression devices have not been adequately studied as alternatives to back surgery. (Refer to separate policy number MED1263, "Investigational Experimental Services")

### Billing/Coding/Physician Documentation Information

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This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at [www.bcbsnc.com](http://www.bcbsnc.com). They are listed in the Category Search on the Medical Policy search page.

*Applicable codes: S9090*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

### Policy Key Words

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**Key Words:** Vertebral Axial Decompression, VAX-D, Low Back Pain, DRX9000, DRS System, mechanical traction, OTH8160.

### Medical Term Definitions

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#### **Degenerative Disc Disease**

gradual deterioration of the disc between the vertebrae. The water and protein content of the body's cartilage changes and becomes weaker due to age and general wear and tear.

#### **Disc herniation**

The discs are pads that serve as "cushions" between each vertebral body to minimize the impact of movement on the spinal column. Each disc is designed like a jelly donut with a central softer component. This softer component can rupture (herniate) and push through the surrounding outer ring. A her-

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niated disc can press on and irritate adjacent nerves.

### **Intradiscal**

refers to the disc between two vertebrae. The intervertebral disc is a combination of strong connective tissues which hold one vertebra to the next and acts as a cushion between the vertebrae.

### **Posterior Facet Syndrome**

also known as Posterior Joint Dysfunction. The bones of the spine are connected in the front by intervertebral discs and in the back by paired joints. These paired joints are commonly called "facet joints." Posterior Facet Syndrome is back pain caused by inflammation of the lining of the facet joints.

### **Radiculopathy**

nerve irritation caused by damage to the disc between the vertebrae.

### **Sciatica**

pain, numbness and/or tingling along the sciatic nerve which travels deep in the buttock down the back of the leg to the foot.

## **Scientific Background and Reference Sources**

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BCBSA Medical Policy Reference Manual - 5/97

Specialty Matched Consultant Advisory Panel - 11/1999

Medical Policy Advisory Group - 12/2/1999

Specialty Matched Consultant Advisory Panel - 5/2001

BCBSA Medical Policy Reference Manual - 7/12/2002; 8.03.09

Specialty Matched Consultant Advisory Panel - 5/2003

ECRI Target Report #832 (2002, October). Decompression therapy for chronic low back pain. Retrieved on March 29, 2005 from [http://www.target.ecri.org/summary/detail.aspx?doc\\_id=1743&q=decompression+therapy&anm](http://www.target.ecri.org/summary/detail.aspx?doc_id=1743&q=decompression+therapy&anm).

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.09, 10/9/03.

ECRI Custom Hotline Response (2005, September). Decompression therapy for chronic low back pain. Retrieved on October 7, 2005 from [http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?e=5&doc\\_id=7653&q=decompression+therapy+for+chronic+low+back+pain&anm](http://www.ta.ecri.org/Hotline/Prod/summary/detail.aspx?e=5&doc_id=7653&q=decompression+therapy+for+chronic+low+back+pain&anm).

Centers for Medicare and Medicaid Services. National Coverage Determination 160.16. Retrieved 3/9/07 from [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=160.16&ncd\\_version=1&bas-ket=ncd%3A160%2E16%3A1%3AVertebral+Axial+Decompression+%28VAX%2DD%29](http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=160.16&ncd_version=1&bas-ket=ncd%3A160%2E16%3A1%3AVertebral+Axial+Decompression+%28VAX%2DD%29)

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Washington State Department of Labor and Industries. Health Technology Assessment Update for Vertebral Axial Decompression (Vax-D) (1999). Retrieved 3/9/07 from <http://www.lni.wa.gov/ClaimsIns/Files/OMD/VAXDTA.pdf>

Medicare Services Advisory Committee (MSAC). Assessment report for Vertebral axial decompression (VAX-D). MSAC Application number 1012. Canberra, Australia: MSAC; June 2001. Retrieved 3/9/07 from [http://www.msac.gov.au/internet/msac/publishing.nsf/content/1012-1/\\$FILE/msac1012.pdf](http://www.msac.gov.au/internet/msac/publishing.nsf/content/1012-1/$FILE/msac1012.pdf)

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.03.09, 3/7/06

## Policy: Vertebral Axial Decompression (VAX-D)

### Policy Implementation/Update Information

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- 4/99 Original policy issued
- 7/99 Reformatted, Medical Term Definitions added.
- 12/99 Reaffirmed, Medical Policy Advisory Group
- 5/01 System change. Revised. Added statement under Benefits Application to refer to the policy for Urinary Incontinence, Treatment. Specialty Matched Consultant Advisory Panel. No changes to policy. Coding format change.
- 5/03 Specialty Matched Consultant Advisory Panel review. No criteria changes.
- 6/2/2005 Specialty Matched Consultant Advisory Panel Review on 5/23/2005. No changes made to the policy statement. OTH 8160 added as key word. Benefits application and Billing/Coding sections updated for consistent policy language. References added.
- 11/3/05 Revised description of procedure. Removed FDA statement from Policy Guidelines and added rationale. Added "DRX9000, DRS System and mechanical traction" to Policy Key Words. Added Medical Term Definitions. Updated Reference Source. No changes to policy criteria.
- 6/18/07 Routine biennial review. Updated references. Specialty Matched Consultant Advisory Panel Review on 5/18/07. No changes to policy coverage criteria.

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Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.