



**VERTEBRAL AXIAL DECOMPRESSION  
(VAX-D) THERAPY  
HS-047**



*Harmony Behavioral Health, Inc.*

*Harmony Behavioral Health of Florida, Inc.*

*Harmony Health Plan of Illinois, Inc.*

*HealthEase of Florida, Inc.*

*'Ohana Health Plan, a plan offered by  
WellCare Health Insurance of Arizona, Inc.*

*WellCare Health Insurance of Illinois, Inc.*

*WellCare Health Insurance of New York, Inc.*

*WellCare Health Plans of New Jersey, Inc.*

*WellCare of Florida, Inc.*

*WellCare of Connecticut, Inc.*

*WellCare of Georgia, Inc.*

*WellCare of Kentucky, Inc.*

*WellCare of Louisiana, Inc.*

*WellCare of New York, Inc.*

*WellCare of Ohio, Inc.*

*WellCare of Texas, Inc.*

*WellCare Prescription Insurance, Inc.*

**Vertebral Axial  
Decompression  
(VAX-D) Therapy**

**Policy Number: HS-047**

**Original Effective Date: 9/18/2008**

**Revised Date(s): 9/18/2009; 9/24/2010;  
9/1/2011**

**DISCLAIMER**

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

**APPLICATION STATEMENT**

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

## **BACKGROUND**

Vertebral axial decompression therapy, also referred to as mechanized spinal distraction therapy, has been proposed as a nonsurgical treatment for back pain. Vertebral axial decompression is based on a theory that decreased load bearing (i.e., unloading) at the affected site will decrease pain and promote healing. 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. This is followed by a gradual decrease of the tension, and the cycle is repeated. The cyclic nature of the treatment allows the patient to withstand stronger distraction forces compared to static lumbar traction techniques. The level of tension is individually calibrated and recorded. An individual session typically includes 15 cycles of tension, lasting approximately 30 minutes, and 10 to 15 daily treatments may be administered. Vertebral axial decompression devices are typically used in a clinic or rehabilitation setting and include the VAX-D (VAX-D Medical Technologies LLC, Oldsmar, FL), DRS system (Professional Distribution Systems, Inc., Boca Raton, FL), DRX2000 (Axiom Worldwide, Inc., Tampa, FL) and other FDA-approved devices.

Data from 10 studies were fully analyzed. Seven studies were randomized controlled trials using various apparatus types. Because of this low number, we also analyzed three nonrandomized case series studies of spinal decompression systems. As the overall quality of studies was low and the patient groups heterogeneous, a meta-analysis was not appropriate and a qualitative review was undertaken. Sample sizes averaged 121 patients (range 27-292), with six of the seven randomized studies reporting no difference with motorized spinal decompression and one study reporting reduced pain but not disability. The three unrandomized studies (no control group) of motorized spinal decompression found a 77% to 86% reduction in pain. These data suggest that the efficacy of spinal decompression achieved with motorized traction for chronic discogenic low back pain remains unproven. This may be, in part, due to heterogeneous patient groups and the difficulties involved in properly blinding patients to the mechanical pulling mechanism. Scientifically more rigorous studies with better randomization, control groups, and standardized outcome measures are needed to overcome the limitations of past studies.

A 2007 technology assessment conducted by the Agency for Health Care Research and Quality (AHRQ) for the Centers of Medicare and Medicaid Services (CMS) reported on the available evidence addressing this technology. The assessment concluded: "Currently available evidence is too limited in quality and quantity to allow for the formulation of evidence-based conclusions regarding the efficacy of decompression therapy as a therapy for chronic back pain when compared with other non-surgical treatment options. Of the studies examined for assessment of efficacy, neither included patients over 65 years of age. Adverse event reporting for decompression therapy is infrequent. There was one case report of an enlargement of an existing disc protrusion, and other studies reported worsening of pain in some patients." In a 2011 guideline, the AHRQ maintains its existing stance and does not recommend interventions or procedures utilizing powered traction devices such as the VAX-D (7).

In a 2007 clinical practice guideline jointly published by the American College of Physicians and the American Pain Society on the diagnosis and treatment of low back pain, there is little mention of mechanized spinal distraction therapy. However, what is mentioned on this topic, in Appendix table 6, indicates that there is minimal to no evidence for benefit to traction therapy, regardless of the method used. The panel recommends against the use of traction for all conditions, with the exception of sciatica, for which they make no recommendation for or against the use of this treatment method.

A HAYES Rating of D has been assigned for mechanized spinal distraction therapy in patients with low back pain due to disc protrusion, disc herniation, degenerative disc disease, facet syndrome, sciatica, or radiculopathy. A HAYES Rating of D has been assigned for mechanized spinal distraction therapy in pregnant women and patients with osseous stenosis, unstable spine, spinal surgical implants, inflammatory disease, vertebral fractures, severe osteoporosis, cauda equina syndrome, or unstable spondylolisthesis. This Rating is based on concerns regarding the safety of spinal distraction therapy in these patients.

## POSITION STATEMENT

Vertebral Axial Decompression (VAX-D) Therapy **is considered experimental and investigational** and NOT a covered benefit.

## CODING

### Non-Covered CPT® Codes\*

**97012** Application of a modality to one or more areas; traction, mechanical

**ICD-9-CM Procedure Codes** - No applicable codes

### Non-Covered HCPCS Level II © Codes\*

**S9090+** Vertebral axial decompression, per session :

+ S-Codes are NON COVERED FOR MEDICARE – Refer to HCPCS Level II Temporary National Codes  
For Medicare, bill the appropriate CPT code listed above

### Non-Covered ICD-9-CM Diagnosis Codes

**720.0 - 724.9** Dorsopathies

\*Current Procedural Terminology (CPT) 2011 American Medical Association: Chicago, IL.®©

## REFERENCES

### Peer Reviewed

1. Chou, R., Qaseem, A., Snow, V., Casey, D., Cross, J.T., Shekelle, P., & et al. (2007). A joint clinical practice guideline: diagnosis and treatment of low back pain. *Annals of Internal Medicine*, 147(7), 478-491.
2. Hayes Directory. (2003, January 13). Mechanized spinal distraction therapy for low back pain. Retrieved from <http://www.hayesinc.com>
3. Macario, A., Richmond, C., Auster, M., & Pergolizzi, J.V. (2008). Treatment of 94 outpatients with chronic discogenic low back pain with the DRX9000: a retrospective chart review. *Pain Practice*, 8(1), 11-17.

### Government Agencies, Professional and Medical Organizations

1. Agency for Health Care and Quality. (2011). Guideline NGC-8517: low back - lumbar & thoracic (acute & chronic). Various pages.
2. Agency for Health Care and Quality. (2007, April 27). Technology assessment: decompression therapy for the treatment of lumbrosacral pain. Retrieved from <http://www.guideline.gov/index.aspx>
3. Centers for Medicare and Medicaid Services (CMS) National coverage determination for vertebral axial decompression (VAX-D). Pub. 100-3, Section 160.16.
4. InterQual Clinical Evidence Summary. Low Back Pain. McKesson, 2008.

## HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none"><li>• New template design approved by MPC.</li></ul>
9/1/2011	<ul style="list-style-type: none"><li>• Approved by MPC.</li></ul>