Subject: Vertebral Axial Decompression (VAX-D®, DRX9000®)*

Effective Date: April 29, 2003

Department(s): Utilization Management

Policy:
Vertebral axial decompression will not be covered under Plans administered by QualCare, Inc. as delineated in this policy.

Objective:
To ensure proper and consistent reimbursement and to exclude coverage of an unproven procedure.

Procedure:
Requests for vertebral axial decompression (VAX-D®, DRX9000® – HCPCS S9090) will be denied as not medically necessary, on the basis of lack of adequate objective proof of efficacy in refereed medical literature.

Denial of vertebral axial decompression will apply irrespective of the professional credentials of the provider, whether MD, DO, DC or other.

Providers who request this procedure using the CPT code 64722 (decompression, unspecified nerve[s]) will be informed that this CPT code is a surgical code not appropriate for vertebral axial decompression.

References


Daniel DM. Non-surgical spinal decompression therapy: Does the scientific literature support efficacy claims made in the advertising media? Chiropr Osteopat 2007;15:7 (May 18)


Gose EE, Naguszewski WK, Naguszewski RK. Vertebral axial decompression therapy for pain associated with herniated or degenerated discs or facet syndrome: an outcome study. *Neuro Res* 1998;20(3):186-190 (Apr)


Drafted By: BFisher, MD/1/21/03
Approved By/Date: QM Committee 4/29/03
Reviewed without Revision By/Date: BFisher, MD 06/28/07
Approved By/Date: QM Committee 07/31/07
Reviewed without Revision By/Date: BFisher, MD 02/11/09
Approved By/Date: QM Committee 03/24/09
Revised By/Date: M McNeilMD, 5/31/11
Approved By/Date: QMC, 06/14/2011

*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*