

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

Providers are responsible for submission of accurate claims requests. This reimbursement policy is intended to ensure that you are reimbursed based on the code that correctly describes the procedure performed. This and other reimbursement policies may use CPT, CMS or other coding methodologies from time to time. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

Coding methodology, clinical rationale, industry-standard reimbursement logic, regulatory issues, business issues and other input is considered in developing reimbursement policy.

This information is intended to serve as a resource regarding the reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to enrollees as legislative mandates, the provider contract documents, and the enrollee's benefit coverage documents, may supplement or in some cases supersede this policy. Finally, systems logic or set up may prevent the loading of this policy onto different claims platforms in exactly the same way; however, we strive to minimize these variations.

ACN Group Inc, (OptumHealth Physical Health), may modify this policy from time to time by publishing a new version of the policy on its Website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.

Nonsurgical Spinal Decompression Therapy	
<b>Type</b>	Reimbursement
<b>Number</b>	0055
<b>Approved by</b>	
Reimbursement and Technology Committee Quality Improvement Committee	
<b>Approval Date</b>	
August 9, 2007 October 11, 2007	
Description	
This policy describes OptumHealth Physical Health position concerning the reimbursement of nonsurgical spinal decompression therapy.	
Audience	
<b>Targeted Population</b>	This policy applies to all products, all network and non-network health care providers. This includes non-network authorized, percent of charge contract, and flat rate/per diem contract providers.* <i>*Fee schedule/provider contract/client contract may supersede</i>
Policy Statement	

Nonsurgical spinal decompression therapy is experimental, investigational, unproven and not reimbursable due to insufficient scientific evidence of efficacy in the treatment of neck, low back and related disorders. This includes any motorized mechanical traction device that is promoted as providing “nonsurgical spinal decompression therapy” e.g., VAX-D, IDD System, DRS, DRX-9000, Accu-Spina, etc.

OptumHealth Physical Health considers the HCPCS code S9090 (Vertebral Axial Decompression, per session) to most accurately describe services promoted as providing nonsurgical spinal decompression therapy.

## Overview

### Description:

Nonsurgical spinal decompression therapy refers to a treatment protocol that is centered around a form of intermittent mechanical traction, which consists of a specialized table and computer designed to apply variable force, variable traction/relaxation times, and variable angles of pull (in some devices), to produce distractive tension along the axis of the spine.

### Summary of Literature Review:

The research evidence concerning nonsurgical spinal decompression therapy is sparse and of very low quality. Any estimate of treatment effect is uncertain. The trade-offs between benefits, and risks and burdens are unclear. Other alternatives may be equally or more reasonable.

Similar conclusions have been reached by a broad range of health care organizations. Professionals and groups, who are proponents of nonsurgical spinal decompression therapy, should pursue further investigation using experimental study designs and rigorous methodologies.

### Clinical Policy/Position:

OptumHealth Physical Health considers spinal decompression motorized traction devices to be experimental, unproven and not clinically necessary due to insufficient scientific evidence of efficacy in the treatment of neck, low back and related disorders. This includes any motorized mechanical traction device that is promoted as providing “nonsurgical spinal decompression therapy” e.g., VAX-D, IDD System, DRS, DRX-9000, Accu-Spina, etc.

## Edit Sources

OptumHealth Physical Health sources its Physical Medicine and Rehabilitation and Chiropractic process methodology to those used and recognized by third party authorities. The sources used to determine if a work hardening program is appropriate are:

American Medical Association. *Current Procedural Terminology (CPT) Professional Edition*, 2010

Centers for Medicare & Medicaid Services (CMS). Coverage issues manual. Medical procedures. *Vertebral axial decompression (VAX-D)*

Ingenix. *HCPCS Level II Expert Edition*, 201009

2009 Chiropractic Coding Solutions Manual. American Chiropractic Association; Arlington, VA

## Background Summary

The Centers for Medicare & Medicaid Services issued a coverage decision denying payment for

vertebral axial decompression (VAX-D) in 1997.[1] The policy was not, however, updated as new devices were marketed.

Since then local Medicare and Medicaid carriers have conducted their own reviews, which typically exclude all “decompression therapy” devices from coverage.[2-4] Nationally, CMS officials have been quoted in a recent report as stating, “...all forms of decompression therapy are not reimbursable.”[5] The approach taken is this is a type of therapy not a particular device or brand. Decompression therapy devices are viewed as substantially similar to VAX-D.

Devices that have received Food and Drug administration (FDA) granted 510(k) approvals have all been classified as “traction equipment, powered”.[6] Consequently, policy makers have taken the position that the burden of proof falls on the manufacturers to prove their devices are substantively different than VAX-D.

The Centers for Medicare & Medicaid Services requested that the Agency for Healthcare Research and Quality (AHRQ) commissioned an evidence-based technology assessment to assist in updating the 1997 national coverage policy. The AHRQ report, “Decompression Therapy for the Treatment of Lumbosacral Pain” was recently published.[7] This report included all 510(k) approved devices classified by the FDA as “equipment, powered traction” and excluded all other devices under the broader category of “traction therapy”.

#### Decompression Therapy vs. Mechanical Traction:

Proponents of nonsurgical spinal decompression therapy (NSSDT) assert this form of traction is unique for being proven able to reduce the relative pressure measured within intervertebral discs (decompression). [8-10] A national chiropractic organization has described mechanical traction in a coding text, “[mechanical traction]...is intended to identify a procedure that creates a force to allow for separation between joint surfaces.”[11] While this professional organization maintains the position that both CPT code 97012 and HCPCS code S9090 are appropriate to report decompression therapy, there appear to be differences in the putative physical effects of the devices.

#### Coding Variance:

The lack of a definitive national CMS coverage policy, local coverage decisions excluding the HCPCS code for vertebral axial decompression (S9090), coverage for mechanical traction (CPT code 97012) offered by most carriers, and misleading reimbursement advice have resulted in significant confusion and variance in claims coding for nonsurgical spinal decompression therapy. A survey reported by Vogenitz showed significant use of inapplicable codes pertaining to different modalities/procedures (97110, 97112, 97530, 97014, 97010, 97140), as well as substantial billing using a surgical procedural code (64722).[5]

The correlating OptumHealth Physical Health Clinical Policy, 473 - Nonsurgical Spinal Decompression Therapy may be referenced for complete literature review information:  
<http://www.myoptumhealthphysicalhealth.com/ClinicalPoliciesByCat.asp>

### Summary

The preponderance of sourced information and policies supports the application of the HCPCS code S9090 (Vertebral axial decompression, per session), as being the most appropriate description of services defined as nonsurgical spinal decompression therapy.

When submitting claims for Medicare beneficiaries, it is appropriate to use either CPT code 97799 (unlisted physical medicine/rehabilitation service or procedure) appended by the GY modifier, and VAX-D notated on the claim; or CPT code 97039 (unlisted modality) with a description of the service.

### Coverage

Based upon clinical policy, HCPCS code S9090 (Vertebral axial decompression, per session) is **not** a covered service. Additionally, CPT codes 97799 and 97039, when submitted for nonsurgical spinal decompression therapy, are **not** covered services.

### Coding and Billing

<b>S9090</b>	<b>Vertebral Axial Decompression, per session</b> ; this code applies to any motorized mechanical traction device promoted as providing decompression therapy
<b>97012</b>	<b>Traction, mechanical</b> ; this code is intended to identify a modality that creates a force to allow for separation between joint surfaces using mechanical means
<b>64722</b>	<b>Decompression; unspecified nerve(s)</b> ; this code is applicable to surgical decompression procedures i.e., discectomy
<b>97799</b>	<b>Unlisted physical medicine/rehabilitation service or procedure</b> ; this code is appropriate for Medicare claims. This code must be appended by the GY modifier and VAX-D noted on the claim
<b>97039</b>	<b>Unlisted modality</b> ; this code is appropriate for Medicare claims. This code must be appended with the GY modifier; plus the service/procedure must be noted on the claim
<b>Modifier-GY</b>	<b>Item or service statutorily excluded or does not meet the definition of any Medicare benefit</b> ; this modifier should be appended to “unlisted” codes, when claims are submitted for Medicare beneficiaries

### References

- Centers for Medicare and Medicaid Services. National Coverage Determination 160.16. [http://www.cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=160.16&ncd\\_version=1&basket=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&basket=ncd%3A160%2E16%3A1%3AVertebral+Axial+Decompression+%28VAX%2DD%29)
- Regence Group. *The Connection Newsletter*; May 2007
- National Heritage Insurance Company. *VAX-D, MedX, Spina System, DRS System: Not Covered for Vertebral Axial Decompression*. Article ID number: A36068:
- UniCare. *Mechanized Spinal Distraction Therapy for Low Back Pain (VAX-D Therapy, DRS System, Accu-Spina System, IDD Therapy)* 2007; Policy # SURG.00008:
- Vogenitz W. Special investigative report: Misleading coding advice causes financial troubles, liabilities for unsuspecting anesthesia, pain offices. *Anesthesia & Pain Coder's Pink Sheet*

- 2005; December: Rockville, MD
6. Wang G. Powered traction devices for intervertebral decompression. *Health Technology Update* 2004; Washington State Department of Labor and Industries; <http://www.lni.wa.gov/ClaimsIns/Files/OMD/TractionTechAssessJun142004.pdf>
  7. Axiom website; accessed January 2009
  8. Jurecki-Tiller M, et al. Decompression therapy for the treatment of lumbosacral pain. *Agency for Healthcare Research and Quality (AHRQ): Technology Assessment Program* April 26, 2007; Rockville, MD: prepared by the ECRI Institute Evidence-based Practice Center. <http://www.cms.hhs.gov/determinationprocess/downloads/id47TA.pdf>
  9. VAX-D website; <http://www.vax-d.com/>: accessed January 2009
  10. IDD Therapy website; <http://www.iddtherapy.com/>: accessed January 2009
  11. 2009 Chiropractic Coding Solutions Manual. American Chiropractic Association; Arlington, VA
  12. American Medical Association. *Current Procedural Terminology (CPT) Professional Edition*, 2010

### History/Updates

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