

## Vertebral Axial Decompression

**Policy** MP-053

**Origination Date:** 12/23/2019

**Reviewed/Revised Date:** 12/18/2025

**Next Review Date:** 12/18/2026

**Current Effective Date:** 12/18/2025

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP, Healthy U (Medicaid) and Health Choice Utah (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan, and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

Vertebral axial decompression (VAD) is a noninvasive, nonsurgical form of spinal traction that uses a computer-controlled table to apply and modulate distraction forces to the spine, aiming to reduce intradiscal pressure and relieve pain from herniated discs or degenerative disc disease. Also known as axial spinal distraction or motorized spinal traction, it uses power or motorized traction equipment. During treatment, the patient lies on a specialized table wearing a pelvic harness while the table slowly extends to apply calibrated tension, then releases it in repeated cycles. A typical session lasts about 30 minutes and includes around 15 cycles, with a full course consisting of 10 to 15 daily treatments. According to FDA-labeled indications, VAD may be used for patients with incapacitating low back pain and for decompression of intervertebral discs and facet joints

### Policy Statement and Criteria

#### 1. Commercial Plans/CHIP

**U of U Health Plans does NOT cover vertebral axial decompression as it is considered investigational without proven clinical effectiveness.**

#### 2. Medicaid Plans

**Healthy U and HCU does NOT cover vertebral axial decompression as it is considered investigational without proven clinical effectiveness.**

**Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)**

**CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.**

## **Clinical Rationale**

A limited body of studies are available which have assessed vertebral distraction therapy. The 2006 systematic review by Macario and Pergolizzi highlights the limitations of these studies. They assessed literature from 10 studies between 1975 and 2003, to determine if efficacy of nonsurgical axial/spinal decompression is achieved with motorized traction for chronic discogenic low back pain. Seven studies randomized controlled trials of motorized traction using various apparatus types, including split-tabletop, plain tabletop, and friction-free couch with weights. A total of 408 individuals received placebo, and 438 individuals received motorized spinal decompression. Follow-up averaged 28 weeks. None of the studies were blinded, and only three had descriptions of the randomization method. Six of the seven randomized trials reported no difference with motorized spinal decompression, and one study reported reduced pain but not disability. The authors concluded that the efficacy of spinal decompression achieved with motorized traction for discogenic low back pain remains unproven.

Systematic reviews and major evidence assessments have not demonstrated clinically meaningful benefits of vertebral axial decompression or traction for low back pain. Wegner et al. (2013) found moderate-quality evidence that, for chronic low back pain without sciatica, traction probably makes little or no difference in pain compared with sham treatment, with no evidence of benefit for function or return to work. Lurie et al. (2016) concluded that evidence is insufficient to recommend any specific non-surgical treatment, including traction-based decompression, for lumbar disc disease. The 2016 AHRQ review by Chou et al., synthesizing 156 studies, found only low-strength evidence that traction offers benefit over physiotherapy or other non-pharmacologic interventions for radicular low back pain and determined that overall evidence is insufficient to support traction as a stand-alone therapy. Similarly, the 2007 AHRQ technology assessment “Decompression Therapy for the Treatment of Lumbosacral Pain” concluded that the quality and quantity of data on axial/spinal decompression are too limited—with inadequate adverse event reporting—to allow evidence-based conclusions regarding efficacy.

## **Applicable Coding**

### **CPT Codes**

No applicable codes

### **HCPCS Codes**

**S9090** Vertebral axial decompression, per session

## References:

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10. North American Spine Society. Evidence-based clinical guidelines for multidisciplinary spine care: Diagnosis & treatment of low back pain. 2020. <https://www.spine.org/Portals/0/assets/downloads/ResearchClinicalCare/Guidelines/LowBackPain.pdf>
11. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2017;166:514-530.
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13. Wegner I, et al. Traction for low-back pain with or without sciatica. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD003010. DOI: 10.1002/14651858.CD003010.pub5. (PubMed: 23959683)

## Disclaimer:

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) 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 of these services as it applies to an individual member.

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