Spinal Unloading Devices

| Origination: 03/30/09 | Revised: 10/03/17 | Annual Review: 11/07/19 |

Purpose:

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to Spinal Unloading Devices in order to determine inclusion in the benefit plan.

Compliance Status

- This procedure is in compliance with current Centers for Medicare & Medicaid Services (CMS): Medicare has a national coverage policy that states the non-coverage of Vertebral Axial Decompression (VAX-D) regulatory requirements

Recommendation:

A recommendation was made by the MTAC following discussion by committee members based on current literature:

- The use of devices for spinal unloading is considered experimental and investigational. Reimbursement for their use and any associated modalities and visits is not a covered benefit.

Definition

- Spinal unloading devices are advocated for non-surgical treatment of back pain and other back ailments. These devices come in various forms, including patient operated ones, and usually utilize computer-controlled mechanical tables to apply tension or stretching along the spinal axis. Currently there is insufficient evidence to indicate that they are useful in treating back pain or preventing surgery.

Example of devices used for spinal unloading (this list is not to be considered all-inclusive)

<table>
<thead>
<tr>
<th>Accu-Spina System</th>
<th>LTX 3000</th>
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<tbody>
<tr>
<td>Antalgic-Trak</td>
<td>Orthotrac Pneumatic Vest</td>
</tr>
<tr>
<td>AxiomWorlWide (DRX-2000, DRX-3000, DRX-5000, DRX-9000)</td>
<td>NuChoice Medical Healthstar Elite Decompression Therapy</td>
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<tr>
<td>Cert Health Services SpineMEDDecompression Table</td>
<td>Saunder 3D ActiveTrac</td>
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<tr>
<td>Decompression Reduction Stabilization (DRS) System</td>
<td>Spinexr LDM</td>
</tr>
<tr>
<td>Internal Disc Decompression (IDD) Therapy</td>
<td>Tru Trak 401</td>
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<tr>
<td>Lordex Traction Unit</td>
<td>VAX-D</td>
</tr>
</tbody>
</table>
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References:


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Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed’s benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.