

MEDICAL POLICY



SUBJECT: CERVICAL TRACTION DEVICES FOR HOME USE	EFFECTIVE DATE: 02/24/05
POLICY NUMBER: 1.01.47	REVISED DATE: 02/23/06, 06/28/07, 02/28/08, 02/26/09, 02/25/10, 04/28/11, 04/26/12
CATEGORY: Equipment/Supplies	ARCHIVED DATE: 04/25/13
	EDITED DATE: 04/24/14, 04/23/15, 04/28/16, 04/27/17, 04/26/18
	PAGE: 1 OF: 4

- *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.*
- *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.*
- *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT:

- I. Over-the-door cervical traction devices are **medically appropriate** for patients with the following conditions:
 - A. Degenerative disc disease;
 - B. Posterior facet syndrome;
 - C. Herniated cervical disc;
 - D. Spinal stenosis; or
 - E. Cervical muscle strain and spasm.
- II. Over-the-door cervical traction devices are **not medically appropriate** for patients with TMJ dysfunction.
- III. Pneumatic and hydraulic cervical traction devices are **medically appropriate** for patients with the following conditions:
 - A. Patients who have failed a trial of an over-the-door cervical traction device and have experienced relief of symptoms with pneumatic or hydraulic devices in the clinic setting.
 - B. Patients with cervical pain who have TMJ dysfunction.
 - C. Patients who meet the criteria listed in Policy Statement I and have deformities of the neck or chin making use of a chinstrap impractical.
- IV. Over-the-door and pneumatic hydraulic cervical traction devices are contraindicated for patients with the following conditions:
 - A. Mechanical derangements and subluxations;
 - B. Acute strains and sprains;
 - C. Vascular disorders;
 - D. Suspected or known cervical tumors; and
 - E. Infection.

Refer to Corporate Medical Policy# 1.01.00 regarding Durable Medical Equipment – Standard and Non-Standard.

Refer to Corporate Medical Policy # 1.01.12 regarding Home Physical Therapy/Exercise Equipment.

POLICY GUIDELINES:

- I. Prior authorization is contract dependent. Please contact your local Customer (Member/Provider) Service Department to determine contract coverage.
- II. Durable Medical Equipment rider/coverage is required.
- III. Medical documentation required for consideration of a cervical traction device must include the following:
 - A. A prescription or written order for the device from a physician; and
 - B. The history, diagnosis, prognosis, and expected length of treatment relating to the condition for which the device is prescribed.
- IV. The appropriate use of the cervical traction device has been demonstrated to the patient and the patient has tolerated the prescribed traction device.

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DESCRIPTION:

Cervical traction focuses on stretching the head away from the rest of the body to release tension and pressure on neck structures to provide pain relief. Two types of cervical traction include Over-the-door and Pneumatic devices. Over-the-door devices are designed to deliver 20 lbs. or less of tension by use of a chin strap harness attached to a counterweight that is suspended over the door using a pulley system. The weight pulls the chin harness upwards, relieving tension on the neck. Pneumatic devices are designed to deliver up to 20-50 lbs. of tension while the patient is in the supine position. These devices may consist of a soft foam cushion that extends from the patient’s shoulders to the back of the head (occiput) and is secured with a head strap. A patient-controlled bellows then inflates the cushions, thus applying tension. Treatment is usually short-term (less than 8 weeks) and may be applied up to 30 minutes several times per day, one to two times weekly.

RATIONALE:

There is no evidence in the medical literature to support the use of physical medicine modalities for mechanical neck pain. There is no documentation of efficacy of cervical traction beyond relief of short-term pain. There are no clinical studies directly comparing cervical/hydraulic or pneumatic (Pronex, Saunders Cervical HomeTrac, and Comfortrac etc.) cervical traction devices to conventional cervical traction modalities. Studies have focused on the ability of the devices to provide separation of the vertebral segments and relaxation of the muscles around the temporomandibular joint and the posterior cervical region.

As Class I devices, the cervical/hydraulic and pneumatic cervical traction devices have no approved indications by the FDA.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No code(s)

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HCPCS: E0840 Traction frame, attached to headboard, cervical traction
E0849 Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0850 Traction stand, freestanding, cervical traction
E0855 Cervical traction equipment not requiring additional stand or frame
E0860 Traction equipment, overdoor, cervical

ICD10: M43.6 Torticollis
M46.41 - Discitis, unspecified (code range)
M46.43
M48.01 - Spinal stenosis (code range)
M48.03
M48.8x2 Other specified spondylopathies, cervical region
M50.00 - Cervical disc disorder with myelopathy (code range)

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- M50.03
- M50.10 - Cervical disc disorder with radiculopathy
- M50.13
- M50.20 - Other cervical disc displacement (code range)
- M50.23
- M50.30 - Other cervical disc degeneration (code range)
- M50.33
- M50.80 - Other cervical disc disorders (code range)
- M50.83
- M50.90 - Cervical disc disorder, unspecified (code range)
- M50.93
- M53.0 Cervicocranial syndrome
- M53.1 Cervicobrachial syndrome
- M53.81 - Other specified dorsopathies (code range)
- M53.83
- M54.00 - Panniculitis affecting regions of neck and back
- M54.02
- M54.11 - Radiculopathy (code range)
- M54.13
- M54.2 Cervicalgia
- M54.81 Occipital neuralgia
- M67.88 Other dorsalgia
- M96.1 Postlaminectomy syndrome, not elsewhere classified
- M99.20 - Subluxation stenosis of neural canal (code range)
- M99.21
- M99.30 - Osseous stenosis of neural canal (code range)
- M99.31
- M99.40 - Connective tissue stenosis of neural canal (code range)
- M99.41
- M99.50 - Intervertebral disc stenosis of neural canal (code range)
- M99.51
- M99.60 - Osseous and subluxation stenosis of intervertebral foramina (code range)
- M99.61
- M99.70 - Connective tissue and disc stenosis of intervertebral foramina (code range)
- M99.71
- S13.4xxA Sprain of ligaments of cervical spine, initial encounter
- S13.8xxA Sprain of joints and ligaments of other parts of neck, initial encounter

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- S13.9xxA Sprain of joints and ligaments of unspecified parts of neck, initial encounter
S16.1xxA Strain of muscle, fascia and tendon at neck level, initial encounter

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KEY WORDS:

Pneumatic cervical traction unit, hydraulic cervical traction unit, Pronex, Saunders cervical HomeTrac, Cervical HomeTrac Deluxe, over-the-door traction

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a Local Coverage Determination (LCD) for Cervical Traction Devices. Please refer to the following LCD website for Medicare Members: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33823&ContrId=389&ver=15&ContrVer=1&CntrctrSelected=389*1&Cntrctr=389&s=41&DocType=All&bc=AAgAAAQAAAA&