

Home Traction Devices

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details [*](#).

Purpose:

This policy addresses Home Traction Devices.

Description & Definitions:

Traction equipment is used to decrease pain, muscle spasm and nerve root compression by extending the involved muscles, tissues, and ligaments of the spinal column through gentle pulling action.

Criteria:

Cervical Traction devices are considered medically necessary when **all of the following** criteria are met:

- Individual has musculoskeletal or neurologic impairment requiring traction equipment
- Appropriate use of home cervical traction device has been demonstrated to individual and individual tolerated selected device
- Device specific criteria are met, as indicated by **1 or more** of the following:
 - Individual has diagnosis of temporomandibular joint (TMJ) dysfunction and has received treatment for TMJ condition.
 - Individual has distortion of lower jaw or neck anatomy (eg, radical neck dissection) such that chin halter is unable to be utilized.
 - Treating practitioner orders and/or documents medical necessity for greater than 20 pounds of cervical traction in home setting

The following Traction Devices **do not meet the definition of medical necessity**, to include but not limited to:

- Cervical traction applied via attachment to headboard or free-standing frame
- Cervical traction device that can be used with ambulation
- Gravity-assisted traction device
- Lumbar traction devices

Coding:

Medically necessary with criteria:

Coding	Description
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible

E0855	Cervical traction equipment not requiring additional stand or frame
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Considered Not Medically Necessary:

Coding	Description
E0830	Ambulatory traction device, all types, each
E0840	Traction frame, attached to headboard, cervical traction
E0850	Traction stand, freestanding, cervical traction
E0856	Cervical traction device, with inflatable air bladder(s)
E0941	Gravity assisted traction device, any type

Document History:

Revised Dates:

- 2023: July
- 2022: September
- 2021: December
- 2020: December
- 2019: September, December

Reviewed Dates:

- 2023: September
- 2018: August
- 2017: November
- 2016: March
- 2015: March

Effective Date:

- April 2014

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

SHP Home Traction Devices, SHP Durable Medical Equipment 35, Over-the-door cervical traction device, musculoskeletal impairment, neurologic impairment, lumbar traction device