Sentara® Health Plans

Commercial

Home Traction Devices, DME 35

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Effective Date	1/1/2026
Next Review Date	09/2026
Coverage Policy	DME 35
Version	7

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

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:

Home Traction Devices for cervical traction are considered medically necessary when **ALL** of the following criteria are met:

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

Home Traction Devices are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Cervical collar with an inflatable air bladder (E0856)
- Ambulatory traction device (E0830)
- Freestanding fracture frame or traction stand (E0850, E0930)
- Gravity-assisted traction device (E0941)
- Lumbar traction devices (E0830)

Document History:

Revised Dates:

- 2025: September – Implementation date of January 1, 2026. No criteria changes. New Format and housekeeping - Criteria has been rearranged and alphabetized. Codes have been added to indications. New codes added – E0860, E0930.
- 2023: July, September
- 2022: September
- 2021: December
- 2020: December
- 2019: September, December

Reviewed Dates:

- 2024: September – no changes references updated
- 2018: August
- 2017: November
- 2016: March
- 2015: March

Origination Date: April 2014

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
E0860	Traction equipment, overdoor, cervical (Approved without criteria)

Considered Not Medically Necessary:

Coding	Description
E0830	Ambulatory traction device, all types, each
E0850	Traction stand, freestanding, cervical traction
E0856	Cervical traction device, with inflatable air bladder(s)
E0930	Fracture frame, freestanding, includes weights
E0941	Gravity assisted traction device, any type

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, 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.

Special Notes: *

- Coverage - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products - Policy is applicable to Sentara Health Plan Commercial products
- Authorization requirements - Pre-certification by the Plan is required.
    - Over the door cervical traction device is approved upon request (E0860).
- 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.

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