

Home Traction Devices, DME 35

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

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
E0860	Cervical traction equipment not requiring additional stand or frame
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

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.

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 Virginia Medicaid products.
- Authorization requirements - Pre-certification by the Plan is required.
 - Over the door cervical traction device is approved upon request (E0860).
- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an

optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

- **Documentation Requirements** DME Chapter IV (updated 10.24.24) Final.pdf appendix-b-21-excel-version-with-all-categories-of-appendix-b-2025.xlsx
 - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
 - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
 - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
- **Repair vs. Replacement Guidelines**
 - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
 - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
 - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
 - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
 - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
- **Rental vs. Purchase Guideline**
 - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
 - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

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