Coverage Guideline

Cervical Traction Devices for Home Use

Disclaimer:
Please note that Baptist Health Plan updates Coverage Guidelines throughout the year. A printed version may not be most up to date version available. The health plan reserves the right to review and update this policy as needed. Refer to the website to ascertain that you are utilizing the most current available version. Clinical guideline policies are not intended to serve as treatment guidelines or treatment recommendation. Treating providers must use their own clinical judgment in rendering care to their patient population.

For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern. In addition, coverage for Medicare Advantage members may differ. This is a result of applicable coverage statements by the Center for Medicare & Medicaid Services (CMS). The National Coverage Determinations, Local Coverage Determinations, and Local Medical Review Policies may be found at the CMS website: http://www.cms.gov. Please note that for all plans, the member’s health plan benefits that are in effect on the rendered date of service must be used in coverage determinations.

DEFINITION

Cervical traction is a popular intervention that has been shown to be effective to relieve neck pain and improve range of motion of the neck in both the short-term and chronic clinical situations. This modality is often suggested as therapy to persons with or without radicular symptoms and is frequently beneficial with regard to pain relief and improved neck mobility.

Cervical traction is thought to be effective because it reduces neck muscle sprain and spasm, increases intercervical disc space to prevent disc-on-disc wear and frees nerves compressed by disc-space narrowing. Recent advances in technology have brought pneumatic cervical traction devices to the home market that offer the potential for more intense traction comparable to those used by healthcare professionals in the outpatient setting.

COVERAGE CRITERIA

Baptist Health Plan considers over-the-door and pneumatic cervical traction devices to be clinically proven and therefore medically necessary when the following criteria are met:
• The member has a musculoskeletal or neurologic impairment requiring cervical traction equipment
• The appropriate training has been given the member for use of the home cervical traction device
• The member has demonstrated tolerability of the cervical treatment device.

Baptist Health Plan considers cervical traction devices applied to the headboard of a bed or non-pneumatic cervical traction devices attached to a free-standing frame to be experiment and therefore not medically necessary.

The Centers for Medicare and Medicaid Services (CMS) address traction in the Durable Medical Equipment Reference List (280.1) National Coverage Determination (NCD), published in 2005. Traction equipment is covered if the patient has orthopedic impairment requiring traction equipment that prevents ambulation during the period of use.

KY LCD states that cervical traction devices are covered only if both of the following criteria are met:
1. The beneficiary has a musculoskeletal or neurologic impairment requiring traction equipment; and
2. The appropriate use of a home cervical traction device has been demonstrated to the beneficiary and the beneficiary tolerated the selected device.

If criteria 1 and 2 are not met, cervical traction will be denied as not reasonable and necessary.

Cervical traction applied via attachment to a headboard (E0840) or a free-standing frame (E0850) has no proven clinical advantage compared to cervical traction applied via an over-the-door mechanism (E0860). If an E0840 or E0850 is ordered, it will be denied as not reasonable and necessary.

Cervical traction devices described by code E0849 or E0855 are covered only when criteria 1 and 2 above and one of the following three below has been met:
1. The beneficiary has a diagnosis of temporomandibular joint (TMJ) dysfunction; and has received treatment for the TMJ condition; or,
2. The beneficiary has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized; or,
3. The treating physician orders and/or documents the medical necessity for greater than 20 pounds of cervical traction in the home setting.

If the criteria for cervical traction are met but the additional criteria for E0849 or E0855 are not met, they will be denied as not reasonable and necessary.

E0856 describes a cervical traction device that can be used with ambulation.

Ambulatory Cervical Traction Devices (E0856) are not considered reasonable or necessary.

MEDICAL BACKGROUND

A Hayes review in 2015 noted that a new generation of “at-home” cervical traction devices using pneumatic pressure were capable of delivering professional-level quantities of traction (i.e., >20
Cervical Traction Devices for Home Use
04/13/17

pounds of force). Although studies showed that the majority of patients benefitted from over-the-door cervical traction in the short term, intolerance to treatment and symptom recurrence were also reported. Overall, the quality of the body of evidence was very low, and was insufficient for drawing sound conclusions about the efficacy and safety of home cervical traction.

The following Hayes ratings was subsequently established for this technology:

- D2 (Insufficient evidence) – There is very little published evidence on home cervical traction for neck pain and the existing studies are uncontrolled and of poor quality.

A recent (2016) systematic review sought to clarify the efficacy of cervical traction with or without manual therapy in patients with neck pain with or without radicular symptoms. The authors concluded there was low-level evidence that traction is no more effective than placebo and very low level-evidence that intermittent traction was no more effective than continuous traction. One study of low methodological quality compared cervical traction to Chuna Manual Therapy, a traditional Korean form of manual therapy. The study reported improvement in both groups at two weeks of follow up, slightly favoring the manual therapy group. Cervical traction combined with manual therapy and exercises was also evaluated. One study of high methodological quality compared the effectiveness of traction or placebo added to a regime of cervical mobilization, thoracic manipulation and exercises. At two and four weeks of follow up there were no significant differences in pain or on activity limitations.

A systematic review (n=173) of treatment for acute and chronic cervical pain found moderate-quality evidence of short-term benefit for intermittent traction via a mechanical system, and superior to placebo for chronic neck pain; however, continuous traction (n=606) appeared to be no better than placebo. There was no added benefit when hot packs were combined with mobilization, manipulation or electrical muscle stimulation for chronic neck pain, function or patient satisfaction at six month follow-up. The authors opined that physiological effects of mechanical traction for the cervical spine may include separation of vertebral bodies, movement of facet joints, expansion of intervertebral foramen and stretching of soft tissue.

A systematic review assessed the effectiveness of conservative treatments for patients with cervical radiculopathy, and found there is low-level evidence that traction is no more effective than placebo and very low level-evidence that intermittent traction is no more effective than continuous traction. On the basis of low-level to very low-level evidence, no intervention seems to be superior or consistently more effective than other interventions. Regardless of the intervention assignment, patients seem to improve over time, indicating a favorable natural history. Use of a collar and physiotherapy showed some benefit at short-term follow-up.

The North American Spine Society (NASS) guidelines note poor quality evidence for or against recommending intervention with specific citation that 63 of 81 patients (75 percent) with mild radiculopathy may improve with traction (i.e., halter traction and collar) over a six week time frame. However, the authors cautioned that this finding may not be universal in practice as patients from the retrospective study upon which this determination was made did not include any individuals with “severe” symptoms.

UpToDate offers no evidence for the effectiveness of cervical traction. In two studies of cervical traction, no benefit was seen compared with sham traction or placebo. Studies of cervical traction delivered in the course of a physical therapy program did not demonstrate benefit over sham traction or placebo. The authors concluded with the following statement:

“We suggest not prescribing cervical traction or massage therapy for neck pain. We suggest trials of trigger point injections, TENS, cervical medial branch blocks, and percutaneous radiofrequency neurotomy for appropriate patients who have not responded to (other conservative) measures….”

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REGULATORY INFORMATION

Kentucky – No legislative mandates were found for the coverage of home cervical traction devices.

Indiana – No legislative mandates were found for the coverage of home cervical traction devices.

Tennessee – No legislative mandates were found for the coverage of home cervical traction devices.

The U.S. Food and Drug Administration (FDA) considers non-powered cervical traction devices as Class I devices. The following are examples of contemporary devices that provide cervical traction forces in the home comparable to forces administered by physical therapists in the outpatient setting:

- Pronex Cervical Traction Device (RS Medical, WA)⁷
- Comfortmax Cervical Hometrac CV-100 (Comfortland International, LLC, NC)⁸

The Affordable Care Act, Section 6407 (ACA 6407) establishes standards for prescription of cervical traction equipment:⁹

“A written order prior to delivery (WOPD) that meets all of the requirements of a standard detailed written order (DWO). This standard specifically requires a face-to-face encounter between prescriber and patient.”

COVERAGE DETAIL

CODES INCLUDE BUT MAY NOT BE LIMITED TO THE FOLLOWING:

<table>
<thead>
<tr>
<th>HCPCS Codes</th>
<th>Description</th>
<th>Coverage Information</th>
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<tbody>
<tr>
<td>E0830</td>
<td>Ambulatory traction device, all types, each</td>
<td>May be medically necessary when criteria are met</td>
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<tr>
<td>E0840</td>
<td>Traction frame, attached to headboard, cervical traction</td>
<td>May be medically necessary when criteria are met</td>
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<tr>
<td>E0949</td>
<td>Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible</td>
<td>May be medically necessary when criteria are met</td>
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<td>E0850</td>
<td>Traction stand, free-standing, cervical traction</td>
<td>May be medically necessary when criteria are met</td>
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<tr>
<td>E0855</td>
<td>Cervical traction equipment not requiring additional stand or frame</td>
<td>May be medically necessary when criteria are met</td>
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<tr>
<td>E056</td>
<td>Cervical traction device, with inflatable air bladder(s)</td>
<td>May be medically necessary when criteria are met</td>
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<tr>
<td>E0860</td>
<td>Standard over-the door traction devices</td>
<td>May be medically necessary when criteria are met</td>
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<tr>
<td>ICD.9 Diagnosis Codes</td>
<td>Description</td>
<td>Coverage Information</td>
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<td>All diagnoses</td>
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**REFERENCES**


