Medical Policy

Cervical Traction Devices

Description

A cervical traction device uses free weights and/or pulleys to pull the cervical spine. This reduces compression and irritation of nerve roots and reduces pain, inflammation and muscle spasms.

Policy

Cervical traction devices (E0840-E0855 and E0860) are considered reasonable and necessary only if both of the following criteria are met:

1. The member 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 member and the member 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 either criterion A, B or C below has been met:

A. The member has a diagnosis of temporomandibular joint (TMJ) dysfunction; and has received treatment for the TMJ condition; or,
B. The member 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,
C. 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. Therefore, it will be denied as not reasonable and necessary.

Policy Guidelines

Coding Guidelines: Code E0855 describes cervical traction devices that provide traction on the cervical anatomy without the use of a door or external frame or stand. Traction may be applied by means of mandibular or occipital pressure.

Code E0860 describes cervical traction devices that provide traction on the cervical anatomy through a system of pulleys and rope and are attached to a door. Traction may be applied in either the upright or supine position.

Code E0849 describes cervical traction devices that provide traction on the cervical anatomy through the use of a free-standing frame. Traction force is applied by means of pneumatic displacement to anatomical areas other than the mandible (e.g., the occipital region of the skull). Devices described by code E0849 must be capable of generating traction forces greater than 20 pounds. In addition, code E0849 devices allow traction to be applied with alternative vectors of force (e.g., 15 degrees of lateral neck flexion).

HCPCS Level II Codes and Description

E0830	Ambulatory traction device, all types, each (CONSIDERED EXPERIMENTAL AND INVESTIGATIONAL) Refer to Lumbar Traction Devices for additional information.
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
E0856	Cervical traction device, with inflatable air bladder
E0860	Traction equipment, over the door, cervical

KX, GA, and GZ Modifiers: (IF APPLICABLE)

Suppliers must add a KX modifier to code E0849 or E0855 only if all of the criteria in the Indications and Limitations of Coverage and /or Medical Necessity section have not been met, the GA or GZ modifier must be added to the code. When there is an expectation of a medical necessity denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.

Claims lines billed without a KX, GA, or GZ modifier will be rejected as missing information.

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

References

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Applicable URAC Standard

Core 8	Staff operational tools and support

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01	08-2007	Added HCPC code E0855 being a covered item	Rosanne Brugnoni	Ken Fasse	n/a
02	01-2008	Added HCPC code E0856 being a non-covered item	Susan Glomb	Ken Fasse	
03		Annual Review – no changes	Susan Glomb	Ken Fasse	12-2008
04	03-01-08	Added coverage statement for E0856	Susan Glomb	Ken Fasse	
05	07-02-09	Removed E0856 from range of covered codes. Added GA and GZ modifiers and instructions for their use. Revised KX modifier. Changed SADMERC to PDAC.	Susan Glomb	Ken Fasse	
06	12-4-09	Annual review. No changes	Susan Glomb	Ken Fasse	12-09
07	11-19-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Nov.2010
08	01-05-11	Effective 2/4/11 Deleted Least costly alternative for multiple codes.	Susan Glomb	Ken Fasse	
09	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
10	11-08-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011
11	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
12	11-28-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12
13	12-18-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
14	12-4-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri	

15	06-10-15	Added information re: E0830. Experimental and Investigational. Refer to Lumbar Traction Devices policy for additional information.	Susan Glomb	Dr. B. Almasri	
16	12-12-15	Annual Review. Updated Medicare reference number.	Lisa Wojno	Dr. B. Almasri	