

Medical Policy



Home Lumbar Traction Devices

Description

Lumbar traction is widely used to treat low back pain in conjunction with other treatment modalities in an outpatient setting (facility) as part of a directly supervised physical therapy regimen. Typically, these modalities are used short term. The use of home lumbar traction devices has not been established as effective in the home setting.

Policy

Home lumbar traction devices are considered **not** reasonable and necessary because they are experimental and investigational. Although they may be safe, their effectiveness in the home setting has not been established.

HCPCS Level II Codes and Description

E0830 Ambulatory traction device, all types, each

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

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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 practitioner in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

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2. van der Heijden GJ, Beurskens AJ, Koes BW, et al. The efficacy of traction for back and neck pain: A systematic, blinded review of randomized clinical trial methods. *Phys Ther.* 1995;75(2):93-104.
3. Nachemson A, Carlsson C-A, Englund L, Goossens M, et al. Back and neck pain. Stockholm, Sweden: Swedish council on Technology Assessment in Health Care (SBU); 2000.
4. Birkmeyer NJO, Weinstein JN. Medical versus surgical treatment for low back pain; Evidence and clinical practice. *Eff Clin Pract.* 1999; 2 (5): 218-227
5. Bigos S, Bowyer O, Braen G, et al. Acute low back pain in adults. Clinical practice guideline No. 14. AHCPR Publication No. 95-0642. Rockville, MD; Agency for Health Care Policy and Research (AHCPR); December 1994.
6. Norwegian Centre for Health Technology Assessment (SMM). Treatment of lumbar disc herniation. Oslo, Norway: SMMM; 2001.

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7. Vroomen PC, de Krom MC, Slofstra PD, Knottnerus JA. Conservative treatment of sciatica: A systematic review. J Spinal Disord. 2000;13(6):463-469.

8. Sowerby Centre for Health Informatics at Newcastle (SCHIN). Back pain - lower. Prodigy Clinical Practice Recommendation. Prodigy: Practical Support for Clinical Governance. Newcastle upon Tyne, UK: SCHIN; revised April 2002. Available at: <http://www.prodigy.nhs.uk/>. Accessed October 10, 2002.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	05-03-11	Initial Release	Susan Glomb	Dr. Almasri		
01	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. Almasri		
02	12-07-11	Annual Review. Added References to Policy	Susan Glomb	Dr. Almasri	Dec. 2011	
03	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
04	11-29-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 2012	
05	12-18-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
06	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
07	12-11-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-11-15	
08	12-19-16	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
09	12-8-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-8-17	
10	12-17-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-17-18	

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11	11-22-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-22-19	November 2019
12	11-11-20	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-11-20	11-11-20
13	11-24-21	Annual Review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-24-21	11-24-21
14	11-14-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-14-22	11-14-22
15	11-14-23	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-14-23	11-14-23