Medical Policy

Northwood

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 practitioner 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.

Code E0856 describes a cervical traction device that may or may not use an external frame and uses an inflatable bladder(s) to generate traction forces.

Cervical Traction Devices

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 EXPERIEMENTAL 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(s)
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.

The Affordable Care Act (ACA) 6407 requires that the treating practitioner 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.

Cervical Traction Devices

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

1. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2011.

2. CGS Administrators, Inc. Jurisdiction B DME MAC, Cervical Traction Devices. Local Coverage Determination No. L33823; Last accessed and reviewed November 4, 2025.

3. Aetna: Cervical Traction Devices *http://www.aetna.com/cpb/medical/data/400_499/0453.html* Last accessed and reviewed 11/4/25.

4. Colachis SC Jr, Strohm BR. Cervical traction: Relationship of traction time to varied tractive force with constant angle of pull. Archiv Phys Med Rehabil. 1965;46(12):815-819.

5. Deets D, Hands KL, Hopp SS. Cervical traction: A comparison of sitting and supine positions. Phys Therapy. 1977;57(3):255-261.

6. Ellenberg MR, Honet JC, Treanor WJ. Cervical radiculopathy. Archiv Phys Med Rehabil. 1994;75:342-352.

7. Frankel VH, Shore NA, Hoppenfeld S. Stress distribution in cervical traction: Prevention of temporomandibular joint pain syndrome: A case report. Clinic Orthoped. 1964;32:114-115.

8. Franks A. Temporomandibular joint dysfunction associated with cervical traction. Ann Phys Med. 1967;8:38-40.

9. Geiringer SR, Kincaid CB, Rechtien JR. Traction, manipulation, and massage. In: Rehabilitation Medicine: Principles and Practice. 2nd ed. JA DeLisa, ed. Philadelphia, PA: J.B. Lippincott Co.; 1993:440-444.

10. Glacier Cross, Inc. Patient Satisfaction Survey. Kalispell, MT: Glacier Cross; 1997.

11. Glacier Cross, Inc. What Healthcare Professionals Say About Pronex. Kalispell, MT: Glacier Cross; October 1995.

12. Harris PR. Cervical traction: Review of literature and treatment guidelines. Phys Ther. 1997;57(8):910-914.

13. Lawson A. Pronex Cervical Traction Device: Application and Effectiveness. Kalispell, MT: Glacier Cross; October 1995.

14. Olson VL. Case report: Chronic whiplash associated disorder treated with home cervical traction. J Back Musculoskel Rehab. 1997;9:181-190.

15. Saunders HD. Introduction: Efficacy of traction for back and neck pain. Phys Ther Perspect. 1997;117(5):53-54.

16. Sauders Group, Inc. Saunders Cervical Hometrac®: A Guide for Clinicians and Third Party Payers. Chaska, MN: The Saunders Group, Inc.; July 1998.

17. Shore N, Frankel V, Hoppenfeld S. Cervical traction and temporomandibular joint dysfunction. J Am Dent Assoc. 1964;68(1):4-6.

18. 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.

19. Aker PD, Gross AR, Goldsmith CH, et al. Conservative management of mechanical neck pain: Systematic overview and meta-analysis. Br Med J. 1996;313:1291-1296.

20. Venditti PP, Rosner AL, Kettner N, et al. Cervical traction device study: A basic evaluation of home-use supine cervical traction devices. JNMS: J Neuromusc System. 1995;3(2):82-91.

21. Moeti P, Marchetti G. Clinical outcome from mechanical intermittent cervical traction for the treatment of cervical radiculopathy: A case series. J Orthop Sports Phys Ther. 2001;31(4):207-213.

22. Gross AR, Aker PD, Goldsmith CH, et al. Physical medicine modalities for mechanical neck disorders. Cochrane Database Syst Rev. 1998;(1):CD000961.

23. Boskovic K. Physical therapy of subjective symptoms of the cervical syndrome. Med Pregl. 1999;52(11-12):495-500.

24. Swezey RL, Swezey AM, Warner K. Efficacy of home cervical traction therapy. Am J Phys Med Rehabil. 1999;78(1):30-32.

25. McCarthy L. Safe handling of patients on cervical traction. Nurs Times. 1998;94(14):57-59.

26. Nakamura K, Kurokawa T, Hoshino Y, et al. Conservative treatment for cervical spondylotic myelopathy: Achievement and sustainability of a level of 'no disability'. J Spinal Disord. 1998;11(2):175-179.

27. Shterenshis MV. The history of modern spinal traction with particular reference to neural disorders. Spinal Cord. 1997;35(3):139-146.

28. Wong AM, Lee MY, Chang WH, et al. Clinical trial of a cervical traction modality with electromyographic biofeedback. Am J Phys Med Rehabil. 1997;76(1):19-25.

29. Saal JS, Saal JA, Yurth EF. Nonoperative management of herniated cervical intervertebral disc with radiculopathy. Spine. 1996;21(16):1877-1883.

30. Hoving JL, Gross AR, Gasner D, et al. A critical appraisal of review articles on the effectiveness of conservative treatment for neck pain. Spine. 2001;26(2):196-205.

31. Carlsson J, Jonsson T, Norlander S, et al. Evidence-based physiotherapy in patients with neck pain. SBU Report No. 101. Stockholm, Sweden: Swedish Council on Technology Assessment in Health Care (SBU); 1999.

32. Nachemson A, Carlsson C-A, Englund L, et al. Back and neck pain: An evidence-based review. Summary and Conclusions. SBU Report No. 145. Stockholm, Sweden: Swedish Council on Technology Assessment in Health Care (SBU); 2000.

33. Kjellman GV, Skargren EI, Oberg BE. A critical analysis of randomised clinical trials on neck pain and treatment efficacy: A review of the literature. Scand J Rehab Med. 1999;31(3):139-152.

34. Philadelphia Panel. Philadelphia Panel evidence-based clinical practice guidelines on selected rehabilitation interventions for neck pain. Physical Therapy. 2001;81(10):1701-1717.

35. Washington State Department of Labor and Industries, Office of the Medical Director. Pronex and Hometrac cervical traction. Technology Assessment. Olympia, WA: Washington State Department of Labor and Industries; August 5, 2002. Available at: http://www.lni.wa.gov/omd/TechAssessDocs.htm. Accessed August 7, 2003.

36. Verhagen AP, Scholten-Peeters GGM, van Wijngaarden S, et al. Conservative treatments for whiplash. Cochrane Database Syst Rev. 2007;(2):CD003338.

37. Bronfort G, Nilsson N, Haas M, et al. Non-invasive physical treatments for chronic/recurrent headache. Cochrane Database Syst Rev. 2004;(3):CD001878.

38. Graham N, Gross AR, Goldsmith C; the Cervical Overview Group. Mechanical traction for mechanical neck disorders: A systematic review. J Rehabil Med. 2006;38(3):145-152.

39. Vaughn HT, Having KM, Rogers JL. Radiographic analysis of intervertebral separation with a 0 degrees and 30 degrees rope angle using the Saunders cervical traction device. Spine. 2006;31(2):E39-E43.

40. Binder A. Neck pain. In: BMJ Clinical Evidence. London, UK: BMJ Publishing Group; May 2007.

41. Borenstein DG. Chronic neck pain: How to approach treatment. Curr Pain Headache Rep. 2007;11(6):436-439.

42. American College of Occupational and Environmental Medicine (ACOEM). Neck and upper back complaints. Elk Grove Village, IL: ACOEM; 2004.

43. Cleland JA, Whitman JM, Fritz JM, Palmer JA. Manual physical therapy, cervical traction, and strengthening exercises in patients with cervical radiculopathy: A case series. J Orthop Sports Phys Ther. 2005;35(12):802-811.

44. Graham N, Gross A, Goldsmith CH, et al. Mechanical traction for neck pain with or without radiculopathy. Cochrane Database Syst Rev. 2008;(3):CD006408.

45. Raney NH, Petersen EJ, Smith TA, et al. Development of a clinical prediction rule to identify patients with neck pain likely to benefit from cervical traction and exercise. Eur Spine J. 2009;18(3):382-391.

46. Haines T, Gross A, Burnie SJ, et al. Patient education for neck pain with or without radiculopathy. Cochrane Database Syst Rev. 2009;(1):CD005106.

47. Jellad A, Ben Salah Z, et al. The value of intermittent cervical traction in recent cervical radiculopathy. Ann Phys Rehabil Med. 2009;52(9):638-652.

48. Young IA, Michener LA, Cleland JA, et al. Manual therapy, exercise, and traction for patients with cervical radiculopathy: A randomized clinical trial. Phys Ther. 2009;89(7):632-642.

49. Van Zundert J, Huntoon M, Patijn J, et al. 4. Cervical radicular pain. Pain Pract. 2010;10(1):1-17.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective 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	Susan Glomb	Ken Fasse		

		multiple codes.				
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	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
12	12-3-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri		
13	06-10-15	E0830 Updated with information that it is Experimental and Investigational. Refer to Lumbar Traction Devices for additional information.	Susan Glomb	Dr. B. Almasri		
14	12-12-15	Annual Review. Updated Medicare reference number.	Lisa Wojno	Dr. B. Almarsri		
15	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
16	04-06-17	Policy reviewed per CMS memo. No required changes at this time.	Susan Glomb	Dr. C. Lerchin		
17	12-06-17	Annual Review. Updated the names of the DME MAC carriers.	Lisa Wojno	Dr. C. Lerchin	December 2017	
18	12-3-18	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2018	
19	12-03-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	
20	11-23-20	Annual Review. Updated ‘physician’ to ‘practitioner’.	Lisa Wojno	Dr. C. Lerchin	November 2020	

Cervical Traction Devices

21	11-02-21	Annual review. No changes	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 2, 2021	
22	11-8-21	Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	November 8, 2021	
23	11-4-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 4, 2022	
24	11-6-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 6, 2023	November 6, 2023
25	11-7-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-7-24	11-7-24
26	11-4-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-4-25	11-4-25