



KAISER PERMANENTE®

Mid-Atlantic States

## Cervical Traction Device

### Medical Coverage Policy

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#### UTILIZATION \* ALERT\*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage MUST be verified in the member's EOC or benefit document.
  - For Medicare members, please consult the Medicare coverage database.
  - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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#### I. Procedure: Cervical Traction Device

II. Specialties: DME, Orthopedic

#### III. Clinical Indications for Referral

##### A. A cervical traction device applied via over-the-door mechanism (E0860)

The use of an over-the-door cervical traction through a system of pulleys and rope attached to a door is considered medically necessary when ALL of the following requirements are met:

1. The presence of a musculoskeletal condition or neurologic impairment requiring traction, including, but not limited to neck muscle spasm, radiculopathy, discogenic pain and degenerative changes; **and**
2. The use of cervical traction device has been demonstrated to the patient by a trained clinician (physical therapist) and the member has been proven to be able to tolerate the selected traction device.

##### B. A free-standing frame cervical traction device (E0849)

The use of cervical traction equipment that provides traction on the cervical anatomy through the use of a free-standing frame (E0849) is medically necessary when ALL of the following criteria are met:

1. The presence of a musculoskeletal condition or neurologic impairment requiring traction; **and**
2. The appropriate use of cervical traction equipment was demonstrated to the patient by a trained clinician (physical therapist) and the member has been proven to be able to tolerate the selected traction device; **and**
3. Any of the criterion below has been met:
  - a. A diagnosis of temporomandibular joint (TMJ) dysfunction; and has received treatment for the TMJ condition; or
  - b. 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.



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**C. A cervical traction device providing mandibular or occipital pressure without the use of a door or external frame (E0855)**

A cervical traction device that provides traction on the cervical anatomy by means of mandibular or occipital pressure without the use of a door or external frame or stand (E0855) is medically necessary when ALL of the requirements cited in section III, B has been met.

#### **IV. Contraindications and Exclusions**

**A. The use of a cervical traction is contraindicated but not limited to the following:**

1. Pregnancy;
2. Major anxiety, anxious about being restrained, or history of claustrophobia
3. Prior history of cervical fusion surgery. Approval would require consultation with Spine Surgery if the member were > 1 year post surgery;
4. Recent neck injury or surgery (< 3 months) requires clearance from Spine Surgery for approval.
5. Rheumatoid Arthritis;
6. Acute torticollis;
7. Vertebral and/or Carotid Artery insufficiency/occlusion/aneurysm;
8. Spinal hypermobility/Ehlers Danlos Syndrome;
9. Cervical myelopathy;
10. Cervical Diskitis;
11. Spinal ligamentous instability;
12. Midline herniated nucleus pulposus;
13. Osteomyelitis;
14. Osteoporosis;
15. Primary or metastatic tumor in the neck;
16. Restrictive lung disease;
17. Spinal cord tumor;
18. Untreated hypertension; and
19. Vertebral-basilar artery insufficiency
20. Lack of cognitive awareness to safely participate in this treatment; and
21. Current use of sedating medications, including opioids or muscle relaxants

**B. Exclusions**

A cervical traction device is not medically necessary for the following as evidence does not support its' efficacy.

1. The use of cervical traction for other conditions not cited in section III; or
2. Any cervical traction designs listed below since they have not been proven to be of clinical advantage:
  - a. Cervical traction applied with frames via attachment to a headboard (E0840) or
  - b. Cervical traction with a free-standing frame (E0850); or (Free-standing frame
  - c. Cervical collar that uses an inflatable air bladder to generate traction forces (E0856) and may



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- or may not use an external frame; or
- d. Posture pump cervical device; or
- e. Cervical traction that can be used with ambulation

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**Approval History**

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
03/22/2023	03/22/2023
03/19/2024	03/19/2024

\*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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