

## LCD for Cervical Traction Devices (L15844)

### Contractor Information

<b>Contractor Name</b>	<a href="#">Tricenturion</a>
<b>Contractor Number</b>	77011
<b>Contractor Type</b>	DMERC

### LCD Information

<b>LCD Database ID Number</b>	L15844
<b>LCD Title</b>	Cervical Traction Devices
<b>Contractor's Determination Number</b>	CTD20050401
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<b>CMS National Coverage Policy</b>	CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1
<b>Primary Geographic Jurisdiction</b>	CT DE MA ME NH NJ NY PA RI VT
<b>Oversight Region</b>	Region III
<b>CMS Consortium</b>	Northeast
<b>DMERC Region LCD Covers</b>	Region A

**Original Determination Effective Date** For services performed on or after 07/01/2004

**Original Determination Ending Date**

**Revision Effective Date** For services performed on or after 04/01/2005

**Revision Ending Date**

**Indications and Limitations of Coverage and/or Medical Necessity**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted to the DMERC. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Cervical traction devices (E0840-E0860) are covered only if both of the criteria below are met:

1. The patient 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 patient and the patient tolerated the selected device.

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

Cervical traction applied via attachment to a headboard (E0840), devices not requiring a frame or stand (E0855), 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, E0850 or E0855 is ordered and the medical necessity criteria for cervical traction devices are met, reimbursement will be based on the allowance for the least costly medically appropriate alternative (E0860).

Cervical traction devices described by code E0849 are covered only when criteria 1 and 2 above and either criteria 1, 2 or 3 below have been met:

1. The treating physician orders greater than 20 pounds of cervical traction in the home setting; or,

2. The patient has:
  - a. a diagnosis of temporomandibular joint (TMJ) dysfunction; and
  - b. received treatment for the TMJ condition; or,
3. The patient has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) such that a chin halter is unable to be utilized.

If the criteria for cervical traction are met but the additional criteria for E0849 are not met, reimbursement will be based on the allowance for the least costly medically appropriate alternative (E0860).

**Coverage Topic**

Durable Medical Equipment

**Coding Information**

**Type of Bill Code**

**Revenue Codes**

**CPT/HCPCS Codes**

**The appearance of a code in this section does not necessarily indicate coverage.**

**HCPCS MODIFIERS:**

**EY - No physician or other licensed health care provider order for this item or service.**

**KX - Specific required documentation on file.**

**HCPCS CODES:**

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, FREE STANDING, CERVICAL TRACTION

E0855 CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME

E0860 TRACTION EQUIPMENT, OVERDOOR, CERVICAL

**ICD-9 Codes that Support Medical Necessity**

**Not specified**

<b>Diagnoses that Support Medical Necessity</b>	Not specified
<b>ICD-9 Codes that DO NOT Support Medical Necessity</b>	<b>Not specified</b>
<b>ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation</b>	
<b>Diagnoses that DO NOT Support Medical Necessity</b>	Not specified

**General Information**

**Documentation Requirements**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider" (42 U.S.C. section 1395l(e)). It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available to the DMERC upon request.

An order for the cervical traction device must be signed and dated by the treating physician, kept on file by the supplier, and made available to the DMERC upon request. Items billed to the DMERC before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Suppliers must add a KX modifier to code E0849 only if all of the criteria in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy have been met and evidence of such is maintained in the supplier's files. This information must be available to the DMERC upon request.

Refer to the Supplier Manual for more information on documentation requirements.

**Appendices**

**Utilization Guidelines** Refer to Indications and Limitations of Coverage and/or Medical Necessity.

**Sources of Information and Basis for Decision**

1. Temporomandibular Joint Diagnosis and Treatment. Blue Cross and Blue Shield of Massachusetts Policy 35; Accessed August 19, 2003.
2. Chung Ts, Lee YJ, Kang SW, et al. Reducibility of Cervical Disc Herniation: Evaluation at MR Imaging During Cervical Traction with a Nonmagnetic Traction Device. Radiology 2002; 225:895-900.
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  22. 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.
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physiotherapy in patients with neck pain. SBU Report No. 101. Stockholm, Sweden: Swedish Council on Technology Assessment in Health Care (SBU); 1999.

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**Advisory Committee Meeting Notes** A public meeting was scheduled for December 10, 2003; however, it was cancelled due to lack of interest.

**Start Date of Comment Period** 11/03/2003

**End Date of Comment Period** 12/19/2003

**Start Date of Notice Period** 03/01/2004

**Revision History Number** CTD001

**Revision History Explanation** Revision effective date: 04/01/2005H  
CPCS CODES AND MODIFIERS:  
K0627 crosswalked to E0849

**Last Reviewed On**

**Related Documents** **Article(s)**  
[A17919 - Cervical Traction Devices – Policy Article – Effective April 2005](#)

**LCD Attachments** There are no attachments for this LCD

Article for Cervical Traction Devices – Policy Article – Effective April 2005 (A17919)

**Contractor Information**

<b>Contractor Name</b>	<a href="#">Tricenturion</a>
<b>Contractor Number</b>	77011
<b>Contractor Type</b>	DMERC

**Article Information**

<b>Article Database ID Number</b>	A17919
<b>Article Type</b>	Article
<b>Key Article</b>	Yes
<b>Article Title</b>	Cervical Traction Devices – Policy Article – Effective April 2005
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<b>Primary Geographic Jurisdiction</b>	CT DE MA ME NH NJ NY PA RI VT
<b>DMERC Region Article Covers</b>	Region A
<b>Original Article Effective Date</b>	03/01/2004
<b>Article Revision Effective Date</b>	04/01/2005
<b>Article Text</b>	<b>NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES</b>  Cervical traction devices are covered under the durable medical equipment (DME) benefit. Cervical orthoses, such as soft or rigid cervical collars, are not considered DME; however, they are eligible for Medicare coverage under the Brace benefit.

## 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).

Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.

**Coverage Topic** Durable Medical Equipment

## Coding Information

**No Coding Information has been entered in this section of the article.**

## Other Information

### Other Comments

### Revision History Explanation

Revision effective date: 04/01/2005  
CODING GUIDELINES:  
K0627 crosswalked to E0849

### Related Documents

**LCD(s)**  
[L15844 - Cervical Traction Devices](#)