

LCD for Cervical Traction Devices (L15844)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L15844

LCD Title

Cervical Traction Devices

Contractor's Determination Number

CTD

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CMS National Coverage Policy

CMS Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction 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 09/01/2009

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. 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-E0855 and E0860) are covered only if both of the following criteria 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) 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 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 or E0855 are covered only when criteria 1 and 2 above and either criterion A, B or C below have been met:

LCD Information

- A. The patient has a diagnosis of temporomandibular joint (TMJ) dysfunction and has received treatment for the TMJ condition; or
- B. 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; 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, reimbursement will be based on the allowance for the least costly medically appropriate alternative (E0860).

E0856 describes a cervical traction device that can be used with ambulation. Therefore, it will be denied as not medically necessary.

Coverage Topic

Durable Medical Equipment

Coding Information

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

GA – Waiver of liability statement on file

GZ – Item or service expected to be denied as not reasonable and necessary

KX - Requirements specified in the medical policy have been met

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

E0856 CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER

E0860 TRACTION EQUIPMENT, OVERDOOR, CERVICAL

ICD-9 Codes that Support Medical Necessity

Not specified

Diagnoses that Support Medical Necessity

Not specified

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified

Coding Information

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

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." 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 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 be available upon request. Items billed 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.

GA, GZ AND KX MODIFIERS:

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 of this policy have been met and evidence of such is maintained in the supplier's files. This information must be available upon request.

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 GA, GZ, or KX modifier will be rejected as missing information.

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

Advisory Committee Meeting Notes

General Information

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

CTD004

Revision History Explanation

Revision Effective Date: 09/01/2009

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: E0856 from range of covered codes.

HCPCS CODES AND MODIFIERS:

Added: GA and GZ modifiers.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for the use of GA and GZ modifiers.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L15844 from DME PSC TriCenturion (77011) LCD L15844.

Revision Effective Date: 01/01/2008

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Coverage statement regarding E0856.

HCPCS CODES AND MODIFIERS:

Added: E0856

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: References to the DMERC.

Expanded: Allowance for coverage of E0855.

DOCUMENTATION REQUIREMENTS:

Removed: References to the DMERC.

Removed: "SOURCES OF INFORMATION".

Revision Effective Date: 07/01/2006

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Separate allowance of coverage of E0855 if both Cervical Traction criteria and the noted additional criteria A and B are met.

DOCUMENTATION REQUIREMENTS:

General Information

Added: Requirements for use of KX with E0855.

Revised: SOURCES OF INFORMATION AND BASIS FOR DECISION

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 04/01/2005

HCPCS CODES AND MODIFIERS:

Crosswalked: K0627 to E0849

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A17919 - Cervical Traction Devices – Policy Article – Effective September 2009](#)

LCD Attachments

There are no attachments for this LCD

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A17919

Article Type

Article

Key Article

Yes

Article Title

Cervical Traction Devices – Policy Article – Effective September 2009

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Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

Article Information

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

07/01/2004

Article Revision Effective Date

09/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

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 Pricing, Data Analysis and Coding (PDAC) Contractor 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

Other Information

Revision Effective Date: 09/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A17919 from DME PSC TriCenturion (77011) Article A17919.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 04/01/2005

CODING GUIDELINES:

Crosswalked: K0627 to E0849.

Related Documents

LCD(s)

[L15844 - Cervical Traction Devices](#)