

Home Cervical Traction Therapy

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| Policy ID: | HHO-DE-MP-1245 |
| Approved By: | Highmark Health Options – Market Leadership |
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| Last Revision Date: | 01/26/2022, 01/25/2023 |
| Products: | Medicaid |
| Application: | All |
| Page Number(s): | 1-3 |

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

POLICY POSITION

Prior authorization is required.

Cervical traction is a medical technique that uses devices to apply forces that are atraumatic to the cervical spine and used to treat neck pain with or without cervical radicular pain.

Cervical traction devices in the home setting may be considered medically necessary when BOTH of the following criteria are met:

- The individual has a musculoskeletal or neurologic impairment requiring cervical traction equipment; and
- The appropriate use of an in-home home cervical traction device has been demonstrated to the individual by a medical professional and the individual has tolerated the selected device.

All other conditions, including atlanto-occipital dislocation injuries, are considered not medically necessary.

Cervical traction devices not meeting the criteria as indicated in this policy are considered not medically necessary.

Cervical traction device with inflatable air bladder is noncovered.

COVERED PROCEDURE CODES

| Code | Description |
|-------|---|
| 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. |

Covered Codes for Diagnosis Codes: E0840, E0849, E0850, E0855, E0860

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|---------|---------|---------|---------|---------|
| M43.02 | M43.03 | M43.12 | M43.13 | M43.5X2 |
| M43.5X3 | M47.012 | M47.022 | M47.12 | M47.22 |
| M47.23 | M47.812 | M47.892 | M47.893 | M48.02 |
| M48.03 | M48.8X2 | M48.8X3 | M50.00 | M50.01 |
| M50.020 | M50.021 | M50.022 | M50.023 | M50.03 |
| M50.10 | M50.11 | M50.120 | M50.121 | M50.122 |
| M50.123 | M50.13 | M50.20 | M50.21 | M50.22 |
| M50.221 | M50.222 | M50.223 | M50.30 | M50.32 |
| M50.31 | | | | |
| M50.321 | M50.322 | M50.323 | M50.80 | M50.81 |
| M50.82 | M50.821 | M50.822 | M50.823 | M50.90 |
| M50.91 | M50.920 | M50.921 | M50.922 | M50.923 |
| M53.0 | M53.1 | M53.82 | M54.12 | M54.13 |
| M54.2 | M54.89 | M62.411 | M62.412 | M96.1 |

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|----------|----------|----------|----------|----------|
| M99.11 | M99.21 | M99.31 | M99.41 | M99.51 |
| M99.61 | M99.71 | S13.0XXA | S13.100A | S13.101A |
| S13.110A | S13.111A | S13.120A | S13.120D | S13.120S |
| S13.121A | S13.121D | S13.121S | S13.130A | S13.130D |
| S13.130S | S13.131A | S13.131D | S13.131S | S13.140A |
| S13.140D | S13.140S | S13.141A | S13.141D | S13.141S |
| S13.150A | S13.150D | S13.150S | S13.151A | S13.151D |
| S13.151S | S13.160A | S13.160D | S13.160S | S13.161A |
| S13.161D | S13.161S | S13.170A | S13.170D | S13.170S |
| S13.171A | S13.171D | S13.171S | S13.180A | S13.180D |
| S13.180S | S13.181A | S13.181D | S13.181S | S13.20XA |
| S13.29XA | S13.4XXA | S13.8XXA | S13.9XXA | S16.1XXA |
| S16.1XXD | S16.1XXS | | | |

References

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Gregory G, McKivigan JM. Effectiveness of intermittent mechanical traction in cervical radiculopathy: A systematic review. J Med Res Prac. 2018;7(2)39-46.

Shakoor MA, Emran MA, Zaman AKA, Moyeenuzzaman M. Effects of manual continuous home cervical traction in cervical spondylosis. Bangladesh Med Res Counc Bull 2020; 46:128-133.

Xiao LX, Liu CS, Zhong SZ, Huang WH. Effect of a traction exercise neck brace on cervical spondylopathy radiculopathy: A clinical study and finite element analysis. Evid Based Complement Alternat Med. 2021; 2021:8825150.

POLICY UPDATE HISTORY

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|------------|---|
| 01/26/2022 | Approved in Medical Policy Committee |
| 02/22/2022 | Approved in QI/UM |
| 01/25/2023 | Annual review; approved in Medical Policy Committee |
| 01/31/2023 | Approved in QI/UM |