



Subject: Cervical Spine Traction Devices for Home Use*

Effective Date: February 26, 2013

Department: Utilization Management

Policy: Cervical spine traction devices for home use are reimbursable under plans administered by QualCare, Inc. when eligible member benefit is in place and medical necessity exists.

Objective: To assure proper and consistent reimbursement for a medically necessary use of cervical spine traction devices in the home and to delineate criteria that provides evidence of that medical necessity.

Procedure: Use of a cervical spine traction device (**HCPCS codes E0489, E0586, E0830, E0840, E0850, E0855, E0860**) will be considered medically necessary when the following documentation is present:

1. Use is for managing pain caused by any of the cervical spine conditions indicated by ICD-9 code and description below-
 - **721.0-721.1** cervical spondylosis with or w/o myelopathy
 - **722.0,722.71** cervical intervertebral disc displacement with or without myelopathy
 - **722.4** cervical intervertebral disc degeneration
 - **722.81** cervical postlaminectomy syndrome
 - **723.0** cervical spinal stenosis
 - **723.2** cervicocranial syndrome
 - **723.3** cervicobrachial syndrome
 - **723.4** brachial neuritis or radiculitis

ICD-10 codes- M47.21, M47.22, M47.23, M47.811, M47.812, M47.813, M47.891, M47.892, M47.893, M47.11, M47.12, M47.13, M50.20, M50.21, M50.22, M50.23, M50.00, M50.01, M50.02, M50.03, M50.30, M50.31, M50.32, M50.33, M96.1

M48.01, M48.02, M48.03, M99.20, M99.21, M99.30, M99.31, M99.40, M99.41, M99.50, M99.51, M99.60, M99.61, M99.70 M99.71, M53.0, M53.1, M54.11, M54.12, M54.13

2. Pain is persistent despite a course of physical therapy for 6 weeks during which mechanical traction has provided temporary symptom improvement [note a home traction unit is not approvable as adjunctive treatment while the member is undergoing physical therapy]
3. Medical therapy for conditions listed in number one above (oral anti-inflammatory, muscle relaxants) prior to or concurrent with physical therapy has not been effective.

Note for authorization parameters-When the above criteria are met, a one month rental is deemed medically necessary and can be renewed for an additional two months if there is documentation of continued symptoms that improve with device use. If symptoms persist beyond this time frame a conversion to purchase is considered medically necessary.

References

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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.