Home Traction Therapy (for Nebraska Only)

Policy Number: CS058NE.P
Effective Date: April 1, 2025

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Related Policies

- Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Nebraska Only)
- Mechanical Stretching Devices
- Motorized Spinal Traction

Application

This Medical Policy only applies to the State of Nebraska.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the Nebraska Department of Health and Human Services, Code 471 Chapter 7 004.02(FFF): Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS), Traction Equipment.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
E0830	Ambulatory traction device, all types, each
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, freestanding, cervical traction
E0855	Cervical traction equipment not requiring additional stand or frame
E0856	Cervical traction device, with inflatable air bladder(s)
E0860	Traction equipment, overdoor, cervical
E0941	Gravity assisted traction device, any type

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Non-powered orthopedic traction devices are classified by the FDA as Class I devices. There are numerous FDA-registered traction devices including foam or rigid collars, and over-the-door pulley, pneumatic, or mechanical systems. The devices are exempt from the premarket notification procedures. Additional information is available at: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm. (Accessed December 3, 2024)

References

Nebraska Medicaid, Nebraska Administrative Code, Chapter 7-000 Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS), Traction Equipment. https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human Services System/Title-471/Chapter-07 004.02(FFF).pdf. Accessed January 24, 2025.

Policy History/Revision Information

Date	Summary of Changes
04/01/2025	**Coverage Rationale** • Replaced instruction to "refer to the *Nebraska Department of Health and Human Services, Code 471-7-000: Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS)* for medical necessity clinical coverage criteria" with "refer to the *Nebraska Department of Health and Human Services, Code 471-7-004.02(FFF): Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS), Traction Equipment* for medical necessity clinical coverage criteria" **Supporting Information** • Updated *References* section to reflect the most current information • Archived previous policy version CS058NE.O

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.