

## The Department of Vermont Health Access Medical Policy

**Subject:** Home Traction Units

**Last Review:** October 25, 2011

**Revision 3:**

**Revision 2:**

**Revision 1:** April 14, 2010

**Original Effective:** 2004

### Description of Service or Procedure

A device which applies a traction force to cause separation of two body parts in order to relieve compression or to assist in realignment of body parts. The devices subject to this guideline are home traction units. These are most typically used to relieve or reduce back and neck pain.

### Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

### Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

### Coverage Position

A home traction unit may be covered for beneficiaries:

- When this home traction unit is prescribed by a licensed medical provider enrolled in the VT Medicaid program who is knowledgeable in the use of traction and who provides medical care to the beneficiary AND
- Who meet the clinical guidelines below.



## **Coverage Guidelines**

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A home traction unit may be covered:

- When the medical condition is amenable to treatment by traction **AND**
- When there is no contraindication to the use of traction **AND**
- Where there has been a trial of mechanical traction by a knowledgeable provider, such as, but not limited to, a physical therapist or orthopedic physician, **AND** there is demonstrated functional improvement **AND**
- Where the use of the traction is part of a comprehensive program involving patient education in active modalities such as specific therapeutic exercise, body mechanics, ergonomics, and instruction in self-management of the underlying condition, **AND** when the trial of home traction has been supervised and determined to be efficacious by a physical therapist or physician with knowledge and experience in this service.

## **Clinical guidelines for repeat service or procedure**

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When the device is no longer repairable, or when repair of the device would cost more than 50% of the cost of a new device.

## **Type of service or procedure not covered (this list may not be all inclusive)**

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Contraindications to home traction use include: spinal infections, spinal cancer, rheumatoid arthritis, osteoporosis, severe spinal cord pressure such as from a large osteophyte, disorders associated with hypomobility that may result in atlanto-axial instability, such as Down Syndrome. Great caution should be used with pregnancy and individuals with significant cardiac or respiratory insufficiency.

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