

The Department of Vermont Health Access Clinical Criteria

Subject: Home Traction Unit

Last Review: April 5, 2022*

Past Revisions: August 5, 2020, June 6, 2019, February 14, 2018, October 3, 2016, June 15, 2015, October 2, 2014, October 4, 2013, April 30, 2012, October 25, 2011, April 14, 2010, and April 2004

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

A device which applies a distractive force to cause separation of two body parts in order to relieve compression or to assist in realignment of the 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 or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at <https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules>

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.209	Durable Medical Equipment

Coverage Position

Home traction may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or rule who is knowledgeable regarding home traction devices, and who provides medical care to the member, AND



- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: <https://sos.vermont.gov/opr/>

Coverage Criteria

A home traction unit may be covered for members who meet the following criteria:

- 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 supervised trial of mechanical traction including a trial with a home traction device by a knowledgeable provider, such as, but not limited to, a physical therapist or orthopedic physician, with a determination made regarding the proper amount of pressure to apply, with demonstrated functional improvement; **AND**
- Where the use of the traction is part of a comprehensive program including patient education, therapeutic exercise, postural correction, body mechanics, ergonomics, and instruction in self-management of the underlying condition.

Providers are advised to keep documentary proof of the above information in the member's file.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence-based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

Repeat services are covered when the device requires replacement before the DME restriction time frame, for one of the following reasons:

- When it is no longer functional through normal wear and tear (it is expected to last at least 5 years).
- A new device will be considered if repair of the current device costs more than 50% of the replacement cost.

Type of service or procedure covered

A home traction device, for non-acute conditions such as chronic muscle spasm. Coverage is always for the least expensive, medically necessary device. Providers must document that less expensive devices fail to meet the medical need.

There are multiple types of traction devices, including:

- **Gravity-operated:** these devices rely on gravity to provide traction. Examples include: simple models where a weighted bag is suspended over a door or the edge of a bed; or more complex devices such as inversion tables.
- **Inflatable:** these devices use air bladders to create the traction force.
- **Electrical:** these devices use electricity to create the traction force.

- **Hydraulic:** these devices use pressurized fluid to create the traction force.
- **Ambulatory versus stationary:** Some of these devices are wearable and can be worn while ambulatory. Others require that the user be lying down or sitting.
- **Application:** Traction may be applied via a collar, a chin strap, a belt, a harness, an occipital strap, or by inflatable/fillable air sacs.
- **Intermittent versus constant:** Certain devices provide intermittent traction rather than a constant traction force. There is no clear evidence at this time that one technique is more efficacious than the other.

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

Documentation indicating a failed trial or medical contraindication for less expensive appropriate devices/services is required prior to coverage of a more expensive traction device.

Contraindications to home traction use may include but are not limited to: acute medical conditions, spinal infections, spinal cancer, rheumatoid arthritis, osteoporosis, severe spinal cord pressure such as from a large osteophyte, aortic aneurysm, myelopathy, osteomyelitis, untreated hypertension, disorders associated with hypermobility 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. Retinal detachment has been reported with the use of inversion tables. Inversion tables are also reported to affect blood pressure.

Coding guidelines

There are many traction codes. Some are specific to the type of traction used for fractures (Buck's traction), while others have varying degrees of specificity. Careful consideration of each definition is recommended to use the most specific code possible.

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