

The Department of Vermont Health Access Clinical Criteria

Subject: Home Traction Unit

Last Review: August 05, 2020

Past Revisions: 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, 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 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

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

Medicaid Rules

- | | |
|--------|-----------------------------------|
| 7102.2 | Prior Authorization Determination |
| 7103 | Medical Necessity |

Coverage Position

Home traction may be covered for beneficiaries:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described in their Vermont State Practice Act, Statute, or Rule who is knowledgeable regarding home traction devices, and who provides medical care to the beneficiary, AND
- When the clinical criteria below are met.



Coverage Criteria

A home traction unit may be covered for beneficiaries who meet the following guidelines:

- 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 involving patient education in active modalities such as specific 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 beneficiary's file.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: 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.

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 cost of the replacement cost.

Type of service or procedure covered

A home traction device, for non-acute conditions such as chronic muscle spasm.

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 v 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 v 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 a more expensive traction devices being covered.

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.

References

Abdi-Aad, K., & Derian, A. (2019). Cervical traction. *StatPearls Publishing LLC 2019*. Retrieved May 21, 2020 from: <https://www.ncbi.nlm.nih.gov/books/NBK470412/>

Airwaily, M., Almutiri, M., & Schneider, M. (2018). Assessment of variability in traction interventions for patients with low back pain: A systematic review. *Chiropractic & Manual Therapies, 26(35)*. Retrieved May 21, 2020 from: <https://link.springer.com/article/10.1186/s12998-018-0205-z#citeas>

Center for Medicare and Medicaid Services. Early and Periodic Screening, Diagnostic, and Treatment. Retrieved August 22, 2019, from: <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

Choi, J., Lee, S., & Hwangbo, G. (2015). Influences of spinal decompression therapy and general traction therapy on the pain, disability, and straight leg raising of patients with intervertebral disc herniation. *Journal of Physical Therapy Science, 27(2)*. Retrieved March 23, 2015 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4339166/>

Chou, R., Deyo, R., Friedly, J., Skelly, A., Hashimoto, R., Weimer, M., et al. (2017). Nonpharmacologic therapies for low back pain: A systematic Review for an American College of Physicians Clinical Practice Guideline. *Annals of Internal Medicine, 166(7)*, Retrieved January 10, 2018, from: <http://annals.org/aim/fullarticle/2603230/nonpharmacologic-therapies-low-back-pain-systematic-review-american-college-physicians>

Fritz, J., Thackeray, A., Brennan, G., & Childs, J. (2014). Exercise only, exercise with mechanical traction, or exercise with over-door traction for patients with cervical radiculopathy, with or without consideration of status on a previously described subgrouping rule: A randomized clinical trial. *Journal of Orthopedics and Sports Physical Therapy, 44(2)*. Retrieved March 5, 2014, <http://www.jospt.org/doi/pdf/10.2519/jospt.2014.5065>

- Gregory, G., & McKivigan, J. (2018). Effectiveness of intermittent mechanical traction in cervical radiculopathy: A systematic review. *Journal of Medical Research and Practice*, 7(2). Retrieved May 21, 2020 from: https://touro scholar.touro.edu/cgi/viewcontent.cgi?article=1041&context=chhs_pubs
- Iconaru, E., Tudor, M., Ciucurel, C. (2019) The effects of body positions on the inversion gravity table on cardiovascular parameters in healthy adults. *Journal of Physical Education and Sport*, 19(supplemental 6). Retrieved May 21, 2020 from: <http://www.efsupit.ro/images/stories/november2019/Art%20325.pdf>
- Khan, R., Awan, W., Rashid, S., & Masood T. (2017). A randomized controlled trial of intermittent cervical traction in sitting vs. supine position for the management of cervical radiculopathy. *Pakistan Journal of Medical Science*, 33(6). Retrieved May 21, 2020 from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5768820/>
- Kumar, S. (2013). Effectiveness of intermittent pelvic traction vs. intermittent pelvic traction with self neural mobilization on low back pain - a comparative study. *International Journal of Physiotherapy and Research*, (3) Retrieved March 5, 2014, http://www.ijmhr.org/ijpr_articles_voll_03/315.pdf
- Lerebours, V., Rohl, A., & Shaiikti. S. (2017). Bilateral retinal detachments associated with inversion table therapy. *Cureus*, 9(3). Retrieved May 21, 2020 from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5392039/>
- Romeo, A., Vanti, C., Boldrini, V., Ruggeri, M., Guccione, A., Pillastrini, P., et al. (2018). Cervical radiculopathy: Effectiveness of adding traction to physical therapy - A systematic review and meta-analysis of randomized controlled trials. *Physical Therapy*, 98(4). Retrieved May 21, 2020 from: <https://academic.oup.com/ptj/article/98/4/231/4791564>
- Sari, H., Misirlioglu, T.O., Akarirmark, U., Hussain, S., & Kecebas, H.D. (2014). The historical development and proof of lumbar traction used in physical therapy. *Journal of Pharmacy and Pharmacology*, 2. Retrieved April 10, 2019: <https://pdfs.semanticscholar.org/083a/d13d884a11bb64aafccca0720386b4134787.pdf>
- Tadano, S., Tanabe, H., Arai, S., Fujino, K., Doi, T., & Akai, M. (2019). Lumbar mechanical traction: A biomechanical assessment of change at the lumbar spine. *BMC Musculoskeletal Disorders*, 20(155). Retrieved May 21, 2020 from: <https://bmcmusculoskeletaldisord.biomedcentral.com/articles/10.1186/s12891-019-2545-9#citeas>
- Yang A, Yoo W. (2014). The effects of stretching with lumbar traction on VAS and Oswestry Scales of patients with lumbar 4-5 herniated intervertebral disc. *Journal of Physical Therapy Science*, 26(7). Retrieved March 23, 2015: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4135195/>
- Yang, J., Tam, K., Huang, T., Huang, S., Liou, T., & Chen H. (2017). Intermittent cervical traction for treating neck pain. A meta-analysis of randomized controlled trials. *Spine*, 42(13). Retrieved May 21, 2020 from: <https://dl.uswr.ac.ir/bitstream/Hannan/91401/1/2017%20Spine%20Volume%2042%20Issue%2013%20July%20%284%29.pdf>

This document has been classified as public information.