

# Lumbar Traction Devices

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Lumbar traction requires precertification.

<b>National Coverage Determination Policy</b>	None
<b>Local Coverage Determination Policy</b>	None
<b>Effective Date</b>	11/01/11
<b>Review/Revision Date</b>	01/19, 10/18, 06/05/2018, 07/01/17, 06/01/16 ,10/31/13
<b>The Health Plan</b>	<p><b>Commercial</b> and <b>Medicare</b> plans will follow The Health Plan policy unless otherwise indicated in sections of this policy or contractual agreement</p> <p><b>West Virginia Medicaid</b> plans follow West Virginia Medicaid unless otherwise indicated in section of this policy</p>

## DESCRIPTION

Traction is the use of a pulling force to treat muscle and or skeletal disorders. For the purpose of this policy it refers to lower back areas of the spine. Traction is a widely used treatment for low back pain and it is often provided in combination with other treatment modalities. Types of traction include, but may not be all inclusive, mechanical traction, manual traction (unspecific or segmental traction), autotraction, gravity-dependent ("anti-gravity") traction, pneumatic traction, continuous traction, and intermittent traction.

**COVERAGE GUIDELINES**

For issues other than lumbar traction for back pain/injury (i.e., pelvic traction), in cases of pelvic fracture, requiring in home traction (i.e., Buck's traction), The Health Plan will review on a case-by-case basis for the Commercial and Medicare plans.

**NONCOVERAGE STATEMENT**

The Health Plan considers autotraction devices, home pneumatic lumbar traction devices, gravity-traction dependent devices as experimental and investigational because there is insufficient evidence to support their value and effectiveness in treating low back pain in the clinical or home setting.

Examples of these devices:

- Autotraction devices: Spinalator Spinalign massage intersegmental traction table, the Arthrotonic stabilizer, the Quantum 400 intersegmental traction table and the Anatomotor.
- Home pneumatic lumbar traction devices: Saunders Lumbar HomeTrac, Saunders STx, Orthotrac Pneumatic Vest
- Axial spinal unloading (gravity-dependent traction) devices: LTX 3000
- Lo-Bak TRAX™ Device

At this time **E0900** remains noncovered for West Virginia Medicaid for all situations per WV Fee Schedule. Link provided below.

**CODING INFORMATION****HCPCS MODIFIERS**

EY	<b>NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE</b>
GA	WAIVER OF LIABILITY STATEMENT ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET

**CPT/HCPCS CODES THAT MAY BE COVERED FOR USE**

<b>E0830</b>	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH
<b>E0900</b>	TRACTION STAND, FREE STANDING, PELVIC TRACTION(E.G. BUCK'S)
<b>E1399</b>	MISCELLANEOUS DME

**COVERED DIAGNOSIS CODES (not an all- inclusive list)**

<b>S32.9XXA</b>	FRACTURE, PELVIS, CLOSED
<b>S32.810A,S32.811A</b>	FRACTURE, PELVIS, MULTIPLE, WITH DISRUPTION OF PELVIC CIRCLE
<b>S32.810B,S32811B</b>	FRACTURE, PELVIS, OPEN
<b>S32.89XB</b>	FRACTURE, PELVIS, RIM, OPEN

**NONCOVERED DIAGNOSIS CODES – LIST NOT ALL INCLUSIVE**

<b>M54.5</b>	LUMBAGO
--------------	---------

**DOCUMENTATION REQUIREMENTS**

For the purposes of this policy it is expected that the medical record will support the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
  - a. Member's name
  - b. Date
  - c. Order must include any specific feature of the base code and every addition requested. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
  - d. Order must include diagnosis code
  - e. Physician signature with date. Date stamps are not appropriate
2. Proof of delivery to be kept on file by the provider of the item.
3. Functional level of prosthetist/orthotist assessment.

**Note:** If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

**Note:** Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

**LUMBAR TRACTION PROVIDED WHILE A MEMBER IS IN A PART A FACILITY**

Lumbar traction will not be separately reimbursed under as DME while a member is in an acute care hospital, long term acute care facility, inpatient rehabilitation, or skilled inpatient facility.

### **KX, GA, and GZ MODIFIERS**

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

### **ADVANCED BENEFICIARY NOTICE**

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

**NOTE:** Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

### **PRICING, DATA ANALYSIS, AND CODING (PDAC)**

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Please refer to PDAC website for the appropriate product classification list. [dmepdac.com/](http://dmepdac.com/)

### **AMA CPT/ADA CDT COPYRIGHT STATEMENT**

CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

### **INTERNET LINKS AND SOURCES**

Centers for Medicare and Medicaid Services. CMS.gov. Last accessed 10/30/18

Retrieved

from [cms.hhs.gov/mcd/viewncd.asp?ncd\\_id=280.1&ncd\\_version=2&basket=ncd%3A280%2E1%3A2%3ADurable+Medical+Equipment+Reference+List](https://cms.hhs.gov/mcd/viewncd.asp?ncd_id=280.1&ncd_version=2&basket=ncd%3A280%2E1%3A2%3ADurable+Medical+Equipment+Reference+List)

The Pricing, Data Analysis, and Coding Contractor. Noridian. Correct Coding- Definitions Used for Off-the-Shelf Versus Custom-fitted Prefabricated Orthotics (Braces). Last accessed 10/30/18. Retrieved from [dmepdac.com/resources/articles/2014/03\\_31\\_14b.html](http://dmepdac.com/resources/articles/2014/03_31_14b.html)

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 10/30/18. Retrieved from [http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix\\_506C\\_Non-Covered\\_DMEPOS.pdf](http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix_506C_Non-Covered_DMEPOS.pdf)

AND [http://www.dhr.wv.gov/bms/Provider/Documents/Manuals/Appendix/Appendix\\_506A\\_Covered\\_DME\\_Supplies.pdf](http://www.dhr.wv.gov/bms/Provider/Documents/Manuals/Appendix/Appendix_506A_Covered_DME_Supplies.pdf)