



DeanHealthPlan®

A member of SSM Health

Coverage of any medical intervention discussed in a Dean Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Traction for Cervical Pain, Home Use

MP9302

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: None

Medicare Policy: Prior authorization is dependent on the member's Medicare coverage. Prior authorization is not required for Medicare Cost (Dean Care Gold) and Medicare Supplement (Select) when this service is provided by participating providers. Prior authorization is required if a member has Medicare primary and Dean Health Plan secondary coverage. This policy is not applicable to our Medicare Replacement product (Dean Advantage).

BadgerCare Plus Policy: Dean Health Plan covers this benefit when BadgerCare Plus also covers the benefit. Please refer to Forward Health: <https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

Dean Health Plan Medical Policy:

- 1.0 Home lumbar traction devices have not been demonstrated to have long term efficacy and therefore are considered not medically necessary.
- 2.0 Over-the-door cervical traction devices for home use **do not require** a prior authorization and are considered medically necessary
- 3.0 All other home cervical traction **requires** prior authorization through the Health Services Division and are considered medically necessary when **ALL** of the following criteria are met:
 - 3.1 The member has a musculoskeletal or neurologic impairment requiring traction equipment;
 - 3.2 The member has completed a six (6)week course of physical therapy in the outpatient setting and still has pain;
 - 3.3 The member has failed medical therapy (e.g. oral anti-inflammatory medications, muscle relaxants);
 - 3.4 The member has failed a trial of, or cannot operate over-the-door cervical traction, has temporomandibular joint dysfunction, or distortion of the lower jaw



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or anatomical defect of the neck and/or chin (e.g. radical neck dissection) such that a chin halter is unable to be utilized;

3.5 The physician prescribes 20 pounds or more of home cervical traction;

3.6 Home therapy is being supervised by a physical therapist.

4.0 Cervical traction applied via attachment to a headboard or non-pneumatic cervical traction applied via attachment to a free-standing frame or stand are considered experimental and investigational and therefore not medically necessary including the following:

4.1 Cervical collar with an inflatable air bladder (e.g. Pneu-trac Traction Collar and TracCollar) which can be used with ambulation;

4.2 Posture Pump cervical device;

4.3 Cervical traction devices for atlanto-occipital dislocation injuries

5.0 Other types of traction devices are considered experimental and investigational and therefore not medically necessary include but are not limited to **ANY** of the following:

5.1 Ambulatory traction device

5.2 Gravity assisted traction devices, all types



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