

# Home Traction Therapy (for Louisiana Only)

Policy Number: CS058LA.L  
Effective Date: June 1, 2023

[Instructions for Use](#)

Content mandated by Louisiana Department of Health

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## Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

## Coverage Rationale

Louisiana Medicaid covers home traction therapy.

### Traction Equipment

Traction equipment is approved only if the beneficiary has significant orthopedic impairment which prevents ambulation. Cervical traction collars are considered under Orthotic Devices.

### Orthotic Devices

Orthotic devices include leg braces, neck braces, knee braces and supports, spinal supports, splints, brace attachments and repairs. The request for approval should include the following:

- A complete description of special type brace;
- The beneficiaries mental and physical ability to use the device;
- Whether the device is a replacement;
- Whether training is indicated; and
- The plan of training, when indicated.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
*E0830	Ambulatory traction device, all types, each
E0840	Traction frame, attached to headboard, cervical traction
E0849	Traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible
E0850	Traction stand, freestanding, cervical traction
E0855	Cervical traction equipment not requiring additional stand or frame
*E0856	Cervical traction device, with inflatable air bladder(s)
E0860	Traction equipment, overdoor, cervical
E0941	Gravity assisted traction device, any type

Codes labeled with an asterisk (\*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program.

## U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Non-powered orthopedic traction devices are classified by the FDA as Class I devices. There are numerous FDA-registered traction devices including foam or rigid collars, and over-the-door pulley, pneumatic, or mechanical systems. The devices are exempt from the premarket notification procedures. Additional information is available at:

<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPCD/classification.cfm>. (Accessed December 16, 2022)

## References

Louisiana Department of Health. Durable Medical Equipment Provider Manual Chapter Eighteen Section 18.2: Specific Coverage Criteria: <https://www.lamedicaid.com/provweb1/Providermanuals/manuals/DME/DME.pdf>. Accessed March 15, 2023.

## Policy History/Revision Information

Date	Summary of Changes
06/01/2023	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>Added <i>FDA</i> section</li> <li>Archived previous policy version CS058LA.K</li> </ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.