



Cervical Traction Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Physician's name
- Date of the order and the start date, if start date is different from date of order
- Detailed description of the item(s)
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

Cervical Traction Coverage Criteria:

Cervical traction devices (E0840-E0855 and E0860) are covered only if BOTH of the following criteria are met:

1. Patient has a musculoskeletal or neurologic impairment requiring traction equipment; AND
2. The appropriate use of a home cervical traction device has been demonstrated to the patient and the patient tolerated the selected device.

Cervical traction devices described by code E0849 or E0855 are covered only when criteria 1 and 2 above and EITHER criterion A, B or C below has been met:

- A. The patient has a diagnosis of temporomandibular joint (TMJ) dysfunction, and has received treatment for the TMJ condition; OR,
- B. The patient has distortion of the lower jaw or neck anatomy (i.e. radical neck dissection) such that a chin halter is unable to be utilized; OR,
- C. The treating physician orders and documents the medical necessity for greater than 20 pounds of cervical traction in the home setting.

Cervical traction applied via attachment to a headboard (E0840) or a free-standing frame (E0850) has no proven clinical advantage compared to cervical traction applied via an over-the-door mechanism (E0860) and will be denied as not reasonable and necessary. E0856 describes a cervical traction device that can be used with ambulation, and will be denied as not reasonable and necessary.

Patient Medical Records must contain documentation of the following:

The **Face-to-Face (F2F) examination**. This can be an inpatient admit H&P, discharge note or progress note, or an outpatient chart note. All qualifying criteria 1 and 2 AND either A, B or C if applicable must be met AND DOCUMENTED in the chart notes in the patient medical record.

Thank you for making Rice Home Medical part of your healthcare team. Please call 320-235-8434 with questions.