

Home Traction Therapy (for Idaho Only)

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[➔ Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
Description of Services	2
Clinical Evidence	2
U.S. Food and Drug Administration	3
References	3
Policy History/Revision Information	4
Instructions for Use	4

Related Policies
• Electrical Stimulation for the Treatment of Pain and Muscle Rehabilitation (for Idaho Only)
• Mechanical Stretching Devices (for Idaho Only)
• Motorized Spinal Traction (for Idaho Only)

Application

This Medical Policy only applies the state of Idaho, including Idaho Medicaid Plus plans.

Coverage Rationale

State-Specific Criteria

For medical necessity clinical coverage criteria for home traction therapy using cervical traction devices, refer to the DME MAC LCD for [Cervical Traction Devices \(L33823\)](#).

Non State-Specific Criteria

For all other traction devices, home traction therapy is unproven and not medically necessary for treating low back disorders, with or without radiculopathy, due to insufficient evidence of efficacy.

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

Description of Services

Traction is the act of drawing or pulling and relates to forces applied to the body to stretch a given part or to separate two or more parts. Traction is intended for individuals with musculoskeletal or neurological impairments of the spine; the objective is to relieve pain, relax muscle spasms, and decompress spinal structures. The type of traction used depends on the individual's age, weight, and medical condition.

Lumbar Traction

Lumbar traction is used to treat low back pain, often in conjunction with other treatment modalities. The traction may be applied intermittently, using any of several methods to treat conditions of the spine, in either an outpatient setting or in a home setting. Typically, these modalities are used short term. Various techniques have been reported to widen or decompress disc spaces, unload the vertebrae, decrease disc protrusion, or muscle spasm, separate the vertebrae, or lengthen and stabilize the spine. The duration of the exerted force applied may be intermittent or continuous throughout a treatment session.

Clinical Evidence

For low back disorders with or without radiculopathy, there is insufficient, conflicting or poor clinical evidence in the published, peer-reviewed scientific literature to demonstrate the net benefit vs. harm and effectiveness of home traction. Additional research is recommended.

Lumbar Traction

In November 2016, the National Institute for Health and Care Excellence (NICE) published guideline NG59 on low back pain and sciatica in over 16s: assessment and management which addressed non-invasive treatments and specifically cited not to offer traction for managing low back pain with or without sciatica. The guideline did recommend consideration of manual therapy (spinal manipulation, mobilization or soft tissue techniques such as massage) for managing low back pain with or without sciatica, but only as part of a treatment package including exercise, with or without psychological therapy for low back pain and sciatica.

Wegner et al. (2013) published an update to a 2007 Cochrane review (Clarke et al., 2007) that assessed the effects of traction compared to placebo, sham traction, reference treatments and no treatment in people with low back pain (LBP). The review included 32 randomized controlled trials with 2,762 participants involving traction to treat acute (less than four weeks' duration), subacute (four to 12 weeks' duration) or chronic (more than 12 weeks' duration) non-specific LBP with or without sciatica. The review found for individuals with mixed symptom patterns (acute, subacute, and chronic LBP with and without sciatica) there was low- to moderate-quality evidence that traction may make little or no difference in pain intensity, functional status, global improvement or return to work when compared to placebo, sham traction or no treatment. The review noted that for people with LBP with sciatica and acute, subacute, or chronic pain, there was low- to moderate-quality evidence that traction probably has no impact on pain intensity, functional status, or global improvement. Regarding chronic LBP without sciatica, the review found that there was moderate-quality evidence that traction probably makes little or no difference in pain intensity when compared with sham treatment. The authors concluded that the findings indicate that traction, either alone or in combination with other treatments, has little or no impact on pain intensity, functional status, global improvement and return to work among people with LBP. The review found that there is only limited-quality evidence from studies with small sample sizes and moderate to high risk of bias and that the effects shown by these studies are small and not clinically relevant.

The Cochrane systematic review referenced by Wegner was conducted for the purpose of determining the effectiveness of traction in the management of LBP with or without sciatica (Clarke et al., 2007). The study included randomized controlled trials involving traction to treat acute, subacute or chronic nonspecific LBP with or without sciatica. The review included 25 studies. The studies included 2,206 patients with 1,045 receiving traction. Five of these trials were considered high quality. The authors concluded that traction is probably not effective, and traction as single treatment for LBP is not supported by the studies. In addition, the authors noted that future research on traction for patients with LBP should distinguish between symptom pattern and duration and should be carried out according to the highest methodological standards.

Clinical Practice Guidelines

Department of Veterans Affairs (VA)/Department of Defense (DoD)

The 2022 Clinical Practice Guideline for the diagnosis and treatment of low back pain states that there is insufficient evidence to recommend for or against mechanical lumbar traction in patients with low back pain, with or without radicular symptoms.

North American Spine Society (NASS)

The NASS evidence-based clinical guideline (Kreiner et al., 2020) for diagnosis and treatment of low back pain indicated that traction is not recommended as it provides no clinically significant improvement in pain or function in patients with subacute or chronic low back pain.

The NASS evidence-based clinical guideline (Kreiner et al., 2011) for diagnosis and treatment of lumbar disc herniation with radiculopathy noted that there is insufficient evidence to make a recommendation for or against the use of traction in the treatment of lumbar disc herniation with radiculopathy.

American College of Physicians/American Pain Society

A joint clinical practice guideline from the American College of Physicians and the American Pain Society for the diagnosis and treatment of low back pain notes that intermittent or continuous traction in patients with or without sciatica have not been proven effective for chronic low back pain (Chou, et al., 2007).

American College of Physicians (ACP)

In 2017, the ACP developed a clinical practice guideline to present the evidence and provide clinical recommendations on noninvasive treatment of low back pain. The committee based these recommendations on a systematic review of randomized, controlled trials and systematic reviews published through April 2015, on noninvasive pharmacologic and nonpharmacologic treatments for low back pain. Updated searches were performed through November 2016. Clinical outcomes evaluated included reduction or elimination of low back pain, improvement in back-specific and overall function, improvement in health-related quality of life, reduction in work disability and return to work, global improvement, number of back pain episodes or time between episodes, patient satisfaction, and adverse effects.

The 2017 clinical practice guideline on acute, subacute, and chronic low back pain in adults continued to find insufficient evidence to evaluate the effectiveness of spine traction alone or in combination with other therapies. Low-quality evidence failed to reveal a difference between traction and other treatments for radicular low back pain (Qaseem et al., 2017).

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 3, 2024)

References

Centers for Medicare and Medicaid Services. Cervical Traction Devices (L33823). Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33823>. Accessed May 13, 2025.

Chou R, Qaseem A, Snow V, et al. Clinical Efficacy Assessment Subcommittee of the American College of Physicians; American College of Physicians; American Pain Society Low Back Pain Guidelines Panel. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Ann Intern Med*. 2007 Oct 2;147(7):478-91.

Clarke JA, van Tulder MW, Blomberg SE, et al. Traction for low back pain with or without sciatica. *Cochrane Database Syst Rev*. 2007 Apr 18;(2):CD003010.

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Kreiner DS, Matz P, et al. North American Spine Society (NASS). Evidence-based clinical guidelines for multidisciplinary spine care. *Diagnosis and treatment of Low Back Pain*. 2020.

Kreiner DS, Shaffer WO, Summers J., et al. North American Spine Society (NASS). Evidence-based clinical guidelines for multidisciplinary spine care. Diagnosis and treatment of degenerative lumbar spinal stenosis. 2011.

NICE. Low back pain and sciatica in over 16s: assessment and management. NICE guideline [NG59] Published date: 30 November 2016.

Qaseem A, Wilt TJ, McLean RM, Forciea MA, Clinical Guidelines Committee of the American College of Physicians. Noninvasive treatments for acute, subacute, and chronic low back pain: a clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine* 2017;166(7):514-530.

Veterans Affairs and Department of Defense (VA/DoD) Clinical Practice Guidelines: The diagnosis and treatment of low back pain. Version 3.0. 2022.

Wegner I, Widyahening IS, van Tulder MW, et al. Traction for low-back pain with or without sciatica. *Cochrane Database Syst Rev*. 2013 Aug 19;8.

Policy History/Revision Information

Date	Summary of Changes
08/01/2025	<p data-bbox="337 617 613 651">Coverage Rationale</p> <p data-bbox="337 651 643 684">State-Specific Criteria</p> <ul data-bbox="337 684 1511 747" style="list-style-type: none"><li data-bbox="337 684 1511 747">• Added instruction to refer to the <i>DME MAC LCD Cervical Traction Devices (L33823)</i> for medical necessity clinical coverage criteria for home traction therapy using cervical traction devices <p data-bbox="337 747 708 781">Non State-Specific Criteria</p> <ul data-bbox="337 781 1511 907" style="list-style-type: none"><li data-bbox="337 781 1511 907">• Replaced language indicating “home traction therapy is unproven and not medically necessary for treating low back <i>and neck</i> disorders with or without radiculopathy” with “<i>for all other traction devices [not referenced in the Medicare LCD], home traction therapy is unproven and not medically necessary for treating low back disorders with or without radiculopathy</i>” <p data-bbox="337 907 662 940">Supporting Information</p> <ul data-bbox="337 940 1511 1039" style="list-style-type: none"><li data-bbox="337 940 1511 1003">• Updated <i>Description of Services, Clinical Evidence, and References</i> sections to reflect the most current information<li data-bbox="337 1003 1511 1039">• Archived previous policy version CS058ID.A

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.

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