

Date of Order: _____

Patient Name: _____ DOB: _____

Height: _____ Weight: _____

Date of Face-to-Face (F2F) Examination: _____

Diagnosis Code(s) supporting need for cervical traction: _____

Physician Order

Start Date (if different from Date of Order): _____

Length of Need: 12 months Lifetime Other: _____**Traction Device:**

- Traction frame attached to headboard, cervical traction (E0840) *** not covered by Medicare*
- Free-standing pneumatic stand/frame, applying traction force to other than mandible (E0849)
- Free-standing traction stand, cervical traction (E0850) ***not covered by Medicare*
- Cervical traction equipment not requiring additional stand or frame (E0855)
- Cervical traction device with inflatable air bladder(s) (E0856) ***not covered by Medicare*
- Traction equipment, overdoor, cervical (E0860)

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

*****Must attach copy of qualifying F2F examination*****Fax back to: 320-231-4941

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 Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with questions.