



Health & Human Services

CERVICAL TRACTION HOME DEVICES

Service Authorization: None

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

CERVICAL TRACTION HOME DEVICES

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following condition is present:

- Musculoskeletal/neurological impairment requiring traction equipment.

Documentation Requirements:

- A prescription from a prescribing physician/practitioner.
- Medical documentation supporting the need.
- Prescribing physician/practitioner note within 90 days of the service authorization requested start date.

Date Revised	Revisions
February 2017	Reviewed and revised.
November 2019	Reviewed. Documentation Requirement section deleted "Reference the DME Manual and the General Information Provider Manual for required documents for the member's file needed for post-pay audit purposes. Added: <ul style="list-style-type: none"> • A prescription from a prescribing physician/practitioner. • Medical documentation supporting the need. • Physician/practitioner exam per the current DME Manual's requirements.
November 23, 2022	Reviewed and reformatted. Header logo updated with new logo.
November 29, 2023	Reviewed and reformatted. No changes made.
December 17, 2025	Reviewed and reformatted. Removed "CMN Required" verbiage from header section.