

Cervical Traction

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Introduction

Cervical traction is addressed by this guideline.

Health Equity Consideration

Health equity is the highest level of health for all individuals; health inequity is the avoidable difference in health status or distribution of health resources due to the social conditions in which individuals are born, grow, live, work, and age. Social determinants of health are the conditions in the environment that affect a wide range of health, functioning, and quality of life outcomes and risks. Examples include the following: safe housing, transportation, and neighborhoods; racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; access to clean air and water; and language and literacy skills.

Criteria

Cervical traction devices are considered medically necessary when **all** of the following criteria are met:

- The individual has a documented musculoskeletal or neurologic condition requiring a cervical traction device.
- The individual has had training with the cervical traction device.
- The individual is able to safely use the cervical traction device.

Cervical traction equipment, cervical, free-standing stand/frame, pneumatic, applying traction force to other than mandible (HCPCS E0849) and cervical traction equipment not requiring additional stand or frame (HCPCS E0855) are considered medically necessary when the above criteria have been met and **any** of the following criteria have been met:

- The individual has a diagnosis of temporomandibular joint (TMJ) dysfunction and is receiving treatment for the condition.
- The individual has distortion of the lower jaw or neck anatomy (e.g., radical neck dissection) and therefore a chin halter is unable to be utilized.
- The treating provider documents the medical necessity for greater than 20 pounds of cervical traction in a home setting.

Not Covered

Cervical traction devices attached to a headboard (HCPCS E0840) or a free-standing frame (HCPCS E0850) have no evidence-based clinical advantage compared to a device applied via an over-the-door mechanism and therefore are considered not medically necessary.

Evidence Discussion

A 2024 prospective pilot study by Jellad et al. evaluating an intensive cervical traction protocol in individuals with cervical radiculopathy demonstrated significant benefits in both pain reduction and functional disability at three months. Among 36 participants undergoing ten 30-minute traction sessions over five days, 48.3% exhibited a clinically meaningful improvement (≥ 7 -point reduction) on the Neck Disability Index by month three. Cervical pain and radiating arm pain decreased markedly ($p < .001$), and reductions in motor imagery pain ($p < .01$) and neuropathic pain prevalence—from 61.1% at baseline to 48.3% at three months—were observed. Use of nonsteroidal anti-inflammatory drugs, corticosteroids, and higher-level analgesics declined, and neurologic markers, including deep tendon reflexes and upper limb nerve tension test responses, also improved. The study also highlighted that this short-term, high-frequency cervical traction regimen yielded sustained mid-term relief and supported its use as an effective conservative intervention for cervical radiculopathy.¹

A 2024 study by Lin et al. investigated how cervical instability and muscle degeneration influence traction outcomes in cervical spondylotic radiculopathy (CSR). Among 113 individuals divided into mild, moderate, and severe instability trend groups, all showed significant improvements in pain, disability, and physical function after two weeks of traction ($p < 0.001$). Therapeutic efficacy rates were highest in the mild group (85%), followed by moderate (69.6%) and severe (44.4%), indicating that greater instability and muscle degeneration correlate with poorer outcomes. In addition, radiographic parameters remained unchanged post-treatment, suggesting traction did not aggravate cervical instability. The authors emphasized that cervical traction provides meaningful pain relief and functional improvement without increasing instability risk, making it a safe and effective conservative option for CSR, though benefits diminish with severe instability and advanced muscle degeneration.²

A 2022 randomized controlled trial by Cai et al. compared traction therapy with traditional manual therapy in 96 individuals with atlantoaxial joint dislocation-induced cervical vertigo over a two-week period. Results showed that traction therapy achieved

¹ Jellad A, Kalai A, Chaabeni A, et al. Effect of cervical traction on cervicogenic headache in patients with cervical radiculopathy: a preliminary randomized controlled trial. *BMC Musculoskelet Disord*. 2024;25(1):842. Published 2024 Oct 24. doi:10.1186/s12891-024-07930-z

² Lin T, Shangquan Z, Xiao Z, et al. Whether the potential degree of cervical instability and cervical muscle degeneration in patients with cervical spondylosis radicular affect the efficacy of cervical traction. *Sci Rep*. 2024;14(1):20467. Published 2024 Sep 3. doi:10.1038/s41598-024-71429-9

significantly higher overall clinical efficacy ($p=0.038$), with more individuals classified as recovered or very effective compared to the traditional group. Both treatments reduced lateral atlantodental space (LADS), but traction therapy produced a greater reduction ($p<0.01$), indicating better anatomical correction. Symptom relief was superior in the traction group, with marked improvements in vertigo severity, neck and shoulder pain, headache, daily living activities, and psychosocial adaptation (all $p<0.05$). Quality of life scores also improved more in the traction group, particularly in physical function, pain, general health perception, and social function. Overall, the authors concluded that traction therapy appears to be a safe and more effective conservative option for managing cervical vertigo associated with atlantoaxial joint dislocation.³

Codes

HCPCS code descriptions

HCPCS Code	Description
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, free standing, cervical traction
E0855	Cervical traction equipment not requiring additional stand or frame
E0860	Traction equipment, over door, cervical
E0920	Fracture frame, attached to bed, includes weights
E0930	Fracture frame, free standing, includes weights
E0941	Gravity assisted traction device, any type
E0946	Fracture, frame, dual with cross bars, attached to bed, (e.g., balken, 4 poster)
E0948	Fracture frame, attachments for complex cervical traction

³ Cai G, Zhu D, Chen J, Lin X, Chen R. Effects of traction therapy on atlantoaxial joint dislocation-induced cervical vertigo. *Braz J Med Biol Res.* 2022;55:e11777. Published 2022 Feb 28. doi:10.1590/1414-431X2022e11777

References

1. Cervical Traction Devices - Policy Article (A52476). Cms.gov. Published 2022. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=52476&ver=27&keywordtype=starts&keyword=cervical%20trac&bc=0>
2. LCD - Cervical Traction Devices (L33823). Cms.gov. Published 2020. Accessed December 31, 2025. <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33823&ver=26&keywordtype=starts&keyword=cervical%20trac&bc=0>
3. Jellad A, Kalai A, Chaabeni A, et al. Effect of cervical traction on cervicogenic headache in patients with cervical radiculopathy: a preliminary randomized controlled trial. BMC Musculoskelet Discord. 2024;25(1):842. Published 2024 Oct 24. doi:10.1186/s12891-024-07930-z
4. Cigna Medical Coverage Policy-Therapy Services Home Traction Devices -Cervical and Lumbar. https://v.static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/cpg265_home_traction_device.pdf