Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless those programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy
The Orthotrac™ Pneumatic Vest is investigative and unproven and therefore NOT COVERED. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: This policy is no longer scheduled for routine review of the scientific literature.

Description
The Orthotract Pneumatic Vest is a traction-inducing spinal unloading device, which uses ‘pneumatic lifters’ for reduction of intervertebral disc pressure. It is used to treat subacute and chronic low back pain arising from disc disorders or mechanical stress. The vest is representative of other types of corsets and abdominal supports that are designed to offload and stabilize the lower spine. Through use of a manual inflation device, the patient controls the amount of air pressure generated. Pressures are prescribed by the clinician and are typically set to offload approximately 50 percent of body weight. A relief valve prevents over inflation. The vest also purportedly provides stabilization of the torso by preventing additional compressive forces in the spine due to bending and lifting. The Orthotract Pneumatic Vest is typically worn two to three times a day for 30 to 60 minute sessions. It has been suggested as either an independent treatment option or as an adjunct to physician-prescribed physical and occupational therapy.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.
Medica Coverage Policy

HCPC Codes:
E0830 - Ambulatory traction device, all types, each
E0941 - Gravity assisted traction device, any type

Original Effective Date: 12/1/2004

Re-Review Date(s):
7/19/2007
7/19/2010
9/18/2013
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2/20/2020 – administrative update; format

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