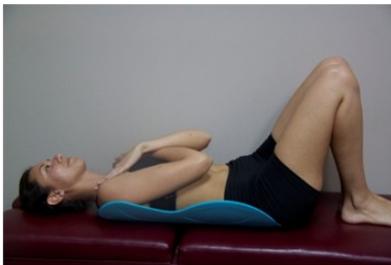


Traction



Traction is used to treat a variety of musculoskeletal disorders of the neck and back, including muscle spasm, radiculopathy, discogenic pain and degenerative changes. Although most insurance plans do cover traction, clinicians can increase the likelihood of reimbursement by ensuring that the patient's medical record contain items such as a description of the condition(s) that justify medical necessity for a traction device. Many payors request that a Letter of Medical Necessity be completed by the treating physician.

The following documentation is recommended:

- Diagnosis that describes the patient's condition(s) (examples include: radiculopathy, neck/back pain, muscle spasm);
- Evidence of treatments that have been attempted and failed (i.e., medications, physical therapy);
- Evidence that treatment with supine traction of at least 20 pounds has been beneficial;
- Follow-up visit notes, documenting patient benefit from the device (i.e., improved range of motion, decreased pain, decreased medication or improved sleeping/ working patterns).



Code	Description
97012	Application of modality to one or more areas traction mechanical



GUIDELINES TO CPT® CODES FOR The VacuPractor

VacuPractor has compiled this coding information for your convenience. Every reasonable effort has been made to provide all commonly billed codes that may be applicable to procedures involving the cleared uses of The VacuPractor. It is ultimately the provider's responsibility to determine coverage, and submit appropriate codes, modifiers and charges for the services rendered. The clinician must use independent clinical judgment in choosing codes that most accurately describe the products and/or services provided. VacuPractor makes no representation, guarantee or warranty, expressed or implied, that this compilation is error-free or that the use of this information will prevent differences of opinion or disputes with Medicare or other third-party payers, and will bear no responsibility or liability for the results or consequences of its use.

The clinician should also be aware that codes can change over time and interpretations of whether a code is properly used in a particular situation is often subject to medical policy interpretation and judgment. There is no guarantee that a local carrier/payer will cover the codes or pay the reimbursement amounts stated in this document. Local carriers/payers frequently change their reimbursement policies and interpretations. Providers should contact the local carriers/payers for their current interpretation of coverage and coding policies.

The key in all coding and billing to the federal government is to be truthful and not misleading and make full disclosures to the government in all attempts to seek reimbursement for a product and/or service.

Documentation recommendations are only guidelines to help our customers properly document coverage of medically necessary treatments when using our products. The clinician must use their own judgment when documenting treatment plans assessments.

We hope this information will assist you in getting the best outcomes and reimbursement when using the VacuPractor.

The VacuPractor Team