Keystone First
Family of Health Plans

Cervical Traction Devices for Neck Pain for Home Use

Clinical Policy ID: CCP.1444

Recent review date: 2/2026

Next review date: 6/2027

Policy contains: Cervical traction; neck pain; radiculopathy.

Keystone First VIP Choice has developed clinical policies to assist with making coverage determinations. Keystone First VIP Choice's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Keystone First VIP Choice, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Keystone First VIP Choice's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Keystone First VIP Choice's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First VIP Choice will update its clinical policies as necessary. Keystone First VIP Choice's clinical policies are not guarantees of payment.

Coverage policy

Cervical traction devices for neck pain for home use are investigational/not clinically proven and, therefore, not medically necessary.

Limitations

No limitations were identified during the writing of this policy.

Alternative covered services

Cervical traction devices in clinical settings.

Background

Neck pain affects about one in three people in a given year, and is more common in women. It affects people of all ages, and often is acute, but more likely to become chronic (defined as three or more consecutive months) in the elderly. In most cases, symptoms resolve with little or no treatment. Diagnosis of neck pain is usually a documentation of symptoms; occasionally, imaging such as a computerized tomography scan or magnetic resonance imaging scan is needed. The two types of neck pain are axial pain, felt in the cervical spine, and radicular pain, which radiates along the nerves from the back of the head or an arm. Identifying a clear cause of neck pain is often difficult (InformedHealth.org, 2022).

Cervical traction, involving light stretching of the neck, is a means of treating neck pain and preventing neck pain from spreading to adjoining body parts. Traction is used in a variety of cervical conditions, along with other therapies (e.g., exercise, postural education, and joint mobilization). The cervical conditions include cervical disc disease, cervical spine fracture, facet joint dislocation, atlantoaxial subluxation, occipitocervical synostosis, spondylosis, radiculopathy, foraminal stenosis, and myofascial tightness. In theory, traction distracts the neural foramen and decompresses the affected nerve root (Abi-Aad, 2023).

Although traction was developed for use in clinical settings, some devices can now be used at home; the most common of these are air neck traction devices, over-the-door neck traction, posture pumps, and neck traction slings (e.g., the Neck Hammock) (Abi-Aad, 2023).

Findings

Guidelines

Current guidelines reflect the variable quality of, and associated uncertainty in, the available evidence.

An updated guideline from the American Academy of Family Physicians concluded that nonpharmacological treatments such as compression therapy may offer some short term pain relief, but no reliable long-term data exist to offer specific guidance. Isolated manipulation and mobilization may provide temporary pain relief but not a consistent long-term benefit (Childress, 2020).

The North American Spine Society (2010) issued a guideline on cervical radiculopathy stating that traction, alone or in combination with other ancillary treatments, “may be considered” in cases with no demonstrated improvement. The guideline did not specify types of traction, and included just several small trials from the medical literature supporting its position.

A guideline from the American Physical Therapy Association recommended the use of mechanical intermittent cervical traction, combined with other interventions, for chronic neck pain with mobility deficits, but cited only several small-scale studies supporting its position (Blanpied, 2017).

Evidence review

The evidence supporting the safety and efficacy of cervical traction devices for cervical pain is of low quality and provides uncertain benefit on pain or function, particularly in the long term. While cervical traction may provide immediate symptom relief, the durability of the benefit is unclear.

A number of systematic reviews and meta-analyses of cervical traction reached similar conclusions, with home use not specified. Xu’s analysis of eight randomized controlled trials (n = 632) compared three interventions: exercise and other therapies; manual therapy alone, and manual therapy with traction. The duration of intervention ranged from four to six weeks. Results of a network meta-analysis found manual therapy alone provided the greatest improvement in terms of pain relief (visual analog scale scores) and functional improvement (neck disability index scores). Traction offered no additional benefits. The authors called for further high-quality, large-scale randomized controlled trials with standardized protocols to determine who may benefit from traction (Xu, 2025).

A systematic review and meta-analysis of 11 randomized controlled trials (n = 994) compared the efficacy of manipulation to that of cervical traction alone for treating symptomatic cervical spondylosis. Manual treatment (pulling or rotational manipulation) was superior to cervical traction, in terms of short-term symptom improvement (pain and paresthesia) in visual analog scale scores. The review did not specify home use (Chen, 2022).

A systematic review analyzed 21 randomized controlled trials of manual therapy for cervical radiculopathy. Twelve trials of low to moderate quality examined cervical traction either alone or in combination with exercises

and physical therapy (electrotherapy, hot packs, and ultrasound). While the underlying etiology of cervical radiculopathy, treatment techniques, and protocols varied, traction-oriented approaches appear to be effective in reducing short-term pain and improving functional outcomes. The study did not mention home use of cervical traction (Kuligowski, 2021).

A systematic literature review/meta-analysis of seven trials (n = 589) of participants with cervical radicular syndrome showed that compared to other treatments alone, adding traction yielded statistically significant outcomes only for mechanical and continuous modalities, but the effects were not clinically meaningful (Colombo, 2020).

A meta-analysis of five randomized controlled trials (n = 449) compared efficacy of physical therapy for cervical radiculopathy with versus without mechanical and manual cervical traction. Neck pain in the traction group declined significantly in the long term and the short term. Non-significant improvements to function and disability were observed. While no specific mention was made of whether care occurred in the home, the authors did state that the care was considered outpatient rehabilitation (Romeo, 2018).

A meta-analysis of seven randomized controlled trials concluded that participants treated with intermittent cervical traction for neck pain had significantly lower pain scores (in the short term) after therapy than participants receiving placebo. The pain scores during the follow-up period and the neck disability index scores immediately after treatment and during the follow-up period did not differ significantly (Yang, 2017).

The evidence of effectiveness for cervical traction used at home is limited and of low quality and does not provide conclusive evidence of benefit or clearly identify the optimal treatment protocol or candidate for the intervention. A comparison (n = 86) of participants with radiculopathy/neck pain who received standard exercise with or without mechanical traction or over-the-door traction showed that the over-the-door traction group had significantly lower (worse) disability score differences after six months (8.1 versus 13.3). Thus, mechanical traction was the preferred method (Fritz, 2014).

In 2022, we removed several older articles from the references. We added one new systematic review and one guideline to the policy. No policy changes are warranted.

In 2023, we updated two guidelines and the reference list, and added new information. No policy changes are warranted.

In 2024, we updated the references and identified no newly relevant published literature to add to the policy. No policy changes are warranted.

In 2025, we updated the references and identified no newly relevant published literature to add to the policy. No policy changes are warranted.

In 2026, we updated the references and consolidated the findings with no policy changes warranted.

References

On January 13, 2026, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “neck pain (MeSH),” “traction (MeSH),” “cervical traction device,” “home cervical neck traction,” and “neck traction device.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

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Policy updates

2/2020: initial review date and clinical policy effective date: 3/2020.

2/2021: Policy references updated.

2/2022: Policy references updated.

2/2023: Policy references updated.

2/2024: Policy references updated.

2/2025: Policy references updated.

2/2026: Policy references updated.

Related Codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1444. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	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
E0856	Cervical traction device, with inflatable air bladder(s)
E0860	Traction equipment, overdoor, cervical